

# Council Open 29 July 2020

MEETING  
29 July 2020 10:00

PUBLISHED  
22 July 2020

## Meeting of the Council

To be held by teleconference at 10:00am on Wednesday 29 July 2020

### Agenda

Philip Graf  
Chair

Fionnuala Gill  
Secretary

- |                             |   |           |  |
|-----------------------------|---|-----------|--|
| <b>1</b>                    | <b>Welcome and Chair's opening remarks</b>                                  | NMC/20/62 | <b>10:00</b>                           |
| <b>2</b>                    | <b>Apologies for absence</b>  | NMC/20/63 |  |
| <b>3</b>                    | <b>Declarations of interest</b>   | NMC/20/64 |  |
| <b>4</b>                    | <b>Minutes of the previous meeting</b>                                      | NMC/20/65 |  |
|                             | Chair   |           |  |
| <b>5</b>                    | <b>Summary of actions</b>   | NMC/20/66 |  |
|                             | Secretary   |           |  |
| <b>6</b>                    | <b>Executive report including performance and risk report for quarter 1</b> | NMC/20/67 | <b>10:10-11:10</b><br><i>(60 mins)</i> |
|                             | Chief Executive and Registrar/Executive                                     |           |  |
|                             | <i>Comfort break</i>  |           | <i>11:10-11:20</i><br><i>(10 mins)</i> |
| <b>Matters for decision</b> |   |           |  |
| <b>7</b>                    | <b>Emergency rule changes</b>   | NMC/20/68 | <b>11:20-11:55</b><br><i>(45 mins)</i> |
|                             | Executive Director, Strategy and Insight                                    |           |  |
|                             | <i>Comfort break</i>  |           | <i>11:55-12:05</i><br><i>(10 mins)</i> |

**Matters for discussion**

- |           |   |                            |  |
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| <b>8</b>  | <b>Update on review of Post Registration Standards</b><br>Executive Director, Professional Practice | NMC/20/69                  | <b>12:05-12:35</b><br><i>(30 mins)</i> |
| <b>9</b>  | <b>Appointments Board Annual Report 2019–2020</b><br>Chair, Appointments Board                      | NMC/20/70                  | <b>12:35-12:50</b><br><i>(15 mins)</i> |
| <b>10</b> | <b>Questions from observers</b><br>Chair  | NMC/20/71<br><b>(Oral)</b> | <b>12:50-13:00</b><br><i>(10 mins)</i> |

**Matters for information**

- |           |   |           |  |
|-----------|---|-----------|--|
| <b>11</b> | <b>Chair’s action taken since the last meeting</b><br>Chair | NMC/20/72 |  |
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**CLOSE** **13:00**

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Meeting of the Council  
Held on 2 July 2020 by videoconference.

## Minutes

### Members:

Philip Graf	Chair ( <i>except NMC/20/56</i> )
Hugh Bayley	Member
Karen Cox	Member
Maura Devlin	Member
Claire Johnston	Member
Robert Parry	Member
Marta Phillips	Member
Derek Pretty	Member
Stephen Thornton	Member
Lorna Tinsley	Member
Ruth Walker	Member
Anne Wright	Member

### Council members designate

Sue Whelan Tracy  
Lynne Wigans  
Eileen McEaney

### NMC Officers:

Andrea Sutcliffe	Chief Executive and Registrar
Emma Broadbent	Executive Director, Professional Regulation
Sarah Daniels	Director, People
Matthew McClelland	Executive Director, Strategy and Insight
Andy Gillies	Executive Director, Resources and Technology Services
Geraldine Walters	Executive Director, Professional Practice
Edward Welsh	Executive Director, Communications and Engagement
Clare Padley	General Counsel
Fionnuala Gill	Secretary to the Council
Pernilla White	Senior Governance Manager
Mary Anne Poxton	Head of Governance ( <i>for NMC/20/53; NMC/20/54 and NMC/20/55, NMC/20/56 and NMC/20/57</i> )
Kim Butler	Head of Finance ( <i>for NMC/20/53 only</i> )
Dr Alex Rhys	Assistant Director, Professional Practice Directorate ( <i>for NMC/20/58 only</i> )

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

## Minutes

### **NMC/20/46 Welcome and Chair's opening remarks**

1. The Chair welcomed all attendees to the virtual Council meeting. The Council was particularly pleased to welcome three recently appointed designate Council members, Sue Whelan Tracy, Lynne Wiggins and Eileen McEneaney who were observing the meeting.

### **NMC/20/47 Apologies for absence**

1. None.

### **NMC/20/48 Declarations of interest**

1. In relation to **NMC/20/56 Chair of Council reappointment process 2020-2021** the Chair declared an interest in relation to the process and withdrew for the discussion of this item.
2. In relation to **NMC/20/58 Covid-19 – Recovery Standards for nursing and midwifery education** all registrant members and Geraldine Walters declared an interest in relation to the proposed amendments. These were not considered material such as to require those concerned to withdraw from discussion or decisions.

### **NMC/20/49 Minutes of the previous meeting**

1. The minutes of the meeting on 20 May 2020 were agreed as an accurate record.

### **NMC/20/50 Summary of actions**

1. The Council noted progress on actions from the previous meetings.
2. In relation to **NMC/20/22 Financial Strategy** it was noted that the contract with the Investment fund manager had now been signed.

### **NMC/20/51 Executive Report**

1. The Chief Executive and Registrar introduced the Executive report and noted that there was still a significant amount of work ongoing on Covid-19 matters. The Chief Executive and Chair would be meeting with the Secretary of State for Health and Social Care on 3 July 2020 to discuss the next stages in responding to Covid-19, as well as how recent learning and experience could be taken forward as part of regulatory reform.

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2. The Chief Executive also highlighted the report published by Public Health England on how different population groups had been impacted by Covid-19. The report highlighted that Covid-19 had exposed and exacerbated existing health inequalities and disproportionately impacted groups that already faced significant challenges, including people from black, Asian and minority ethnic backgrounds. This issue was further discussed under the following agenda item.
3. The Executive Director, Professional Regulation advised that the objective structured clinical examination (OSCE) test centres would reopen on 20 July 2020. Test centre partners had worked incredibly hard over recent weeks to carry out rigorous Covid-19 risk assessments and to ensure that testing could resume in a safe, socially distanced way. Overseas applicants who had joined the temporary register to support the UK's response to Covid-19 could now proceed to take the OSCE to join the permanent register. Other options for facilitating the transition to the permanent register had been considered, but it had been concluded that the OSCE test was the quickest and most effective option, which met the NMC's standards and provided the necessary level of independent and objective assurance for permanent registration.
4. The Executive Director, Professional Regulation also clarified that the reference in the report (paragraph 16) to the six month extension to the validity of tests results related only to the Computer Based element of the Test of Competence and not to the language tests.
5. In discussion, the following points were noted:
  - a) The NMC had continued to collaborate with partners to respond to the Covid-19 pandemic, taking perspectives of partners and the unique nature of the responses of the four UK countries into consideration throughout decision making.
  - b) Webinars on the post-registration standards had seen over 1200 people involved, demonstrating that we could continue to engage even in the current circumstances.
  - c) Reopening of the OSCE test centres was welcome. The ongoing challenges relating to capacity and travel were recognised and staff were working closely with the test centres on this and capacity would be built up over time. In the case of Ulster University, OSCE test candidates would be able to stay in accommodation at the University.
  - d) The Occupational English Test (OET) online test had completed the pilot phase and was now being evaluated. A decision would be made shortly as to whether this satisfied the NMC's requirements.
  - e) There were now over 14,000 people on the Temporary Register; numbers continued to increase steadily but not significantly. However, employment of those on the Temporary Register was also increasing. Approaches across the four countries to this had varied. A survey had been sent to all those on the Temporary Register which included questions about deployment and the outcomes would be shared with the Council.

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- f) Individuals on the temporary register would be encouraged and supported to apply for permanent full registration if they wished to do so.
- g) The Preceptorship Principles had not yet been published. As the Principles were not part of the regulatory requirements, there were no plans to evaluate these. However, the suggestion to encourage feedback on the Principles was welcomed and would be considered.
- h) The plans to refresh the Code were welcome and it would be important to reflect any learning from the experiences during Covid-19 from across the four countries. Feedback could also be sought from registrants and others.

**Action: Share the outcomes of the Temporary Register survey with Council.**  
**For: Executive Director of Strategy and Insight**  
**By: 23 September 2020**

**NMC/20/52 Black Lives Matter**

1. The Chair introduced this item and noted that the Black Lives Matter movement had highlighted the issues of racial inequality and injustice experienced by black and minority ethnic people globally and in the UK, including for those who worked at the NMC, who used services, and who were on the register.
2. The Chair advised that together with Council member, Marta Phillips, he had recently held a positive and useful meeting with the Co-Chairs of the NMC's BMe network. This had included discussion of the recent Council selection and appointment processes and the efforts made to secure greater diversity in membership and had highlighted the importance of communicating these efforts more fully internally. Wider organisational issues had also been highlighted. The Chair and Marta Phillips had fixed a further meeting with the BMe network Chairs and future regular meetings were planned with the Chairs of all the EDI networks.
3. The Chief Executive and Registrar noted that the NMC had a duty to eliminate discrimination in its own processes and a wider responsibility to use its regulatory powers to promote equality, as set out in the report. The new Strategy 2020-2025 and Values and Behaviours included commitments and expectations around equality, diversity and inclusion and it was important to ensure that these words were turned into action. The Chief Executive and Registrar had sent an email and shared her website blog to every registrant on 1 July 2020, which had already prompted considerable positive feedback.
4. In discussion, the following points were noted:
  - a) The Council needed to own this work and for this to be a regular item on future Council agendas.
  - b) It was important that steps taken were practical, could be monitored and the Executive could be held accountable as a result.

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- c) Further training for the Council would be welcome and the members who had participated in the unconscious bias training as part of the Council Selection Panel commended this as valuable and thought-provoking. A Council workshop with the EDI networks was also planned.
- d) In terms of transparency, it would be helpful to fully understand the uptake of continuing development and progression for all staff at the NMC. It was also important not to lose sight of other minorities and ensure that equality and diversity was mainstreamed across the organisation.
- e) Adoption of the Workforce Race Equality Standards (WRES) by the NMC was welcome. A survey of employees would be undertaken as part of collecting data for the WRES in July 2020 and would help improve existing data which was incomplete.
- f) There was strong diversity within the NMC workforce, however this was concentrated in more junior grades. An inclusive mentoring programme was about to be rolled out to help start to address this. This was welcomed and Council members would appreciate the opportunity to be part of this.
- g) It may be also worth investigating the scope to participate in sector wide leadership development programmes and potential for collaboration with other regulators, such as shadowing opportunities.
- h) Whilst the wider research now in train across all regulatory functions was welcome, it was also important to evaluate the impact of the actions taken following the 2017 report commissioned from the University of Greenwich and whether they had been followed through. An evaluation would be brought back to the Council.
- i) As part of the review of the post-registration standards, the NMC was considering how the Standards could reflect the need to address health inequalities for BAME communities.
- j) The research findings showing that black women were five times more likely to die in pregnancy than white women reinforced the importance of looking at the contribution all our standards could make to addressing such inequalities. The involvement of nurses, midwives and nursing associates in this review as well as external advisory groups would be critical, as they were at the heart of how this would be tackled. The outcomes and the influence from this review could help drive change.
- k) The Code and current standards included human rights considerations and speaking up about matters in relation to discrimination. Consideration would be given to how this could be amplified and how the NMC could use its regulatory tools and powers, such as through revalidation and the quality assurance process to develop the confidence of registrants in this area.
- l) There would be benefit in drawing on the significant learning from Northern Ireland and the Equality Commission about how to address disproportionality and promote equality and diversity across different population groups.

m) In relation to the return to office working, managers would undertake individual risk assessments with each member of staff, which in the case of BAME colleagues would take account of the specific risks they faced.

5 The Council expressed its thanks to the Executive and EDI team for all their work and for listening to staff, for helping Council to understand the issues. The Council also thanked the BMe network for facilitating the 'safe space' discussions and staff for participating and bravely sharing their experiences. It was important to promote this further and to learn from staff and registrants when addressing this important issue.

<b>Action:</b>	<b>Provide an action plan bring together the range of planned work including Council activities and the below actions, which can be used to monitor progress.</b>
<b>For:</b>	<b>Executive Director, Strategy and Insight</b>
<b>By:</b>	<b>23 September 2020</b>
<b>Action:</b>	<b>Provide an overview of the uptake of continuing development and subsequent progression for staff at the NMC as a result.</b>
<b>For:</b>	<b>Director, People</b>
<b>By:</b>	<b>23 September 2020</b>
<b>Action:</b>	<b>Provide an evaluation of the impact of the actions taken following the University of Greenwich report (2017).</b>
<b>For:</b>	<b>Executive Director, Professional Regulation</b>
<b>By:</b>	<b>23 September 2020</b>

**NMC/20/53 Audit Committee Annual Report 2019-2020**

1. The Chair of the Audit Committee introduced the Audit Committee's Annual Report for 2019–2020.

2. In discussion, the following points were noted:

- a) The Committee’s focus over the year had inevitably been on the technology risks and whilst there had been challenges there had also been improvements, such as the online system for overseas applicants and the establishment of the Covid-19 temporary register.
- b) An Internal Audit review of risk management had resulted in an assessment of ‘developing’ maturity. Work would continue with the aim to move to a ‘maturing’ assessment. Another area of improvement was in relation to serious event reviews: an officer working group had been set up to look at root causes and identify ways of addressing the resultant learning, aligned to the new 2020-2025 strategy.
- c) The reduction in the use of single tender actions was positive ensuring that competitive processes were undertaken to secure best value for money, other than in exceptional and justified circumstances.

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- d) Five issues had been raised under the internal whistleblowing policy, however, four of these were not 'whistleblowing' within the strict definition of the Public Interest Disclosure Act 1998, but were HR or workplace related issues. In all cases investigations had taken place with appropriate care into each matter and it was reassuring that the individuals felt able to use the process to raise concerns and had been positive about the way their concerns had been handled.
- e) In undertaking its annual effectiveness review, the Committee had had reinforced that in relation to IT infrastructure and the Modernisation of Technology (MOTs) programme, responsibility for managing the MOTs programme and other IT matters was for the Executive and the Committee's role was about providing assurance to Council.
- f) The internal audit work programme for the year had been completed on time and the Committee had welcomed the progress made in implementing outstanding recommendations from previous internal audits. The only outstanding recommendations were HR related.

3. The Committee was pleased that there had been unqualified audit opinions on the accounts from both the external auditors and NAO. The Committee recommended to the Council that it should approve the letters of representation to the external auditors and the NAO and approve both the Annual Report and Accounts and the Fitness to Practise annual report.

4. Thanks were expressed to the Chair of the Audit Committee for her chairing and to the Executive team and other colleagues for their commitment and hard work over the last year.

#### **NMC/20/54 Draft Annual Report and Accounts 2019-2020**

1. The Chief Executive and Registrar introduced the draft annual report and accounts, noting that this was the Council's annual report to Parliament and also the Council's report as Trustees to the Charity Commission for England and Wales and the Office of the Scottish Charity Regulator (OSCR).
2. Points highlighted by the Chief Executive and Executive Director, Resources and Technology included the following:
  - a) The report covered key developments in the year from April 2019 to March 2020, the final year of the NMC's Strategy 2015-2020. The significant achievements during the year reflected the hard work and commitment of all staff, Partner members, FTP Panel members, Education Visitors, other partners.
  - b) This year's report included more content on revalidation and EDI to increase transparency and ensure that relevant information was accessible in one place rather than spread across different reports. Data and supplementary information on these important matters

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would be made available on the website.

- c) In relation to the accounts, there had been a reduction in expenditure of £0.3m on the Statement of Financial Activities, with consequential amendments to the notes to the accounts. The changes had been provided in a supplementary pack for Council members.
- d) There was a positive assessment of ‘Going Concern’ reflecting the financial health and stable income from fees.

3. In discussion, the following additional points were noted:

- a) The quality and comprehensiveness of the report was admirable.
- b) A shorter and more accessible version, also encompassing the Annual Fitness to Practise Report, would be produced for registrants, staff, and members of the public. .
- c) It would be helpful in communicating to registrants to separate out the key achievements and successes to be recognised and the areas of ongoing work or development which they could support.
- d) The valuation of the defined benefit pension scheme for the purposes of the accounts was assessed differently from the triennial valuation. The fact that the triennial valuation had not yet been agreed did not therefore affect the valuation in the accounts or represent a post-balance sheet review event. An update on the triennial valuation would be provided to the Council at its confidential meeting on 29 July 2020.

4. Thanks were expressed to the Governance and Resources teams for all their work on the report and accounts and to the external auditors and NAO.

5. **Decision: The Council:**

- **Authorised the Chair to sign the draft letter of representation to the external auditors.**
- **Authorised the Chair and Chief Executive to sign the draft letter of representation to the NAO.**
- **Approved the draft Annual Report and Accounts 2019-2020, for submission to Parliament.**

**NMC/20/55 Draft Fitness to Practice Annual Report 2019-2020**

1. The Executive Director, Professional Regulation introduced the draft Annual Fitness to Practise Report 2019–2020.

2. In discussion the following points were noted:

- a) The report had been reviewed by the Audit Committee and specific thanks were expressed to Council member Robert Parry for his thorough review of the report.
- b) The focus during 2019-2020 had been on being a kinder, more person-centred regulator by giving a voice to people involved in fitness to practices cases and ensuring that the right support was available to people when they needed it.

- c) The comprehensive nature of the data in the report was welcome.
- d) The richness of themes and the work that had taken place with employers to re-shape thinking was impressive. Given the powerful messages it would be beneficial for every Director of Nursing to receive a copy of the summary version.

3. The Council expressed its thanks to all those involved in producing the report.

4. **Decision: The Council approved the draft Annual Fitness to Practise Report 2019-2020 for submission to Parliament.**

***Secretary's note: The Chair of the Council withdrew from the discussion for NMC/20/56 Chair of Council reappointment process 2020-2021 only. Anne Wright Vice-Chair took the Chair***

**NMC/20/56 Chair of Council reappointment process 2020-2021**

1. The Vice-Chair, Anne Wright, introduced this item and noted that the paper set out recommendations from the Remuneration Committee for the proposed process and timetable for reappointment. The Chair had indicated his willingness to be considered for reappointment.

2. The Chair of the Remuneration Committee summarised the proposed process which reflected guidance from the Professional Standards Authority and the membership of the Reappointment Panel. The Council would be informed of the outcome once the Reappointment Panel had reached its recommendation.

3. **Decision: The Council approved the reappointment process and delegate authority to the Reappointment Panel to conduct the process and make a recommendation to the Privy Council.**

***Secretary's note: The Chair of the Council re-joined the meeting.***

**NMC/20/57 Council Associate scheme**

1. The Chair introduced this item and noted that the Council had previously discussed the proposals informally and had been supportive of the planned scheme. Previous Council selection and appointment processes had demonstrated challenges in identifying candidates suitable to recommend for appointment, particularly across the diversity of the registrant base.

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2. The scheme aimed to help address this by providing opportunities for individuals to gain Non-Executive experience and skills by participating in the Council's work. This would help expand the pool not just in relation to Council appointments but also for Boards across the health sector. It was hoped to appoint two registrant associates, one with midwifery expertise and one from a BAME background in this initial round.
3. The Council welcomed the proposals. It would be important that the right support was provided to Associates, particularly given that Council business might be still being conducted virtually at that time and a mentoring scheme of some sort may be beneficial.
4. **Decision: The Council approved:**
  - the proposed Associate scheme; and
  - amendments to the Standing Orders and Scheme of Delegation at annexe 1.

**NMC/20/58 Covid-19 – Recovery Standards for nursing and midwifery education**

1. The Executive Director, Professional Standards introduced this item.
2. At its meeting on 25 March 2020, the Council had agreed a set of emergency standards relating to education to enable more flexibility during the Covid-19 pandemic. It was proposed to remove these emergency arrangements on 30 September 2020, with a set of recovery education standards being put in place. This was to reflect the lessening impact of the pandemic on health care services, and to restore normality in educational programmes to avoid longer term consequences for current students.
3. At its March 2020 meeting, Council had also extended the date for implementation of pre-registration nursing and prescribing programme standards to September 2021. It was now proposed to extend the implementation date for the new pre-registration midwifery programme standards to September 2022. Those approved education institutions who wished to adopt the standards earlier would be able to do so and would be encouraged to share learning and good practice with others.
4. The Executive Director, Professional Regulation also advised that there had been a mistake in the paper presented to Council on the 25 March 2020 (*NMC/20/20: NMC response to the Covid-19 emergency*) relating to the extension of the date for implementation of the new pre-registration nursing standards and prescribing standards. The paper suggested that we would “*require*” transfer of students onto the new standards once approved but should have said that we would “*encourage*” this. The NMC would be writing out to AEIs (Approved Education Institutions) to confirm this correction.

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5. In discussion, the following points were noted:
- a) Under the emergency standards over 30,000 students had moved into clinical placements during the last three months to support the UK wide national response. They had made an extraordinary and valuable contribution. The students involved were commended, along with educators and practice educators. The Executive Director, Professional Standards would consider how this appreciation could best be communicated to all involved.
  - b) The Covid-19 pandemic had encouraged a more imaginative and creative approach to placements. There was scope for an equally imaginative and creative approach in considering workforce challenges.
  - c) Innovative approaches had also been seen in other areas such as online learning and use of digital platforms. There was significant learning which could be captured.
  - d) Most students were expected to finish their programmes on time and register as normal and the changes to the standards were intended to support this.

6. **Decisions: The Council approved:**
- **the withdrawal of the Covid-19 Emergency Education Standards on 30 September 2020.**
  - **the draft Recovery Standards to take effect from 30 September 2020.**
  - **the extension of the implementation date of the Standards for preregistration midwifery programmes to September 2022.**

**NMC/20/59 Annual Health, Safety and Security Report 2019–2020**

1. The Executive Director, Resources and Technology Services introduced the report. This provided assurance on the way in which the NMC had exercised its Health, Safety and Security obligations during the year.
2. In response to the Covid-19 pandemic, staff continued to be supported to work from home with additional IT and work equipment, if needed. This was being kept under review given the length of time colleagues have been working from home. All colleagues were also being asked to complete a risk assessment in relation to their working environment at home.
3. The closure of schools and childcare facilities has had a significant impact on colleagues with young children and the NMC had taken an extremely flexible approach to support working parents and this would continue until the end of September 2020.
4. Guidance on the tax relief for working from home had been circulated to colleagues for information.

5. The Council noted the report.

### **NMC/20/60 Questions from observers**

1. The Council noted the written questions submitted by observers and the responses below.

Rosemary Pike, Great Western Hospitals NHS Foundation Trust.

- a) *When will the NMC OSCE test centres (Northampton, Oxford (Swindon) and Ulster) resume testing? We have number of students awaiting examination here in Swindon who were not able to join the emergency temporary register.*
- b) *Will the OSCE students who were about to take their OSCE exam just prior to Lockdown and the centres closing, have to sit the OSCE exam or will there be a new mechanism brought in just for these cohorts allowing them to continue to receive their substantive PIN numbers?*

2. These had been addressed during discussion on NMC/20/51 - Executive Report. OSCE centres would reopen on 20 July 2020 and would take bookings from 2 July 2020. Candidates on the temporary register would need to take the test and further information was available for applicants and employers on the NMC's website.

3. Mr Peter Bell, Member of the Public.

- c) *On reviewing the entries on the What Do They Know Freedom of Information website, there appear to be a number of entries where the Nursing and Midwifery Council have been asked to carry out an internal review of an FOI decision. These requests are acknowledged, but then no further action appears to have been taken by the NMC to deal with this internal review request.*

*Could the Council please carry out a review of this failure to comply with the guidelines on FOI request issues by the ICO and report back the reasons why they have not complied with these requests from the public to review FOI decisions?*

4. Mr Bell had helpfully provided an analysis of FOI requests which:

- Have been acknowledged but not responded to;
- Where an internal review request was submitted, acknowledged, but not responded to.

5. FOI colleagues had advised that this may be because the NMC directed responses to the individuals who had raised a request, rather than updating the website but had promised to investigate and provide Mr Bell with a full written response.

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6. Gail Adams, Unison.  
 d) *Having read the council papers I just had a quick question around the associate scheme. Firstly is a good move it has been used in other organisations in part to address the same challenge of diversity. Has any consideration been given to cross regulatory work in this and experience across regulators, all of whom have the same challenge as the NMC?*

7. The Secretary to the Council had already provided a written response explaining that we had talked to counterparts in the other professional healthcare regulators, none of whom were doing anything similar yet; the NMC had offered to share learning and experiences. The NMC had also talked to the wider sector eg HEE and NHS Improvement about similar approaches in Trusts who had Associate members and sought to learn from that in developing the scheme.

**NMC/20/61 Chair’s action taken since the last meeting**

1. There was one Chair’s action to report, which was to review the amended Covid-19 Temporary Register removal guidance for approval by the Chief Executive and Registrar.

**Chair's closing remarks**

1. The Chief Executive and Registrar noted that it was the 72<sup>nd</sup> birthday of the NHS on Sunday 5 July and at 5:00pm a final clap would take place for everyone who had supported the health and social care service during the pandemic.

2. Saturday 4 July was a day of remembrance for all who had died during Covid-19 and the Chief Executive commended a tribute by the London Symphony Chorus called Never to Forget to health and care workers who had died from Covid-19 which was available online. The NMC would commemorate in social media.

3. The Chair thanked everyone for listening, for sending in questions and for their patience.

***Chair’s permission given to attach electronic signature due to Covid-19 emergency in the UK.***

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

**SIGNATURE:** .....

**DATE:** .....

## External Observers

Gail Adams	Head of Professional Services, Unison
Jane Beach	Lead professional officer, Unison
Sarah France	Area Organiser, Unison
Victoria Walton	Local Organiser, Unison
Kate Fawcett	Senior Scrutiny Officer, PSA
Karen Wilson	Director of NMAHP, NHS Education for Scotland
Crystal Oldman	Chief Executive, The Queen's Nursing Institute
Peter Bell	Member of the Public
Angela Di Nuzzo	Senior Business Manager, MSI Group Ltd
Aerial Bergantinos	Staff Nurse, Surrey and Sussex Healthcare NHS Trust
Dr Nita Muir	Academic lead for Nursing/NMC correspondent, University of Brighton
Karen Rees	SL Public Health and Health Visiting, Bournemouth University
Elizabeth Gormley-Fleming	Associate Director Academic Quality Assurance, University of Hertfordshire
Sian Rocke	Staff Nurse, NHS
Cindy Whitbread	Lead Research Nurse, Hampshire Hospital NHS Foundation Trust
Pamela Page	Deputy Director of NMC Reviews, Mott McDonald
Beverly Clancy	Practice Learning Facilitator – PIVO, University of Huddersfield
Susan Jones	Principle Lecturer Head of Practice Education, University of Huddersfield
Abbie Fordham Barnes	Associate Professor, Birmingham City University
Carol Doyle	Head of School, Birmingham City University
Claire Roberts	Quality enhancement lead, Birmingham City University
Abbie Mathias	Student mental health nurse, Bangor University
Juliet Borwell	Quality Lead, Practice Learning
Nonny Nze	Operations Manager, IELTS Medical LTD
Yvonne Halpin	Associate Professor (Practice Learning), London South Bank University
Elizbeth Underhill	Lecturer in nursing and associated programmes, University of Hull
Phebe Philip	Practice Development Nurse, Kettering General Hospital
Nichole McIntosh	Assistant Director of Nursing, CapitalNurse
Maggie Pratt	Programme Lead, CapitalNurse
Ben Sayer	Lead Nurse International Nurse Registration, Imperial College Healthcare NHS Trust
Jane Roberts	Nurse Lecturer, University of Salford
Lisa Jesson	Lead Midwife for Education, Quality Enhancement Lead - Nursing & Midwifery, Birmingham City University

## **NMC Staff Observers**

Ellie Taylor	Social media officer
Lauren Haslehurst	Head of News
Samprada Mukhia	Paralegal
Gemma Wickham	Senior Lawyer General Counsel Team
Ximena Hayes	Business Change Manager
Aishnine Benjamin	Equality and Diversity Policy Manager
Natalie Brown	Information and Data Requests Officer
Emma Lawrence	Senior EDI Policy Officer
Saima Hirji	Senior Lawyer
Jackie Williams	Senior Midwifery Advisor (Education)
Kelly O'Brien	Governance Manager
Samprada Mukhia	Paralegal
Soina Waigo	Business Change Manager
Richard Wilkinson	Assistant Director, Finance and Audit
Sue West	Senior Nursing Education Adviser
Rose Fieber	Administration Officer for EDI
Mark Finnigan	Governance Administrator
Beth Faircliffe	Event Manager

## **Press**

Kimberly Hackett	Senior news reporter, RCNi
Megan Ford	Nursing Times

## Council

### Summary of actions

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

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

Minute	Action	Action owner	Report back date	Progress to date
NMC/20/51	<p><b>Temporary Register survey</b></p> <p>Share the outcomes of the Temporary Register survey with Council.</p>	<b>Executive Director of Strategy and Insight</b>	<b>23 September 2020</b>	Not yet due.
NMC/20/52	<p><b>Black Lives Matter</b></p> <p>Provide an action plan bring together the range of planned work including Council activities and the below actions, which can be used to monitor progress.</p>	<b>Executive Director, Strategy and Insight</b>	<b>23 September 2020</b>	Not yet due.
NMC/20/52	<p><b>Black Lives Matter</b></p> <p>Provide an overview of the uptake of continuing development and subsequent progression for staff at the NMC as a result.</p>	<b>Director, People</b>	<b>23 September 2020</b>	Not yet due.

Minute	Action	Action owner	Report back date	Progress to date
<b>NMC/20/52</b>	<p><b>Black Lives Matter</b></p> <p>Provide an evaluation of the impact of the actions taken following the University of Greenwich report (2017).</p>	<p><b>Executive Director, Professional Regulation</b></p>	<p><b>23 September 2020</b></p>	<p>Not yet due.</p>

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

Minute	Action	Action owner	Report back date	Progress to date
<b>NMC/20/36</b>	<b>Virtual FTP Hearings</b> Share the outcome of the work on virtual hearings with Council	<b>Executive Director, Professional Regulation</b>	<b>29 July 2020</b>	An update is provided within the Executive Report.
<b>NMC/20/36</b>	<b>Learning from our response to the Covid-19 pandemic</b> Share learning from utilising new ways of working and how things could change for the future as a result	<b>Executive Director, Strategy and Insight / Executive Director Resources and Technology Services</b>	<b>23 September 2020</b>	Not yet due.
<b>NMC/20/37</b>	<b>FTP performance</b> Update the Council on the work to address the FTP workload	<b>Executive Director, Professional Regulation</b>	<b>29 July 2020</b>	An update is provided within the Executive Report.
<b>NMC/20/37</b>	<b>Employee turnover</b> Provide data and insight on the reasons for staying at the NMC when available	<b>Director, People</b>	<b>29 July 2020</b>	The analysis of this data is not yet complete. This will be presented to Council in September 2020.

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

Minute	Action	Action owner	Report back date	Progress to date
NMC/20/22	<p><b>Strategy 2020–2025</b></p> <p>i. Consider how to reflect the impact of the Covid-19 pandemic and other external constraints which may impinge on the NMC’s ability to achieve the Strategy’s ambitions; and</p> <p>ii. Schedule a thorough review of progress given the impact of the Covid-19 pandemic.</p>	<b>Director of Strategy and Insight</b>	<p>i. <b>20 May 2020/29 July 2020</b></p> <p>ii. <b>March 2021</b></p>	An update is provided in the Executive report on the agenda and a full update will be provided in September 2020.
NMC/20/22	<p><b>Corporate Plan and Budget</b></p> <p>Undertake a thorough review of the Corporate Plan and Budget in the autumn, including a fundamental review of the Key Performance Indicators</p>	<b>Director of Resources and Technology Services</b>	<b>23 September 2020</b>	Not yet due.

Minute	Action	Action owner	Report back date	Progress to date
<b>NMC/20/23</b>	<p><b>Gender Pay Gap Report 2019</b></p> <p>Update Council on the results of the reverse mentoring scheme once in place</p>	<p><b>Director of People and Organisational Development</b></p>	<p><b>27 January 2021</b></p>	<p>The reverse mentoring programme has been renamed to inclusive mentoring to acknowledge the learning and open conversation for both parties. Inclusive mentoring applications are live, closing on 27 July 2020. Pairs will then be matched and the programme starts in September 2020.</p>

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## Council

### Executive report

**Action:** For discussion.

**Issue:** The Council is invited to consider the Executive's report on key developments up to 30 June 2020.

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

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

**Decision required:** None.

**Annexes:** Annexe 1 – Performance summary for quarter 1.  
Annexe 2 – Risk report and register at 30 June 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 This paper is produced by the Executive and contains highlights from the external environment, progress against our corporate plan and risks facing the organisation up to the 30 June 2020.
  - 2 The report consists of three sections:
    - 2.1 This cover report with highlights from the external environment and our strategic engagement work;
    - 2.2 Our performance report providing status updates against our corporate plan and budget for 2019–2020 (**annexe 1**); and
    - 2.3 Our corporate risk position and risk register for 2020–2021 (**annexe 2**).

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

**Discussion: Responding to Covid-19**

- 4 We continued to work closely with our partners on a range of issues relating to the response to Covid-19, including those leading health and care services across the UK. This ensures that we understand the workforce needs, and plan for recovery for when the temporary register eventually closes. On 25 June 2020, we communicated our plans to adapt the way we regulate as we move from the Covid-19 emergency towards recovery, as long as the current situation does not change significantly and the country continues to recover from the pandemic.
- 5 We published our equality impact assessment (EQIA) on Covid-19 on Friday 24 July 2020 which reflects decisions we have taken to the end of June 2020. We will continue to undertake EQIAs in relation to decisions taken after the end of June 2020 and will publish them in due course.

**Adapting our regulatory processes to Covid-19**

- 6 We made the decision to postpone hearings until the end of June 2020 and committed to contacting individuals and employers only where we felt we needed information to enable us to manage immediate risks to the public.
- 7 Following a period of extensive planning and risk assessments, we can confirm that we plan to begin holding hearings in person from September 2020. More detail is at **annexe 1**, section 4 '*Approach to restoring Fitness to practise activity*'.

## **Working in partnership**

- 8 We have continued to prioritise working collaboratively with our partners to navigate our response to Covid-19 and ensure that we take into account a range of perspectives and the unique nature of each UK country when making decisions.
- 9 Andrea Sutcliffe and Executive directors meet regularly with the Chief Nursing Officers and Chief Midwifery Officers of the UK and their teams. A series of monthly calls have been scheduled to ensure we can maintain our regular engagement on our decisions around the Covid-19 recovery.
- 10 Weekly engagement calls with the Royal Colleges and trade unions have continued, ensuring we engage regularly with these partners on operational and strategic decision making.
- 11 Internal working groups for each UK country have begun to meet again, supporting the lead directors to plan engagement with key stakeholders. We will hold further engagement calls with groups of stakeholders in each country in August 2020.
- 12 We have continued to share stakeholder packs containing information about the NMC's response to Covid-19. These packs have been welcomed by stakeholders as a useful resource to understand the range of actions we have taken.

## **Engagement with ministers and UK Parliament**

- 13 Andrea Sutcliffe and Philip Graf met with the Secretary of State for Health and Social Care, Rt Hon Matt Hancock MP on 8 July 2020 to follow up on their meeting on 1 July 2020. The discussion focused on the learnings from Covid-19, regulatory reform, and international and domestic recruitment.
- 14 We have written to the Chair of the Health and Social Care Committee, Rt Hon Jeremy Hunt MP to brief him on just culture, regulatory reform and the key findings of our data report.
- 15 We have written to Caroline Nokes MP in her capacity as Chair of the Women and Equalities Select Committee regarding its inquiry on the unequal impact of Covid-19. We plan to send a full submission to the inquiry.
- 16 We have written to the Minister of State for Care, Helen Whately MP following our meeting on 3 June 2020, to outline our plans to transition out of the emergency and the key findings of our new registration data report.

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- 17 The UK government’s legislative agenda has been heavily impacted during the Covid-19 outbreak. We continue to monitor the parliamentary business of all four UK legislatures and keep colleagues updated on progress with new legislation and policies.
- 18 The Public Accounts Committee (PAC) is conducting an inquiry into the nursing workforce in England, and held a formal meeting on 20 July 2020 to question DHSC, NHS England and Improvement, and Health Education England on action is being taken to address the long term problems in the NHS workforce, and what impact Covid-19 has had on current and future plans. We have followed up by writing to the Committee Chair to provide our registration data.
- 19 Andrea Sutcliffe responded to the report of the Independent Medicines and Medical Devices Safety review ‘First Do No Harm’ which was published on 8 July 2020. She confirmed that we are committed to playing our part in helping everyone who receives midwifery and nursing care across all four countries of the UK to experience the best and safest care they deserve. We are in the process of carefully considering the full report and its recommendations.

**EU Exit**

- 20 On 30 June 2020, the deadline passed for Britain to apply for an extension on the transition period. We continue to work closely with government officials at DHSC and Department for Business, Energy and Industrial Strategy (BEIS) on the trade negotiations and any potential impact for the NMC.
- 21 We are undertaking an impact assessment on the likely options for both a deal and no-deal EU exit in December 2020.

**How we regulate**

**Assuring quality education programmes**

- 22 The NMC is retaining oversight of the issues being raised at Shrewsbury and Telford NHS Trust which have regulatory implications. We are liaising with other organisations to share information as appropriate; regularly reviewing data and intelligence; and examining a range of sources of intelligence as we receive them.

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- 23 The Employer Link Service (ELS) is in regular contact with the review team led by Donna Ockenden. The review team has indicated it is likely to submit fitness to practise referrals in relation to its enquiries. We are liaising with the General Medical Council in relation to any fitness to practise issues that involve both medical and nursing or midwifery staff.
- 24 The review team has made a request for the disclosure of all data and related documents we hold concerning Shrewsbury and Telford NHS Trust since 1995. The Enquiries and Complaints team and the Regulatory Intelligence Unit are working together to identify and collate this information. The police have stressed that any investigation should not delay the review or any related fitness to practise referrals.
- 25 We recently published the report of an extraordinary review of pre-registration nursing and midwifery programmes at Staffordshire University, who has student midwives and nurses placed at the Trust. We are reviewing the University's action plan in response to the findings of the review on an ongoing basis, and have discussed our findings with Health Education England. The regulation adviser linked with Shrewsbury and Telford Trust attended a Safety Oversight Assurance Group to discuss Shrewsbury and Telford on 22 July 2020.

### **Registrant data report**

- 26 On 9 July 2020, we published our registration data report for the period of 1 April 2019 to 31 March 2020.
- 27 The data shows that overall the number of nurses, midwives and nursing associates on our permanent register has continued to grow over the past three years from within the UK and overseas.
- 28 While the increases are very welcome for everyone working in and using health and care services, there are potential challenges ahead as a result of the pandemic and subsequent travel restrictions. We may no longer be able to rely on the flow of professionals joining our register from overseas in the same way, and in the future, the significant growth we have seen recently may not be sustained.
- 29 We will continue to monitor these trends and the potential impacts for the health and social care sector.
- 30 The full data reports can be found on our website at <https://www.nmc.org.uk/about-us/reports-and-accounts/registration-statistics/>.

## **Standards implementation**

- 31 On 14 July 2020, we published a new web hub containing a wide range of materials to help educators, supervisors and other stakeholders with the implementation of our new Future Nurse and Future Midwife standards. The web hub includes a series of webinars, briefings, leaflets, videos and supportive scenarios, all in one place to make them easily accessible for our stakeholders.

## **Preceptorship**

- 32 In October 2019, we agreed to develop new principles for preceptorship in collaboration with the Chief Nursing Officers (CNOs) and Chief Midwifery Officers (CMOs) of the four countries of the UK. As part of this initiative the intention was to seek the endorsement of the CNOs and CMOs and the UK wide system regulators.
- 33 Following recent discussions with the CNOs, formal endorsement is no longer being sought and we will publish this as an NMC document. However, we will agree wording for a preface to this document that states the principles for preceptorship were co-produced and the content agreed with the four CNOs.
- 34 The draft preface is being circulated to the CNOs for their agreement and the document is being prepared for publication in due course.

## **Public Support Service**

- 35 We are delighted that the Public Support Service has been shortlisted for Patient Safety Team of the Year in the Patient Safety Awards. The winners will be announced in November 2020.

## **Equality and inclusion leadership award**

- 36 Andrea Sutcliffe and Emma Broadbent, Executive Director of Professional Regulation, have won the Equality and Inclusion Senior Champion 2020 award at the Annual Employers Network for Equality and Inclusion Awards. The awards recognise and commend organisations that have taken a lead in challenging discrimination and celebrating their diverse workforce.
- 37 The Senior Champion Award recognises ambassadors who have made a significant contribution to improving the culture within their workplace, acting as role models for equality and inclusion and championing diversity.

## Code campaign

- 38 Our Code campaign aims to support professionals to uphold high standards, clarify our expectations around the Code and reassure professionals it is there to support them. We are currently working on seven animations that cover key themes of the Code, plus social media guidance. We aim to launch the campaign in the first week of August, and it will run for seven weeks until mid-September 2020.

## Newsletters

- 39 In July 2020, we published our first newsletter for the public in several years. We also published the first standalone newsletter for midwives. Separating the newsletters for professionals into one for midwives, and one for nurses and nursing associates, will help make sure people get the news and updates that matter to them. This will support people in a way which recognises the issues unique to their profession.

### Midwifery implications:

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

### Public protection implications:

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

### Resource implications:

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

### Equality diversity and inclusion implications:

- 43 Equality, diversity and inclusion (EDI) issues are taken account of within the work we do. Separate EQIAs are produced for all major areas contributing to our strategic objectives and EDI is monitored as a potential area of risk on our corporate risk register.

- 44 An EQIA for our work regarding Covid-19 is in place.

- 45 Specific EDI issues have been discussed within this report.

### Stakeholder engagement:

- 46 Not applicable.

### Risk implications:

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

### Legal implications:

- 48 None.

## Section 1: Executive Summary

### Context

- 1 Annexe 1 contains a number of different reports providing updates against our corporate plan, budget and KPIs. Sections are: updates against our delivery plan (section 2), financial monitoring reporting (section 3), and our approach to restoring Fitness to practise activity (section 4), corporate KPIs (sections 5 and 6) which reflect the targets set within our corporate plan and budget for 2020–2021. Detailed KPI commentary for each directorate can be found within sections 7.
- 2 At quarter one our corporate plan and budget for 2020–2021 (which was agreed in March 2020 prior to Covid-19) is significantly off track. As we recover from the pandemic we have undertaken a review of our plans and agreed significant reprioritisation which is reflected in our Covid-19 recovery and restoration plans.
- 3 Our delivery plan at section 2 reflects progress against our corporate plan and budget which was agreed at March 2020 but noting where plans have been rescheduled due to Covid-19. As such we have not provided forecasts or traffic light summaries but will reinstate this from quarter 2 once of plans for the remainder of the year become clearer.
- 4 All data is for the period 1 April 2020 to 30 June 2020.

### Performance highlights

- 5 The Executive Board would like to draw the attention of Council to those areas where performance is notable or has been rescheduled. These are:

### Supporting our professions

- 6 **Post registrations standards:** Work is underway on the development of our post-registration standards. A detailed update of this can be found at agenda item 8.

### How we regulate

- 7 **Fitness to Practise restoration and recovery:** We have been reviewing our fitness to practise (FtP) casework which has been paused during Covid-19. We are resuming casework activity and planning to safely reintroduce physical hearings from September 2020. See annexe 1, section 4.
- 8 **Interim orders KPI:** The issuing of interim orders within 28 days of opening a case was below target in both April and May 2020 due to a combination of very high caseloads and resources constraints. Recruitment is underway to increase resources and we have taken action to allocate cases in a different way to increase efficiency. We met our target in June 2020.

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- 9 **Case closure KPI:** Conclusion of FtP Cases within 15 months remained above target for quarter 1. As reported to Council in May 2020, we expect to be below target for the remainder of the year due to the cumulative effect of performance issues reported during 2019–2020 and Covid-19. From quarter 2 we will provide additional supplementary information regarding how we will bring this back on track. Further detailed can be found in section 4 (*Approach to restoring Fitness to practise activity*).
- 10 **New approach to Fitness to Practise cases:** we continue to implement our change programme, but at a slower pace due to Covid-19. Focus during the first quarter has been rolling out our approach to using context, with a programme of employee training which began in June and will run until September 2020. Other areas of work have been paused. Further details can be found in section 2 (*Delivery plan, item 2*).
- 11 **Overseas registration:** Our OSCE testing centres reopened in July 2020. We are reviewing the timetable for the new test of competence.
- 12 **Registrations KPIs:** All registration KPIs were above target for quarter 1 except for a dip during June 2020 for initial registrations completed within 60 days where a concern was raised. The June dip reflects two cases which exceeded the 60 day handling time. One situation was caused by an administrative oversight, where an application was not formally closed and the timeline continued to be measured. The other case was an anomaly in the reporting framework where the stages of the application process was not recognised resulting is additional days being counted where they should not have been. We are confident that the root cause for both cases have been identified and resolved.
- 13 **Contact Centre:** Call handling remains above target.

### How we influence

- 14 **Regulatory reform:** The DHSC are in the process of re-planning the timetable and sequencing of the various regulatory reform components. *See section 2, item 9 (delivery plan)*.
- 15 **Four country engagement:** Working groups to support four country engagement have started to meet again and will support lead directors in planning engagement with senior stakeholders in each UK country. Additional resources have been invested to support this work. We will ensure that the principles outlined in the public affairs strategy are embedded across our programme of work across all four countries.
- 16 **Focused strategic communications:** This work has been rescheduled and will be reviewed by the new Assistant Director of Stakeholder Engagement when they take up post later this year. In the meantime we are taking forward short term aims to update our stakeholder engagement approach by developing and implementing proactive engagement regarding public affairs, a review of existing engagement forums, and developing a programme of targeted strategic engagement across the UK.

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- 17 **Establishing organisation wide co-production principles:** This work has been rescheduled because of Covid-19. We expect the review to recommence in August 2020. The review will build on co-production principles already successfully used by some parts of the organisation. Timescales for completion have now been extended into 2021
- 18 **Person centred approach:** We will resume work to co-produce our organisation wide person centred approach which will build on the foundations already established within our new approach to FtP. The person centred initiative will be aligned to our new values and behaviors and broader cross-organisation plans for public engagement which will be developed with input from a wide range of stakeholders.

## Fit for Future Organisation

### Our people

- 19 **Turnover:** our overall employee turnover continues to reduce dropping to 10.7 percent (against a target of 15 percent). A full update can be found at section 5 (*People KPIs, item 5.01 and 5.02*).
- 20 **Employee engagement:** Employee pulse surveys provide regular data about the level of employee engagement. Our latest survey asked specific questions about our response to Covid-19 and the results for employee engagement show positive engagement with our overall score increasing to 7.1 out of 10 (against a target of 6.4).
- 21 **People initiatives:** these are discussed at section 2 (*Delivery plan, item 11*).

### Replacing core ICT systems

- 22 The Executive and Council have discussed the outcomes of the independent review of the modernising our technology services programme (MOTS) conducted by Avanade in April 2020. A detailed update will be provided at the confidential meeting of the Council.
- 23 The first phase of the MOTS is now due to conclude in September 2020 and will achieve the replacement of the legacy WISER registrations system with a new Microsoft Dynamics 365.
- 24 From September 2020, we will undertake a detailed 'plan and analyse' period to ensure that our requirements for the next phase are fully scoped and prioritised and that we take into account the learning from phase 1. The plan and analyse period is to avoid the slippages and budget overspends which we experienced during phase 1.

## Returning to the office

- 25 We are conducting thorough Risk Assessments in line with the Government's 'Working safely during coronavirus (Covid-19) guidance' document. These will be published to colleagues returning to the office to support the resumption of in person hearings from September 2020. Most other colleagues are likely to remain working from home until January 2020.
- 26 We continue to take necessary steps, including signage, barriers, screens, and desk plans. It is important to note that each of the devolved governments are following different paths to open the economy and workplace which also needs to be taken into account.
- 27 Covid-19 has meant that the whole organisation has undertaken full time agile and flexible working. This will change the future of how we operate as an organisation. As we enter the 'recovery' phase, we will be sending out a survey to each colleague which includes exploring their work pattern and their thoughts on the future. This will help to inform future working.

## Edinburgh

- 28 We have started the search for new premises in Edinburgh in advance of the lease ending on our current office in April 2021. We have shortlisted five properties for further review. We have also appointed an architect and space planner and have obtained drawings for the premises to start to undertake testing of floor plans. The Scottish Government is working to a different schedule for re-opening the country, but we are currently making good progress in the selection of a new building.
- 29 The Accommodation Strategy which was approved by Council in March 2020 contains flexibility as a key theme in our accommodation requirements. The medium and long term requirements will continue to be reviewed with this flexibility in mind.

## Financial performance

- 30 We experienced a slight dip in year to date (YTD) income of £0.4m below budget (2 percent). This was driven by reductions in overseas applications which was likely due to travel restrictions because of Covid-19.
- 31 Expenditure was less than planned by £2.7m below budget (13 percent). This was driven by underspends within our core regulatory functions (£2.9m /14 percent) due to Covid-19.
- 32 Our YTD surplus was £2.4m (109 percent) above budget.

33 Key issues are:

- a) Overseas registrations are likely to be affected for some months as travel restrictions are slowly lifted. In those countries that are affected by a second wave of Covid-19, we could see fewer applications from overseas registrants in the short to medium term.
- b) Recovery of substantive hearings will happen from September 2020. Postponement of physical hearings since March 2020 and social distancing will probably mean that less hearing days will take place during 2020–2021 and result in an underspend.
- c) Slippages and deferred activities will affect planned expenditure.
- d) The net effect of Covid-19 is likely to be a significant underspend for the year.

34 Investments shown in the balance sheet are cash deposits requiring notice to access the funds. The contract with our investment managers was signed at the end of June 2020 with initial stock market investments due to be made shortly, once final regulatory checks are completed.

35 A recast budget reflecting our Covid-19 recovery and restoration plans will be brought back to the Council in September 2020.

### **Reviewing our KPIs for 2020–2025**

36 In March 2020, the Council requested a review of our KPIs, metrics and a streamlining of the Executive Report to reduce its length.

37 Due to prioritising resources onto Covid-19 we plan to provide iterative changes for quarter 2.

38 Alongside this we will undertake a wider project with a deeper examination of our corporate performance measures and wider strategic monitoring framework. The intention will be to deliver a new set of corporate measures which are tailored for different stakeholders, aligned with our strategic ambitions, and allow us to analyse trends and variances from April 2021.

39 Iterative changes the Council can expect to see from quarter 2 are:

- a) A delivery plan which reflects our Covid-19 recovery and restoration plans and includes status traffic lights and forecast information;
- b) Contextual information to supplement our FtP casework KPI which will highlight how we are recovering the timeliness of FtP casework;
- c) Amendments to our overseas KPI;
- d) The streamlining of our communications and engagement performance measures;

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- e) Removal of operational data. The Executive Board will retain oversight and assurance of operational performance using a more detailed version of the corporate performance report with operational dashboards included.
  - f) Some cosmetic reformatting to summarise key information in a smarter way.
- 40 Proposed changes will be brought to the Council in September 2020 and implemented for the quarter 2 performance reporting period.

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## Section 2: Summary of progress against our delivery plan for 2020-2021

The following delivery plan represents an update of our progress compared to our agreed corporate plan and budget for 2020-2021 as at March 2020 (prior to Covid-19).

The majority of areas have reported slippages which reflects prioritisation of our resources onto the Covid-19 emergency response. We have provided commentary against each corporate priority reflecting where Covid-19 has had an impact. For this report we have not provided traffic light assessments.

We have undertaken significant work to reprioritise our corporate plan for the remainder of 2020-2021. From quarter 2 our delivery plan progress report will measure ourselves against the recast plan and budget once finalised.

### Delivery plan progress report at quarter 1

#### Improvement and innovation

##### Our commitments for 2020-2021

**1. We will continue to provide effective regulation of nurses and midwives across the UK and nursing associates in England.** (Led by the Executive Directors of Professional Regulation and Professional Practice)

- a. Maintaining an accurate and transparent register of midwives, nurses and nursing associates and establishing and maintaining a temporary Covid-19 register;
- b. Setting robust standards of conduct, behaviour and proficiency and helping to maintain standards through revalidation;
- c. Quality assuring nursing and midwifery education;
- d. Responding fairly to concerns about midwives, nurses and nursing associates.

##### Commentary at 30 June 2020

a. Our latest data report on our register was published on 9 July 2020. We maintain accuracy of the register through a number of internal controls which are regularly quality assured. Corporate KPIs provide assurance of the effectiveness of our registration processes (*see section 5 – corporate performance measures*).

We launched temporary registration on 27 March 2020 which allows us to temporarily register fit, proper and suitably experienced professionals who want to practise and feel able to support the Covid-19 emergency situation. Temporary registration is separate from full registration and will come to end when the temporary register closes once the government announces that the emergency is over.

We maintain accuracy of the temporary register through a number of internal controls, and conditions of practice make sure there are appropriate safeguards in place for temporary registrants to practise safely and effectively during the emergency.

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b. Covid-19 has led to a number of deferrals and delays in the roll out of our new pre-registration standards. The deadline for implementation for Future Nurse is now September 2021 and for Future Midwife and Return to Practice it is September 2022. We continue to approve programmes virtually where possible, including nursing associate programmes. To date over 50 institutions have begun the programme approval process, with 47 having now been fully approved. We have refused one nursing associate programme. We liaise regularly with the Department of Health and Social Care and Health Education England to update them on progress.

c. We continue to approve education institutions against our new standards utilising the gateways model of approval with the quality assurance (QA) Board providing oversight. During Covid-19 approvals continue to be completed remotely. We are working closely with Mott MacDonald our QA service delivery partner to review the contractual implications of deferred visits to next year, which may see an increase in costs.

d. During first quarter we have prioritised cases which are the most serious and are about risk to patients and the public. This meant that we processed high-risk cases where we identified the need to restrict a registrant's practice, and only contacted healthcare professionals in a very small number of high-risk cases that might require an interim order. (See *annexe 1, section 4 for information about our FTP restoration work*)

#### **Our commitment for 2020-2021**

**2. We will continue to implement our new strategic approach to fitness to practice (FtP) to improve our approach to FtP investigations and to improve the experience and support for those involved, whether professionals or the public.** (Led by the Executive Director of Professional Regulation)

a. 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;

b. Improving the support for witnesses who are vulnerable and members of the public involved in our proceedings;

c. Providing better signposting and support for nursing and midwifery professionals to engage in our proceedings;

d. 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 focusing on resolving issues of material dispute

#### **Commentary at 30 June 2020**

a. We have built on the context pilot and began to roll out our approach to context through a combination of e-learning which was launched in June and workshops with individual teams, which will run between July to September 2020.

b-c. Work continues on the vulnerable parties project. This project looks into how the NMC currently supports those that require additional assistance and how we can improve our current practices to accommodate those needs. This is linked to the ongoing lay advocacy and intermediary work which aims to provide appropriate external expert support to parties requiring additional assistance. The provider for the lay advocacy and intermediary work will be secured by end of September 2020.

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d. Improved guidance for employers has been approved. It will be launched at an appropriate time when employers have capacity to engage given the situation with Covid-19. We estimate launch as Autumn 2020.

Enabling remediation was rolled out in December 2019. We continued with established remediation processes on appropriate cases during the pandemic, with some revision to take into account current working environments.

Making best use of hearings was rolled out in June 2019. Additional training for case presenters and panel members on requirements was completed before the lockdown. This activity will form part of the adjudication restoration work over the coming months.

**Our commitment for 2020-2021**

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

a. Our focus for 2020–2021 will be continuing to improve the support we provide to our overseas applicants and those supporting them, developing our test of competence model in line with our new standards of proficiency (Led by the Executive Director of Professional Regulation).

**Commentary at 30 June 2020**

*See section 1 - paragraph 11 (executive summary)*

**Proactive support for professionals**

**Our commitment for 2020-2021**

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

- a. Co-producing a set of four new standards;
- b. Consulting on and user testing of these standards;
- c. New standards are expected to be published in autumn 2021 (Led by the Executive Director of Professional Practice).

**Commentary at 30 June 2020**

On track. Our consultation is due to take place in Q4 with publication of the new standards planned for 2021.

Currently there are no delays but at this point it is difficult to forecast the speed at which the project will progress during the next phase.

The overall project planning, milestones and timelines have been adjusted to take account of the pandemic, incorporating different ways of engaging with our stakeholders. The inclusion of exceptional circumstances steps within our standards development methodology has enabled us to continue this project at a time when external stakeholders have had to focus on different priorities.

We have undertaken virtual engagement sessions with small groups with key stakeholders. With direction from the independent chairs for specialist community public health nursing (SCPHN) and specialist practitioner qualification (SPQ) who will assist with influencing and informing the direction of travel for the new draft standards.

We have remained in close contact with the Chair of the Post Registration Standards Steering Group (PRSSG) regarding the alterations to the project plan and held virtual PRSSG meetings for late June 2020. Completion of the evidence gathering phase is delayed by approximately four weeks due to competing priorities. Evidence reporting should be available to support the development of evidence informed standards from July 2020.

The work continues to support our commitment to evidence informed drafting, staying true to co-production principles and ensuring that our new draft standards are ambitious and of a high quality of work.

We still aim to seek Council's agreement on new standards in either July or September 2021

#### **Our commitment for 2020-2021**

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

- a. Agreeing our approach for the provision of additional supportive tools to professional practice;
- b. Developing a forward programme for updating of our standards (Led by the Executive Director of Professional Practice).

#### **Commentary at 30 June 2020**

On track. An internal working group is evaluating our entire suite of standards and guidance in order to plan future "health checks" and reviews. This work will be centred on a new set of common principles for standards and guidance development that clearly set out how we will go about standards development, whilst leaving space for project-specific principles and objectives.

These principles will inform an end-to-end catalogue of best practice techniques in standards development that have been developed during the education programme. This will allow future standards development work to draw on these materials and an agreed upon framework for best practice. This will provide a consistent framework for evaluation of the standards. The new model will also consider changes in the external environment that we may need to respond to by updating or amending our standards and guidance.

This project will identify a timeline for when our standards will be reviewed which will enable Professional Practice to plan its work accordingly.

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## More visible and better informed

### Our commitment for 2020-2021

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

- a. Co-producing a review of our current employer link service (ELS) model.
- b. Agreeing a new model and producing an implementation plan for local engagement (Led by the Executive Director of Strategy and Insight).

### Commentary at 30 June 2020

- a. A review of our capabilities is underway, having started in June 2020.

During the Covid-19 pandemic, ELS has been temporarily playing an enhanced role supporting employers with concerns that may lead to referrals, and with Covid-19 issues more generally.

- b. The first phase of the review, comprising internal engagement, should be complete by the end of July 2020. This will inform a deliberative phase looking at future scenarios for the team. In Q3 we hope to be able to engage external stakeholders if feasible, and to complete the review by the end of the calendar year.

## Empowering and engaging

### Our commitment for 2020-2021

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

- a. Establish and adopt principles for co-production across all our work;
- b. Agree and implement a person-centred approach in all our regulatory activity (Led by the Executive Director of Communication and Engagement).

### Commentary at 30 June 2020

*See section 1 - paragraph 17 and 18 (executive summary)*

### Our commitment for 2020-2021

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

- a. Undertaking a review of stakeholder relations across the organisation to inform a relationship framework for managing stakeholder engagement through to 2025;
- b. Delivering a programme of targeted stakeholder engagement across all four countries, including UK Government and devolved assemblies (Led by the Executive Director of Communication and Engagement).

### Commentary at 30 June 2020

*See section 1 - paragraph 15 and 16 (executive summary)*

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**Greater insight and influence**

**Our commitment for 2020-2021**

**9. We will work with the Department of Health and Social Care (DHSC) and others on a substantial programme of reform to shape improvements to our legislative framework across the UK.**

- a. Shaping the scope of the policy to be reformed in collaboration with other regulators and the Professional Standards Authority;
- b. Working with DHSC to support the development of the legislation;
- c. Engaging with key stakeholders to listen to feedback;
- d. Supporting the legislative process;
- e. Planning the implementation of the legislation into internal policies, systems and processes (Led by the Executive Director of Strategy and Insight).

**Commentary at 30 June 2020**

a-e. a-e. We continue to engage with DHSC around regulatory reform and understand that they are in the process of re-planning the timetable for delivery of the various components of the programme in light of the impacts on resource and time arising from the Covid-19 emergency. We attended an all-regulator meeting with DHSC and devolved administrations on 9 July 2020 and had preliminary discussions around policy development in the registration and education sphere.

We continue to work closely with DHSC, Department of business, energy, and industrial strategy (BEIS) and Department of International Trade (DIT) on Brexit-related issues and implications for international registration. At a recent meeting on 3 July 2020 with AURE (Alliance of UK Health Regulators on Europe), it was indicated that we were likely to know more about the shape of any mutual recognition of professional qualifications (MRPQ) elements of the UK-EU trade deal by the end of August 2020.

**Our commitment for 2020-2021**

**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.**

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

**Commentary at 30 June 2020**

Terms of reference for our review of insight have been approved and this work will begin in August 2020.

The Executive Board has approved recommendations designed to ensure we have the data, research and testimony we will need to be able to produce a state of the professions practice and education report, provisionally in 2022. We have committed to continuing to make incremental improvements to our biannual data reports in the meantime.

An insight board is being established to provide co-ordination of the relevant workstreams.

## Fit for future organisation

### Our commitment for 2020-21

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

- a. Delivering a new organisational design with a new directorate structure that brings together common activities and capabilities;
- b. Embedding our new values and behaviours through an extensive internal engagement programme and integration within our people management processes (including recruitment and appraisals);
- c. 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. (Lead by the Director of People)

### Commentary at 30 June 2020

#### **a. Organisational design**

We delivered the first stage of organisational design in April 2020, which ensures we have the right leadership to deliver our strategy and creation of a new directorate structure. The second stage, originally due to be delivered by October 2020, includes targeted reviews in seven key areas. Due to Covid-19 this is now expected by December 2020.

#### **b. Values and behaviours**

Our new values and behaviours, which underpin our 2020-2025 strategy, were launched in April 2020. We have begun our programme to implement these across the organisation. This includes: commissioning an external partner to lead the values and behaviours work, convening an internal working group which held its first meeting in June 2020, e-learning for all colleagues to begin in July 2020, and hosting values and behaviours café events for managers. The café events were launched in July 2020 and aim to ensure we have a consistent approach to how we apply values and behaviours and EDI principles across the organisation.

Following this, we will be hosting virtual workshops for the leadership development programme (LDP) the aim of these sessions will be to support managers having conversations about values and behaviours with their teams. We will keep the programme under review to ensure it adds real value to the organisation and ensure we continuously improve it based on feedback.

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<p><b>c. People plan</b></p> <p><b>Reward:</b> Work continues to consider options for pay progression in line with affordability. Instead of taking a blanket approach to pay progression, in June 2020 we decided to take forward a targeted approach which tackles specific areas where pay progression has been highlighted as an issue. Next steps are to work with executive directors to identify particular areas for review and which roles might be considered for specialist career development conversations.</p> <p><b>Pensions:</b> Our timeline for completing the defined benefit (DB) pension consultation has been rescheduled due to Covid-19. We had also intended to consult regarding our provider for our defined contribution (DC) pension scheme within similar time scales. Following reprioritisation work, the executive has approved prioritising the DB pension scheme consultation and to pause on the DC pension tender until the DB consultation is concluded.</p> <p><b>HR policies:</b> Our project to update all of our HR policies have been delayed due to capacity in HR in light of Covid-19. We are aiming for updated policies to be signed off at the July 2020 People Programme Board.</p>	1. 2. 3. 4. 5.
<p><b>Our commitment for 2020-2021</b></p> <p><b>11b. We will make sure that we have the right capabilities, processes and resources to fulfil our ambitions for the strategic period ahead.</b></p> <p>a. Delivering our new technological solution to move our register from legacy systems onto Microsoft Dynamics 365;</p> <p>b. Delivering the foundational work for migrating our fitness to practise case management system onto the new platform;</p> <p>c. Improving the user experience of our digital technologies and ensuring that our infrastructure is ready to embrace future opportunities we are developing. We will review and develop plans to update our core ICT infrastructure and continue to put in place data and analytical solutions which support new ways of working;</p> <p>d. 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. (Led by the Executive Director of Resources and Technology Services).</p>	6. 7. 8.
<p><b>Commentary at 30 June 2020</b>  <i>See section 1 - paragraph 22-24 (executive summary)</i></p>	
<p><b>Our commitment for 2020-2021</b></p> <p><b>11c. We will make sure that we have the right capabilities, processes and resources to fulfil our ambitions for the strategic period ahead.</b></p> <p>a. Conduct and publish workplace safety audit</p> <p>b. Options for new ways of working post-lock down</p> <p>c. Progress Edinburgh office replacement</p> <p>d. Revisit medium- / long-term requirements (Led by the Executive Director of Resources and Technology Services).</p>	9. 10.
<p><b>Commentary at 30 June 2020</b></p>	11.

*See section 1 - paragraph 25-27 (executive summary)*

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## Section 3: Financial monitoring report

### a. Income and expenditure to 30 June 2020

INCOME & EXPENDITURE (£'m)	June 2020 Year-to-Date				Full Year
	Actual	Budget	Var.	Var. (%)	Budget
<b>Income</b>					
Registration fees	21.6	21.4	0.3	1%	85.9
Other	0.6	1.2	(0.6)	(52%)	4.9
<b>Total Income</b>	<b>22.2</b>	<b>22.6</b>	<b>(0.4)</b>	<b>(2%)</b>	<b>90.8</b>
<b>Expenditure</b>					
<u>Core Business</u>					
Professional Regulation	8.5	10.3	1.8	18%	42.2
Resources & Technology Services	4.3	4.5	0.1	3%	17.9
People & Organisational Effectiveness	1.6	1.8	0.2	12%	7.8
Professional Practice	0.9	1.3	0.4	31%	4.8
Strategy & Insight	0.9	1.1	0.2	17%	4.3
Communications & Engagement	0.6	0.7	0.1	20%	3.1
<b>Directorate - Core Business</b>	<b>16.8</b>	<b>19.7</b>	<b>2.9</b>	<b>15%</b>	<b>80.1</b>
<u>Corporate</u>					
Depreciation	0.4	0.3	(0.1)	(6%)	2.7
PSA Fee	0.5	0.5	0.0	0%	1.9
Apprenticeship Levy	0.0	0.1	0.1	17%	0.2
Contingency	0.0	0.0	0.0	0%	2.6
Other	0.0	0.0	0.0	0%	0.3
<b>Total Corporate</b>	<b>0.9</b>	<b>0.9</b>	<b>0.0</b>	<b>(1%)</b>	<b>7.7</b>
<b>Total Core Business</b>	<b>17.7</b>	<b>20.6</b>	<b>2.9</b>	<b>14%</b>	<b>87.8</b>
<b>Surplus/(Deficit) excluding Programmes</b>	<b>4.5</b>	<b>2.0</b>	<b>2.5</b>	<b>127%</b>	<b>2.9</b>
<b>Programmes &amp; Projects</b>					
Accommodation Project	0.0	0.0	0.0	101%	3.5
Modernisation of Technology Services	1.3	1.0	(0.3)	(31%)	6.7
FtP Change Strategy	0.1	0.1	0.0	22%	0.6
People Strategy	0.1	0.0	0.0	(17%)	0.4
Temporary Register	0.0	0.0	0.0	0%	0.0
<b>Total Programmes/Projects</b>	<b>1.5</b>	<b>1.2</b>	<b>(0.3)</b>	<b>(22%)</b>	<b>11.1</b>
Strategy Implementation Fund	0.0	0.0	0.0	0%	3.8
<b>Total Expenditure including capex</b>	<b>19.2</b>	<b>21.8</b>	<b>2.6</b>	<b>12%</b>	<b>102.8</b>
Capital Expenditure	1.5	1.4	(0.1)	(8%)	10.8
<b>Total expenditure excluding capex</b>	<b>17.7</b>	<b>20.4</b>	<b>2.7</b>	<b>13%</b>	<b>92.0</b>
<b>Surplus/(Deficit) excluding capex</b>	<b>4.5</b>	<b>2.2</b>	<b>2.4</b>	<b>109%</b>	<b>(1.3)</b>
<b>Free Reserves</b>	<b>34.4</b>	<b>29.4</b>	<b>5.0</b>	<b>17%</b>	<b>19.6</b>

b. Balance sheet as at 30 June 2020

Balance Sheet (£'m)	Mar-20	Jun-20	Change	Change %
<b>Fixed Assets</b>				
Tangible Assets	26.5	27.7	1.2	4%
<b>Current Assets</b>				
Cash	33.1	29.7	(3.4)	(10%)
Debtors	2.7	2.1	(0.6)	(23%)
Investments	63.9	64.0	0.1	0%
<b>Total Current Assets</b>	<b>99.7</b>	<b>95.8</b>	<b>(3.9)</b>	<b>(4%)</b>
<b>Total Assets</b>	<b>126.3</b>	<b>123.5</b>	<b>(2.7)</b>	<b>(2%)</b>
<b>Liabilities</b>				
Creditors	(54.7)	(47.6)	7.1	13%
Provisions	(2.5)	(2.6)	(0.1)	(5%)
<b>Total Liabilities</b>	<b>(57.1)</b>	<b>(50.1)</b>	<b>7.0</b>	<b>12%</b>
<b>Net Assets (excl pension liability)</b>	<b>69.1</b>	<b>73.4</b>	<b>4.2</b>	<b>6%</b>
Pension Liability	(11.6)	(11.3)	0.3	3%
<b>Total Net Assets</b>	<b>57.5</b>	<b>62.1</b>	<b>4.5</b>	<b>8%</b>
<b>Total Reserves</b>	<b>57.5</b>	<b>62.1</b>	<b>4.5</b>	<b>8%</b>

c. Cash flow statement to 30 June 2020

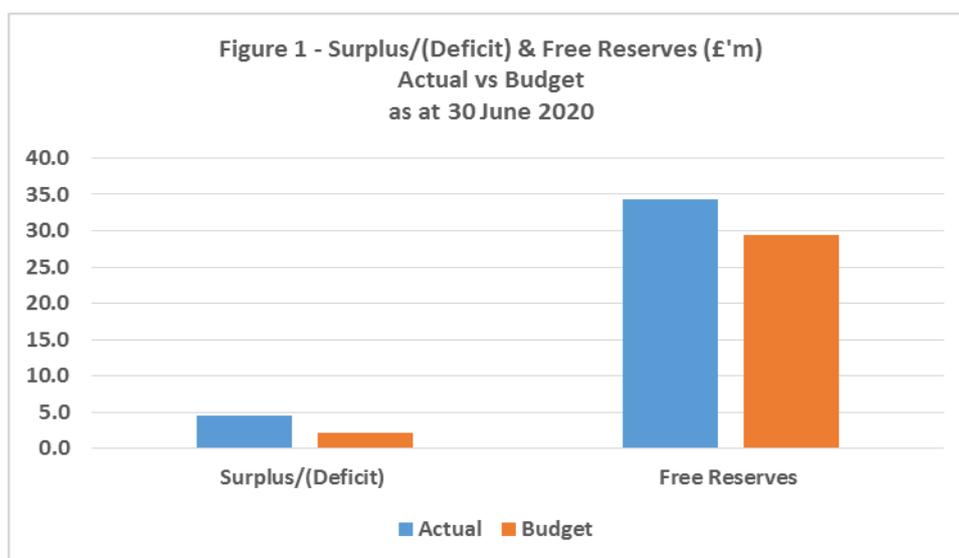
Statement of Cash Flows	Jun-19	Jun-20
	(£'m)	(£'m)
<b>Cashflow from operating activities</b>		
Surplus/(Deficit) (YTD)	1.7	4.5
Adjustment for non-cash transactions	0.4	0.4
(Increase)/Decrease in current assets	1.1	0.6
Increase/(Decrease) in liabilities	(3.3)	(7.0)
Pension Deficit Payments	(0.3)	(0.3)
<b>Net Cash inflow/(outflow) from operating activities</b>	<b>(0.5)</b>	<b>(1.7)</b>
<b>Cashflow from investing activities</b>		
Capital Expenditure (YTD)	(2.3)	(1.5)
<b>Net Cash inflow/(outflow) from investing activities</b>	<b>(2.3)</b>	<b>(1.5)</b>
<b>Cumulative net increase/(decrease) in cash and cash equivalent at month end</b>	<b>(2.8)</b>	<b>(3.3)</b>
Cash & Cash Equivalent at the beginning of the year	94.8	97.0
<b>Cash &amp; Cash Equivalent at the end of the month</b>	<b>92.0</b>	<b>93.7</b>

(All figures are subject to rounding)

## d. Financial commentary

### Year To Date (YTD) Financial performance

**Summary:** At June 2020 we have a surplus of £4.5m, £2.4m above YTD budget (Table A and Figure 1). This is primarily driven by a reduction in regulatory activities and slippage in spend, offset by a reduction in overseas application income. Both are due to the Covid-19 pandemic. The majority of our income, from registrant fees, is in line with budget and remains secure.



Free reserves at the end of June 2020 were £34.4m. Although above the upper end of our target range of £25m, we expect this to reduce in future as deferred expenditure catches up as part of our recovery and restoration plans and continue implement investments in our IT and buildings infrastructure.

An initial re-forecasting exercise will be provided to the Council in September 2020. Current expectations are that whilst there is some small impact on income due to a drop in fewer overseas applications, this is likely to continue to be more than offset by continued slippage or reductions in spend.

### Income

Total YTD income is £22.2m, (£0.4m, 2 percent) below budget. This is primarily due to dip in the overseas application and registration fees (included in 'Other' income).

- a) **UK registration fee** income was £21.6m, in line with budget.
- b) **Other income** was £0.6m, half the amount expected. This is mainly due to a fall in overseas nurses' applications (presumably as a result of travel restrictions) as well being impacted by falls in interest rates impacting bank deposit income.

## d. Financial commentary

### Expenditure on core business activities

Total spend on core business activities is £17.7m, £2.9m (14 percent) below budget. All directorates have generated underspends with significant variances reported in:

- a) **Professional Regulation:** YTD expenditure is £8.5m, £1.8m (18 percent) below budget. Although there have been savings through holding hearings virtually, some extra costs will also be incurred as we recover our operations. Some of the underspend is deferred expenditure as a result of the pause in substantive order hearings. Total hearing days were lower than budget. Total hearing days were lower than budget in the first quarter as interim order applications and review hearings and substantive order review hearings were prioritised.
- a) **Professional Practice:** YTD expenditure is £0.4m (31 percent) below budget and mainly driven by the delay of standards evaluation workstreams. Underspends on the working group external costs were also contributing factors.

### Expenditure on strategic programmes and projects

Total YTD expenditure on programmes and projects is £1.5m, £0.3m (23 percent) above budget. The key variance is due to Modernisation of Technology Services (MOTS) programme. YTD expenditure is £1.3m, £0.3m (31 percent) above budget due to additional costs for the Wiser Replacement (Payments Solution and Readmission streams) element of the programme. This was to ensure our product requirements are met. A major re-plan of MOTS is underway and is being reported to Council separately.

### Risks

We have identified some key risks that are likely to have an impact on full year outturn. These are:

**Income** – the decline in overseas application fees relative to budget, due to Covid-19 restrictions, is likely to continue for at least some months to come, even as travel restrictions relax.

**Regulatory function risk** – the speed at which we can address the current backlog of FtP cases and their progression through the screening, investigation and case examiner stages will depend on how soon we can effectively engage with healthcare professionals to resume our work. We plan to resume physical hearings from September, but in doing so our resourcing capacity and hearings venue capacity will have to be considered.

**Slippages** – disruption to our operations due to Covid-19 led to some work and associated costs to be deferred. These include work on the Test of Competence in the Professional Regulation and the Evaluation of Standards work streams in the Professional Practice. Delay is also expected to affect the delivery schedule of the FTP Change Strategy as well as the Continuing Improvements in Overseas Registration investment cases – now likely to be carried forward to the next financial year.

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## Section 4: Approach to restoring Fitness to practise activity

- 1 In March 2020 we re-prioritised our fitness to practise (FtP) work due to the Covid-19 pandemic. Our main objective was to ensure we maintained our role in protecting the public, but we needed to carefully balance the regulatory burden on healthcare professionals and employers during these challenging times. We identified four essential FtP services to continue delivering throughout the pandemic:
  - 1.1 Logging and risk assessing any new referrals, and any new information on existing referrals.
  - 1.2 Interim order applications and review hearings.
  - 1.3 Substantive order review hearings.
  - 1.4 High Court or Court of Sessions interim order extension applications.
- 2 At the same time we made the decision to cancel all other listed hearings until the end of June and committed to only contacting individuals and employers where we felt we needed information to enable us to manage immediate risk to the public.
- 3 The NMC is now gradually restarting the fitness to practise casework that had been paused during the emergency period, including safely reintroducing in-person hearings from September 2020. However we know that performance against our fitness to practise KPI of concluding cases within 15 months has been affected as a result of the pause and it is unlikely that we will meet the KPI this year.
- 4 We have continued to implement our FtP strategic change programme, but at a slower pace due to Covid-19. We have also considered this strategic work as part of our restoration planning.

### Current caseloads

- 5 **Screening:** There were 449 referrals in June 2020. As expected, cases are on the increase and the number of new referrals are almost back to pre Covid-19 levels. We continue to closely monitor our referrals during this period, including identifying any related to Covid-19. At the end of June 2020, the total screening caseload sat at 1856 cases. 52 percent of these cases (958) have been paused due to Covid-19. 279 decisions were made in June with a closure rate of 70 percent. We are in the process of recruiting more case officers to reduce the overall caseload and these are expected to be in place by the end of August 2020.
- 6 **Case Examiners:** The caseload at the Case Examiner stage remains high. The total caseload at the end of June was 481. 44 percent (213) have been paused due to Covid-19. There were 105 decisions in June and 10 warnings. We are in the process of increasing our capacity to help manage the caseload.

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- 7 Whilst we have needed to pause in-person hearings since we closed our hearings centres, this has not led to a significant increase in cases waiting on a final substantive decision because we have been prioritising no case to answer decision making at the Case Examiner stage.
- 8 The main impacts of our response to Covid-19 have been a significant increase in caseloads in Screening and Investigations. As we resume more of our casework operations we should see case numbers in these areas stabilise and cases start to flow through to the Adjudication stage for decisions by panels. We will be carefully phasing the reintroduction of our casework and expect the flow of cases to increase gradually rather than a significant sudden shift.
- 9 We will continue to monitor our caseload and forecast activity. Full substantive in-person hearings are only one way of concluding cases and we expect a number of the cases currently awaiting decisions by a panel to be concluded at meetings or through ongoing virtual hearings.

### Casework resumption

- 10 **Resuming casework:** We will resume our casework operations. We are taking a phased approach and prioritising the work we take forward from July 2020 onwards.
- 11 **Forecast modelling:** We have commissioned external support to develop our FtP activity modelling. This will help us develop a recovery curve based on the volumes of decisions we are able to make at different points in the process and the anticipated output of our casework team. We are working with the supplier to provide a first cut of the model by the end of July 2020.

### Hearings

- 12 Our planning to begin holding hearings in person from September 2020 is progressing well and we are also planning to increase the decisions we are able to make at meetings and at virtual events.
- 13 Whilst virtual hearings will not be suitable for all of our hearings, we see the potential is there for us to complete a range of cases virtually. The use of virtual hearings minimises the need for people to travel to our hearing centres, which means healthcare professionals have to take less time out from their day job to provide evidence at our hearings and reduces the costs to them. It also means we would be able to convene hearings should there be a second peak of Covid-19 infections or a range of local lockdowns preventing people from travelling.
- 14 We are aiming to hold a limited number of in-person substantive hearings from the beginning of September. We will not be running at maximum capacity to begin with as we will need to ensure we can hold our hearings safely and adhere to Covid-19 secure working practices.

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15 In preparing to run physical hearings, we have surveyed our team members to understand what support they need in returning to the hearing centres. We will complete our risk assessment of the hearing centres by 31 July 2020. This will enable us to signpost registrants and witnesses to the document when we send them notice of their hearings, so they can make an informed choice about attendance.

**Learning from virtual hearings**

16 The feedback we have received from those taking part in virtual hearings so far has been positive and anecdotally we are seeing increased engagement from registrants who no longer need to travel to our hearing centres.

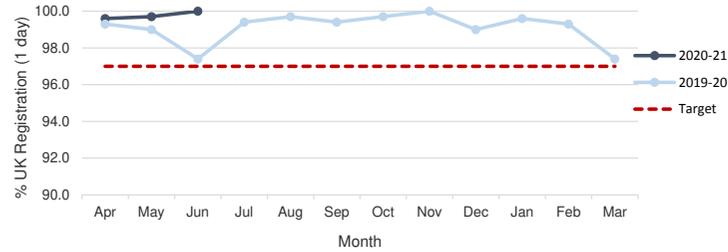
17 We have a process in place to capture learning through surveys and that has led, amongst other things, to the provision of clear guidance for all parties involved in virtual hearings. The surveys and feedback have shown that, for those who responded, we have been able to provide a good user experience. But our understanding of overall trends from running hearings virtually is still at an early stage.

18 Our corporate quality team are undertaking a review of virtual hearings to assess what we might want to take forward post the Covid-19 emergency. Further learning will be ascertained as part of this review which is due to take place soon and complete by the end of September 2020.

19 The representative bodies have raised concerns about the use of virtual hearings for complex hearings and also about allowing members of the public to observe such hearings. We are working with the representative bodies to try and mitigate their concerns.

## Section 5: Corporate Performance Measures ('how we regulate') Professional Regulation

**KPI 1: UK Initial Registrations completed (1 day)**  
Result: above target



**Commentary:** This KPI measures UK initial registration applications where no concern has been raised. Our trend shows that we remain above target and that performance has improved compared to the same period last year.

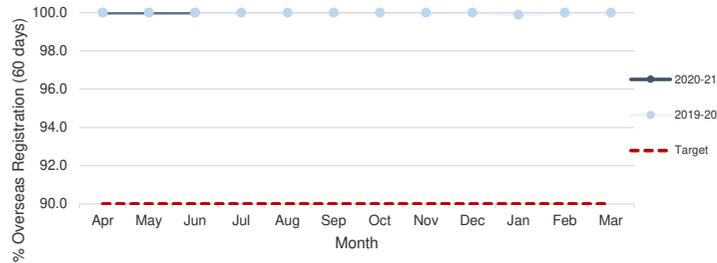
**KPI 2: UK Initial Registration Completed (60 days)**  
Result: above target for April and May, below target in June



**Commentary:** This KPI measures UK initial registration applications where a concern has been raised and we aim to resolve it within 60 days.

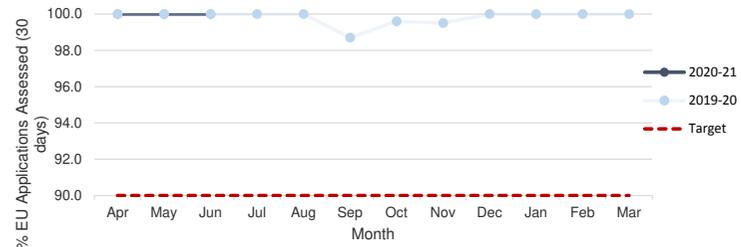
Q1 results indicate that two thirds of opened cases are less than a month old. During the pandemic we have successfully held four virtual registrant appeal hearings which has avoided prolonged delays to our applicants. June results of 66 percent relate to 2 cases which were delayed due to system and admin errors (*Details at annexe 1, section 1, paragraph 12*).

**KPI 3: Overseas applications assessed (60 days).**  
Result: on target



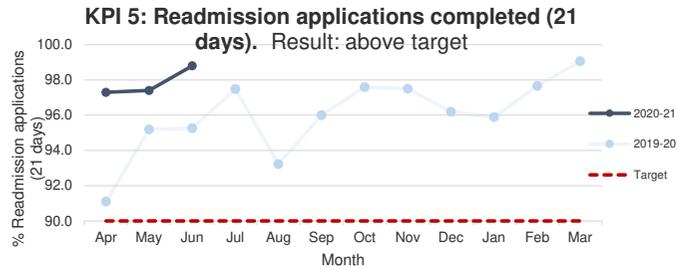
**Commentary:** Our trend shows that we remain above target and that performance has improved compared to the same period last year.

**KPI 4: EU applications assessed (30 days).**  
Result: above target

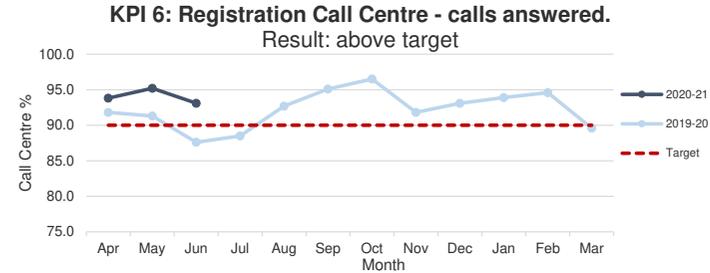


**Commentary:** Whilst our Overseas and EU performance has been strong, the pandemic has impacted our test partners and applicants. We are now seeing a slow increase in the number of CBT (computer based testing) tests taken. Preparations are underway to prepare for an increase in applications needing review once OSCE (Objective Structure Clinical Examination) sites reopen in July and test partners open more centres globally.

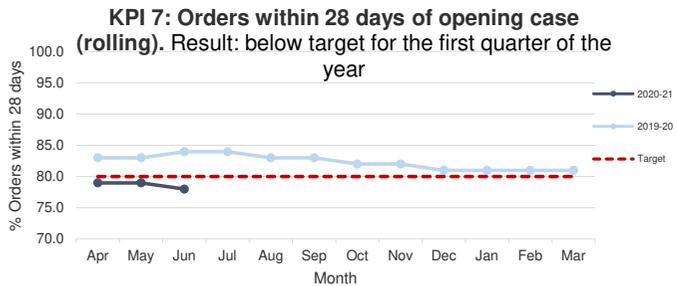
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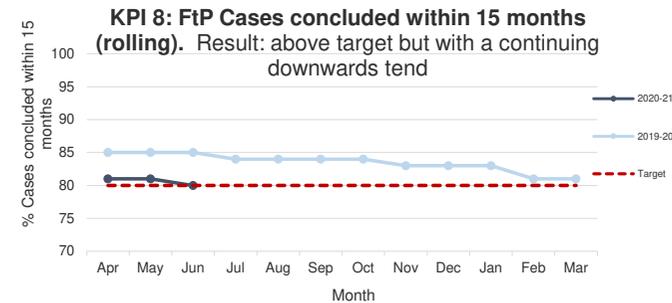
**Commentary:** System improvements have continued to benefit applicants who wish to readmit to the register, with readmissions continuing to increase overall. This is in addition to managing significantly increased correspondence relating to requests to join the temporary register, as well as revalidation and retention extensions.



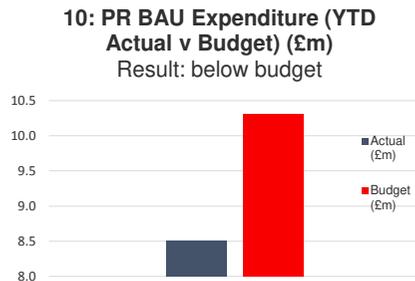
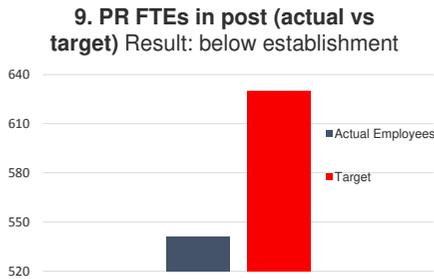
**Commentary:** The contact centre continues to operate above the target since becoming fully remotely operated since late March.



**Commentary:** A combination of very high caseloads and resource constraints led to the KPI being missed in April and May. We forecast that this will improve during the year.



**Commentary:** As reported at the end of 2019-20, we expect this KPI to continue tending downwards due to the impact of Covid 19 and performance issues during 2019-20. A full discussion of our restoration plans is at annexe 1 - section 4.



**11. Corporate risk (at June 20)**

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

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

**12. Corporate risk (at June 20)**

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

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

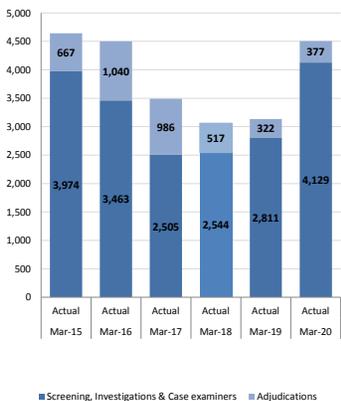
13.  
June 2020  
Directorate  
Engagement  
Score = 7.4  
(Target = 6.5)

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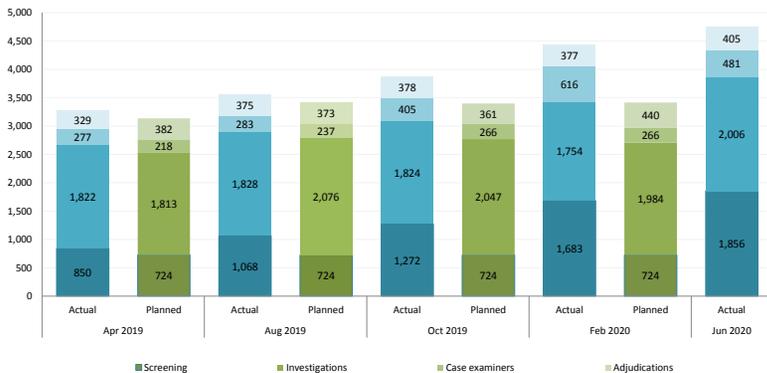
# Section 5b: Professional Regulation

## FtP casework dashboard

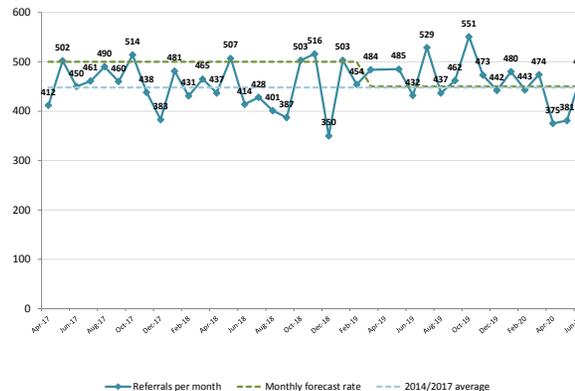
**A1 Historic Caseload**



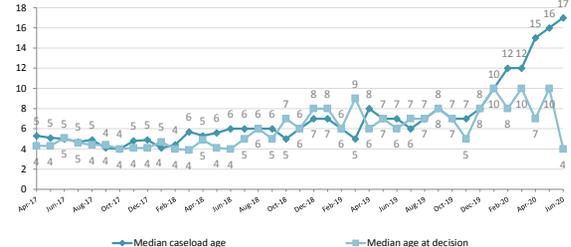
**A2 FtP Caseload**



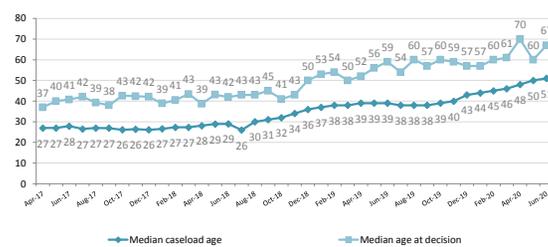
**A3 New Referrals**



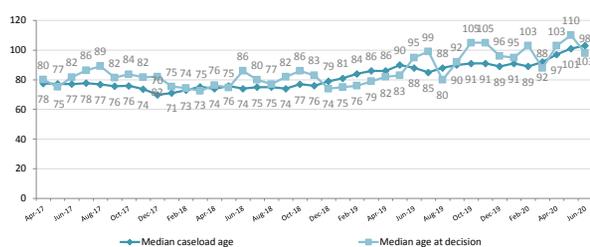
**B1 Median age at Screening**



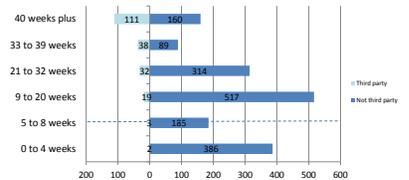
**B2 Median age at Investigations and Case Examiners**



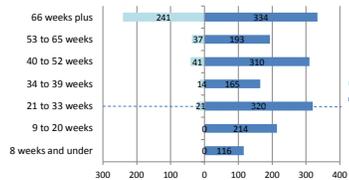
**B3 Median age at Adjudications**



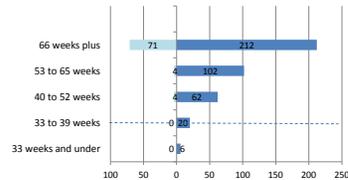
**C1 Screening Caseload**



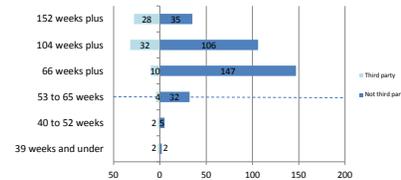
**C2 Investigations Caseload**



**C3 Case Examiner Caseload**



**C4 Adjudication Caseload**



Caseload Movement Summary

Opening caseload 4,506

1,229 cases received

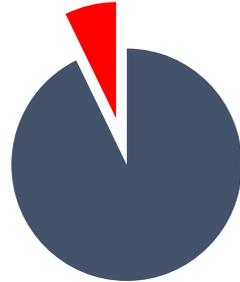
987 cases closed

4,748 Closing caseload

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## Section 5c: Corporate Performance Measures Professional Practice

**1c. KPI 9: Education approvals** Result: 77 approval decisions for AEIs against new standards (target: 83)

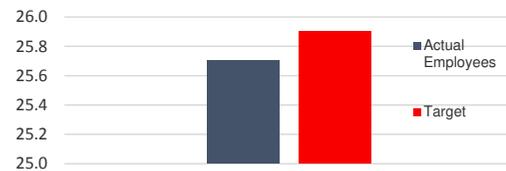


**Commentary:** The number of approvals increased by 6 between April and June. We are currently at 93 percent of our target for approval decisions against our new standards.

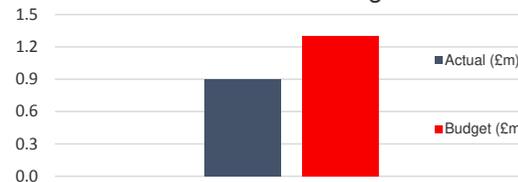
**2c. Corporate risk (at June 20)**

<b>REG19/03:</b> Risk that we fail to ensure that educational standards are fit for purpose, and processes to ensure compliance with standards are being met				
Likelihood	Impact	L X I	Trend	Response
2	4	8	Stable	Tolerate

**3c. PP FTEs in post (actual vs target)**  
Result: below establishment

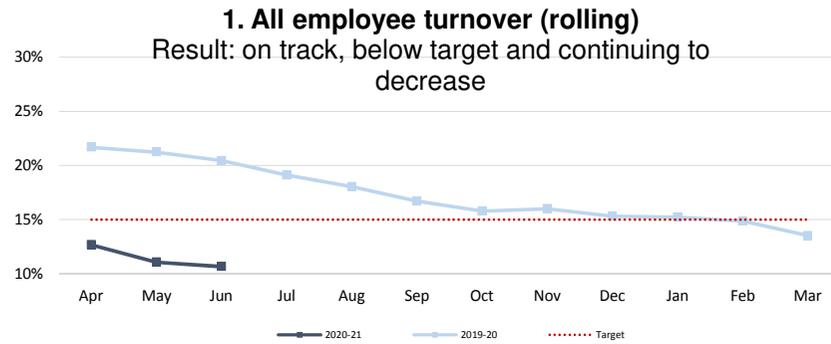


**4c. PP BAU Expenditure (YTD Actual v Budget) (£m)**  
Result: below budget



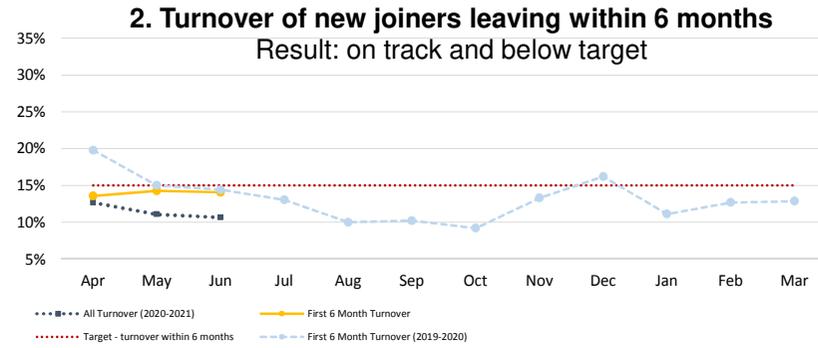
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## Section 6: Corporate People Performance Measures

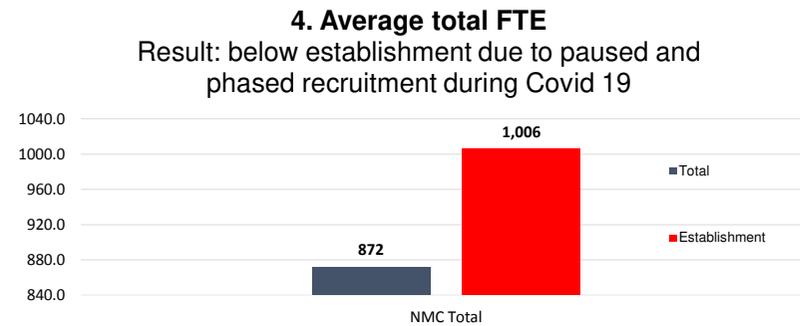
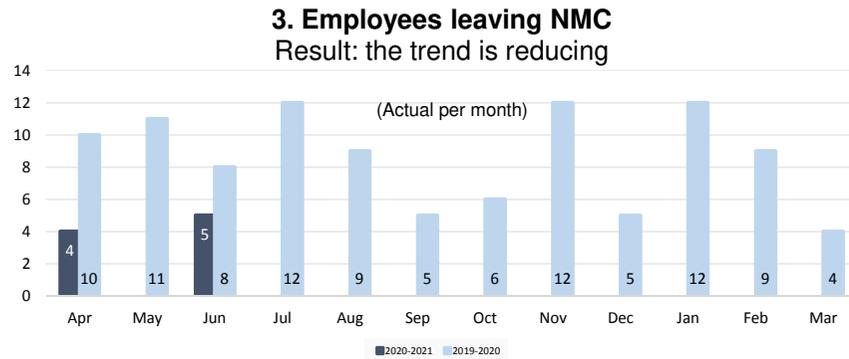


**Commentary:** The number of people leaving the organisation continues to reduce.

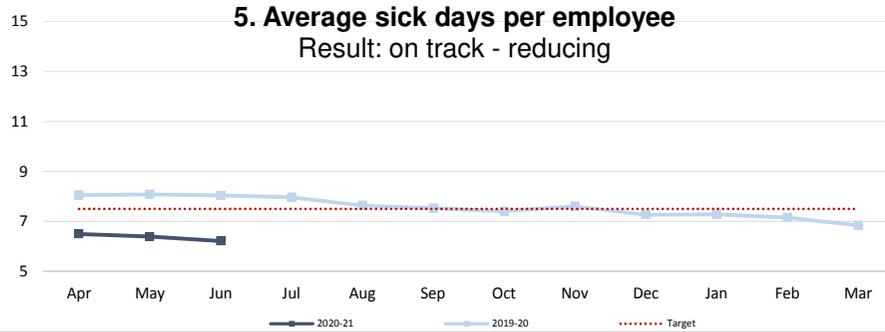
Turnover in June 2020 reduced to 10.7 percent, a 2.8 percentage point reduction since March 2020. This is the lowest turnover rate the NMC has seen since the launch of the People Strategy (in June 2017 rates were 26.6 percent)



**Commentary:** Turnover within probation has marginally increased by 1.2 percentage points to 14.1 percent in June. This is tolerable as the number of people within their probation period is far lower due to reduced recruitment. A smaller pool of colleagues means that any departures result in a higher percentage spike. This is still below target.



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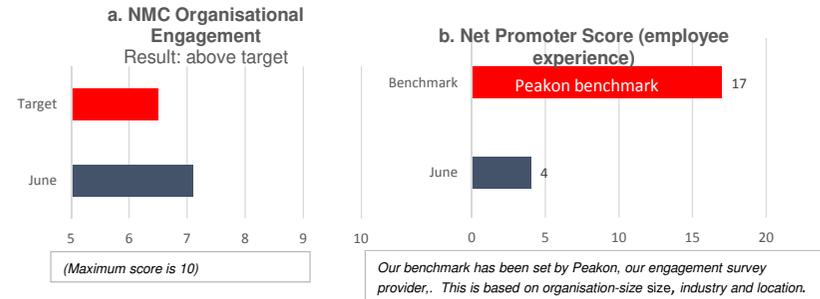
**Commentary:** Sickness absence has continued to reduce on a monthly basis since November 2019. However, lower levels may be driven by under-reporting due to homeworking.

We continue to work with managers to encourage reporting of any illnesses including Covid-19 symptoms. We are also encouraging colleagues to take annual leave to support positive wellbeing during this period.

### 6. NMC FTE by directorate



### 8. Organisational Employee Engagement



### 7. Corporate risk (at 30 June 2020)

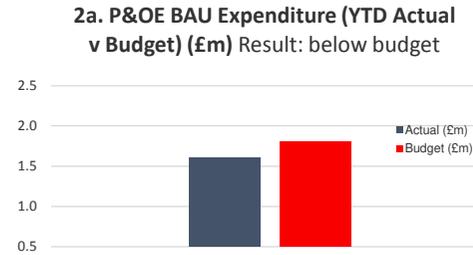
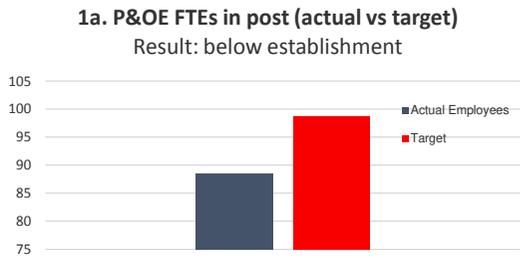
**PEO18/01:** Risk that we fail to recruit and retain an adequately skilled and engaged workforce (permanent and temporary staff, contractors, and third parties)

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

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## Section 7: Directorate Performance Measures

### 7A. People and Organisational Effectiveness Directorate Measures\*



3a. Jun 2020 Directorate Engagement Score = 6.9 (Target = 6.5)

\*People and Organisational Effectiveness is a new directorate with a number of teams which have been brought together for 2020-21.

#### 4a. Corporate risk (at 30 June 2020)

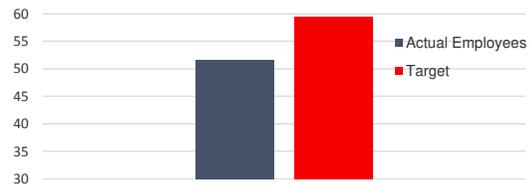
**COM18/02:** Risk that we fail to comply with legal or compliance requirements

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

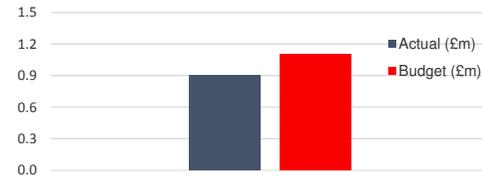
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## 7B. Strategy and Insight Directorate Measures\*

**1b. S&I FTEs in post (actual vs target)**  
Result: below establishment



**2b. S&I BAU Expenditure (YTD Actual v Budget) (£m)** Result: below budget



3b. Jun 2020 Directorate Engagement Score = 6.8 (Target = 6.5)

\*Strategy and Insight is a new directorate with a number of teams which have been brought together for 2020-21.

### 4b. Corporate risk (at 30 June 2020)

<b>STR19/02:</b> Risk that we fail to deliver our strategic ambitions for 2020-2025 due to inadequate planning and implementation				
Likelihood	Impact	L X I	Trend	Response
1	4	4	Stable	Treat

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## 7C: Resources & Technology Services Performance Measures

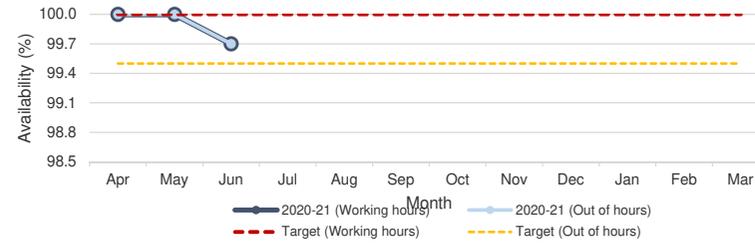
**1c. Network security: Threats blocked (%)**

Result: on target



**2c. NMC website / NMC online downtime (Working hours/ out of hours)**

Result: above target



**3c. Corporate risk (at 30 June 20)**

**INF18/02:** Risk that ICT failure impedes our ability to deliver effective and robust services for stakeholders or value for money

Likelihood	Impact	L X I	Trend	Response
4	5	20	Increasing	Treat

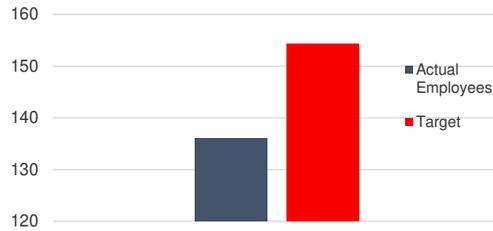
**4c. Corporate risk (at 30 June 20)**

**FIN20/01:** Risk that stock market performance results in reduction in the capital value of our stock market investments/ we invest in companies that don't align with our values

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

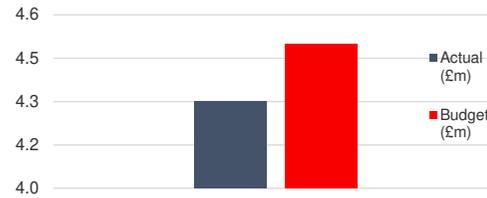
**5c. RTS FTEs in post (actual vs target)**

Result: below establishment



**6c. RTS BAU Expenditure (YTD Actual v Budget) (£m)**

Result: below budget

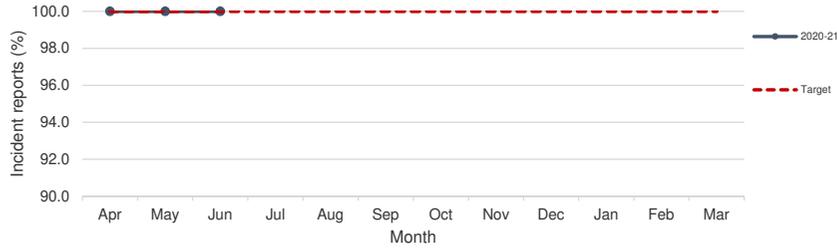


**7c. June20 Directorate Engagement Score = 6.5 (Target = 6.5)**

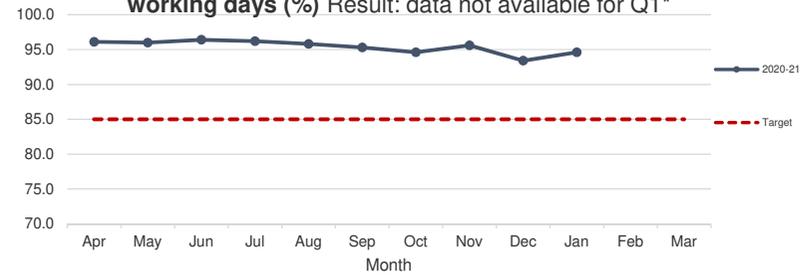
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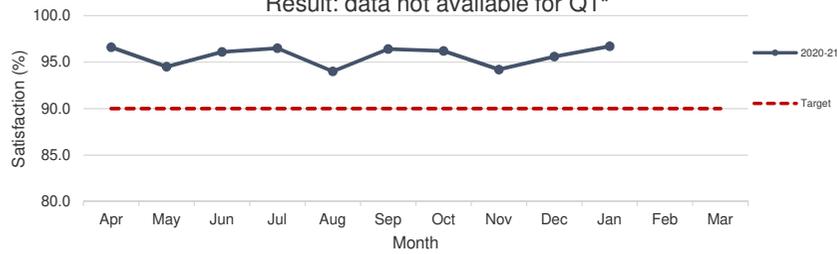
**8c. Incident reports for all Priority 1 (P1) failures produced and distributed within 3 working days (%)**



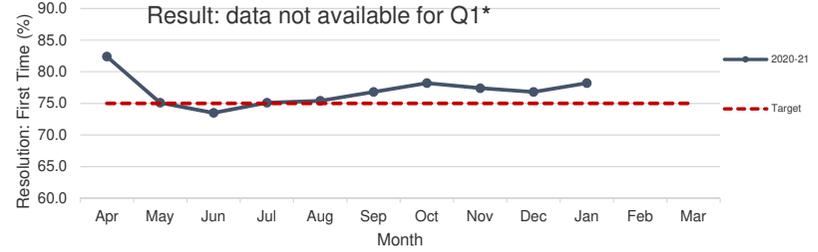
**9c. Resolution: All incidents logged, and resolved within 5 working days (%)** Result: data not available for Q1\*



**10c. Monthly customer satisfaction with technology services** Result: data not available for Q1\*



**11c. Resolution: First time fix rates** Result: data not available for Q1\*

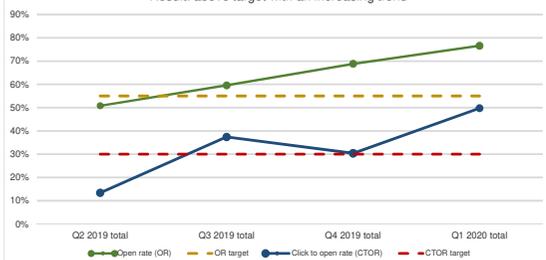


\* Reporting function not yet available on our new service desk tool 'Top Desk'

Section 7D: Communications and Engagement performance measures

Registrant Emails

1d. Mass emails unique open rate and click per email open rate  
Result: above target with an increasing trend



2d. Registrant Emails

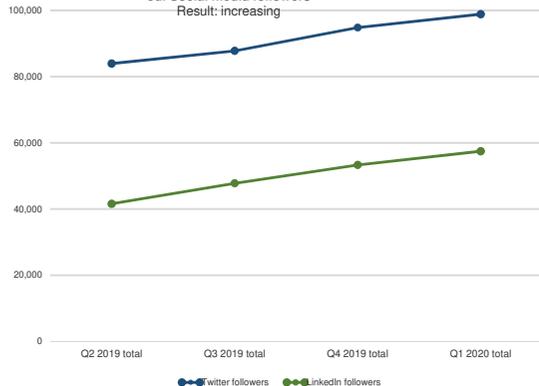
	Q2 2019	Q3 2019	Q4 2019	Q1 2020
Registrant emails				
Emails sent	1,628,651	1,518,179	1,003,635	973,163
Unique opens	607,043	588,173	646,460	521,307
Open rate (1)	50.8%	59.6%	68.8%	76.6%
Click to open rate (2)	13.4%	37.4%	30.4%	49.7%

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

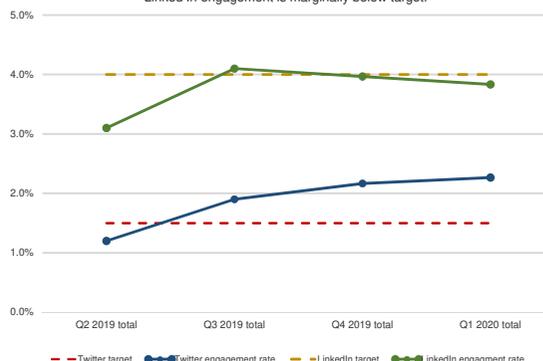
(2) The click-to-open rate (CTOR) is the total number of unique clicks divided by the total number of unique opens, given as a percentage. The public sector standards for good click-to-open rates is 10-20 percent.

Social Media

3d. Social media followers  
Result: increasing



4d. Engagement with Twitter posts and Linked in posts  
Results: Twitter engagement is above target and rising. LinkedIn engagement is marginally below target.



5d. Social media

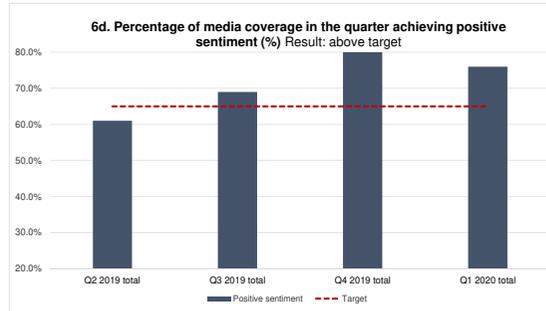
	Q2 2019	Q3 2019	Q4 2019	Q1 2020
Twitter				
Twitter followers	83,964	87,786	94,824	98,869
Number of Twitter posts	448	394	500	313
Impressions (3)	1,993,667	2,978,351	4,831,418	2,870,176
Engagements (4)	30,309	78,528	1,151,511	91,521
Twitter engagement rate (5)	1.2%	1.9%	2.2%	2.3%
LinkedIn				
LinkedIn Followers	41,606	47,803	53,321	57,479
Number of social media posts	91	93	20	7
Impressions (3)	268,418	325,123	299,639	116,178
Engagements (4)	17,156	27,190	24,014	9,538
LinkedIn engagement rate	3.1%	4.1%	4.0%	3.8%
Referrals to our website from all social media channels				
	39,824	41,367	163,861	36,971

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

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

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

Media coverage



Directorate

**7d. Corporate risk (at 30 Jun 20)**

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

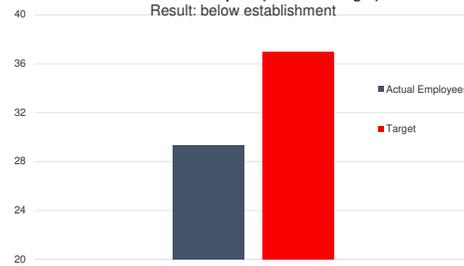
Likelihood	Impact	L X I	Trend	Response
3	3	9	Stable	Treat

**8d. Corporate risk (at 30 Jun 20)**

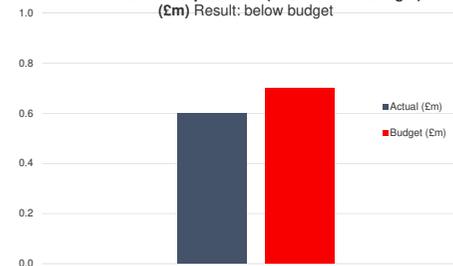
EXP18/01: Risk that we fail to meet external expectations significantly affecting our ability to maintain stakeholders' trust in our ability to regulate

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

**9d. C&E FTEs in post (actual vs target)**



**10d. C&E BAU Expenditure (YTD Actual v Budget) (£m)**



11d. Jun 2020 Directorate Engagement Score = 6.4 (Target = 6.5)

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## **NMC corporate risk report**

### **Part a - Corporate Risk Register at 30 June 2020**

#### **Context**

- 1 Council is responsible for approving the risk management framework and setting the risk appetite. The Council review the corporate risk register (CRR) every quarter alongside the NMC's corporate performance report which provides status updates against our strategy.
- 2 The Executive Board are responsible for ensuring that corporate risks are identified and evaluated, appropriate measures are put in place to mitigate risks, and that progress is monitored and reported. They consider corporate risk exposure every month.
- 3 In June 2020 the Council and Executive held a joint discussion to consider NMC's corporate risk exposure in light of the new strategy for 2020-2025, the annual corporate plan and budget, and our Covid-19 recovery and restoration plans. The outcome of this discussion is an updated corporate risk register (CRR) which has been provided at annexe 2b.

#### **Current risk position**

- 4 We continue to review and refine our controls and mitigations on a regular basis, changes are reflected in red text on the risk register provided within this annexe.
- 5 The Executive most recently reviewed the risk register on 23 June 2020.
- 6 Mitigating the potential consequences of coronavirus (EXT20/02) has been the primary focus of the Executive Board since March 2020.
- 7 Other areas of major areas of risk focus continue to be replacement of legacy IT systems (INF18/02) and managing the capacity and capability of NMC colleagues (PEO18/01). With EXT20/02, all three risks are rated as RED on the CRR.

#### **Summary of changes to the CRR**

- 8 Major changes made to the CRR for 2020–2021 were:
  - 8.1 Closing risk STR19/01 (failure to develop strategy) as our strategy development programme is now complete.

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- 8.2 Opening risk STR20/02 (failure to implement strategy) to reflect the importance of our new values and behaviours to deliver our strategy, continuing work regrading organisational design to support strategy implementation, and that securing and maintaining strong support for our strategy from the sector remains critical. Mitigations include delivering our organisational design as a programme with clear governance in place, internal steering groups to monitor the external environment, and our new Strategy and Insight directorate which will provide dedicated strategic oversight.
- 8.3 Opening risk FIN20/01 (stock market performance results in a lower return on equity based investments) to provide visibility of the potential risks associated with our investment strategy. Mitigations include our investment committee, agreed investment strategy and use of an investment management company with expertise in stock market based investments and ethical investments. This risk will be peer reviewed at the next Investment Committee meeting.
- 8.4 Delegation of risks INF18/01 (failure to recover quickly enough from an adverse infrastructure incidents) and COM18/01 (failure to prevent a significant data loss or we experience an information security breach) to the Resources and Technology Services (RTS) directorate risk register to be managed locally. These risks have been delegated as they are operational, have been stable for over a year, and do not present any particular increased risk for 2020–2021. If the risk position adversely changes they will be escalated to the Executive.
- 8.5 Significant rework to risk EXT20/02 (Covid-19) to reflect the current position regarding our Covid-19 recovery plans.
- 9 We have retained our regulatory risks (REG18/01, REG18/02, REG19/03), ICT risk (INF18/02), external environment risks (EXT18/01, EXT20/02), expectations risk (EXT18/01), compliance risk (COM18/02) and people risk (PEO18/01).
- 10 As part of this exercise we reviewed all of our corporate risks to ensure that the causations reflect potential areas of risk exposure for 2020–2021 and that mitigations continue to be in place and effective.
- 11 The Council had a detailed discussion regarding risks posed by the external environment which could create instability across the wider health and social care sector. Examples are socio-economic factors, social impacts affecting health and social care practice, changes within education, and evolving societal expectations and trust in government and public bodies.

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- 12 Although the CRR cannot practically include every possible emerging external risk, we will continue to create space within our strategic planning, monitoring and risk management for horizon scanning and scenario planning. Ways we will do this include six-monthly strategic reviews points with senior leaders, sector horizon scanning and continued collaboration with sector partners to understand the UK picture. Where emerging risks are known, such as Brexit and Regulatory Reform, sub committees are convened to scenario plan so that we can prepare for a range of possible outcomes.

## Discussion of major areas of risk exposure

### Covid-19 (EXT20/02)

- 13 As we begin to recover from Covid-19 we have taken a number of actions to manage key Covid-19 risks:
- 13.1 Withdrawal of a number of emergency standards of education by the end of September 2020. These will be replaced by a set of recovery standards which will be effective from 30 September to provide a more stable learning environment for students in all years and ensure that current final year students can qualify and become fully registered professionals as they planned. Full details are available on our Covid-19 website hub.
  - 13.2 Extending the deadline for Approved Education Institutions to implement NMC's new Future Midwife Standards by one year to September 2021. This will provide the additional time needed to co-create new curriculums.
  - 13.3 Restarting NMC's fitness to practise casework including safely reintroducing physical hearings from September 2020.
  - 13.4 Opening our OCSE test centers from July 2020 to support people to join the permanent register. This includes an additional risk assessment to support BAME (black, Asian and minority ethnic) registrants to safely access the service.
  - 13.5 Thorough risk assessments for both employees returning to NMC premises and visitors to ensure safety and compliance with social distancing requirements. Although the majority of our workforce will not begin to return to our offices until early 2021, to support the restarting of key services some employees will be phased back from September 2020. A statement regarding our risk assessment will be published in late July 2020.
  - 13.6 Organisation-wide display screen equipment / workstation assessments to support employees to work safely from home in the immediate and longer term.
- 14 We continue to collaborate with Chief Nursing and Midwifery Officers of the UK, trade union bodies and representative bodies of education intuitions and professionals to support development of our recovery and restoration plans.

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15 We expect this risk to reduce over time but remain vigilant of the potential for a second wave later in the year. If this should happen we are in a positive position as we can apply the learning we have taken from the first wave, and the necessary foundations are already in place to contain the degree of disruption to our regulatory duties.

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

- 16 This risk remains rated as red and is unchanged since we last reported it to the Council in May 2020.
- 17 The Council and Executive have considered the outcomes of the independent review into the Modernisation of Technology Services programme (phase 1) which is scheduled to replace our legacy registrations system in summer 2020.
- 18 Our key area of risk exposure for the year ahead is when we fully transition from our legacy system (Wiser) onto the new system (D365), and agreeing the requirements for phase 2 of the programme. Mitigations include systems testing and dual running of systems during transition, and a detailed planning, analysis and prioritisation before commencing work on phase 2 of the programme.
- 19 The Council has a further discussion regarding next steps scheduled at its confidential meeting on 29 July 2020.
- 20 In the meantime we will continue to tolerate the risk at its current level, with the expectation that the risk will begin to decrease once D365 is operational.

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

- 21 This risk remains rated as red and is unchanged since we last reported to the Council in May 2020.
- 22 There are a number of points of potential risk exposure to be aware of. These are:
  - 22.1 **Capacity pressures within POD:** capacity pressures remain across our people and organisational development teams. There are some specific immediate priorities which require the team’s involvement including supporting the coronavirus recovery, implementation of our values and behaviours, policies work and supporting the implementation of the new organisational design. To mitigate this the team have undertaken prioritisation and pushed some timescales later than originally planned.
  - 22.2 **Covid-19:** As discussed above work continues at pace to prepare for the return of some employees and visitors to our premises. Our key mitigation is planning and undertaking extensive risk assessments for those returning and employees working from home.
  - 22.3 **Black Lives Matter:** As discussed with the Council on 2 July 2020, we are progressing a number of actions to increase equality and fairness for BAME registrants and employees. We have updated the CRR to reflect these priorities and associated controls within PEO18/01.

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22.4 **Pensions consultation:** Our consultation regarding our defined benefit (DB) pension scheme will take place later this year. There is a risk that the consultation could drive employee attrition. The risk is deemed tolerable and the Executive will monitor it closely.

22.5 **New organisational design:** limited short term disruption is to be expected whilst the new structure is embedded including finalising the recruitment of the Executive Director of People and Organisational Effectiveness, updating key systems and processes, and directors reviewing their new or expanded portfolios. Controls are being applied through a project governance structure to reduce the risk exposure. We are also conducting reviews in seven key areas which were expected to be completed by October 2020 but are now likely to be completed by December 2020. The risks associated with the slippage are deemed tolerable in the short term.

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## NMC corporate risk overview at 30 June 2020

Impact		Likelihood				
		1 (Remote)	2 (Unlikely)	3 (Possible)	4 (Probable)	5 (Highly probable)
5 (Critical)	5		10 <b>REG18/02</b> Fail to take appropriate action to address regulatory concern	15 <b>REG18/01</b> Fail to maintain an accurate register	20 <b>INF18/02</b> ICT failure impedes effective and robust service delivery	25
	4 (Major)	4	8 <b>REG19/03</b> Fail to ensure that educational standards are fit for purpose and compliance is being met	10 <b>EXP18/01</b> Fail to meet expectations <b>STR20/02</b> fail to deliver our strategic ambitions for 2020-2025	20 <b>PEO18/01</b> Fail to recruit and retain adequate <b>EXP20/02</b> Response to coronavirus	20
	3 (Moderate)	3	6	9 <b>COM18/02</b> Legal or compliance failure <b>EXT18/01</b> Fail to respond to external environment <b>FIN20/01</b> Reduction in the capital value of our stock market investments	12	15
	2 (Minor)	2	4	6	8	10
	1 (Insignificant)	1	2	3	4	5

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Corporate risk register for 2020-21 (up 30 June 2020)

Reference	Risk	Current Rating	Appetite
REG18/01	Risk that we fail to maintain an accurate register of people who meet our standards	AMBER	Averse
REG18/02	Risk that we fail to take appropriate action to address a regulatory concern	AMBER	Averse
REG19/03	Failure to ensure that educational standards are fit for purpose (including processes to ensure compliance with standards are being met)	GREEN	Averse
PEO18/01	Risk that we fail to recruit and retain an adequately skilled and engaged workforce	RED	Open
INF18/02	Risk that ICT failure impedes our ability to deliver effective and robust services for stakeholders or value for money	RED	Open
COM18/02	Risk that we fail to comply with legal or compliance requirements	AMBER	Cautious
EXT18/01	Risk that we may lack the right capacity and capability to influence and respond to changes in the external environment	AMBER	Open
EXP18/01	Risk that we fail to meet external expectations affecting stakeholders' trust in our ability to regulate	AMBER	Minimalist
STR20/02	Risk that we fail to develop a strategy for 2020-25 which is achievable and underpinned by appropriate implementation plans	GREEN	Open
FIN20/01	Risk that stock market performance results in LT reduction in the capital value of our stock market investments or that we invest in companies that don't align with our values	AMBER	Open
EXT20/02	Risk that novel coronavirus (Covid-19) means that we are unable to effectively regulate our professions or protect the public or protect NMC colleagues	RED	Averse

Risk Ref. Number	Risk Description	Contributing Factors / Causation	Inherent Risk (without controls)			Mitigations and Controls (In place)	Current Rating (with controls)			Planned Mitigations and Controls	Target Rating (after planned actions are delivered)			Executive Lead (responsible for assuring risk treatment)	
			L	I	L X I		L	I	L X I		L	I	L X I		
REG18/01	<p>Risk that we fail to maintain an accurate register of people who meet our standards</p> <p>i) Potential Impact: - Public are not protected - Loss of confidence in NMC - Undermines public trust</p> <p>ii) Appetite: <b>Averse:</b> but always some residual risk</p>	<p>a. We register people that don't meet our standards due to processing errors, fraudulent applications, or Approved Education Institutions (AEIs) providing the wrong details or qualifications.</p> <p>b. AEIs do not continue to deliver programmes of education and training that meet our standards.</p> <p>c. Selection and admissions of students onto NMC approved programmes by AEIs may not meet our standards for education and training.</p> <p>d. We fail to reflect a Fitness to Practise (FtP) outcome on the register due to errors or processing gaps.</p> <p>e. Overseas process does not assess risk or map to our current standards.</p> <p>f. A failure of core registration systems</p> <p>g. Managing the transition of the register from Wiser onto D365 (Microsoft Dynamics 365)</p> <p>h. Brexit impact on international registration</p> <p>(Links to EXT20/02 - Coronavirus)</p>	5	5	25	<p>a, e. Identity and quality checks for UK, EU and Overseas initial registrations, and renewals and readmissions to limit fraudulent entry and human errors.</p> <p>a. Revalidation ensures the details of registrants are kept up to date and that their fitness to practise is confirmed. Automated revalidation readmissions process.</p> <p>a, e. Self serve and Wiser improvements provide automation of core processes to reduce errors. (NMC Online, automated readmission process, case management functionality for our Appeals team (RAST))</p> <p>e. Updated Overseas process within MS Dynamics</p> <p>a, b. Staff training and induction in required standards and core processes.</p> <p>a, b, e. Risk based quality assurance approach to Approved Educational Institutions (AEIs) against our standards</p> <p>d. Daily reconciliation processes to reconcile FtP outcomes and International Market Information (IMI) alerts with the register.</p> <p>a, d. Serious Event Reviews, complaints and assurance controls.</p> <p>f. Business continuity to manage system down time. All registration services can be operated remotely.</p> <p>a, b, c. Workshops with selected AEIs to offer support on qualification uploads for registration and to strengthen relationships.</p> <p>f. Brexit scenario planning via Brexit Steering Group</p>	3	5	15	<p>a, b, d, f. Ongoing data, systems and registration process improvement work to resolve gaps and improve robustness. (Ongoing)</p> <p>a, b c. Approve education programmes against new standards: - Future Nurse standards - September 2021 - Future Midwife - September 2021 - Return to practice - September 2021</p> <p>a, d and f. Modernising our Technology (MOTS) programme will deliver core systems replacement for Wiser (D365 from summer 2020) and improved case management using MS Dynamics (planning from 2020-21).</p> <p>e. Overseas phase 2 programme being scoped during 2020-21.</p> <p>g. Dual running of systems for a set period to manage safe transition from Wiser onto D365.</p>	2	5	10	<p><b>Date change expected:</b> 2021 (tbc)</p> <p><b>Comments:</b> Implementation of new systems will reduce the potential for processing errors, and improved data governance controls will be put in place. We anticipate the risk will reduce once MS Dynamics has bedded in.</p>	Executive Director, Professional Regulation

Risk Ref. Number	Risk Description	Contributing Factors / Causation	Inherent Risk (without controls)			Mitigations and Controls (In place)	Current Rating (with controls)			Planned Mitigations and Controls	Target Rating (after planned actions are delivered)			Executive Lead (responsible for assuring risk treatment)	
			L	I	L X I		L	I	L X I		L	I	L X I		
REG18/02	Risk that we fail to take appropriate action to address a regulatory concern  i) Potential Impact: - Public are not protected - Loss of confidence in NMC - Undermines public trust  ii) Appetite: <b>Averse:</b> but always some residual risk	a. We fail to action referrals in a timely or appropriate way.  b. We fail to process FtP cases effectively or make the wrong decision about a case outcome.  c. Intelligence and insights are not escalated, used effectively, or shared with key stakeholders.  d. FtP, Registrations and Education functions work in silos or fail to communicate effectively resulting in process gaps and inaccurate data sharing.  e. We do not engage effectivity with members of public.  <b>f. Pressures in the FTP workflow (increased pressure at screening and adjudications, less hearings in the medium term, high case loads in case examiners)</b>  <b>g. Increased dissatisfaction as a result of delayed FTP outcomes</b>  (Links to EXT20/02 - Coronavirus)	5	5	25	a. New values and behaviours framework approved by Council in March 2020. With 'Kindness' central to how we are expected behave.  <b>a-e. Continued implementation of our FTP change programme (a focus on person centred approach for 2020-21)</b>  a. b. Centralised corporate enquiries and complaints team.  a. b. An assurance process to monitor the improvements to address PSA recommendations from the lessons learned review.  a. d. Existing Professional Regulation and Education policies and processes.  a. <b>Monthly performance monitoring.</b> Council/public visibility via KPIs presented at open Council meetings.  <b>a,b. Quality of decision making function to assurance and general learning..</b>  a. b. Extended powers for case examiner disposals (from 31 July 2017) to manage FtP cases more quickly and effectively.  d. New organisational structure with Registrations and FTP under a single director lead (from 2020)  <b>c, d. Collaboration and data sharing with external stakeholders and partners. Routine information sharing regarding processes and risks between Professional Regulation and Professional Practice.</b>  a. c. Employer Link Service supports early engagement with employers and relevant stakeholders to improve knowledge of FtP processes.  c. d. Increased capacity in Regulatory Intelligence Unit (RIU) to strengthen the use of intelligence.  e. Public Support Service provides tailored support to patients, families and parents (from December 2019).	2	5	10	<b>Risk Response:</b> Tolerate  <b>Trend:</b> Stable	a. Improvements to our public support service will continue during 2020-2021 including the pilot of the Public Support Pathway (this will be subject to delays due to COVID19 as we are progressing fewer cases)  a - e. Final improvements to the new model for FtP expected in 2020-2021 (including consideration of context via new tools, mediation and new target operating model)  c - d. RIU will continue to develop our capabilities in trend analysis and risk assessment, and we will enhance processes sharing information with internal and external stakeholders. (3 year expansion programme from March 2019).  c-d. Insights review will identify capabilities needed for data and intelligence (2020-21)  a. c. Develop options to expand our Employer Link Service model (2020-21)  d. Continue to deliver process improvements between Professional Regulation functions to ensure more consistency in regulatory actions and approach (ongoing)	2	5	10	Executive Director, Professional Regulation
REG19/03	Failure to ensure that educational standards are fit for purpose (including processes to ensure compliance with standards are being met)  i) Potential impact: - Public are not protected - Loss of confidence in educational standards - Undermines public trust - Loss of confidence in our processes for quality assurance of education  ii) Risk appetite: <b>Averse:</b> but always some residual risk	a. Our Code and standards fail to keep pace with changes in healthcare delivery and practice within and across the four devolved UK countries ( <b>including delays to implementation of new standards</b> ).  b. We do not process programme approvals within the expected timescales which potentially impacts the number of new nurses, midwives and nursing associates joining the register.  d. We do not meet the Standards of Good Regulation (SoGR) for standards and education.  e. AEs and their practice learning partners do not continue to deliver programmes of education and training for nurses, midwives and nursing associates that meet our standards.  <b>f. Impact of Brexit on the recognition of professional qualifications (EU directive)</b>	4	4	16	a Delivery of new standards for nurses, midwives and nursing associates.  a Four country communications and engagement plan established and embedded in our approach to standards development and implementation.  a. New Midwifery standards published in November 2019.  b. Quality Assurance for AEs with a defined timescale for approvals.  d. Continue to review the PSA standards to ensure compliance.  e. QA Framework for Education of nurses, midwives and nursing associates includes requirements for monitoring of all programmes. There are additional requirements for programmes under enhanced scrutiny and a new approach to data driven monitoring, with action taken when concerns are identified.  e. Actively monitor programmes in line with our new QA framework.  <b>f. Brexit scenario planning via Brexit Steering Group</b>	2	4	8	<b>Comments:</b> Risk added on to register in May 2019 and accepted by Council in July 2019	a Implement a rolling programme of independent evaluation, continuous improvement, a review of our internal methodology and a pipeline of updates for all existing standards (from Q4 2021)  a. Implementation phase for Future Midwife standards including approval decisions for AEs (from 2020)  b, e. Continue to monitor programme approval timelines at the monthly QA Board. Timescales for approval decisions against Future Nurse standards for all AEs extended until September 2021 due to Covid 19 (TBC for return to practice and midwifery).	2	2	4	Executive Director, Professional Practice

Risk Ref. Number	Risk Description	Contributing Factors / Causation	Inherent Risk (without controls)			Mitigations and Controls (In place)	Current Rating (with controls)			Planned Mitigations and Controls	Target Rating (after planned actions are delivered)			Executive Lead (responsible for assuring risk treatment)	
			L	I	L X I		L	I	L X I		L	I	L X I		
PEO18/01	<p>Risk that we fail to recruit and retain an adequately skilled and engaged workforce (permanent and temporary staff, contractors, and third parties).</p> <p>i) Potential Impact: - Reduced capacity - Inadequate skills - Low staff engagement / resilience - Increased costs - Delays or failure to deliver commitments</p> <p>ii) Appetite: <b>Open:</b> willing to consider all potential delivery options</p>	<p>a. <b>Recruitment pressures</b>, remote recruitment, and high vacancies and <b>changing job market as a result of Covid 19</b>.</p> <p>b. Poor retention and high turnover. (e.g. <b>Impact of Covid 19, remote induction and on boarding, removal of Stratford travel subsidy in September 2020</b>)</p> <p>c. Low resilience, poor engagement <b>and reduced well being due to working remotely</b> including over reliance on key individuals / teams and high employee sickness.</p> <p>d. Failure to embed a high performance and development culture.</p> <p>e. Gaps in BAU capacity resulting from staff being redeployed to deliver programmes and projects.</p> <p>f. Our workforce does not keep pace with the capacity and / or capability needed to deliver our corporate plan.</p> <p>g. inconsistent change management capability which impedes successful delivery of our change portfolio.</p> <p><b>h. Diverted HR resources onto Covid 19.</b></p> <p><b>i. Developing EDI action plan and supporting our black, Asian and minority ethnic (BAME) colleagues</b></p> <p>(Links to EXT20/02 - Coronavirus)</p>	5	4	20	<p>a-d. HR Modernisation programme consisting of a review of policies, an internal audit of recruitment and a Reward Review programme.</p> <p>a-d. New values and behaviours framework (March 2020)</p> <p>a-b. Implementation of agreed options for strengthening staff pay and reward (from October 2019 and April 2020).</p> <p>b-d, f. Roll out of Management and Leadership Programme based on identified skills gaps. <b>Remote delivery of the programme.</b></p> <p>a. Introduction of Managed Service Providers (MSP) and Applicant Tracker System (ATS) to drive up recruitment compliance.</p> <p><b>c. Introduction of the Thrive app (which is approved by the NHS) to support wellbeing.</b></p> <p>d, f. Targeted engagement initiatives such as Employee Forum Reps co-producing training plans.</p> <p>d, f. Workplace (internal communications tool) to aid communications.</p> <p>d. Regular Peakon Pulse (engagement) surveys to increase two-way communication with employees.</p> <p>b-e. Business Partnering model to improve performance management practices, management confidence and increased support at significant times of organisational change</p> <p>a-d. Increased analysis of survey and exit data to target areas of dissatisfaction.</p> <p>a-b. Horizon Scanning of possible employment law changes, especially in light of leaving the EU.</p> <p><b>a, b. Remote recruitment and induction and learning</b></p> <p><b>i. BME internal network with a specific focus on supporting BAME colleagues</b></p>	4	4	16	<p>a and b. Continuous improvement of NMC employer brand to attract and retain staff. Initiatives for 2019-2020 have been approved and will be delivered throughout the year. (ongoing for 2020-21, some delays expected as a result of Covid 19)</p> <p>a-d Launch values-based recruitment and appraisal system. (expected Q1 2020-21 - new timescales TBC due to Covid 19)</p> <p>a-c, e. Staff capacity improvement plan to relieve current capacity/capability pressure points-(Ongoing)</p> <p>a-d. Reward review grading: rewarding contributions and Pensions and Benefits review. (TBC)</p> <p>a-c. Programme of career pathways initiated: work on Candidate Experience and Leadership Development (Q1 2020-21)</p> <p>a, b, g. Succession planning for critical leadership roles.</p> <p>a-d. EDI Action Plan to introduce Workforce Race Equality (WRES) standard. (Aug 2020)</p> <p>a-d. Wellbeing plans to meet the standards of an external benchmark (March 2021)</p> <p>a-f Modernisation of HR IT systems (being planned for new strategy period - dates TBC)</p> <p>h. Review of our change management capability following the arrival of the new director of people and organisational effectiveness.</p> <p><b>i. Reviewing our approach to Equality, Diversity and Inclusion in response to Black Lives Matter.</b></p>	2	3	6	<p><b>Date change expected:</b> 2020-2021</p> <p><b>Comments:</b> This will be facilitated by our 3 year People Strategy which will tackle the causations from multiple angles. Our pay and reward work is a critical aspect of this and will take 3 years to deliver tangible benefits from April 2019.</p>	Director, People and Organizational Development
INF18/02	<p>Risk that ICT failure impedes our ability to deliver effective and robust services for stakeholders or value for money for the organisation</p> <p>i) Potential Impact: - Service disruption - Negative customer feedback - Wasted resources</p> <p>ii) Appetite: <b>Open:</b> Willing to consider all potential delivery options</p>	<p>a Our core systems (e.g. Wifi, TRIM, Wiser, CMS) and servers are on unsupported hardware and are obsolete, risking potential business interruption, data loss or registering people inappropriately.</p> <p>b. Our network infrastructure has potential cyber vulnerabilities which could result in data and information security breaches.</p> <p>c. Ageing IT infrastructure and processes and incompatibility between legacy and modern systems and applications results in reduced capability impeding efficient delivery and risking compliance obligations.</p> <p>d. Complexity within our Modernisation of Technology (MOTS) programme results in major ICT dependencies which were not anticipated or understood, leading to slippages in timescales and budget or disruption to other programmes or core business.</p>	5	5	25	<p>a. Disaster recovery testing to test switching between our main systems and our back up systems. Last successful test in May 2019 with actions implemented by Q1 2019-2020.</p> <p>a. Oversight of ICT stability by Audit Committee with regular reports.</p> <p>a. Upgraded Wifi across all NMC sites.</p> <p>a, b, c. Priority actions to improve cyber and other vulnerabilities on an ongoing basis (including monthly security patches).</p> <p>b. Management plan for systems failures.</p> <p>b. Regular penetration and vulnerability testing of our IT network.</p> <p>b-c Network penetration test carried out in Q3 2019-2020.</p> <p>c. Go live of new overseas applications process from October 2019.</p> <p>c. Roll out of laptops to support agile working.</p> <p>d. Reinforced programme governance with dependency mapping and business readiness assessments. Oversight from Council via regular exception reporting.</p> <p>a-d. Additional investment in digital technology agreed as part of the 2020-21 budget by the Council in March 2020</p>	4	5	20	<p><del>a-b. MOTS programme will deliver core systems replacement for Wiser MOTS programme will deliver core system replacement for the majority of WISER functionality (summer 2020-21)</del></p> <p>a-b. MOTS programme will deliver CMS (2020-22) (2021-23).</p> <p>a-d. Planning for next stages of MOTS, ICT infrastructure, and data and analysis technologies (Q2 2020-21)</p> <p><b>d. Implement the recommendations from the independent review of the MOTS programme before phase 2 commences (Q2-2020-21) (Q3-Q4 2020-21).</b></p>	2	4	8	<p><b>Date change expected:</b> 2020-2021</p>	Executive Director, Resources and Technology Services

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			L	I	L X I		L	I	L X I		L	I	L X I	
COM18/02	<p>Risk that we fail to comply with legal or compliance requirements</p> <p>i) Potential Impact:            - Financial loss and wasted resources            - Loss of trust/ confidence            - Breach of individual legal rights</p> <p>ii) Appetite:  <b>Cautious:</b> preference for safe delivery options that have a low degree of residual risk</p>	<p>a. Failure to meet statutory, legal and mandatory responsibilities (e.g. safeguarding, Equality legislation, regulatory processes, data protection, health and safety, Freedom of Information, procurement, employment law etc).</p> <p>b. Risk of significant internal and external legal and other staff costs and damages to pay.</p> <p>c. Risk of significant regulatory fines and bank sanctions.</p> <p>d. Unfairness or harm to registrants, applicants, referrers, witnesses, members of the public or employees as a result of unfair outcomes or avoidable delays</p>	4	4	16	<p>a. The recommendations from the Sep 2018 Procurement internal audit have been followed to drive process improvements, including implementation of comprehensive Procurement Policy, tendering of contracts through routes-to-market, addressing historic areas of uncontracted spend, implementation of e-sourcing portal, implementation of 'supplier assurance' portal and central contract management database.</p> <p>a-b. Centralised General Council Team team to advise on achieving legal compliance and support the business if breaches occur. Plus:            - Implementation of the outcomes from the legal services phase 2 review with new legal model now in place            - Legal knowledge management system in place to identify changes in law and assess impact.            - Legal support for all corporate programmes to improve legal awareness and compliance.</p> <p>a, d. Equality, Diversity and Inclusion framework with oversight from the Equality and Diversity Leadership Group.</p> <p>a, b, d. Creation of Complaints and Customer Enquiries department who handle all data protection and Freedom of Information requests, ensuring learning is collated, shared and drives continuous improvement. New process for handling information requests.</p> <p>a. Reasonable adjustments policy launched Q3 2019-20.</p> <p>d. Improved support for witnesses, public support service including emotional support and careline.</p> <p>d. Safeguarding policy and training so that everyone who works with us and for us should be clear about our safeguarding duty, to protect people from harm. The policy, its effectiveness and employee awareness are reviewed annually.</p>	3	3	9	<p>a. Improvements to resolve weaknesses in contracting and procurement processes including increased oversight from corporate legal services. (ongoing)</p>	2	3	6	<p>Director, General Counsel</p>

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			L	I	L X I		L	I	L X I		L	I	L X I			
EXT18/01	<p>Risk that we may lack the right capacity and capability to influence and respond to changes in the external environment</p> <p>i) Potential Impact:  - Inability to influence - particularly in the devolved countries  - Undermine public trust  - Missed opportunities  - Wasted resources</p> <p>ii) Appetite:  <b>Open:</b> willing to consider all potential delivery options</p>	<p>a. We fail to be part of key discussions eroding our ability to influence (e.g. NHS workforce planning, devolved country legislation and policy decisions).</p> <p>b. Implications of Brexit on how we regulate (deal/no deal arrangements affecting overseas registration and agreed qualifications equivalency)</p> <p>c. External pressure to adopt further commitments and implementation of the Government target for 50,000 more nurses working in the NHS</p> <p>d. Disjointed organisational communications result in a failure to speak with one voice leading to confusion or negative stakeholder perceptions of NMC.</p> <p>e. Our ability to respond to the longer term implications as a result of Covid 19 on the sector and wider society</p> <p>(Links to EXT20/02 - Coronavirus)</p>	4	4	16	<p>a-f. Investment in Communications and Engagement directorate provides targeted support across the organisation to improve how we manage our external stakeholders and unify our communications.</p> <p>a. Director led country engagement supported by internal working groups to understand UK wide issues and country variances.</p> <p>a-d. Clearer internal roles and responsibilities regarding procedures for managing external stakeholders.</p> <p>a. b , d. Insights generated by stakeholder perception research (IFF) and research into the trust in professional regulation (Stonehaven) used to clarify our purpose and will be used to underpin targeted strategic communications and engagement across NMC. Next audit due 2021.</p> <p>b, c, e. Long Term Plan internal working group aims to coordinate our activity and messaging and ensure we are part of key discussions taking place in NHSE/I and DHSC.</p> <p>b. Brexit lead and working group planning for different scenarios.</p> <p>c. Regulatory reform lead and working group</p> <p>c. Contingency fund built into the annual corporate budget to manage unexpected events.</p> <p>d. Organisational narrative which provides standardised communication messages to present one voice (updated July 2020), and regular communications with the business to enable them to communicate effectively.</p> <p>a,c, e. Regular and sustained engagement with key stakeholders such as 4 country leads, CNOs, unions, other regulators, Council of Deans, DHSC etc to collaboratively work on sector issues.</p> <p>e. New Strategy and Insight directorate who provide leadership on strategic issues including horizon scanning (established in April 20).</p>	3	3	9	<p><b>Risk Response:</b> Treat</p> <p><b>Trend:</b> Stable</p>	<p>a, b, e, f, g. Perceptions audit to determine confidence and trust in the organisation (deferred until 2021-2022).</p> <p>a-d. Establish a strategic approach to stakeholders (Q4 2020-21)</p> <p>f. Delivery of strategic communication and engagement programme and implementation of capability plans to build skills and knowledge (deferred due to Covid-19 - in place from 2021)</p> <p>g. Formal strategy launch of new strategy 2020-25 expected in September 2020 (delayed due to Covid 19).</p>	2	3	6	<p><b>Date change expected:</b> March 2021</p>	Executive Director, Communications and Engagement

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			L	I	L X I		L	I	L X I		L	I	L X I		
EXP18/01	<p>Risk that we fail to meet external expectations significantly affecting our ability to maintain stakeholders' trust in our ability to regulate</p> <p>i) Potential Impact: - Inability to influence - particularly in the devolved countries - Undermine public trust - Missed opportunities - Wasted resources</p> <p>ii) Appetite: <b>Minimalist:</b> reference for ultra-safe business delivery options that have a low degree of inherent risk</p>	<p>a. We fail to demonstrate learning from adverse incidents such as core business failure or meet expectations such as PSA Lessons Learned Review, Gosport, Shrewsbury and Telford.</p> <p>b. We fail to appropriately manage a negative media publicity/campaign.</p> <p>c. Failure to deliver significant regulatory change programmes e.g. FtP change or overseas programmes, <b>regulatory reform</b></p> <p>d. Core business failure leads to negative publicity.</p> <p>e. Fail to maintain the trust of key stakeholders - particularly in the devolved UK countries to understand local issues.</p> <p>f. Our website fails to meet the needs of our audiences, not providing them with the information they need.</p> <p>g. Unfairness or harm to registrants, applicants, referrers, witnesses, members of the public or employees as a result of unfair outcomes or avoidable delays</p> <p>h. <b>Resuming wider stakeholder engagement following C-19 including a focus on public and making sure that we engage the sector at the right time following the recovery from Covid 19</b></p> <p>i. <b>Developing new approaches to how we engage stakeholders as we continue to socially distance</b></p> <p>j. <b>We fail to live our values and behaviours, eroding public trust in us.</b></p> <p>(Links to risks REG18/01 (register) and REG18/02 (dealing with regulatory concerns) - but the focus here is a corporate wide loss of trust rather than a small number of stakeholders).</p>	4	4	16	<p>a-j. New values and behaviours framework approved by Council in March 2020. With 'Kindness' central to how we are expected behave</p> <p>a. An assurance process is in place to monitor the improvements delivered from our lessons learned programme to address PSA recommendations (from April 2019).</p> <p>a, e. Public Support Service providing tailored support to patients, families and parents. And emotional support lines for referrers, witnesses and registrants.</p> <p>a-j. Monthly monitoring of management information such as digital communications, press coverage and sentiment.</p> <p>b, e. Dedicated press office, schedule of authorised people that can speak with the media, and regular analysis to anticipate potential media publicity. Crisis management checklist and processes.</p> <p>c. Regular monitoring of programme performance at Council and dedicated programme boards for strategic programmes to tackle issues early. <b>Regulatory reform programme established.</b></p> <p>e, i. Establishment of Country Directors to help build better engagement with senior partners and stakeholders across the four UK countries.</p> <p>e. Programme of strategic communications and engagement.</p> <p>f. All new content is produced with audience-need addressed to make sure it gives them the most relevant information. Older content is updated and moved/archived where capacity allows.</p> <p>g. Equality diversity and inclusion framework and action plan including a new reasonable adjustments policy</p> <p>h. <b>Regular and sustained engagement with key stakeholders such as 4 country leads, CNOs, unions, other regulators, Council of Deans, DHSC etc to collaboratively work on sector issues.</b></p>	3	4	12	<p>b. Development of crisis communications response. (TBC)</p> <p>e. A review of capability plans to ensure they remain fit for purpose (summer 2020)</p> <p>e. Establish project teams to understand stakeholder mapping, political and policy analysis and horizon scanning across the devolved countries to support improved engagement. (TBC)</p> <p>e. Perceptions audit to determine confidence and trust in the organisation (<b>deferred until 2021-2022</b>).</p> <p>f. Initial scoping for new website underway, business planning includes website rebuild from <b>2022</b>.</p> <p>h. <b>Work to evolve our approach to stakeholder engagement (new Assistant Director expected from Oct 20 to lead this work)</b></p> <p>i. <b>New digital engagement platform being explored. (TBC)</b></p> <p>a, j. <b>Values and behaviours 'cafe' events for managers from July 20. E-learning for all from July 20. Values and behaviours embedded into our leadership development programme.</b></p>	3	3	9	<p>Date change expected: TBC</p> <p>Comments: Delivery of FtP change programme and completion of lessons learned programme are key mitigations.</p>	Director, Communications and Engagement

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			L	I	L X I		L	I	L X I		L	I	L X I		
STR19/02	<p>Risk that we fail to deliver our strategic ambitions for 2020-2025 due to inadequate planning and implementation</p> <p>i) Potential Impact: - Missed opportunities - Wasted resources - Slow pace of change - Increased employee turnover - Undermines public confidence</p> <p>ii) Appetite: <b>Open:</b> Willing to consider all potential delivery options</p>	<p>a. Our corporate plan for 2020-21 is delayed due to Covid 19.</p> <p>b. External factors divert our attention away from strategic plans (e.g. Brexit, stability of the UK government, sector impacts from Covid 19).</p> <p>c. Our new values and behaviours fail to drive the required culture to deliver our strategic ambitions</p> <p>d. We lack the capacity and capability to plan, monitor and deliver our strategy (poor processes, weak capability and decision-making, lack of senior oversight, lack of focus on outcomes, poor change management).</p> <p>e. We fail to invest in the change needed for success.</p> <p>f. Inability to secure widespread support for our new strategy whilst the sector recovers from Covid 19.</p> <p>g. Ensuring that we maximise the opportunities from regulatory reform and Covid 19</p>	4	4	16	<p>b. Internal steering groups to anticipate risks relating to Brexit, regulatory reform and horizon scanning. Contingency plans in key areas.</p> <p>c. Values and behaviours launched in April 20 with widespread communications and discussion at CEO+R briefings.</p> <p>d. Position 1 organisational design aligned to the ambitions of our strategy (in place from April 20).</p> <p>d. 6 monthly strategic review points to consider the internal and external context and make adjustments to our plans. Quarterly check points with the Executive.</p> <p>d. Strategy and Insight directorate providing oversight of strategy implementation</p> <p>e. Strategy investment fund and contingency fund which is aligned with implementation planning and prioritisation enables flexibility within our plans.</p> <p>f. Continuing engagement work across the 4 countries.</p> <p>g. Regulatory reform programme established with internal working group and collaboration with DHSC and other regulators.</p>	3	4	12	<p>a. Work to review and reset our corporate plan for 2020-21 in light of Covid 19. (Updated priorities due to be submitted to Council in July 2020).</p> <p>c. Values and behaviours 'cafe' events for managers from July 20. E-learning for all from July 20. Values and behaviours embedded into our leadership development programme.</p> <p>d. Organisational design to deliver position 2 with design proposals for 7 key areas (autumn 20).</p> <p>d. e. Detailed implementation planning for strategic programmes and projects as per our standard governance approach (phased throughout the year)</p> <p>d. Review our approach to business planning and budgeting (autumn 20)</p> <p>d. First stage review of corporate KPIs (by September 20)</p> <p>d. Strategy and Insight directorate reviewing strategy governance and how we horizon scan (ongoing)</p> <p>f. Strategy communications plan to communicate outcomes of the consultation and the resulting strategy (implement from September 2020)</p>	1	4	4	<p><b>Date change expected:</b> September 2021</p> <p>We would expect significant progress to be made in how we plan, monitor and implement our plans</p>	Executive Director, Strategy and Insight
FIN20/01	<p>Risk that stock market performance results in long term reduction in the capital value of our stock market investments or that we invest in companies that don't align with our values</p> <p>i) Potential Impact: - Financial loss over the long term - reduction in trust in NMC</p> <p>ii) Appetite: <b>Open:</b> Willing to consider all potential delivery options</p>	<p>a. Investments lose value due to a downturn in the stock market (e.g. economic crash, competition within the market, mismanagement, financial insolvency).</p> <p>b. Mismanagement by our investment management company.</p> <p>c. our ethical policy becomes misaligned with our values and external expectations of key stakeholders</p>	3	4	12	<p>a-c. Investment management company with expertise in stock market based investments and ethical investing procured to manage our investments.</p> <p>a-c. Investment Committee provides oversight for investment decisions.</p> <p>a-b. Healthy balance sheet with no dependency on making returns for in year budgets. Longer term budgeting strategy.</p> <p>c. Investment policy clearly sets the boundaries for ethical investing which has been benchmarked with other regulators and which is regularly reviewed by the Investment Committee in the context of possibly developing values and stakeholder expectations.</p>	3	3	9	<p><b>Risk Response:</b> Treat</p> <p><b>Trend:</b> N/a</p> <p>New risk added in June 2020</p>	<p>3</p>	<p><b>Date change expected:</b> N/a</p> <p><b>Comments:</b></p>	Executive Director, Resources and Technology Services		

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			L	I	L X I		L	I	L X I		L	I	L X I		
EXT20/02	<p>Risk that novel coronavirus (Covid-19) means that we are unable to effectively regulate our professions or protect the public or protect NMC colleagues</p> <p>i) Potential Impact: - Heightened risk of significant harm to the public or NMC colleagues - Disrupted service delivery - Undermine public trust</p> <p>ii) Appetite: <b>Averse:</b> but always some residual risk</p>	<p><b>a. Transitioning back to standard regulatory arrangements:</b> i) Maintaining Covid 19 temporary registration alongside permanent registration (inclu. reviewing our policy positions, eligibility criteria and routes to permanent registration); ii) Preparing for the closure of Covid 19 temporary registration once the time is right; iii) Reverting back from temporary standards and ensuring compliance with our permanent standards (e.g. supernumerary and supervisor/assessor roles); iv) Resuming wider stakeholder engagement (especially with the public); v) Taking account of context in FTP referrals for C-19; vi) Maximising opportunities resulting from changes to FTP processes (e.g. virtual hearings).</p> <p><b>b. Recovering core business effectively:</b> i) Resuming substantive hearings; ii) Managing expectations and dissatisfaction from referrers and registrants because of delayed outcomes; iii) Managing pressures within the FTP workflow (pressure at adjudication stage, less hearings during 2020-21, reduced face to face support for the from the Public Support Service); iv) Restoring OSCE test centres v) Managing the impact of delays and deferrals by AElS against our new standards (Future Nurse, Future Midwife, post registration standards); vi) Managing recruitment pressures and restoring standard recruitment and induction processes; vii) Safely returning NMC colleagues back to the office</p> <p>viii) Achievability of our strategy, corporate plan and budget (including underspends, delays in major programmes and underperformance within core business (e.g. timeliness KPIs not being met));</p> <p><b>c. Making sure that NMC colleagues are safe and well at work:</b> i) Colleagues visiting buildings; ii) Managing absence and providing practical support for those affected by C-19; iii) Wellbeing, health, motivation of NMC colleagues; iv) Communications and managing expectations; v) Supporting those with serious illness or death in service. vi) Reduced capacity of NMC colleagues due to working remotely, wellbeing whilst working from home, caring duties and sickness from Covid 19.</p> <p><b>d. Managing a second wave:</b> i) Our available NMC workforce capacity is reduced; ii) Managing localised lockdowns; iii) Working with partners to ensure deployment from our temporary register.</p>	5	5	25	<p>a, b, c. Business continuity procedures triggered which ensure a clear chain of command to make decisions at pace (Gold and Silver command daily calls and decision log) and activate business continuity procedures.</p> <p>a. Transitioning back to standard regulatory arrangements: (i). Emergency legislation and rule changes agreed with the Department of Health and Social Care (e.g. revalidation and annual retention fee extensions, virtual hearings) (i). Emergency temporary C-19 registration and removals policy and process launched in March 20 (including an equality impact assessment (EQIA) of equality, diversity and inclusion (EDI) implications). (ii+iii). Dedicated website hub for registrants and key stakeholders about our emergency response. Including re-admission details, FAQs, regular statements, signposting and practice advice on applying the code. (i+ii). Steering group to ensure maintenance and safe transition of the temporary register (including eligibility criteria, conditions of practice, policy review, closure). (i). Survey of temporary registrants to understand the EDI profile of the register and levels of deployment into health and social care services. (iii) Working with AElS regarding deferrals and delays, and reviewing modifications made to programmes during the pandemic. (iii) Withdrawal of emergency standards of education from September 20 and introduction of a set of recovery standards from 30 September 20. (v). Consideration of context if FTP concerns are raised during the pandemic.</p> <p>(v). Guidance on substantive reviews and interim orders to ensure consistency on applying context regarding Covid 19.</p> <p>b. Recovering core business: (i+ii+iii). FTP working groups to restore service regarding adjudications and case work. Substantive hearings to resume from September. (iv). OSCE test centres due to begin opening from July 20. (v). Extended the implementation date of the new pre-registration nursing and prescribing standards from September 2020 to September 2021. (v) Recovery standards of education from September 20. (vi). Prioritised recruitment held in phase, and launch of remote learning and development programmes. b (vii) + c (i). Return to the premises risk assessment and social distancing measures in place at NMC sites. Arrangements in place for a return critical services first (hearings), with all employees phased back in some way by January 2021. Statement regarding compliance published on our website. (viii). Directorate prioritisation work to pause no essential activities/ to make sue no essential activities are paused.</p>	4	4	16	<p><b>Risk Response:</b> Treat</p> <p><b>Trend:</b> Stable</p> <p>New risk added in March 2020</p>	<p>a, b, c. Senior leaders continue to plan recovery and restoration of services.</p> <p>a (iv) + b (vii). Digital engagement being progressed to support the post registration standards consultation planned for Q4</p> <p>a (i). Removal of temporary registration (TBC)</p> <p>b (viii) Internal group convened to review the implications on our strategy, corporate plan and budget for 2020+. An updated plan to be submitted to the Council in July 2020.</p>	3	3	9	Chief Executive

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			L	I	L X I		L	I	L X I		L	I	L X I	
		<p>e. Managing uncertainties regarding the longer term implications for the sector:</p> <p>i) Long term impact on workforce (retention issues, burnout, overseas recruitment);</p> <p>ii) Disruption to student education (not educated against new standards due to delays in programmes, disrupted student practice placements, disrupted course completion dates);</p> <p>iii) Responding to public enquiries and questions raised regarding the response - being transparent and accountable;</p> <p>iv) Supporting people to return to practice.</p>				<p>c. Making sure that NMC colleagues are safe and well at work:</p> <p>(i). NMC colleagues are able to work from home. Line managers are discussing with each colleagues their particular needs and working arrangements for the next 6 months and beyond..</p> <p>(i+ii). Policy positions for new ways of working as required (e.g. building closures, lone working, paid leave for people who cannot work as a result of Covid, home working equipment allowance).</p> <p>(ii+iii+iv+v). Internal HR support for affected or concerned colleagues and Internal monitoring and regular contact with affected colleagues.</p> <p>(iii). <b>Thrive app launched to assist NMC colleagues with well-being.</b></p> <p>(vi). <b>Planned approach to annual leave during the lockdown.</b></p> <p>a, b, c, d, e. Regular communications with the Council and partner members.</p> <p>a, b, c, d, e. Regular internal and external communications to provide information about the current situation and signpost stakeholders and colleagues to relevant advice. Collaboration with other regulators, CNOs, Royal Colleges and unions.</p> <p>e (iii). Log of decisions and rationale for policy changes, regulators 'grid' detailing the C-19 response across all health and social regulators</p>								

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## Council

### Emergency rule changes

**Action:** For decision.

**Issue:** Council is invited to make amendments to the emergency rules (which it previously made on 26 March 2020) in order to take account of concerns raised by the Joint Committee for Statutory Instruments on 6 May 2020, and to address some operational issues which have arisen since the amended rules came into force.

**Core regulatory function:** Professional Regulation.

**Strategic priority:** Strategic aim 1: Improvement and innovation  
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:

- endorse our planned approach to consulting on use of the powers beyond 31 March 2021 (paragraph 22).
- make in accordance with its powers set out in the Nursing and Midwifery Order 2001, and subject to any minor drafting changes required by the Privy Council, the Nursing and Midwifery Council (Coronavirus) (Amendment) (No 2) Rules 2020 Order of Council 2020 (Annexe 1) (paragraph 26).

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

- Annexe 1: The Nursing and Midwifery Council (Coronavirus) (Amendment) (No 2) Rules 2020 Order of Council 2020.
- Annexe 2: Joint Union letter to Philip Graf 21 July 2020.
- Annexe 3: Joint Trade Union Concerns on NMC Emergency Legislation, 24 June 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 On 26 March 2020, following discussion and approval at the Open Council meeting of 25 March 2020, the Council made the Nursing and Midwifery Council (Emergency Procedures) (Amendment) Rules 2020 Order of Council 2020 via correspondence.
- 2 The amendment order contained amendments to the following rules in order to support our regulatory functions during the Covid-19 emergency period:
  - 2.1 The Nursing and Midwifery Council (Fitness to Practise) Rules 2004 ('the FtP Rules').
  - 2.2 The Nursing and Midwifery Council (Education, Registration and Registration Appeals) Rules 2004.
  - 2.3 The Nursing and Midwifery Council (Practice Committees) (Constitution) Rules 2008.

*The changes effected by the amendment order*

- 3 The amendments covered changes in two main areas:
  - 3.1 Revalidation and retention.
  - 3.2 Fitness to practise (FtP) and registration appeals.
- 4 The revalidation and retention changes extended:
  - 4.1 The Registrar's power to consider an extension for any length of time considered appropriate including after an extension had already been granted.
  - 4.2 The time we may allow for an individual registrant to pay their annual retention fee.
- 5 The FtP and registration appeal changes enabled:
  - 5.1 Panel events to take place by video-conferencing, audio-link and telephone.
  - 5.2 Service of notices of hearings by email rather than by post.
  - 5.3 The Council to extend the appointment of any panel member whose second term was due to expire as of 3 March 2020.
  - 5.4 The reduction of the quorum of an FtP panel event to two.
  - 5.5 The waiver of the requirement for one FtP panel member to be a registrant.

- 6 In addition to making the changes to enable us to hold ‘virtual’ hearings, an amendment was made to Rule 19 of the FtP Rules. This rule provides for the circumstances in which an FtP panel hearing should be held in public or private. The intention behind the amendment was to remove the requirement that hearings should normally be held in public. This was driven by our concern around the potential limitations of our own video/audio infrastructure to conduct public hearings during the emergency period, given this was not something we had done before. This was a practical solution to what we thought might be an issue, rather than an intent to make all our hearings private as a matter of course.

#### *Sunset clause*

- 7 The amendment order contained a ‘sunset clause’ to the effect that the emergency amendments would only be in force until the withdrawal of the notification made by the Secretary of State for Health and Social Care of an emergency under Article 9A(1)(a) of the Nursing and Midwifery Order 2001 (the 2001 Order). This notification (which was received on 26 March 2020) was in respect of the need for a temporary register and so the logic was that this would be a good indicator as to whether the emergency amendments continued to be required.

#### *Subsequent events*

- 8 The amendment order was approved by the Privy Council on 27 March 2020, laid in parliament on 30 March 2020, and came into effect on 31 March 2020.
- 9 On 6 May 2020, the order was considered by the Joint Committee for Statutory Instruments.
- 10 The Committee raised concerns regarding:
- 10.1 The sunset clause, and specifically how those affected by the ending of the amendments would be notified.
  - 10.2 The enabling powers used to make the changes in respect of panel constitution. The wrong power in the 2001 Order had been cited.
- 11 In addition to the Committee’s comments, we had separately identified concerns around the drafting in two areas:
- 11.1 Rule 19 amendment – the unintended effect of the amendment was to dis-apply the entirety of Rule 19, meaning that there is a lack of clarity as to when a panel can hear a case in private. This ambiguity was tolerable when our hearing activity was restricted to non-substantive matters (such as reviews and interim orders) and we have only had one virtual hearing where there has been public access so far.

However, it is not compatible with our intention to operate more substantive hearings in the coming months. These are cases where there is likely to be more in the way of public interest and which may involve registrants or witnesses whose health or other confidential issues would warrant a full or partial private hearing.

- 11.2 The numbering of some of the amended rules was not in accordance with normal drafting conventions.
- 12 The issues identified above at paragraphs 10 and 11 are the subject of the amendment order that the Council is being invited to make.

*The proposed amendments*

- 13 The technical defects around numbering and reference to incorrect statutory enabler have been addressed and require no further explanation.
- 14 It has now been proposed by the Department for Health and Social Care (DHSC) that the current sunset clause in the amendment rules should be removed completely. The effect of this would be that these rule amendments will be in place permanently rather than only for the duration of the current Covid-19 emergency. This proposed change to the rules has been made by DHSC on the basis that it would be extremely difficult to put a suitable date upon a sunset provision due to the uncertainty around the Covid-19 pandemic, noting in particular the risks around a 'second wave'.
- 15 The public/private issue has been addressed by the removal of the Rule 19 amendment that was made previously. This takes Rule 19 back to the state in which it was prior to March 2020, and would mean that there is no distinction between virtual and physical hearings in terms of the rules around when a hearing can go into private or public session. We are in a different position to where we were in March 2020, as we now have the technical ability to allow sufficient public access and we will be addressing in guidance all of the practical issues surrounding the application of these powers to virtual hearings.

*Engagement*

- 16 Article 47(3) of the 2001 Order provides that:
- 'Before making any rules under this Order, the Council shall consult representatives of any group of persons who appear likely to be affected by the proposed rules and these may include such persons as appear to it to be representative of—
- (a) registrants or classes of registrant;

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- (b) employers of registrants;
- (c) users of the services of registrants; or
- (d) persons providing, assessing or funding education and training for registrants and prospective registrants.
- 17 We have not had time to undertake a full consultation process, but we have discussed these proposed rule changes with the professional bodies and unions who represent our registrants in FtP and registration appeal cases.
- 18 We also discussed the proposals (apart from the sunset clause issue) with the Public Support Steering Group on 25 June 2020 and they were generally supportive of our proposals.
- 19 The representative body group has significant concerns (see annexes 2 and 3) around the removal of the sunset clause and the public/private amendment.
- 20 The principal concern around the removal of the sunset clause is that it means that these rules have been brought into force without proper consultation. This anxiety appears to be especially acute given the extension of the powers around panel quorum and remote hearings.
- 21 We recognise the strength of feeling around this change and, in particular, the desire for us not to use the powers beyond the end of the emergency without public consultation. We accept that it would not be appropriate to use these powers in a non-emergency period without having properly consulted first and we are committed to doing this. In light of this, and given that we do not know when the end of the emergency will be, we commit to holding a public consultation on the use of these powers by 31 March 2021, and we undertake not to use these powers beyond that date if such a consultation has not taken place by then.
- 22 **Recommendation: The Council is recommended to endorse our planned approach to consulting on use of the powers beyond 31 March 2021.**
- 23 In summary, the concerns around the public/private amendment are that it:
- 23.1 Represented a change in position from what had been agreed by the Council when the emergency rule changes were made in March 2020.
- 23.2 Was unfair to registrants.

23.3 Did not mitigate the risk of proceedings being recorded and posted on social media.

24 In light of the issues raised around unfairness and risk, we have committed to working with this group in the coming weeks on establishing a process that mitigates this risk and producing appropriate guidance for all involved. We want to operate a transparent and open process where we can but recognise that procedural fairness needs to be properly considered within this work as well. In particular, to mitigate concerns around fairness and safety, we are exploring options such as allowing audio access to non-journalists and live relaying of proceedings.

*Next steps*

25 Should the Council agree to make the rules these will be signed by the Chair and Registrar. This Statutory Instrument will then need to be approved by the Privy Council before passing through Parliament under the negative resolution procedure. This means that it will automatically become law without debate unless there is an objection from either House.

26 **Recommendation: The Council is recommended to make in accordance with its powers set out in the Nursing and Midwifery Order 2001, and subject to any minor drafting changes required by the Privy Council, the Nursing and Midwifery Council (Coronavirus) (Amendment) (No 2) Rules 2020 Order of Council 2020 (Annexe 1).**

**Four country factors:** 27 These rules will apply in the same way across the UK.

**Midwifery implications:** 28 There are no considerations that apply specifically to midwifery in this paper.

**Public protection implications:** 29 The proposed changes to our rules will give us the power to be more flexible in response to the Covid-19 outbreak and beyond whilst still fulfilling our core public protection functions.

**Resource implications:** 30 Not applicable.

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- Equality diversity and inclusion implications:** 31 Given the pressure of time in terms of making these amendments we have not been able to undertake a full Equality Impact Assessment (EQIA). However, in so far as possible, we have taken into account considerations about the impact on protected characteristics when developing our approaches. One of the rule changes will support engagement with our functions via video, audio-link or telephone. We hope that this will have a positive impact across protected characteristics. We will conduct a full EQIA as part of our policy development to our consultation on any ongoing use of these powers beyond 31 March 2021.
- Stakeholder engagement:** 32 Under article 47(3) of the Order, we are required to consult with representatives or any group who appear likely to be affected when we propose rules. We have discussed the proposed changes with representative bodies, our Public Support Steering Group, and the Department of Health and Social Care. We consider that this shortened form of consultation and engagement is proportionate and sufficient given the unprecedented nature of the circumstances in which these changes are being made. As outlined above at paragraph 21, we are also committed to undertaking a full consultation prior to any longer term use of these powers beyond 31 March 2021.
- Risk implications:** 33 The risks associated with these proposals and our proposed mitigations are all set out in this paper above.
- Legal implications:** 34 Changes to our rules are made in exercise of the powers conferred under articles 32(1) and (2)(j), 37(4) and (5), and 17(1) of Schedule 1 to the Nursing and Midwifery Order 2001. We consider that our commitment to consult on the use of these powers outside of the emergency period addresses any legal risk arising from the removal of the sunset clause.

*This Statutory Instrument has been printed to correct defects in SI 2020/364 and is being issued free of charge to all known recipients of that Statutory Instrument.*

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STATUTORY INSTRUMENTS

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**2020 No. 0000**

**HEALTH CARE AND ASSOCIATED PROFESSIONS**

**NURSES, MIDWIVES AND NURSING ASSOCIATES**

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

<i>Made</i>	- - - -	2020
<i>Laid before Parliament</i>		2020
<i>Coming into force</i>	- -	2020

At the Court Council Chamber, Whitehall, the **[x]**th day of July 2020

By the Lords of Her Majesty's Most Honourable Privy Council

The Nursing and Midwifery Council has made the Nursing and Midwifery Council (Coronavirus) (Amendment No. 2) Rules 2020, as set out in the Schedule to this Order, in exercise of the powers conferred by articles 32(1) and (2)(j), 37(4) and (5) of, and paragraph 17(1) of Schedule 1 to, the Nursing and Midwifery Order 2001(a).

In accordance with article 47(3) of the Nursing and Midwifery Order 2001 ("the 2001 Order") the Nursing and Midwifery Council has consulted representatives of groups of persons who appear likely to be affected by the proposed rules.

In accordance with article 47(1) of the 2001 Order, the Rules shall not come into force until approved by Order of the Privy Council.

**Citation and commencement**

1. This order may be cited as the Nursing and Midwifery Council (Emergency Procedures) (Amendment No. 2) Rules 2020 Order of Council 2020 and comes into force on **[x]**th July 2020.

**Privy Council approval**

2. Their Lordships, having taken the Rules as set out in the Schedule to this Order into consideration, are pleased to, and do approve them.

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(a) S.I. 2002/253. Relevant amending instruments are S.I. 2008/1485, 2014/3272, 2017/321 and 2018/838.

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## SCHEDULE

Article 2

### THE NURSING AND MIDWIFERY COUNCIL (CORONAVIRUS) (AMENDMENT NO. 2) RULES 2020

The Nursing and Midwifery Council makes the following Rules in exercise of the powers conferred under articles 32(1) and (2)(j), 37(4) and (5), and paragraph 17(1) of Schedule 1 to the Nursing and Midwifery Order 2001.

The Nursing and Midwifery Council have consulted in accordance with article 47(3) of that Order, with representatives of groups of persons who appear likely to be affected by the proposed rules.

#### **Citation and commencement**

1. These Rules may be cited as the Nursing and Midwifery Council (Coronavirus) (Amendment No. 2) Rules 2020 and come into force on **[x]**th July 2020.

#### **Amendment of the Nursing and Midwifery Council (Fitness to Practise) Rules 2004**

2.—(1) The Nursing and Midwifery Council (Fitness to Practise) Rules 2004(a) are amended as follows.

- (2) Renumber rule 2B(b) as 2ZA.
- (3) Omit rule 19(5)(c).

#### **Amendment of the Nursing and Midwifery Council (Education, Registration and Registration Appeals) Rules 2004**

3. In the Nursing and Midwifery Council (Education, Registration and Registration Appeals) Rules 2004(d) renumber rule 2B(e) as 2ZA.

#### **Amendment of the Nursing and Midwifery Council (Practice Committees) (Constitution) Rules 2008**

4. In the Nursing and Midwifery Council (Practice Committees) (Constitution) Rules 2008(f) in rule 6 (the practice committees)—

- (a) for paragraph (8A)(g), substitute—

- 
- (a) The Rules in the Schedule to the Nursing and Midwifery Council (Fitness to Practise) Rules 2004 Order of Council 2004 (S.I. 2004/1761) as amended, the relevant amendments are those approved under S.I. 2020/364.
  - (b) Inserted by the rule 3(2) of the Nursing and Midwifery Council (Emergency Procedures) (Amendment) Rules 2020 as contained in the Schedule to S.I. 2020/364.
  - (c) Inserted by the rule 3(5) of the Nursing and Midwifery Council (Emergency Procedures) (Amendment) Rules 2020 as contained in the Schedule to S.I. 2020/364.
  - (d) The Rules in the Schedule to the Nursing and Midwifery Council (Education, Registration and Registration Appeals) Rules Order of Council 2004 (S.I. 2004/1767) as amended, the relevant amendments are those approved under S.I. 2020/364.
  - (e) Inserted by the rule 4(2) of the Nursing and Midwifery Council (Emergency Procedures) (Amendment) Rules 2020 as contained in the Schedule to S.I. 2020/364.
  - (f) The Rules in the Schedule to the Nursing and Midwifery Council (Midwifery and Practice Committees) (Constitution) Rules Order of Council 2008 (S.I. 2008/3148) as amended, the relevant amendments are those approved under S.I. 2017/321 and S.I. 2020/364.
  - (g) Inserted by the rule 5(2)(a) of the Nursing and Midwifery Council (Emergency Procedures) (Amendment) Rules 2020 as contained in the Schedule to S.I. 2020/364.

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“(8A) The Council may extend the term of office of any member of a Practice Committee, who as of 3rd March 2020 was serving a second term, for such a period as it considers appropriate.”;

(b) in paragraph (10), before “The quorum”, for “Subject to paragraph (11),” substitute “Subject to paragraph (11),”;

(c) for paragraph (11)(a), substitute—

“(11) In cases where it is not reasonably practicable to comply with the requirements of paragraph (10)—

(a) in that paragraph, for “3”, substitute “2”; and

(b) paragraph (10)(a) shall not apply.”.

#### **Amendment to the Nursing and Midwifery Council (Emergency Procedures) (Amendment) Rules 2020**

5. In the Nursing and Midwifery Council (Emergency Procedures) (Amendment) Rules 2020(b), omit rule 2(2).

Given under the official seal of the Nursing and Midwifery Council this XX th day of July 2020.



*Philip Graf*  
Chair  
*Andrea Sutcliffe*  
Chief Executive and Registrar

#### **EXPLANATORY NOTE**

*(This note is not part of the Order)*

This Order approves amendments to Rules made by the Nursing and Midwifery Council (“NMC”). The amendments ensure that the NMC’s processes can continue during the period of the Covid-19 pandemic. The Order makes amendments to the Nursing and Midwifery Council (Fitness to Practise) Rules 2004, Nursing and Midwifery Council (Education, Registration and Registration Appeals) Rules 2004 and the Nursing and Midwifery Council (Practice Committees) (Constitution) Rules 2008 to correct defects contained in the Nursing and Midwifery Council (Emergency Procedures) (Amendment) Rules 2020 (as contained in the Schedule to S.I. 2020/364) and amend a provision regarding when hearings are held in public and private so that it applies to audio and video hearings. This order further removes the sunset clause in article 2(2) of S.I. 2020/364.

(a) Inserted by the rule 5(2)(c) of the Nursing and Midwifery Council (Emergency Procedures) (Amendment) Rules 2020 as contained in the Schedule to S.I. 2020/364.

(b) The Rules in the Schedule to the Nursing and Midwifery Council (Emergency Procedures) (Amendment) Rules 2020 Order of Council 2020 (S.I. 2020/364).

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Item 7: **Annexe 2**  
NMC/20/68  
29 July 2020

Philip Graf CBE (Chair) NMC  
23, Portland Place  
London  
W1B 1PZ

21<sup>st</sup> July 2020

Dear Philip

**Re: Emergency Rule changes**

We write to you on behalf of UNISON, RCM, RCN and Unite. Between us, we represent a large proportion of NMC registrants and have a long history of working collaboratively with the NMC. Attached to this is an appendix, which sets out in detail the concerns we have raised.

Since March, we have participated in weekly meetings with the NMC Fitness to Practise team and have been pleased to help deliver the emergency measures. We supported the emergency legislation at the time, we recognised the urgency of the matter and believed that as council accepted and agreed that virtual hearings would be in private, the risks of them were as low as could be achieved especially given the urgency of the matter. However, the amendments to the emergency legislation that Council is now being asked to consider have raised real concerns for us, in addition to the very real lack of consultation. There is also now not the same level of urgency, as was in place in March.

These are the focus of our concerns:

1. **Removal of the Sunset Clause:** The emergency measures were brought in with explicit reassurance that they would be time limited. The measures were rightly pulled together with little consultation due to the nature of the emergency at the time. To decide at short notice that they should become permanent with nothing but a promise that there will be a consultation at some point is a worrying precedent. Council are being asked to debate, consider and determine this without the accompanying guidance that will govern how hearings are conducted. We ask therefore that if Council agrees to these amendments, they also recommend some mitigating measures that will address our main concerns.
2. **Public access to virtual hearings:** Under the temporary legislation, virtual hearings have not been directly accessible by the public. The proposed removal of the amendment to Rule 19 re-opens the right of public access. Our concerns include:
  - The possibility of screenshots or recordings of proceedings that then appear on social media
  - The possibility of observers sharing evidence with witnesses prior to them giving evidence

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In response to these concerns, the NMC has proposed that they provide direct audio access to virtual hearings for the general public and visual access to the press. We are aware that at least two other regulators, MPTS for the GMC and Social Work England have or will set up viewing galleries. These allow public access at a physical site and all the current safeguards against misuse apply. Members of the public who prefer not to travel can be provided with a transcript of every word spoken during the hearing. NMC registrants should not be exposed to the risks attached to giving direct access to virtual hearings, when the duty to be open can be met in other ways and other healthcare practitioners will be spared such risks.

3. **Compelling virtual hearings:** We have seen the benefits of virtual hearings, which have worked well for interim and review hearings. We anticipate that they may also have benefit for some other substantive hearings, but this is untested. The NMC has suggested that they will offer the registrant the opportunity to object to a virtual hearing and will respond to a 'reasonable objection', which has yet to be defined. Currently, the impact of virtual hearings on the outcomes of substantive hearings is unknown. They may tend to generate less favourable outcomes for certain types of hearings or certain types of registrants. There may be issues around security. We do not think that a registrant who is worried whether they will have a fair hearing should have to persuade the NMC that their doubts about a novel process are reasonable. They should not be compelled to have a virtual hearing. We would like to see registrants given the choice to refuse.
4. **Panel composition:** The emergency measures anticipated that a shortage of nursing and midwifery staff may mean that panels might need to convene without a registrant member. However, registrants find it reassuring to have and know that someone is bringing the professional voice to the hearing and its determination.
5. **Security:** There are a number of questions and assurances we have sought from the NMC in relation to the security of the technology being used, intellectual property rights, data collection and storage that are yet to be addressed.

We ask that if Council agrees to the amendments, it requires the following mitigating measures be included in the guidance to protect all registrants at least until the outcome of the promised consultation and accompanying published impact assessment:

- That public access to virtual hearings be achieved by providing a viewing gallery at a physical site, and access to transcripts
- That registrants are given a right to refuse a virtual substantive hearing
- That panels without a registrant member are not convened outside a declared emergency situation and would never be used for substantive hearings that determine matters of fact.

We thank you for giving these concerns your consideration.

As this is the only opportunity for council to hear the views of registrants at this point, we ask that you do the right thing.

Yours Sincerely

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Dr Gail Adams OBE UNISON  
Ros Hooper Head of RCN Legal Team (Regulation)  
Suzanne Miller RCM Senior Regional Officer (England)  
Jane Beach UNITE Lead Officer Professional Regulation

C.C Andrea Sutcliffe Chief Executive  
Emma Broadbent

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**Joint Trade Union Concerns<sup>1</sup> on NMC Emergency Legislation**

**June 2020**

**Introduction**

The joint unions have worked with the NMC and their staff for a significant number of years to help address the challenges within fitness to practise. We have been collaborative and supportive to improve the system both for registrants and members of the public. Like Council our overriding concern is to ensure that the process is fair and transparent.

**Background**

As the pandemic emerged in late February early March our 'quarterly' discussions were taking place with the fitness to practise team. We had an early meeting to discuss some of the challenges facing the service and registrants, including the impact that this would have on regulatory functions. We rapidly agreed and worked collaboratively on a range of changes to ensure the NMC could continue to function. We suggested weekly representative bodies fitness to practise meetings with the NMC to enable us together to continue to address issues, which emerged during the pandemic and rapidly respond to them.

**Emergency legislation March 2020**

We had limited time to consult on the emergency legislation, we agreed the sunset clause in relation to the link with the temporary register but even at this stage highlighted the impact this could have for registrants when the secretary of state declared the emergency period ended. We described the impact that the lack of notice to registrants could have and the concurrent impact on services if the temporary register had to end suddenly without due notice.

We were reassured by speaking to the scheduling team that constitution of panels was not likely to happen this side of the summer. We spoke about the important aspect that the registrant panel member's viewpoint brings to the proceedings and the confidence it can often instil in the nurse or midwife who is appearing before them.

It was clear from discussions that we had with the NMC that hearings would be taking place in private by video conference.

Council agreed in March that virtual hearings would be held in private: the following is taken from the relevant Council paper.

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“4. In accordance with its powers set out in the Nursing and Midwifery Order 2001<sup>2</sup> and subject to any minor drafting changes required by the Privy Council, the Council is recommended to approve the Nursing and Midwifery Council (Emergency Procedures) (Amendment) Rules 2020 Order of Council 2020 (Annexe 3) with a view to making the Rules by correspondence following the passing of the Coronavirus Bill (paragraph 60).”

“52. We anticipate that physical attendance at hearings will significantly reduce due to existing and potentially future government advice given the current emergency situation. This will apply to all parties. The draft rules enable panel events to take place by video-conferencing, audio-link and telephone. In the first instance this will allow urgent hearings and meetings like interim orders and substantive order reviews (SORs) to continue to take place. This may also apply to substantive events later on in the year. **We have also made it clear that the requirement to hold events in public does not apply to events being held by videoconferencing, audio-link or telephone.** The approach we have taken is in line with the approach being taken in the civil courts.”

**“Schedule to Council’s papers** 25<sup>th</sup> March 2020: THE NURSING AND MIDWIFERY COUNCIL (EMERGENCY PROCEDURES) (AMENDMENT) RULES 2020 (5) After rule 19(4) (public and private hearings), add— **“(5) This rule does not apply to hearings conducted by telephone, audio or video conferencing.”**

**From the NMC website, consolidated 2004 rules** : The Nursing and Midwifery Council (Fitness to Practise) Rules 2004 (SI 2004/1761) Unofficial consolidated text Effective from 31 March 2020

Public and private hearings 19. (1) Subject to paragraphs (2) and (3) below, hearings shall be conducted in public.

[(2) Subject to paragraph (2A), a hearing before the Fitness to Practise Committee which relates solely to an allegation concerning the registrant’s physical or mental health must be conducted in private.] 131 [(2A). All or part of the hearing referred to in paragraph (2) may be held in public where the Fitness to Practise Committee— (a) having given the parties, and any third party whom the Committee considers it appropriate to hear, an opportunity to make representations; and (b) having obtained the advice of the legal assessor, is satisfied that the public interest or the interests of any third party outweigh the need to protect the privacy or confidentiality of the registrant.] 132

(3) Hearings other than those referred to in paragraph (2) above may be held, wholly or partly, in private if the Committee is satisfied (a) having given the parties, and any third party from whom the Committee considers it appropriate to hear, an opportunity to make representations; and (b) having obtained the advice of the legal assessor, that this is justified (and outweighs any prejudice) by the interests of any party or of any third party (including a complainant, witness or patient) or by the public interest.

(4) In this rule, “in private” means conducted in the presence of every party and any person representing a party, but otherwise excluding the public.

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<sup>2</sup> NMC council papers 25<sup>th</sup> March 2020

**[(5) This rule does not apply to hearings conducted by audio or video conferencing.]**  
133”

Therefore, it appears that Council agreed the new rule (5) above, namely that holding hearings in public does not apply to virtual hearings and this is now part of the rules.

### **June 2020 further changes to the emergency legislation**

In the new proposed amendment being put to council is & that we have been looking at with the NMC, it is proposed:

(a) **for paragraph (5), substitute—**

**(5) Hearings conducted either in full or in part by audio or video conferencing may be conducted in private where the Committee determines that it is not practicable for access to be made for members of the public..**

We would prefer that paragraph (5) remains without further amendment for the duration of the emergency. We set out our reasons below.

The joint unions recognise that we are all working in unprecedented times. Over the last few months together we have managed to move mountains to ensure that the NMC continues to function and meet its statutory legislation. This has been evidenced in the flexible and collaborative way we have all worked.

However, we have major concerns over the proposed further changes to the legislation. It is important that Council hears first-hand what these concerns are. Due to the timing of the council paper, we have not been afforded the opportunity to suggest amendments. The document was circulated to us 19<sup>th</sup> June 2020 @09.56 following an urgent video conference on 18<sup>th</sup> June, we undertook to review it and get comments back to the NMC. We were clear that we may not be able to do this the following day but we would update them to confirm where we had got to. At 16.21 the NMC were emailed and advised we would come back to them on Monday. At 16.41 we received an email “wanting to manage our expectations” “there would not be an opportunity to amend the council paper after today” In effect we were advised of this after the event.

We do not feel that the council paper which is to be considered on the 2<sup>nd</sup> July 2020 accurately reflects the concerns we have articulated to the NMC. We recognise the pace at which colleagues at the NMC have had to work but consider our concerns are minimised as they focus on one single aspect.

The representative bodies are not opposed to virtual hearings if agreed with all parties, ahead of the hearing. Neither are we opposed to the principle of open justice. However, we firmly believe that virtual hearings should continue to be heard in private as Council clearly agreed in March. Moreover, that a comprehensive risk assessment should be undertaken and alternative ways of meeting the principle of open justice

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explored. While on the face of it the Sunset clause seems quite straightforward, we are now in the position of not being able to support due to its impact on virtual hearings and the length of time it would be in place. We believe this increases the risks.

There are a number of concerns which have been raised with colleagues at the NMC, they are in no particular order and have yet to be adequately addressed:-

- This is being treated as a matter of urgency. We fully accepted that when the changes were first sought in March there was a level of urgency to ensure that the NMC could still function as a regulator during the pandemic. This is not the case now and the NMC have recognised this by declining to move students on to the temporary register.
- The NMC state this change is required in part to address 'operational issues' about the panel indicating whether the hearing is addressing private or publicly available information for the transcript of the proceedings. These operational issues have not been raised with us at our weekly meetings. In the virtual hearings we have attended, the panel has indicated which sections of the hearing should be deemed in public or private without difficulty. We feel any uncertainty could be addressed with clear guidance to panel members and if necessary further virtual training to make things clear.
- The NMC are seeking to overturn the Council decision in March with a view to opening virtual hearings up to members of the public. We feel that this carries with it a significant risk that we do not believe will be addressed by guidance as the risks are too great. If the NMC has conducted a full risk assessment, we would value having sight of this as to date this has not been shared.
- In allowing members of the public to join live hearings what consideration has been given to obtaining consent from the registrant, panel members, barristers, representatives, and other attendees that they accept the risk of others joining virtually? What if any legal advice has been sought in relation to GDPR and other data safeguards? In relation to the medium & data being used.
- We have serious concerns that someone may screen shot or live stream a hearing. We are aware that all attendees will be told not to make a record themselves, but we have not been advised of any technological solution that will prevent this from happening. Further, unlike criminal courts and employment tribunals, there is no contempt of court offence available to the NMC that would permit them to pursue a criminal sanction. There do not appear to be safeguards to prevent an attendee ignoring the instruction, recording the hearing and posting excerpts on social media. This would be unfair and potentially very damaging to participants, and is a risk not contemplated when the rules were originally written.
- We are also concerned about the potential for someone to communicate what they are seeing or observing to someone who is a witness prior to or during their evidence in chief and the detrimental effect this may have on a fair hearing?

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**Conclusion**

The joint unions cannot support the Sunset Clause because the risks associated with public access to live virtual hearings for a year is too great without adequate safeguards.

We therefore do not believe that council should make further changes to rule 19 and certainly not the one put forward in the paper.

We respect the need for public transparency in regulatory proceedings as required by the NMC’s Order. However, we do not think that the risks involved in allowing public access to virtual hearings have been adequately assessed. We consider that until adequate safeguards are in place, the risks of public access online cannot be justified. We note that the public can have access to every word spoken at the hearings by making transcripts available, and that in the current extraordinary circumstances, this is a proportionate compromise that adheres to the principle of open hearings without exposing participants to unnecessary risks.

These are exceptional times. They also carry significant risk. This is not just about the impact on the registrant, the reputation of the NMC is also at risk if something goes wrong. Is Council satisfied that it has all of the information to make an informed decision?

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## Council

### Update on review of Post Registration Standards

**Action:** For discussion.

**Issue:** To update the Council on the progress of the post registration standards project. The Council is invited to provide feedback on the emerging themes and vision for the new draft post registration standards.

**Core regulatory function:** Professional Practice.

**Strategic priority:** Strategic aim 1: Improvement and innovation  
Strategic aim 2: Proactive support for our professions  
Strategic aim 4: Engaging and empowering the public, professionals and partners

**Decision required:** None.

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

- Annexe 1: Draft platform descriptors for SPQ standards.

**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 As part of the previous 2015-2020 Strategy, we have successfully delivered and published our new standards of proficiency at pre-registration levels, new education and training standards and post-registration prescribing standards.
- 2 We are now in the final phase and are reviewing the nature and role of our existing post registration standards, which consist of a number of Specialist Practice Qualification (SPQ) annotations, and Specialist Community Public Health Nursing (SCPHN) registration.
- 3 In May 2019, Council discussed the findings of the post registration standards independent evaluation and how these findings will help inform the future direction of our role in regulation beyond initial registration.
- 4 In November 2019, we convened the UK wide post registration standards steering group (PRSSG) chaired by Dr David Foster OBE to reach consensus on the way forward and to co-produce any future standards to replace the existing standards this area.
- 5 The recommendations of the PRSSG were presented to, and agreed by Council in January 2020. These were:
  - 5.1 To develop new standards of proficiency for health visiting, school nursing and occupational health nursing fields SCPHN practice and associated programme standards; and
  - 5.2 To scope the content of a proposed new SPQ for community nursing practice, accompanied by associated programme standards.
- 6 At the same time Council agreed to approve the decision to formally give notice that signals our intention to withdraw the current:
  - 6.1 SCPHN qualification standards, no later than 2023, and;
  - 6.2 nine SPQ qualification standards, no later than 2023.
- 7 This paper sets out the progress on the project to date and provides Council with an outline of the vision for both the SCPHN and SPQ standards of proficiency and the respective emerging themes.

**Four country factors:**

- 8 Our current SCPHN and SPQ standards apply UK wide. All four UK countries are prioritising and have published their public health, and primary care and community nursing strategy and policy contexts.

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- 9 Commissioning and/or uptake of these programmes has changed and there are four country differences in the way in which standards are being used. Equally there are varied and alternative approaches to education and training that have been implemented, for example non NMC approved post registration masters' level programmes.
- 10 UK representation at all levels of the project has been sought and secured to support the co-production of new standards.

**Discussion**

- 11 At its seminar in May 2020, Council heard how the Covid-19 emergency affected the original planned project delivery. The rapid move to virtual working practices and population mobility restrictions combined with a need to prioritise activity to support and manage the emergency could have led to the project being paused. Instead we put plans in place to ensure the continuity of the project while recognising restrictions to our previously established approach to engagement on the standards review.
- 12 Dr David Foster, the independent Chair of the PRSSG is in agreement with the revised project plan that included: agreeing additional steps that would not compromise our commitment to co-producing new standards; the continuation of desk based evidence reviews; and virtual discussions with small groups of volunteer external subject matter experts to inform initial thinking, and wider, virtual engagement.

**Update on SCPHN**

- 13 A core SCPHN group had been established before the emergency and included the three independent chairs for health visiting (HV), occupational health nursing (OHN) and school nursing (SN) who will be working with us on the development of new standards in these areas.
- 14 To date this group has focused on the drafting of a shared vision for core SCPHN standards and identification of strong themes that are core to all three fields of SCPHN practice.
- 15 The vision for SCPHN standards proposes that this will lead to nurses and midwives who are:
  - 15.1 autonomous practitioners in public health
  - 15.2 capable of adopting a life course approach to their professional practice that is considerate and inclusive
  - 15.3 driven by evidence and research

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- 15.4 champions for health and well-being, and health improvement; knows how to and can effect change that reduces health inequalities
  - 15.5 excellent communicators and educators
  - 15.6 leaders and collaborators in creating/implementing strategy and policy that ensures interventions positively affect the health of people, families, communities and populations
  - 15.7 able to lead and work 'shoulder to shoulder' with interdisciplinary and multi-agency teams, services and care
  - 15.8 specialists in population health, capable of working with individuals, families, communities, populations, to promote human rights, address wider determinants of health and tackle inequalities to improve health and wellbeing
  - 15.9 advisors in safety and quality practice delivery.

**SPQ update**

- 16 We appointed an independent chair for SPQ standards development and convened small group discussions to consider the direction of travel for a new SPQ in community and primary care nursing, which would define a higher level of specialist knowledge and skills which can be applied to a range of nursing roles working with people at home, or settings closer to home.
- 17 The first stage of this work was to use the small group discussion to begin to identify vision for nursing in these settings. All those taking part were keen to stress the importance, recognition and value that nurses working in the community at a higher/advanced level of practice brings to the care of people. Common themes were that the roles should be:
  - 17.1 pivotal to community care
  - 17.2 clinical experts
  - 17.3 autonomous practitioners, who do not rely on others to sanction decisions
  - 17.4 experts in balancing risk and safety
  - 17.5 expert educators of people and colleagues
  - 17.6 leaders of services and teams

- 17.7 a ‘lynchpin’ or facilitator for integrated services and support
- 17.8 an influencer and advocate at system, social, professional and political levels.
- 18 These emerging themes give a sense of the level of knowledge and skill that the new SPQ proficiencies will need to reach, in order for practitioners to achieve this level of professional practice.
- 19 Many of these general themes are embedded in the new more ambitious pre-registration nursing standards. The group is therefore considering the use of the structure and format of the Future Nurse standards of proficiency as the basis for the layout of these new higher level specialist standards.
- 20 In adopting this approach the aim is to clearly demonstrate the progression from pre-registration nursing proficiency to advanced practice/specialism by articulating the advanced level of knowledge and skills, and also by addressing the necessary differences in language and taxonomy.
- 21 To help define the proficiencies that will populate each platform, the groups were first asked to support the development of the narrative under each of the platform headings, which would apply to the specialist nurse working with people in settings at, or near to their home. The draft platform headings are shown in **Annexe 1**.
- 22 The proposal for a generic “community/close to home” specialist practice qualification does not suggest that the traditional roles of District Nurse, Community Learning Disability Nurse, Community Childrens Nurse, Community Mental Health Nurse, or General Practice Nurse should no longer exist.
- 23 These roles are not defined or dependent upon an NMC qualification. Our evidence work has demonstrated that many nurses working in the community do not have NMC Specialist Practice Qualifications in these areas, and also that that NMC approved courses leading to qualifications in these areas are declining in number.
- 24 The vision for the new post registration qualification, should the decision be taken by the PRSSG and Council to regulate it, is that the higher level standards of proficiency can be applied successfully to a range of community roles. However we want to ensure that any specific requirements of any specialist group are not omitted, and so the next stage of the work will explore whether there is a need to articulate any specific proficiencies in relation to community children, mental health, learning disabilities nursing, district nursing and general practice nursing.

### **Associated programme standards**

- 25 We have also convened a group with an independent chair to consider programme standards that will support the student journey and work is already underway on this aspect of the project. The development of these programme standards will follow the same layout and format to other programme standards we have published since 2018.

### **Co-production and wider engagement**

- 26 Between the SCPHN and SPQ proficiency small group discussions we have now engaged with over 50 volunteer subject matter experts in the exploration of emerging themes.
- 27 In June 2020, PRSSG met virtually to discuss the plans and the progress achieved and to confirm the direction of travel, vision and emerging themes are the right ones to continue into wider engagement activity as we move forward to drafting new standards. The PRSSG were supportive of the progress made and of the vision and emerging themes.
- 28 Virtual activity to support wider UK engagement has also commenced and will continue into August 2020. This will include a series of webinars, targeted round tables and smaller discussion groups with nurses and midwives working in public health and in the community, employers, educators, academic researchers, other professional groups, post registration students, the public, service users and advocacy groups.
- 29 We have also sought and secured input from representative BAME (British, Asian and Minority Ethnic) leads and have committed to making sure that that representation and input from specialist nurses from BAME backgrounds takes place and from those specialists who support and care for diverse people and communities.
- 30 At the time of writing two of five planned webinars have already taken place with 1,200 in attendance which highlights the interest in these standards. This presents a greater engagement reach than we would have achieved with our regular face to face engagement and although the feedback is via submitted comments this has already yielded rich feedback for us to consider as we move forward.

### **Next Steps**

- 31 During July and August 2020 we will complete the pre-consultation engagement phase of activity that we have planned.

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- 32 We will feed in the evidence review findings and engagement feedback to progress the core groups and smaller discussion groups, in collaboration with the respective independent chairs on drafting of new core standards for SCPHN and specific standards for HV, OHN and SN.
- 33 To justify regulation of post registration SPQ standards we will need to identify standards that clearly articulate a higher level of knowledge and skill that is above and beyond what is gained by experience and career development and where consistency of educational preparation and standards offers quality and safety benefits for people who use services. The drafting process is a significant factor in this area.
- 34 We intend to return to Council in December 2020 with our recommendations of new draft standards and will seek permission to consult on these draft standards.

**Midwifery implications:**

- 35 Midwives are eligible to undertake programmes that lead to proficiency and registration on the SCPHN part of the register. This means that we will seek input from midwives who are also SCPHN registered and practice as a SCPHN or educate SCPHN students as part of this work. In addition, several members of the PRSSG are midwives, including the independent chair and the CEO of the Royal College of Midwives and will contribute to the recommendations that are made to Council on the new draft standards.

**Public protection implications:**

- 36 It is important that our role in regulation beyond initial registration takes account of the future public health requirements of individuals and populations and the increasingly complex needs of people across the changing landscape of health and care delivery.
- 37 The new Covid-19 pandemic demonstrates the vulnerability of health systems when faced with a disease for which there is no immediate available treatment and the evidence base is being generated as we live through this global pandemic. Our new strategy states that regulators have a particular responsibility in the context of health emergencies. In developing new standards of proficiency for specialist community public health nurses, this will prepare a future generation of these professionals who can be at the forefront of public and population health. We are playing our part in preparing the future workforce for these situations.

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38 Equally in developing standards for specialist nurses who support and care for people in their own homes or in supported care environments within communities, those who are in vulnerable circumstances, have complex needs and those who are shielding or are now affected by Covid-19, the need for practitioners with advanced knowledge and skills is even greater as they will provide expert public health advice and care to those in need.

**Resource implications:**

39 The costs of reviewing our existing post registration standards are covered by the education programme budget that was agreed as part of the overall education programme budget.

**Equality diversity and inclusion implications:**

40 The Black Lives Matter has highlighted the issues of racial inequality and injustice experienced by black and minority ethnic people globally, including people in the UK who work for us, who use our services, and who are on our register. As part of this post registration standards review we are considering how we can best use our standards to address health inequalities for BAME communities. We will continue to engage with BAME professionals and the wider community to co-produce the standards.

41 In addition, we will seek input from those groups who are vulnerable or seldom heard. For example our previous work in developing standards mean that we have formed good networks with advocacy groups that represent people with learning disabilities, children and young people, people with mental health and those representing LGBTQ communities and we are already planning to engage on these standards.

42 The development of a ‘live’ equality impact assessment is in place and is being used to guide the project deliverables in ensuring that our commitment to equality, diversity and inclusion is embedded into all aspects of this project.

**Stakeholder engagement:**

43 The post registration standards steering group is made up of key strategic stakeholders and the specialist fields of practice from across the UK.

44 The virtual post registration standards community of interest group where other individuals and organisations can receive information about this work has continued to grow with over circa 330 expressing a wish to be kept informed.

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45 As external organisations move towards recovery phase of the emergency we are now receiving invitations to update stakeholders virtually at external engagement meetings and forums.

46 Future planned virtual stakeholder engagement activity has been highlighted earlier in this paper (see paragraphs 26-30).

**Risk implications:**

47 There is a risk that our decisions on the future of our existing standards do not meet the needs of all four countries and this will lead to an increase in divergence in how our standards are utilised. This has been mitigated by ensuring ongoing engagement and participation with the four country CNO offices and regional leads together with the dynamic co-production ways of working within the PRSSG and specialist practice groups.

48 There is a risk that a second peak of the Covid-19 emergency may impact on the milestones and timeline for the project. Should this occur we will work with our partners on any changes to the project's delivery and will be guided by expert public health advice, while having regard to the health and wellbeing of our professions involved in this project and those of our staff.

**Legal implications:**

49 SPQs are recordable qualifications that meet our standards but do not lead to admission to a part of the register. They indicate a qualification or competence in a particular field or level of practice. We may establish standards of education and training for recordable qualifications and may approve a programme of education or qualification, but are not required to set standards or approve programmes or qualifications.

50 The SCPHN part of the register is for registered nurses or midwives with an additional qualification as a health visitor (RHV), school nurse (RSN), occupational health nurse (ROHN), family health nurse (RFHN) or public health nurse (RPHN). Legislative change would be required to amend the parts of the NMC's register or the protected titles, if this was deemed necessary.

51 In all circumstances the NMC must act fairly and reasonably in the discharge of its functions and powers. This will include the duty to act fairly and reasonably and includes, but is not limited to, an obligation to give those affected by any proposed change an opportunity to consider, and make submissions on the change.

## **Draft Specialist Community and Primary Care Nurse Descriptors**

### **Platform 1 Being an accountable professional**

All registered nurses act in the best interests of people, putting them first and providing nursing care that is person-centred, safe, evidence based and compassionate. They act professionally at all times and are accountable for their actions.

Specialist community and primary care nurses are required to work in a variety of settings, either in people's homes or close to home, with people of all ages. They work in interdisciplinary and interagency environments, with diverse teams involved in providing care, including registered professionals, paid unregulated carers, family members and volunteers. They work in environments that can be highly complex, unconventional, dynamic and unpredictable, and consequently high risk. The specialist community nurse therefore needs to demonstrate a higher level of knowledge and skill which enables expert decision making and professional judgement, in order to function effectively in this type of environment as an accountable professional with a high level of autonomy.

### **Platform 2 Promoting health and preventing ill health**

All registered nurses play a key role in improving and maintaining the mental, physical and behavioural health and well-being of people and their families. In addition, specialist community and primary care nurses have an expanded public health role in relation to communities and populations. They work with the communities they serve to support and enable people at all stages of life and in all types of care and home settings within the community, to make informed choices to maximise their quality of life and improve health outcomes. They are actively involved in the prevention of and protection against disease and ill health and engage in public health, community development and global health agendas and in the reduction of health inequalities. They are able to promote inclusive services in order to improve access to public health for all sections of the community.

Specialist community and primary care nurses have an expert understanding of the wider determinants of both individual and population health. They understand relevant international, national and local public health strategies which impact on the health of the communities they serve. They are expected to collaborate effectively with others and take a lead in translating strategy into targeted action to demonstrably improve the health of the people they serve. They have the advanced knowledge and skills to support people to make healthy long term behaviour and lifestyle changes.

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They are experts in asset based community development and social prescribing with a deep understanding of the population they serve. They are able to build both productive short or long term relationships with individuals, their families and carers.

### **Platform 3 Assessing needs and planning care**

Many people served by specialist community and primary care nurses have complex long term conditions with multiple co-morbidities. Some have a combination of mental and physical challenges. People's social and environmental circumstances also have an impact on their health and wellbeing.

Specialist community and primary care nurses are able to act as the lead professional and have the required level of skills to assess the mental, physical, cognitive, behavioural, social and spiritual needs of each person, taking into account wider family and carer needs and safeguarding issues.

They develop therapeutic relationships with individuals, their families and carers to co-produce personalised care plans, taking into account the impact of the diverse and restrictive conditions which people are living with in order to ensure plans that are achievable and deliverable.

They use their professional judgement to prioritise needs and apply a biopsychosocial approach to planning personalised care. They have the advanced knowledge and skill to assess the interplay between different factors impacting on health and wellbeing, and take into account the characteristics, abilities, needs and wishes of people in order to negotiate an effective treatment plan in partnership with them. This may include promoting and supporting self-care, and/or making referrals to other social care and third sector agencies in partnership with the person receiving care and their families.

### **Platform 4 Providing and evaluating care**

Specialist community and primary care nurses take the lead in providing evidence based, compassionate and safe clinical interventions. They are able to autonomously initiate a range of care and treatment, including independent prescribing, that maybe supportive, curative, symptom relieving or palliative.

They are independently able to execute a range of interventions to address mental, physical, cognitive and social parameters. They have the knowledge and skill to communicate complex information in a way that supports and enables people and their families to make decisions and choices about their care and treatment taking into account the potential benefits and risks.

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They identify the need for, and apply reasonable adjustments where necessary to maximise the ability of people to make decisions about their own care. They are able to negotiate and find solutions to meet the needs of people for whom conventional approaches are either not acceptable, or not possible. They ensure that care they provide and/or delegate is flexible and dynamic in response to changing needs, and of a consistently high standard.

They work in partnership with people, families, carers, interdisciplinary and interagency colleagues to assess the outcome of care on an ongoing basis, to evaluate whether treatment and care is effective and the goals of care have been met in line with their wishes, preferences and desired outcomes, which may change over the course of time.

### **Platform 5 Leading and managing nursing care and working in teams**

Registered nurses with specialist skills in community nursing provide leadership by acting as a role model for best practice in the delivery of clinical treatment, nursing and social care. They are responsible for leading and managing care for individuals and groups of patients, and are accountable for the appropriate delegation and supervision of care provided by others in the team including unregulated staff, lay carers, and in supporting and enabling self care. They are capable of playing an active role in leading the interdisciplinary team, collaborating and communicating effectively with a range of colleagues. They work at a multiagency level, and therefore require an in-depth knowledge and understanding of the workings of different sectors and the political and economic differences between them. They have the ability to influence and build professional working relationships to achieve seamless effective services for those in their care. They are able to deal with conflict and disagreement, and are able to utilise the skills of negotiation, appropriate compromise and advocacy to arrive a mutually acceptable solutions that are in the best interests of people who use services, their families and the community.

### **Platform 6 Improving safety and quality of care**

Specialist community and primary care nurses develop and lead the implementation of strategies to improve care, treatment and services to enhance health outcomes and peoples' experience of health and social care services. They are able to capitalise on their specialist knowledge, skills and experience, and ability to synthesise relevant evidence to assess and manage the range of risks associated with providing care in diverse community settings, and translate the outcomes of risk management activities into lessons learned and improved operational practices. They are able to escalate concerns appropriately, and also lead on the action required to manage risks, putting the best interests, needs and preferences of people first. They are able to advocate for, and lead evidence based quality improvement initiatives and influence decision making across the interdisciplinary team and in interagency settings.

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## **Platform 7 Coordinating care**

Specialist community and primary care nurses have a critical understanding of relevant social, political and economic policies and the way they impact on the wider community and health inequalities. This enables them to design and deliver an effective model of nursing services to meet the needs of the people and communities they serve, promoting health and well-being, supporting and maintaining independence and self care where possible.

They also lead on the development, implementation and management of complex packages of care to meet the clinical and social needs of people of all ages, their families and carers, which may be delivered across a range of settings by a number of different agencies.

They are able to support and influence sustained and productive change in relation to nursing services locally regionally and nationally, through a deep understanding of the drivers that impact a range of agencies that provide health and social care.

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## Council

### Appointments Board Annual Report 2019–2020

<b>Action:</b>	For discussion.
<b>Issue:</b>	Report to the Council on the work of the Appointments Board during 2019–2020.
<b>Core regulatory function:</b>	Supporting functions.
<b>Strategic priority:</b>	Strategic aim 6: Fit for the future organisation.
<b>Decision required:</b>	None.
<b>Annexes:</b>	None.
<b>Further information:</b>	If you require clarification about any point in the paper or would like further information please contact the author below.

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**Context:**

- 1 The Appointments Board is a committee of the Council. Its remit is to assist the Council in connection with the exercise of any function or process relating to the appointment of panel members and legal assessors to the practice committees.
- 2 The primary focus of the Board’s work is to ensure that effective arrangements are in place for the selection and appointment, training and performance management of practice committee members, legal assessors and Registration Appeal Panel members.
- 3 The Board’s Terms of Reference require it to “report annually to the Council on the Appointments Board’s activities, including an assessment of compliance with, and effectiveness of, the policies in place.”
- 4 The Board had four meetings in 2019–2020, and has recently taken two decisions by correspondence; one in May 2020 and one in June 2020. The Board would usually meet in June. However, this year, the meeting was cancelled due to reprioritisation of internal resources as a result of the Covid-19 pandemic. The Board’s next meeting is in September 2020.
- 5 The key issues covered in this report are as follows:
  - 5.1 The Committee’s membership and effectiveness
  - 5.2 Three year strategy for delivery high quality panel members
  - 5.3 Redesign of selection and appointments process
  - 5.4 Panel member and legal assessor appointments and reappointments
  - 5.5 Disqualification period for legal assessor appointments
  - 5.6 Legal assessor Standard Agreement and Panel Member Services Agreement.

**Four country factors:**

- 6 Same in all four countries.

**Discussion:**

**Board membership and effectiveness**

- 7 The Board's membership is comprised entirely of non-Council members to ensure an appropriate separation of the Board's work from that of the Council.

8 Membership of the Board is currently at full complement (five members including the Chair) and comprises:

8.1 Jane Slatter (Chair) (appointed 6 August 2018)

8.2 Robert Allan (appointed 1 October 2018)

8.3 Angie Loveless (appointed 1 March 2018)

8.4 Frederick Psyk (appointed 1 September 2016 and reappointed 1 September 2019)

8.5 Clare Salters (appointed 1 March 2018)

9 Ongoing training and development activities have taken place during the year. The Board's annual effectiveness review previously scheduled to take place in June will take place in September 2020.

10 KPMG were appointed by the Council to conduct an external Governance Review in 2019. KPMG observed an Appointments Board meeting and held an interview with the Chair. In relation to the Appointments Board, the review concluded that the purpose and role of the Board was clear.

#### **Terms of reference**

11 The Board reviewed its Terms of Reference and suggested amendments which were considered as part of the external Governance Review. The Board is pleased that its revised Terms of Reference were approved by Council in May 2020, and welcomes the changes which encompass the appointment of registration appeal panel members, and staying informed and connected to the strategic intent and wider work of the Council.

#### **Integration of the Board with the wider work of Council**

12 The Board is committed to ensuring that its work is aligned with the wider strategic aims of the Council, in particular the new NMC strategy for 2020–2025, the new values and behaviours, and the new strategic approach to Fitness to Practise.

13 The Chair of the Board meets quarterly with the Chair of Council and has also met several times outside of Appointments Board meetings with the FtP Director. The Chair has also met informally on a quarterly basis with equivalent Chairs in other regulatory bodies to share best practice.

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**Training and Development**

- 14 Members of the Board have undertaken the following additional activities:
  - 14.1 attendance at Fitness to Practise hearings as observers
  - 14.2 attended a “walk the process” session with FtP teams
  - 14.3 attendance at Open Council meetings as observers
- 15 The Board receives updates at and between meetings on organisational developments, including corporate updates on the FtP Public Support Service, the FtP strategic approach, the new NMC strategy for 2020-2025 and values and behaviours , the organisation’s response to the Covid-19 pandemic, and the organisational restructure. It keeps updated on key themes in the practice committees by receiving the panel member newsletter.

**Decisions by correspondence**

- 16 The Appointments Board took two decisions by correspondence in response to the Covid-19 pandemic, and the consequent cancellation of the June meeting. Both decisions were authorised by the Chair of Council, on behalf of Council, on the basis of the Board’s recommendations.
  - 16.1 **Panel member second term extensions:** on 16 April 2020 the Appointments Board recommended to Council the retrospective extension of 19 Investigating Committee panel members second terms for a period of 12 months. This was permitted under the Nursing and Midwifery Council (Emergency Procedures) (Amendment) Rules 2020 which was implemented in direct response the Covid-19 pandemic. From 23 March 2020, all hearings had to be conducted virtually. As a consequence Interim Order hearings were slower and more panels were required to run each day to hear these emergency cases. Failure to run the usual number of Interim Order hearings posed a risk that the public were not sufficiently protected from registrants whose practice required restriction. The Appointments Board and the Executive acted quickly and collaboratively to recommend these extensions to Council and ensure the public remained protected.

16.2 **Panel member reappointment:** on 22 June 2020 the Board recommended the reappointment of a Fitness to Practise Committee panel member to the Council. This panel member was not eligible for reappointment in December, but after completing all the necessary benchmarks was now eligible.

**Panel member and Legal Assessor selection and appointment strategy**

17 There was no appointment campaign in 2019-2020, due to sufficient panel member capacity (with the exception of Investigating Committee panellists as a result of the Covid-19 pandemic). The Board has been reviewing and refining the panel member selection and appointment process to ensure that it aligns with best practice.

**Three year strategy for delivering high quality panel members**

18 The Board agreed a three year strategy for delivering high quality panel members and an accompanying strategic delivery framework. The overall aim of the strategy is to improve the quality of panels by:

18.1 providing a selection and appointment process that delivers members with the right values and skills;

18.2 providing a diverse membership that operates in a way that is inclusive and fair; and

18.3 providing training that ensures members are engaged with the organisation and have the information they need to make high quality decisions.

19 The Board is working to ensure that the diversity strategy is designed to deliver suitable registrant applicants who reflect the diversity of the nursing and midwifery professions and suitable lay applicants who reflected the diversity of the wider UK population.

## **Selection and appointment process**

- 20 The Board reviewed learning and feedback from previous selection campaigns and is committed to incorporating this learning into the next selection campaign to ensure continuous improvement. In particular the Board is committed to building on the success of the 2018 selection and appointment campaign in creating a more diverse practice committee membership.
- 21 The Board supported the redesign of the selection and appointment process and provided input on the revised panel member and panel chair role specifications, to ensure that these are structured around the NMC's new values and behaviours. The Board is working to ensure that the role specifications attract a diverse range of high calibre applicants.
- 22 The Board considered and agreed a revised process for panel Chair selection. The new process includes an element of practical assessment which is linked to the skills and behaviours expected of panel chairs. During the course of this work, the Board trialled a new way of working, with an individual Board member liaising with the Executive on the development of proposals. The Board subsequently adopted this approach for other work (see paragraph 32, policy and procedure in addressing conduct complaints).
- 23 The Board approved the panel member selection and appointment framework and is in the process of reviewing the development of a detailed operating procedure. The Board remains committed to ensuring that future panel member selection and appointment activity is designed to deliver a membership which reflects the diversity of the professions we regulate and the wider UK population.

## **Panel member and legal assessor appointments, reappointments and termination of appointments**

- 24 The Board scrutinises appointments, reappointments and termination of appointments for panel chairs, members and legal assessors. On the Board's recommendation, in 2019–2020 the Council has:
- 24.1 Suspended a panel member on an interim basis as a precautionary measure following that panel member receiving a fitness to practise referral;
- 24.2 Reappointed 119 legal assessors;

- 24.3 Reappointed 50 panel members for a second term;
- 24.4 Appointed 37 panel chairs from the existing pool of panel members; and
- 24.5 Extended the second terms of 19 Investigating Committee panel members in response to the Covid-19 pandemic.

**Disqualification period for Legal Assessor appointments**

- 25 The Board approved the adoption of a five year disqualification period for any former NMC employee being appointed as a legal assessor; this mirrors a similar disqualification period for NMC employees acting as panel members.
- 26 The Board considers that this approach will address the following risks:
  - 26.1 An actual or perceived risk that the legal advice provided is not independent of the NMC.
  - 26.2 A loss of trust and confidence in legal assessors from the public, registrants and those affected by our processes.
  - 26.3 An actual or perceived bias.
  - 26.4 An actual or perceived conflict of interest.

**Legal assessor Standard Agreement**

- 27 The Board also reviewed and approved the new legal assessor Standard Agreement. In the new Standard Agreement there is a mandatory requirement for every legal assessor to complete a diversity survey. The Board is looking at ways to increase the diversity of the legal assessor pool in the next selection campaign, as the pool is predominately made up of white males.

**Panel member training**

- 28 The Board is mindful that effective and relevant panel member training ensures panel members have the skills and knowledge to make robust, consistent and proportionate decisions which protect the public and maintain confidence in the nursing and midwifery professions.

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- 29 The Board approved the panel member training programme for 2020-2021 which maintains the organisation's commitment to Equality, Diversity and Inclusion, and examines the diversity and inclusion issues that are specific to Fitness to Practise processes. The training programme includes values and behaviours based training to ensure a person centred approach.

#### **Panel member and legal assessor performance**

- 30 During the year the Board considered and approved a new panel member performance framework. A panel member peer review system was launched at the start of July 2019, which received an encouraging level of engagement and positive feedback from panel members.

#### **Panel Member Services Agreement**

- 31 A review of the Panel Member Services Agreement (PMSA) which includes a Code of Conduct, was due to take place this year. However, due to an ongoing tribunal claim relating to whether panel members and legal assessors should be categorised as employees, the review has been delayed. The outcome of the case may have implications for the Panel Member Services agreement review, and wider implications for the future work of the Board. The Board will be reviewing the PMSA in detail following conclusion of the tribunal claim.
- 32 In the interim period, a member of the Board is liaising, on behalf of the Board, with the Executive on the review of the policy and procedure in addressing conduct complaints against panel members – as set out in the PMSA.

#### **Future focus**

- 33 The Board's focus for 2020-2021 is:
- 33.1 reviewing the Panel Member Services Agreement (see paragraphs 31 and 32).
  - 33.2 reviewing the panel member Code of Conduct and policies for Panel Members and Legal Assessors travel arrangements, expenses and allowances.
  - 33.3 ensuring panels are prepared for nursing associate hearings.

		33.4	preparation for the 2020-2021 appointment campaign, including enhancing diversity.	2.
		33.5	developing its approach to Registration Appeal Panels.	3.
<b>Midwifery implications</b>	34		None arising directly from this report.	4.
<b>Public protection implications:</b>	35		There are no public protection implications arising directly from this report.	5.
<b>Resource implications:</b>	36		None arising directly from this report.	6.
<b>Equality and diversity implications:</b>	37		The Board has approved a three year strategy for delivering high quality panel members which includes the following objectives in relation to equality, diversity and inclusion:	7.
		37.1	Ensuring the membership of the practice committees reflects the professions we regulate and the wider UK population.	8.
		37.2	Ensuring panel members are equipped with the necessary knowledge and training to ensure equality, diversity and inclusion matters are understood, supported and well managed.	9.
<b>Stakeholder engagement:</b>	38		None.	10.
<b>Risk implications:</b>	39		There are no risk implications arising directly from this report.	11.
<b>Legal implications:</b>	40		None.	

## Council

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

**Action:** For information.

**Issue:** Reports action taken by the Chair of the Council since 2 July 2020 under delegated powers in accordance with Standing Orders.

There has been one Chair's action to authorise, on behalf of Council, the reappointment of Judith McCann to the Fitness to Practice Committee for a second four year term on the basis of the recommendation from the Appointments Board.

**Core regulatory function:** Supporting functions.

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

**Decision required:** None.

**Annexe:** The following annexe is attached to this report:

- Annexe 1: Chair's action 09/2020 – Reappointment of Judith McCann to the Fitness to Practise Committee.

**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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[fionnuala.gill@nmc-uk.org](mailto:fionnuala.gill@nmc-uk.org)

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09/2020

### Chair's Action

Under NMC Standing Orders, the Chair of the Council has power to authorise action on minor, non-contentious or urgent matters falling under the authority of the Council (Scheme of Delegation, paragraph 4.6). Such actions shall be recorded in writing and passed to the Secretary who maintains a record of all authorisations made under this paragraph. The Chair is required to report in writing, for information, to each Council meeting the authorisations which have been made since the preceding Council meeting.

Each Chair's action must set out full details of the action that the Chair is requested to authorise on behalf of the Council.

<b>Requested by:</b> Emma Broadbent, Executive Director, Professional Regulation	<b>Date:</b> 30 June 2020
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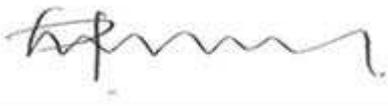
#### **Reappointment of Judith McCann to the Fitness to Practise Committee**

The Appointments Board took the decision by correspondence, on 22 June 2020, to recommend to the Council the reappointment of Judith McCann to the Fitness to Practice Committee (FtPC) for a second four year term from 29 July 2020 to 28 July 2024. The Appointments Board is satisfied that Ms McCann meets the required criteria for reappointment.

The Chair is requested to authorise, on behalf of Council, the reappointment of Judith McCann to the FtPC for a second four year term on the basis of the recommendation from the Appointments Board.

#### ***Chair's permission given to attach electronic signature due to Covid-19 emergency in the UK***

Signed: Philip Graf, Chair of Council



Date: 3 July 2020