

# Open Council - 24 July 2024 (for website)

MEETING  
24 July 2024 10:45 BST

PUBLISHED  
24 July 2024

## Meeting of the Council

To be held by videoconference from 10:45 on Wednesday 24 July 2024

### Agenda

Sir David Warren  
Chair of the Council

Matthew Hayday  
Council Secretary

**1 Welcome and Chair's opening remarks** NMC/24/61 **10:45**

**2 Apologies for absence** NMC/24/62

**3 Declarations of interest** NMC/24/63

**4 Minutes of the previous meeting** NMC/24/64

Chair of the Council

**5 Summary of actions** NMC/24/65

Secretary

### Matters for discussion

**6 People and Culture Report** NMC/24/66 **10:50-11:50**  
(60 mins)

Acting Chief Executive and Registrar

**7 Questions from observers** NMC/24/67 **11:50-12:20**  
(Oral) (30 mins)

Chair

**Lunch break (30 mins)** **12:20-12:50**

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8	<b>Performance and Risk report Q1 April – June 2024</b>	NMC/24/68	<b>12:50-13:20</b> (30 mins)
	Executive Director, Resources and Technology Services (interim)		
9	<b>Update on progressing the Fitness to Practise casework</b>	NMC/24/69	<b>13:20-13:40</b> (20 mins)
	Executive Director, Professional Regulation		
10	<b>English Language changes evaluation</b>	NMC/24/70	<b>13:40-14:00</b> (20 mins)
	Executive Director, Strategy and Insight		
11	<b>Employer Link Service Annual Report</b>	NMC/24/71	<b>14:00-14:15</b> (15 mins)
	Executive Director, Professional Practice		

**Break (15 mins)**

**14:15-14:30**

### **Matters for decision**

12	<b>Proposed amendments to risk framework</b>	NMC/24/72	<b>14:30-14:50</b> (20 mins)
	Executive Director, Resources and Technology Services (interim)		
13	<b>Proposed amendment to wording in Standards for Pre-Registration Midwifery Programme</b>	NMC/24/73	<b>14:50-15:05</b> (15 mins)
	Executive Director, Professional Practice		

### **Matter for discussion**

14	<b>Questions from observers</b>	NMC/24/74 (oral)	<b>15:05-15:20</b> (15 mins)
	Chair		
15	<b>Chair's actions taken since the last meeting</b>	NMC/23/75	
	Chair		

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Meeting of the Council  
Held on Wednesday 3 July 2024 in the Council Chamber, 23 Portland Place

## Minutes

### Council

David Warren	Chair
Rhiannon Beaumont-Wood	Member
Lindsay Foyster	Member
Deborah Harris-Ugbomah	Member
Claire Johnston	Member
Margaret McGuire	Member
Eileen McEaney	Member
Flo Panel-Coates	Member
Nadine Pemberton Jn Baptiste	Member
Anna Walker	Member
Lynne Wiggins	Member
Sue Whelan Tracy	Member
Navjot Kaur Virk	Associate

### NMC Officers

Andrea Sutcliffe	Chief Executive and Registrar
Ruth Bailey	Executive Director, People and Organisational Effectiveness
Sam Foster	Executive Director, Professional Practice
Helen Herniman	Executive Director, Resources and Technology Services
Alice Hilken	General Counsel
Lesley Maslen	Executive Director, Professional Regulation
Matthew McClelland	Executive Director, Strategy and Insight
Tom Moore	Temporary Co-Executive Director, Resources and Technology Services
Miles Wallace	Deputy Director, Communications and Engagement
Matt Hayday	Secretary to the Council
Alice Horsley	Senior Governance Manager

*A list of observers is at Annexe A.*

## Minutes

### **NMC/24/45 Welcome and Chair's opening remarks**

1. The Chair welcomed all attendees and observers to the meeting.
2. The Chair welcomed in particular Rhiannon Beaumont-Wood, the new registrant Council member for Wales, attending her first Open Council meeting in role.
3. The Chair noted that it was the last Open Council meeting for Andrea Sutcliffe, Chief Executive and Registrar, who was to step down from the role on 4 July 2024 due to ill health.

### **NMC/24/46 Apologies for absence**

1. Apologies were received from Edward Welsh, Executive Director, Communications and Engagement, and Matthew McClelland, Executive Director, Strategy and Insight.

### **NMC/24/47 Declarations of interest**

1. The following declarations of interest were recorded
  - a) **NMC/24/50: Executive Report**  
Navjot Kaur Virk and Sam Foster declared an interest in respect of Education Quality Assurance activity, given their current roles within university settings. All Council members with interest in organisations that provide health and care contracts, any third sector organisations who have student placements and any organisation with an HEI contract declared an interest as they may have student placements.

These interests were not considered material such as to require exclusion from participation in discussion or decision making.

### **NMC/24/48 Minutes of the previous meeting**

1. The minutes of the meeting on 22 May 2024 were agreed as an accurate record and signed by the Chair.

### **NMC/24/49 Summary of actions**

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

### **NMC/24/50 Executive report**

1. The Chief Executive and Registrar introduced the report.
2. The following points were noted in discussion:

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- a) Matthew McClelland, Executive Director, Strategy and Insight, had announced his plans to step down from the role at the end of September 2024. Matthew had worked for the NMC for over eleven years and had made a significant contribution over his tenure.
  - b) Recruitment was underway to appoint an Interim Executive Director, Strategy and Insight, with positive interest in the role received. The final interview panel would comprise of members of the Council and the Acting Chief Executive and Registrar. A colleague engagement panel and psychometric testing would also be included as part of the recruitment process.
  - c) As part of efforts to improve the diversity of those in Panel Member and Panel Chair positions, the Council welcomed the NMC's partnership with Inclusive Boards, a recruitment agency which specialises in supporting organisations to achieve their equality, diversity and inclusion recruitment goals.
  - d) There had been a significant response to the Panel Member/Chair recruitment campaign to-date, with 349 applicants received for 140 roles, from a diverse range of candidates.
  - e) It was agreed that the Secretary to the Council would discuss with Inclusive Boards the importance of it providing a timely response to those registering an interest in applying for the Panel Member/Chair roles.
  - f) The People and Culture review report undertaken by Nazir Afzal and Rise Associates was due to be published on Tuesday 9 July 2024.
  - g) The Chief Executive and Registrar expressed her sorrow at not being at the NMC to receive the report and support the organisation to respond to the recommendations included. She was confident that the Council and the Executive would take a positive approach to progressing the NMC's response, as had always been envisaged.
  - h) The NMC had been monitoring the retrial of Lucy Letby, with the report yesterday that she had been found guilty as charged.
  - i) An Empowered to Speak Up service has been launched for NMC colleagues. As part of this work, an independent Freedom to Speak Up Guardian, Anuska Casas Pinto, had been appointed.
  - j) Twelve NMC colleagues from the across the organisation had also been identified to serve as volunteer Ambassadors for the service. Once the Ambassadors had received training and were established in the role, the Secretariat would arrange for meetings between them and Council members.
  - k) A UK wide advanced practice framework was being developed,

involving key stakeholders from across the four countries. The intention was that this framework would be presented to Open Council at its meeting on 27 November 2024.

- l) Following the co-production of the framework, the NMC would start engaging on its standards of proficiency and associated education programme standards and quality assurance processes, with the aim to present draft standards to the Council in March 2025, in preparation for a period of public consultation in April/May 2025.
- m) In terms of equality and diversity, it would be important to ensure that those who had gained advanced practice qualifications outside the UK were not impacted detrimentally.
- n) It was acknowledged that the nine nursing and midwifery advanced practice advisers seconded from the four nation Chief Nursing and Chief Midwifery Offices were all White women.
- o) In respect of the practice learning review, it would be important to seek expertise from advisers reflecting the diversity of the register.
- p) Work relating to the practice learning review was progressing. The NMC's independent steering group to guide the independent research, chaired by Professor Alex McMahon, had held an introductory meeting in June 2024.
- q) The NMC was progressing the transition between its existing Education Quality Assurance service provider, Mott MacDonald, and its new provider, the Quality Assurance Agency. The Chief Executive and Registrar expressed thanks to Mott MacDonald for the service it had provided.
- r) The themes in Education Quality Assurance currently affecting some Approved Education Institutions would be presented to the Council at its meeting on 24 July 2024. The NMC was amid analysing exception reports, in collaboration with the Council of Deans.
- s) The shortfall in practice hours identified was concerning and assurance was provided that resources were available to support the work to address the issues. It would also be important to support the affected students.
- t) Relating to computer based testing, regulatory action in response to concerns about the Yunnik test centre in Nigeria was progressing.
- u) As part of ongoing developments in the approach to safeguarding at the NMC, a Safeguarding Board had been established, which reported to the Executive Board.
- v) Assurance was provided that there had been an increase in



resources available for Safeguarding, including an additional advisor role and two related workstreams in the Fitness to Practise Plan. Safeguarding risk had been added to the Strategic Risk Register.

- w) Relating to the work to map the standards of proficiency for midwives to the recommendations from the Ockenden and Kirkup reports, the Council welcomed the development of a related resource for Directors and Heads of Midwifery. The work had not identified any gaps in the standards of proficiency for midwives.
- x) It was agreed that Communications and Engagement colleagues would consider ways to raise the profile of the resource and ensure it is cascaded effectively to Directors and Heads of Midwifery.
- y) The suggestion that the resource also be shared through the Lead Midwife for Education's networks.

3. The Council thanked the outgoing Chief Executive and Registrar for her final Executive Report. As requested by the Council, the Chief Executive and Registrar highlighted three key priorities for the NMC in the months ahead:

- a) The safe and swift reduction of the Fitness to Practice caseload. The Council should continue to support, scrutinise, and challenge work to address this number one corporate priority for the organisation.
- b) Improving the internal culture at the NMC and addressing the recommendations in the People and Culture review report. It would be important for the Council to be visible to colleagues, support the embedding of sustainable change and to ensure each colleagues' experience at the NMC was consistent.
- c) Collaborate and work externally with organisations, partners and people who use services, and to not neglect to do so despite the internal challenges.

**Action:** Discuss with Inclusive Boards the importance of it providing a timely response to those registering an interest in applying for the Panel Member/Chair roles.

**For:** 24 July 2024

**By:** Secretary

**Action:** Arrange for the Council to meet with the volunteer Ambassadors for the Empowered to Speak Up service once they had received training and were established in the role.

**For:** 27 November 2024

**By:** Secretary

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**Action:** Consider ways to raise the profile of the resource mapping the standards of proficiency for midwives to the recommendations from the Ockenden and Kirkup reports. Ensure it was cascaded effectively to Directors and Heads of Midwifery.

**For:** Deputy Director, Communications and Engagement

**By:** 27 November 2024

**NMC/24/51 Audit Committee Annual Report 2023-2024**

1. The Chair of the Audit Committee introduced the Annual Report for 2023-2024. The Chair of the Committee noted she had been appointed to the role at the beginning of May 2024 and thanked the former Audit Committee Chair, Derek Pretty, as well as colleagues on the Audit Committee, and Executive and governance colleagues. The Chair of the Committee also extended thanks to the Chief Executive and Registrar, Andrea Sutcliffe, who had made timely and valuable interventions at Audit Committee meetings.
  
2. The Chair of the Committee confirmed that:
  - a) The Committee had scrutinised the Head of Internal Audit’s annual opinion and agreed with the assessment that the governance, internal control, and risk management environment provided adequate assurance.
  - b) The Committee had reviewed the draft Letters of Representation to the external auditors and the National Audit Office (NAO) and recommended these to the Council for approval.
  - c) The Letters of Representation were standard, aside from clause 9 which was specific to the NMC in relation to Panellists Provision and pensions.
  - d) The Committee had reviewed and recommended the draft Annual Report and Accounts 2023-2024 and the draft Annual Fitness to Practise Report 2023-2024 to the Council for approval.
  
3. In discussion, the following points were noted:
  - a) The Council commended the Audit Committee Annual Report and the clear way the recommendations were presented.
  - b) In relation to the annual review of risk management effectiveness, it was pleasing that appraisal rates for 2024 were higher than in 2023, with a 90 percent completion rate in the most recent quarter.
  - c) The NMC aimed to achieve a 100 percent completion rate for Ambitious Appraisals, and it was important that objectives set were of consistent high quality.
  - d) The Committee had welcomed a significant improvement in procurement processes, with a marked reduction in single action tenders and good collaboration between procurement colleagues

- and the wider organisation.
- e) The Committee had also recognised that colleagues were raising issues and concerns at meetings in an open and transparent way at an early stage, which was positive.
  - f) Two members of the Audit Committee attended FtP-focused Executive Board meetings. This change in governance had allowed for enhanced assurance to be provided to the Committee relating to FtP.
  - g) The Committee had discharged its responsibilities for the period under review, 2023-2024.

4. Summing up on behalf of the Council, the Chair thanked the Chair of the Audit Committee and Audit Committee colleagues for their work during the year and the overall picture of assurance provided.

5. **Decision: The Council approved the recommendations submitted by the Committee to:**
- **Continue to keep the Audit Committee Terms of Reference under review, noting that future regulatory reform would impact the governance structure.**
  - **Continue to maintain conversations about risk appetite by including reference to risk profile and evidenced understanding via an ‘assurance framework’ as the conversation around risk continued to mature.**
  - **Consider how to increase evidence of its impact-focused conversations within the current scrutiny and assessment of the NMC’s performance, ensuring grip and pace of progress.**

**NMC/24/52 Draft Annual Report and Accounts 2023-2024**

- 1. The Chief Executive and Registrar introduced the draft annual report for 2023-2024, noting that this was both the Council’s report to Parliament and, as Trustees, to the Charity Commission for England and Wales and the Office of the Scottish Charity Regulator (OSCR).
- 2. The Chief Executive and Registrar highlighted the following:
  - a) The report covered key developments in the year from April 2023 to March 2024.
  - b) During the year, the NMC had taken some important regulatory actions as well as managed significant organisational challenges.
  - c) The main priority was to reduce the FtP caseload safely and swiftly to protect the public. Despite process improvements and the dedication of colleagues, the target of fewer than 4,000 cases by 31 March 2024 was not met. This was in part because of an increase in referrals but it was also true that overall, the NMC was taking too long to deal with individual cases. The impact this

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had on everyone involved was recognised, including referrers, witnesses and their families, the professionals under scrutiny and NMC colleagues. As a result, the NMC was making the biggest additional investment in a decade to support a plan that will ensure it continued making decisions that keep people safe, but in a more timely and considerate way that will be sustainable into the future.

- d) In a challenging year, the NMC:
- I. Approved five new institutions to run a nursing or midwifery programme, bringing the total number to 98 - meaning more opportunities for students to enter the workforce and extending the provision of care to people across the UK. The register increased by 4.8 percent – with a record high of 826,418 nurses, midwives and nursing associates on our register.
  - II. Took important action to maintain the integrity of the register, in response to serious concerns about the delivery of Canterbury Christ Church University’s midwifery programme and concerns around fraudulent activity at a third party computer based test centre.
  - III. Consulted on developing approaches for the further regulation of advanced practice, expanded the Welcome to the UK programme and published the first insight report to help influence positive changes within the sector.
  - IV. Took seriously the whistleblowing concerns about the NMC’s culture and effectiveness as a regulator, which were raised internally and later published in *The Independent*. The concerns reflected serious issues related to the NMC regulatory processes and how it fosters a diverse, inclusive and discrimination-free workplace and psychological safety for all colleagues. The NMC had instituted independent investigations to examine the concerns raised and committed to report the findings transparently and act on the recommendations made.
- e) As a regulator and employer, the NMC had become acutely aware of the need to learn and improve, to do better for the professionals on our register, the public it served and each other. The NMC would embrace the opportunity to achieve the best for people, including NMC colleagues, and was laying the foundations to make the difference required to become a better employer and a better.

3. The Chief Executive and Registrar expressed her thanks to NMC colleagues, Council members, the professionals on our register and

their employers, and all the NMC's partners. With all their help the NMC would continue to focus on achieving safe, effective, and kind care that was equitable, person-centred and rooted in the lived experience of the people and communities served.

4. In relation to the Accounts, the Executive Director, Resources and Technology Services highlighted the following points:
- a) The accounts had received an unqualified opinion from both HW Fisher and the National Audit Office (NAO).
  - b) The better financial position relative to budget, with £2.1 million net income, including £3.2 million gains on investments, compared to a planned deficit of £8 million, reflected two quite unpredictable factors. There was a high level of applications to join the register from overseas professionals and an increase in the value of the NMC's investments, against which the NMC did not budget.
  - c) The better financial position relative to budget also reflected some slippages of cost and activity between years.
  - d) Accordingly, there was also better than planned reserves. Whilst total free reserves at 31 March 2024 (£42 million) were significantly above the upper end of the target range (£25 million), this reflected the need to provide for investment planned over the next two years in technology infrastructure and FtP.
  - e) The significant investment planned over the next two years was not forecast to continue long-term, with a return to more business-as-usual expenditure in three years. This forecast would be reviewed following the publication of the People and Culture review report and the resources required to respond to its recommendations.

5. **Decision: The Council:**
- **Confirmed it was content that the NMC was a going concern.**
  - **Authorised the Chair and Chief Executive and Registrar to sign the draft letter of representation to the external auditors.**
  - **Authorised the Chair and Chief Executive and Registrar as Accounting Officer to sign the draft letter of representation to the NAO.**
  - **Approved the draft Annual Report and Accounts 2023-2024 for submission to Parliament.**

6. On behalf of the Council, the Chair thanked the external auditors, the NAO and HW Fisher, Governance and Resources teams for their excellent work on the report and accounts. The Chair also expressed thanks to all colleagues including Council, for all the work over the past year that had been recorded in the report.

**NMC/24/53 Draft Annual Fitness to Practise Report 2023-2024**

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1. The Executive Director, Professional Regulation introduced the draft Annual Fitness to Practise Report for 2023-2024.
  
2. The Executive Director, Professional Regulation highlighted the following points:
  - a) The distressing impact FtP had on all those involved was understood, with FtP cases taking too long to resolve.
  - b) Reducing the caseload safely and swiftly was the top corporate priority.
  - c) There had been some progress made and the FtP caseload had decreased by 1,000 from a peak of 6,469 in March 2022.
  - d) Despite best efforts of NMC colleagues, increased decision-making capacity and improvements to processes, the target to reduce the caseload to 4,000 cases by April 2024 was not met.
  - e) This was in part due to a significant increase in the number of concerns raised in the year, with 596 new concerns raised in February alone, which was the highest number in a single month in the last five years, and an overall uplift of 14 percent compared to the number of referrals in the previous year.
  - f) Efforts to reduce the caseload safely and swiftly had been intensified and a new FtP plan was approved by the Council in March 2024 to deliver sustainable long-term improvements to processes and people’s experiences.
  - g) The new FtP plan was the biggest additional investment in the area for the decade, with £30 million committed over the next three years and a particular focus on investment and improvement over 18 months, starting from April 2024.
  - h) The plan would deliver significant change in capabilities and ways of working, improving how the NMC works, so that it was making quality and timely decisions that continued to protect the public.
  - i) The Executive Director, Professional Regulation thanked FtP colleagues, panel members and colleagues across the NMC for the ongoing effort in supporting the caseload recovery work.
  
3. In discussion, the following points were noted:
  - a) The Council welcomed the new FtP plan and was optimistic about its ability to deliver sustainable long-term improvements, acknowledging that new ways of working would take some time to embed.
  - b) It was important that colleagues in FtP were fully supported and involved with the new plan, and it was clear that there was confidence and momentum behind it.

- c) There had been good progress on workforce planning and recruitment in FtP since November 2023, particularly at the Screening stage of the process, and to the senior leadership team.
- d) Relating to efforts to improve the data and management information available in FtP, a tool had been developed in recent weeks to better support colleagues reviewing the oldest FtP cases. A new team was focused on a ring-fenced group of older cases in Screening, with good progress being made.
- e) There were improvements in completion rates of hearings, with about 79 percent of cases concluding first time round in recent months.
- f) There was flexibility in the FtP plan to respond to changed circumstances and there had been adaptations in relation to the continued increase in referrals, for example the provision of additional resource at the Screening stage of the process.
- g) As part of the FtP plan, there would be a focus on enhancing communications and engagement with those experiencing the FtP process, including by providing regular updates.
- h) In collaboration with Professional Practice colleagues, there was a focus on improving engagement with senior healthcare leaders in respect of the FtP process.

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

5. On behalf of the Council, the Chair thanked the Executive Director, Professional Regulation and all colleagues for the report and the level of candour in its presentation at the meeting.

**NMC/23/54 Annual Health and Safety Report 2023-2024**

- 1. The Co-Executive Director, Resources and Technology Services introduced the Annual Health and Safety Report 2023-2024 and the priorities for 2024-2025.
- 2. In discussion, the following points were noted:
  - a) In terms of health, safety, and security, the NMC was a relatively low risk environment.
  - b) There had been good progress made against the priorities for 2023-2024.
  - c) A working group had been established to review the NMC's existing procedures and documentation to help improve collaboration and timeliness in responding to more complex reasonable adjustments. It was positive that it had helped to resolve approximately one third of cases it had reviewed.

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- d) Work continued in collaboration with People and Organisational Effectiveness colleagues to promote health and wellbeing, including in relation to the Employee Assistant Programme and the Thrive app.
- e) The NMC had started to share data about the use of the suite of wellbeing services available to colleagues with the People and Culture Committee, but there was more work to be done to expand and improve this data.
- f) Assurance was provided that health, safety, and security at the NMC incorporated both office and home working, ensuring access to appropriate equipment.
- g) The co-Executive Director, People and Organisational Effectiveness would re-familiarise herself with the provisions for lone working, but there was confidence that there was adequate provision in place. There were limited instances of lone working at the NMC.
- h) There was a Hybrid Working policy and there were different approaches to working in the office across different teams at the NMC, to support collaboration. The Hybrid Working policy was due to be reviewed.
- i) There was an upward trend in the completion of health and safety training.
- j) There were two reported health and safety incidents during the year, which was low and potentially reflected a degree of under reporting.
- k) Promoting the importance of reporting work-related accidents and near misses would be a key focus in the year ahead.
- l) Information about the activity to raise awareness about reporting health and safety incidents would be included in next year's Annual Health and Safety Report.
- m) Another key health and safety priority for 2024-2025 was keeping security under review for all the NMC's buildings.
- n) The NMC would also continue to promote health and wellbeing, particularly in light of the pressures on colleagues associated with the forthcoming publication of the People and Culture Review report.
- o) Work was ongoing to improve the security of the NMC's Hearing Centres.
- p) The Professional Regulation directorate published a separate health and safety annual report, focused on professionals and other people who come into contact with the NMC in connection with Fitness to Practise, including Professional Regulation colleagues.

3.

**Decision: Council approved the Health and Safety Annual Report 2023-2024 and priorities for 2024-2025.**

4.

The Chair thanked the Co-Executive Director, Resources and Technology Services and all colleagues for the work reflected in the

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Report.

<b>Action:</b>	<b>Include information about the work to promote the importance of reporting work-related accidents and near misses in next year's Annual Health and Safety Report.</b>
<b>For:</b>	<b>Co-Executive Director, Resources and Technology Services</b>
<b>By:</b>	<b>2 July 2025.</b>

**NMC/23/55 Appointment of Acting Chief Executive and Registrar**

1. The Chair noted that the paper associated with this item had been withdrawn, as Dawn Brodrick CB had decided that she would not be taking up the role of Interim Chief Executive and Registrar.
2. The Council agreed that Helen Herniman, Executive Director, Resources and Technology Services, would be Acting Chief Executive and Registrar for the NMC, while the recruitment of the interim and permanent chief executive took place. The Chair offered his thanks and best wishes to Helen on accepting the role.
3. **Decision: Council approved the appointment of Helen Herniman as Acting Chief Executive and Registrar.**

**NMC/23/56 Panel Member appointments, transfers and resignations**

1. The Secretary introduced the paper, which sought approvals to Panel Member appointments, transfers and resignations.
2. The Council noted that the NMC had written to the family of the Panel Member who had sadly passed away to express its condolences.
3. **Decision: The Council approved the Appointments Board recommendations to:**
  - **Appoint the 95 Panel Members listed in Annexe 1 to hear registration appeals with such appointments to run concurrently with their appointment to the Practice Committees. (Each recommendation for appointment would be conditional on completion of the annual Panel Member training for Investigating Committee members).**
  - **Transfer the Panel Members in Table 1 at Annexe 2 from the Fitness to Practise Committee to the Investigating Committee.**
  - **Remove the Panel Members in Table 2 at Annexe 2 who had resigned from the Practice Committee.**

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- **Note that the Legal Assessor listed in Table 3 at Annexe 2 had resigned from their appointment as a Legal Assessor.**

**NMC/24/57 The General Nursing Council for England and Wales Trust**

**The General Nursing Council for England and Wales Trust Report**

1. Dr Lynne Wigen introduced the report of the General Nursing Council for England and Wales Trust (GNCT) for 2023, which included its purpose, the contribution it makes to supporting early career nurse researchers, and the benefits achieved for patients and the NHS.
2. Lynne noted that she intended to resign from the role of Council nominated trustee of the GNCT due to other commitments, including being Vice Chair of the NMC. Lynne commented that she had greatly enjoyed her involvement in the GNCT.
3. The Council noted the report.

**Nomination of Council member trustee of the General Nursing Council Trust**

1. The Secretary to the Council introduced the item, which sought approval of Flo Panel-Coates as Council nominated trustee of the GNCT.
2. In discussion, the following points were noted:
  - a) Thanks to Lynne Wigen for acting as the NMC trustee for the GNCT since 4 November 2020.
  - b) Assurance that the GNCT promoted the development of nursing in both England and Wales.
  - c) Professor Daniel Kelly OBE was GNCT Trustee member based in Wales.
3. **Decision – The Council approved the nomination of Flo Panel-Coates as Council nominated trustee of the General Nursing Council Trust.**

**NMC/24/58 Questions from observers**

1. The Chair invited questions and comments from observers (See **Annexe B**).

**NMC/24/59 Appointments Board Annual Report 2023-2024**

1. The Council noted the Appointments Board Annual Report 2023-2024.
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On behalf of the Council, the Chair thanked the Chair of the Appointments Board and Appointments Board colleagues for all the work over the past year.

**NMC/24/60 Chair’s actions taken since the last meeting**

1. There had been one Chair’s action since the meeting: 04-2024: Approval of the appointment of an Assistant Registrar.

**Closing remarks**

1. On behalf of the Council, the Chair expressed thanks to Andrea Sutcliffe at her last meeting of Council, before sadly resigning from the role of Chief Executive and Registrar due to ill health on 4 July 2024. The NMC had made significant achievements during the five years of Andrea’s tenure, including in policy and regulation. Andrea had led the NMC with outstanding dedication and commitment across a very difficult period during and after the Covid-19 pandemic. Personally, the Chair noted he had learnt a great deal from working alongside Andrea during his time on the Council since July 2021.
2. Andrea thanked the Chair for his kind words, noting that she was very sad to be leaving the NMC and that it was not the time of her choosing, but she must focus on her recovery. Whilst the NMC had made good progress over the last five years, there had not been as much progress made as she would have wanted. Andrea expressed thanks to the Council for its support and challenge over the years. She noted it had been a privilege to lead the NMC and she wished the organisation and Helen Herniman, Acting Chief Executive and Registrar, all the best for the future.
3. The Chair thanked all attendees for joining the meeting.
4. The next Open Council meeting on Wednesday 24 July 2024 would be held online, which would improve the accessibility of the meeting. The Chair noted that this was welcome as it would ensure the NMC reported its activity as transparently as possible.

**Confirmed by the Council as a correct record:**

**SIGNATURE:** .....

**DATE:** .....

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## Annexe A: Observers

### External Observers

Hannah Birchall	Senior Lecturer, University of Derby
Stacey Coxon	Matron, NHS Kings College Hospital
Felicia Kwaku	Associate Director of Nursing, Kings College Hospital NHS Foundation
Rhys McCarthy	Scrutiny Officer, Professional Standards Authority
Elricka Pemberton	Retired Registered Nurse, NHS
Cristina Mae Tronco	Ward Manager, King's College Hospital
Susan Young	Designate Appointments Board member, NMC
Michelle Lyne	Professional Advisor, Royal College of Midwives
Michelle Russell	Specialist Nurse Practitioner/Sacked whistleblower
Jenny Wood	Partner, Capsticks LLP

### Press

Ella Devereux	Senior Reporter, Nursing Times
Madeleine Anderson	Reporter, Nursing in Practice
Alison Stacey	Senior Reporter, Nursing Standard

### NMC staff observing

Renee Caffyn	Executive Assistant
Tracey MacCormack	Assistant Director, Midwifery
Michelle Herbert	EDI Manager

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## Annexe B

### Observer questions – Council meeting 3 July 2024

#### 1. Fitness to Practise (FtP) referrals and engagement with employers

In relation to increasing FtP referrals, Stacey Coxon, Matron, NHS Kings College Hospital, asked why employer organisations did not have more robust internal processes to address issues before making referrals to the NMC.

In response, the Executive Director, Professional Practice noted that the Employer Link Service (ELS) worked with employers to increase appropriate referrals to the NMC and deal with internal issues swiftly and appropriately. There had been recent encouraging responses from the NHS regarding collaboration with the ELS, and HR colleagues had shared expertise regarding cases related to workplace bullying. Whilst ELS colleagues had strong links with NHS employers, there was more to do to develop relationships with agency and social care sector employers. The Executive Director, Professional Practice committed to keeping the Council updated regularly about the work of the ELS.

#### 2. Title on observer badge

Michelle Russell, Specialist Nurse Practitioner/Sacked whistleblower, asked why her name badge for the meeting described her as ‘Specialist Nurse Practitioner’, rather than ‘Specialist Nurse Practitioner/Sacked whistleblower’, as she had asked to be addressed on registering to observe the meeting.

The Senior Event Officer responded to say she had included Michelle Russell’s professional title ‘Specialist Nurse Practitioner’ only on the badge, as this was the usual process and she did not want Ms Russell to feel marginalised.

The Chair added that the NMC agreed entirely that Ms Russell had every right to describe herself as a whistleblower and that people should be encouraged and supported to speak up freely about concerns.

#### 3. Interim Chief Executive and Registrar’s decision not to take up the role

Ella Devereux, Senior Reporter, Nursing Times, referenced Dawn Brodrick CB’s decision not to take up the role of Interim Chief Executive and Registrar, announced on 27 June 2024. Ms Brodrick had made this decision amid public concerns raised about her involvement in a racial discrimination case in a previous role. On behalf of the Nursing Times, Ella Devereux sought assurance that the Council took anti-racism seriously, especially in light of the upcoming publication of the People and Culture review report.

The Chair responded, saying that he wanted to give absolute assurance that the Council was anti-racism; that Council was committed to ensuring that Equality, Diversity, and Inclusion was front and centre of the work of the organisation as it prepared to receive the findings of the People and Culture review report; and that the recruitment panel for the Interim Chief Executive and Registrar competition (which had been ethnically diverse) were of the unanimous view that Ms Brodrick had been the strongest candidate; and that the appropriate due diligence had been completed on this appointment.

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***The following three questions were submitted in writing in advance of the meeting by Rebecca Thomas, Health Correspondence at the Independent.***

#### **4. Single tender contract award to Capsticks LLP**

According to the [Gov.uk](https://www.gov.uk) Contracts Finder website, the NMC had recently awarded a £76,500 single tender contract to Capsticks for “Specialist HR support required to manage all casework and associated systems, complex whistleblower cases and coordination of any long-standing complex cases and associated cases.” Rebecca Thomas asked whether the Council could explain specifically what HR support Capsticks would be providing and why was there not a fuller procurement process for this contract?

In response, the Executive Director, People and Organisational Effectiveness noted that the NMC had chosen to bring in additional HR resources to support with an increase in complex casework. The NMC had done this so that it could improve the HR service its colleagues received because they had fed back that some processes were taking too long. The NMC did not intend to extend the contract. The contract was awarded under the NHS Shared Business Services Consultancy & Advisory Services Framework for Health (SBS10197). The NMC’s policy was to use high quality national frameworks wherever possible for its contracting needs, to ensure compliance with its procurement requirements and value for money.

#### **5. External legal fees**

Rebecca Thomas asked whether the Council could confirm if the £14,949,000 contract to provide legal services for case progression the NMC had awarded to Capsticks and Weightmans was being taken from the £30 million investment promised for fitness to practise cases? Could the Council explain why such a large proportion of its spending was going to external legal firms?

In response, the Executive Director, Professional Regulation noted that the £14,949,000 figure covered two separate three-year contracts with Capsticks and Weightmans. The sum represented the maximum value of these contracts but there was an annual process where business planning and budgets are reviewed and approved by the Council.

The £14.9m did not represent half of the £30 million additional investment in support the Fitness to Practise improvement plan. Only the difference between the value of previous legal service contracts and the maximum value of the new contracts was included within the £30 million, which represents under 20 percent of the £30 million additional investment.

The majority of the £30 million additional investment in Fitness to Practise would increase the NMC’s internal people resources and enable it to increase the number of hearings held each month.

The previous legal service contracts were for investigation casework only. The new, more dynamic approach sought to ensure that the NMC’s external legal partners could

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provide a more flexible range of legal services. This would enable the NMC to more quickly progress its Fitness to Practise improvement plan, benefitting members of the public and registrants impacted by its cases. This explains the increase in the total value of the new legal service contracts, which the NMC may or may not fully utilise.

## 6. Quality of outsourced Fitness to Practise investigations

Relating to the Professional Standards Authority's Lessons Learned review in 2018, that noted ultimately there would be no substitute for an intelligent analysis of a complaint by staff who have the time, skills, and access to the right advice to ensure that the right concerns are identified and taken forward. Rebecca Thomas asked whether, given Weightmans does not have experience of undertaking fitness to practise investigations for a regulator, and Capsticks had been embroiled in many of the NMC's previous failings, could the Council explain how it was satisfied that these firms had the necessary competence to carry out this work and how it would oversee that the quality of the investigations being produced was the same as an in-house investigation, and was not increasing the risk to either the nurse or midwife being investigated, or to the public?

In response, the Executive Director, Professional Regulation noted that the NMC was pleased to be able to continue partnering with Capsticks, who came with years of healthcare regulatory knowledge and experience, and we welcome the opportunity to begin a relationship with Weightmans, a new partner with many years of experience working in healthcare regulation.

The competitive procurement process that the contracts were procured under, the robust training that the NMC's experienced staff had provided to its external legal partners, together with an intelligent approach to allocating cases assured the NMC that collectively there was the experience, skills and capacity to identify serious fitness to practise concerns and progress them swiftly and safely.

Legal work was quality assured against the specifications within the contracts and the NMC met regularly with its legal service partners to share feedback and learn lessons. This allows its external legal service partners to build expertise on cases and provide holistic legal advice, avoid inefficient handovers and provide value for money. It also helped to free up NMC internal lawyers to focus on cases where they can best use their experience and expertise.

## Council

### Summary of actions

<b>Action requested:</b>	Summarises progress on completing actions from previous Council meetings.  The Council is asked to <b>note</b> the report.
<b>Key background and decision trail:</b>	This paper is a standing update to the Council for information on actions agreed at previous meetings.
<b>Key questions:</b>	Has appropriate progress been made in respect of actions agreed at previous meetings?
<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 or the director named below.
	Secretary: Matthew Hayday Phone: 020 7681 5516 <a href="mailto:matthew.hayday@nmc-uk.org">matthew.hayday@nmc-uk.org</a>

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Minute	Meeting date	Title / theme	Status	Action	Action owner	Update	Due date
<b>NMC/24/22</b>	27 March 2024	<b>Outcome of phase one of the advanced practice review</b>	Rescheduled	Form an advisory group for advanced practice comprised of Registrant Council members and NMC colleagues.	Executive Director, Professional Practice / Secretary	An advisory group for advanced practice is being formed, with Council members being invited to join. An update will be provided at the next Council meeting on 24 September 2024.	24 July 2024 24 September 2024
<b>NMC/24/39</b>	22 May 2024	<b>Executive Report</b>	Rescheduled	Regarding themes in Education Quality Assurance currently affecting some approved education institutions (AEIs), present an update to the Council.	Executive Director, Professional Practice	An update on education quality assurance is provided at <b>Annexe 1</b> to this item.	3 July 2024 24 July 2024 24 September 2024
<b>NMC/24/40</b>	22 May 2024	<b>Update on progressing our Fitness to Practise casework</b>	Complete	Present an update on the scorecard for the FTP Plan to the Council.	Executive Director, Professional Regulation	An update is included in the update on progressing the Fitness to Practise casework item, which is an agenda item for this meeting.	24 July 2024

<b>NMC/24/50</b>	3 July 2024	<b>Executive report</b>	Complete	Discuss with Inclusive Boards the importance of it providing a timely response to those registering an interest in applying for the Panel Member/Chair roles.	Secretary	The discussion with Inclusive Boards has taken place. We are appointing additional temporary resource to support the recruitment process as we have received over 1700 applications.	24 July 2024
<b>NMC/24/50</b>	3 July 2024	<b>Executive report</b>	In progress	Arrange for the Council to meet with the volunteer Ambassadors for the Empowered to Speak Up service once they had received training and were established in the role.	Secretary	Not yet due.	27 November 2024
<b>NMC/24/50</b>	3 July 2024	<b>Executive report</b>	In progress	Consider ways to raise the profile of the resource mapping the standards of proficiency for midwives to the	Deputy Director, Communications and Engagement	Not yet due.	27 November 2024

				recommendations from the Ockenden and Kirkup reports. Ensure it was cascaded effectively to Directors and Heads of Midwifery.			
<b>NMC/23/54</b>	3 July 2024	<b>Annual Health and Safety Report 2023-2024</b>	Complete	Include information about the work to promote the importance of reporting work-related accidents and near misses in next year's Annual Health and Safety Report.	Interim Executive Director, Resources and Technology Services	One of the priorities relating to Health and Safety for 2024-2025 is to promote the importance of reporting work-related accidents and near misses. Details of this work would be included in next year's Annual Health and Safety Report to Council.	2 July 2025

<b>Key</b>	
In progress	For items not yet due
Rescheduled	Where work has been deliberately replanned/ rephased
Overdue	Unplanned delay to the work
Complete	Completed actions are reported once as Complete
Closed	Only use once an item is moved to the archive

## Update on Education Quality Assurance

- 1 Our work to monitor the quality of pre-registration nursing and midwifery programmes against the new *Standards for education and training* highlighted themes affecting some approved education institutions (AEIs). This included:
  - 1.1 Incorrect use of simulated practice learning hours in nursing programmes;
  - 1.2 Incorrect use of reflection as practice learning hours; and
  - 1.3 use of unapproved satellite sites to deliver training.
- 2 Earlier this year we asked all AEIs to assure us, via an exceptional reporting form, that their programmes are being delivered in line with our standards in these areas.

### Initial analysis

- 3 We have completed an initial review of the high volume of information received. This has indicated some variance in the way the programme standards have been interpreted and delivered in relation to practice learning hours, which we need to explore further. We believe the differences are partly due to the withdrawal of emergency and recovery standards which were in place during the Covid-19 pandemic. We have also identified differences in whether AEIs count break times for students in their overall practice learning hours requirement.
- 4 The variance in relation to practice learning hours is potentially significant, as in some cases it could mean that students at some AEIs have not had the opportunity to undertake the required number of practice learning hours, as specified in our programme standards. To make sure we have a proportionate, supportive and evidence informed response, we are cross-checking our initial analysis with other information we hold, including programme approval documents and annual self-reporting.
- 5 This second stage assessment is due to be completed by the end of July.
- 6 It is too early to comment on the outcome of the second stage assessment.
- 7 However, it is important to highlight that these issues relate to the implementation of our *Standards for education and training*, and not the *Standards of proficiency*.
- 8 The *Standards for education and training* set out our expectations for the students' learning journey and experience. The *Standards of proficiency* set out what students need to know and be able to do to be able to practise safely. AEIs assess students against NMC approved learning outcomes to ensure they meet our *Standards of proficiency* when they complete their programmes.

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- 9 Where an AEI is not, or is at risk of not, meeting our *Standards of education and training* there may be an adverse impact on the students' learning journey and experience so this needs to be resolved but it does not automatically mean we have concerns around students meeting our *Standards of proficiency*.

### **Next steps**

- 10 We are considering the level of risk associated with each issue. Our assessment of impact of risk will enable holistic, proportionate responses to be developed so we can be assured that the *Standards of education and training* are met.
- 11 We are working closely with the Council of Deans for Health to ensure appropriately co-produced solutions. We all share a common goal which is to enable nursing and midwifery students to complete their programmes with confidence and competence, to join the register and start providing safe and effective care.
- 12 We will pragmatically and safely apply our advice and guidance. Where necessary, we will update or provide further clarity on our policies.
- 13 We will also take the opportunity to learn and improve our processes going forward.
- 14 We will share an update on the outcome of the second stage assessment with Executive Board in August and with Council at its next meeting.

### **Media coverage**

- 15 For Council's awareness, The Independent wrote an article on the NMC's education quality assurance processes on Saturday 13 July 2024. As explained above, further analysis is needed before we can complete this work, which is why it is premature to make any assessment of the outcome. We wrote to AEIs on Monday 8 July to explain that we are doing further analysis and will update once our work is completed.

## Council

### People and Culture Report

<b>Action requested:</b>	<p>This paper provides an update to Council following publication of the People and Culture report (the report) on 9 July 2024. It provides a summary of the reaction to the report, the immediate actions we will take and the longer-term planning for how we will respond to the report, including our initial reflection period. The paper also addresses our principles for delivering this work, including how colleagues will be involved.</p> <p><b>For discussion</b></p> <p>The Council is asked to <b>discuss</b> this report and share their reflections on the report and any feedback on the proposals contained.</p>
<b>Key background and decision trail:</b>	<p>In September 2023, a whistleblower raised concerns about the NMC's culture and the impact this had on its regulatory decision making, including that the organisation was both racist and sexist, needed to improve its handling of fitness to practise cases concerning sexual misconduct and that colleagues were frightened to speak out.</p> <p>The NMC takes these concerns very seriously and subsequently commissioned investigations into its handling of the regulatory cases highlighted by the whistleblower and others raised by colleagues, and into our handling of the initial whistleblowing concerns. Both these investigations are being carried out by Ijeoma Omambala KC. The NMC also commissioned a review into its culture, carried out by Nazir Afzal and Rise Associates.</p> <p>The report from Nazir Afzal and Rise Associates was published on 9 July 2024.</p>
<b>Key questions:</b>	<ul style="list-style-type: none"><li>• What has the internal and external reaction to the report been?</li><li>• What is our response to the report, the findings and recommendations?</li></ul>

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	<ul style="list-style-type: none"> <li>• What immediate action(s) are we taking to address the recommendations, and what longer-term plans are we putting in place?</li> <li>• How will colleagues and external stakeholders be involved in shaping the response to the recommendations?</li> <li>• How can the Council be assured that progress is being made and long-term, meaningful change will be realised?</li> </ul>		
<b>Annexes:</b>	<ul style="list-style-type: none"> <li>• None</li> </ul>		
<b>Further information:</b>	<p>If you require clarification about any point in the paper or would like further information, please contact the author or the director named below.</p> <table border="1" data-bbox="416 860 1404 1043"> <tr> <td data-bbox="416 860 855 1043">           Author: Matt Hayday            Phone: 020 7681 5516  <a href="mailto:matthew.hayday@nmc-uk.org">matthew.hayday@nmc-uk.org</a> </td> <td data-bbox="855 860 1404 1043">           Executive Director: Helen Herniman, Acting Chief Executive  <a href="mailto:helen.herniman@nmc-uk.org">helen.herniman@nmc-uk.org</a> </td> </tr> </table>	Author: Matt Hayday Phone: 020 7681 5516 <a href="mailto:matthew.hayday@nmc-uk.org">matthew.hayday@nmc-uk.org</a>	Executive Director: Helen Herniman, Acting Chief Executive <a href="mailto:helen.herniman@nmc-uk.org">helen.herniman@nmc-uk.org</a>
Author: Matt Hayday Phone: 020 7681 5516 <a href="mailto:matthew.hayday@nmc-uk.org">matthew.hayday@nmc-uk.org</a>	Executive Director: Helen Herniman, Acting Chief Executive <a href="mailto:helen.herniman@nmc-uk.org">helen.herniman@nmc-uk.org</a>		

# People and Culture Report

## Discussion

- 1 The People and Culture Report was published on 9 July 2024 and makes difficult reading for everyone at the NMC.
- 2 It contains distressing testimony from colleagues including experiences of racism, discrimination and bullying. It also reports that six professionals have died by suicide while in our fitness to practise process since April 2023 and includes references to other FtP cases where processes appear to have been excessively protracted or individual judgements which have been questioned.
- 3 The Council and Executive have apologised unreservedly to colleagues, the professionals on our register and the public who deserve better. We have accepted the recommendations in full and the work begins now to implement them.
- 4 The report provides 36 recommendations to drive improvement on leadership and management, equality, diversity and inclusion (EDI) and anti-racism, safeguarding and Fitness to Practise. The report can be seen in full [here](#).

### Internal and external reaction

- 5 The report received significant media attention on the day of publication from different news outlets and in different channels, ranging from mainstream press such as The Guardian and The Independent, to broadcast segments on BBC and Channel 4 news, and a feature on Women's Hour (BBC Radio 4). The Chair was interviewed as part of these broadcast items. The report was also covered in the trade press.
- 6 There has been significant commentary on social media including X (formerly Twitter) and responses from key stakeholders including the Department of Health and Social Care, the Royal College of Nursing, the Royal College of Midwifery and the Chief Nursing Officers in the four countries of the UK. The Queen's Nursing Institute (QNI) has written to the Secretary of State to request 'immediate action' including an 'urgent independent review.' There has also been individual comment critical of the NMC on X, some of which has called for the resignation of the Chair, Council and Executive.
- 7 We have had correspondence from a range of representative groups highlighting their concerns, expressing their disappointment and calling for action, including from the British Indian Nurses Association. Equality 4 Black Nurses and NMC Watch held a protest outside the NMC's 23 Portland Place office on Wednesday 17 July.
- 8 In line with our plan for supporting colleagues, we held an all NMC briefing the day before publication to share high level findings and recommendations. Following

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publication, each directorate held its own briefing to ask colleagues how they were feeling and to share their thoughts, alongside promoting the range of support and wellbeing resources available for those who need them.

- 9 Colleagues have expressed a range of emotions but most typically sadness, anger, shame and frustration. The comment in the report about two colleagues passing the corridor having very different experiences of their career at the NMC, has resonated with a large number of colleagues.
- 10 We have committed to giving all colleagues space to read the report and we know that not all colleagues have fully read it yet. We have signposted colleagues to a range of support including: our employee networks, Mental Health First Aiders, the Thrive app, employee assistance programme and our new *Empowered to Speak Up Guardian*.

### **Action underway**

- 11 We have been working to strengthen our approach to safeguarding, and since January, our Executive Safeguarding lead, Sam Foster, has led the expansion of resources for the safeguarding team. She is increasing knowledge and training, alongside strengthening our operating procedures. Sam and colleagues will have this further work fully scoped by September, with a definitive plan for delivery. We are also establishing a safeguarding hub, which will provide advice to staff working in fitness to practise.
- 12 In addition to safeguarding, we had already started to address some of the other regulatory issues identified in the report, including:
  - 12.1 in March, the Council agreed a £30m investment in an 18-month plan to make a step change in fitness to practise, with a clear goal to reach decisions in a more timely and considerate way – we will ensure this takes account of the report’s recommendations going forwards.
  - 12.2 in February, we strengthened the guidance we use to make decisions on concerns about sexual misconduct and other forms of abuse outside of professional practice – making it absolutely clear that whether they occur within or outside a work setting, we take these concerns extremely seriously.
- 13 It is clear we need to go further and faster. Our Fitness to Practise, People and EDI plans will all be revised to take account of the recommendations.
- 14 In the meantime, we will put an end to any poor or unacceptable behaviour raised with us that colleagues are experiencing. Our new independent Empowered to Speak Up Guardian, Anuska Casas Pinto is in place, and we have asked colleagues to contact her if they see or experience anything that is not right, and do not feel comfortable raising this through other channels. Feedback on the support provided has been positive so far.

15 In addition, the Executive has:

- 15.1 Established externally facilitated Listening Circles (safe spaces).
- 15.2 Extended de-compression support to colleagues working on sensitive casework.
- 15.3 Invested in a partner to help improve psychological safety within the organisation, starting in Professional Regulation.

16 The Executive is also taking forward actions to provide targeted support for the organisation and these will come into effect shortly:

- 16.1 Appointing an EDI partner to review our EDI learning, improve our mandatory training and help us to identify any gaps in our policies and approach to tackling bullying, harassment and discrimination.
- 16.2 Appointing an EDI Advisor to our Executive Board.
- 16.3 A commitment to diversifying our Executive Board.
- 16.4 Doubling the amount we spend on colleague learning and development so that by October 2024, we will start to roll out improvements in leadership, line management, safeguarding, casework and tackling poor behaviours identified in the report, such as microaggressions.
- 16.5 Developing a competency and behaviour framework to support recruitment, career progression and performance management for launch in September.

17 Among the report's findings is a failure of senior leadership to rise to the challenges facing the NMC. The Executive Team is aware that it needs to rebuild trust and role model the behaviours expected of colleagues across the organisation and be accountable for not doing so. Starting with the Executive Team, 360° feedback will be rolled out for all leaders and managers from September on as part of our ambitious appraisal system. Council will hold the Executive to account for its performance.

### **Recommendations from the report and wider culture change**

18 We have accepted the 36 recommendations in the Culture Report in full but now need to engage the organisation on the wider approach we take to implementation including on timing and sequencing of delivery. As the report highlights, we have not delivered on all the recommendations of previous reports and have failed to make sustainable and lasting change. We are reliant on our leaders and managers to deliver change, so it is vital that they buy into the approach and have the capacity to engage their teams.

19 With this in mind, we will be listening to feedback on the report and engaging colleagues on the resources required to deliver on its recommendations and how best to drive the wider cultural change required between now and the end of August.

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- 20 Culture change is a long-term deliverable which will be supported by implementation of the recommendations over the next 18 months to two years, but it also requires hearts and minds. We plan to appoint a culture specialist to support us with this work.
- 21 Following the appointment of Helen Herniman to Acting Chief Executive and Registrar, we have appointed Karen Lanlehin, Head of Culture Investigation and Delivery, as the interim lead for the culture change programme, pending the recruitment of a senior role to lead this work in the future. The Response Group has been providing initial support to this work and will stand down once we have feedback on the planning and delivery structures and these have been finalised.
- 22 We have established some draft principles for how we will deliver this work and will be testing them with colleagues:
- 22.1 We will be open.
- 22.2 We will be inclusive.
- 22.3 We will build on what the NMC does well, learn from the past and follow through (the Rise Associates review, although very critical in all areas, does identify some examples of better practice, which will be helpful in this regard).
- 22.4 We will not let perfection be the enemy of the good.
- 22.5 We will be accountable and expect the same of others.
- 22.6 We will ensure there are development opportunities.
- 23 We also plan to establish a Design Feedback Group to ensure that we hear the views of the organisation as we test, design and implement our culture change programme. We propose that recruitment to these groups is through open and transparent competition supplemented by a random selection process to ensure that all the parts of the planning and delivery structure are reflective of the organisation's diversity wherever possible.
- 24 Some of the recommendations are clear and straightforward to implement, such as communicating our Dignity at Work policy and updating our EDI dashboard, whereas others will require more consideration and resource planning, particularly those linked to the Fitness to Practise Plan.
- 25 We are also mindful that we have the reports from the Ijeoma Omambala KC investigations and the Professional Standards Authority's Periodic review reporting later this year, and these will provide further insight into shaping our culture and prioritising how we deploy our resources.
- 26 There will be a tension between the expectations of external stakeholders who want to see rapid progress on actions, and the desire of many colleagues for the

organisation to ensure they feel included and have meaningful opportunities to shape the direction of travel, so that progress can be sustained.

- 27 We propose to use August to get feedback from colleagues and stakeholders on our approach to delivery and hold an additional open meeting of the Council on 24 September 2024 where we will update on progress on the work underway (described at paragraphs 11 to 18) and set out our plan for the implementation of the recommendations and culture change programme, including individual timelines for delivery. We will also confirm the structure we have established to co-ordinate the work and keep colleagues and stakeholders engaged on an ongoing basis.
- 28 The key milestones for the organisation between now and the special meeting are set out below:
- 28.1 Feedback from People and Culture Advisory Group on the structure to take forward the cultural change programme – 22 July 2024
  - 28.2 Commence wider engagement on our approach to culture change and our structure to take the work forwards – 5 August 2024
  - 28.3 Complete the capture of colleague feedback in response to the report – 31 August 2024
  - 28.4 Complete the prioritisation exercise to create capacity for delivering culture change and implementing the recommendations – 4 September 2024
  - 28.5 Finalise our approach to culture change and our structure to take the work forwards – 4 September 2024
  - 28.6 Confirmed plan for improvements within safeguarding – 4 September 2024
  - 28.7 Confirmed timelines for publication of revised Fitness to Practise Plan, Equality, Diversity and Inclusion Plan, and People Plan, including risk-based prioritisation of the recommendations – 4 September 2024

### **Providing assurance**

- 29 The Council and the Executive has acknowledged that the contents of the report will have damaged trust and confidence in the NMC and its role as a regulator. Delivering on the recommendations and making significant cultural change is the only way to rebuild that trust. To support this, we are actively considering how we bring in independent scrutiny that is complementary to our existing oversight and assurance structure.

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## Next Steps

30 Subject to Council’s comments, work will progress on the immediate actions set out above and we will begin to engage with colleagues and stakeholders during the reflection period on how we will design and deliver our response to the report.

## Implications

The following were considered when preparing this paper:

Implication:		Location if in paper:	Content if not in paper:
Public protection/impact for people.	Yes		The publication of the Culture report has impacted on trust and confidence in the NMC and this paper describes how we will approach the work to address that gap.
Safeguarding considerations	Yes		The report identified that six professionals have died by suicide or by suspected suicide while in our fitness to practise process since April 2023. This paper sets out how we are going to take immediate action to improve our safeguarding training as well as the approach to delivering the recommendations.

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The four country factors and considerations.	Yes		The report is applicable to our work across the UK.
Resource implications including information on the actual and expected costs involved.	Yes		As our plans to implement the recommendations and deliver cultural change develop, we will need to consider how we prioritise the organisation's resources to achieve delivery.
Risk implications associated with the work and the controls proposed/ in place.	Yes		It is vital that we implement the recommendations in full and that this enables wider cultural change, and we are putting in place enhanced governance and oversight to support this.
Legal considerations.	Yes		Implementing the recommendations is key to the effective discharge of the NMC's functions.
Midwives and/or nursing associates.	Yes		The report covers all of our functions and applies equally to

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			midwives, nurses and nursing associates.
Equality, diversity, and inclusion.	Yes		The report includes distressing accounts of discrimination within the NMC and this paper sets out how we will approach the work to change our culture.
Stakeholder implications and any external stakeholders consulted.	Yes		This paper summarises the response to the report from a number of stakeholders and commits to their future engagement.
Regulatory Reform.	Not Applicable		

## Council

### Quarterly corporate performance report

<p><b>Action requested:</b></p>	<p>For Council to review our financial position, performance against our corporate plan and core business metrics; and to consider our corporate risk position.</p> <p>For discussion</p> <p>The Council is asked to <b>discuss</b> our current performance, suggested approach to respond to the People and Culture review and the risks that we face.</p> <p>The Council is requested to <b>review</b> the new risk PEO24/05 at Annexe 3 (also in full detail at annexe 4) and provide any feedback.</p>
<p><b>Key background and decision trail:</b></p>	<ul style="list-style-type: none"> <li>• This is our refreshed, regular quarterly financial, performance and risk report to Council.</li> <li>• It has been designed to give an overview of performance against our corporate plan’s priority outcomes, including our achievements and recommendations to address any significant challenges.</li> <li>• This is to enable more regular reflection and assessment of the corporate plan to be able to take decisions on any adjustments to the scope of activity, or resources required for delivery.</li> <li>• The report itself is a mitigation of our strategic risk GOV24/01 <i>We may not effectively prioritise, monitor and manage our portfolio activity and keep pace with the high level of change (and resources required) to achieve our five priority outcomes.</i></li> <li>• The report primarily covers priority outcomes two to five. Performance of priority outcome one: <i>progress fitness to practise (FtP) referrals in a safe and timely way</i> is covered in the FtP casework progression report at item 9 on the agenda.</li> <li>• The cover paper also includes updates from the Executive team on significant changes since the Executive team last reported to Council on 3 July 2024.</li> <li>• This report is contributed to by those who lead significant activities and core business areas, as well as the Corporate Planning Performance and Risk and Portfolio teams. Content was reviewed by each Executive Director Priority Outcome Owner, ahead of a discussion at Executive Board on 15 July 2024.</li> <li>• Due to the level of overlap, content usually included within the regular Executive Report has been captured here.</li> </ul>

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<b>Key questions:</b>	<ol style="list-style-type: none"> <li>1. Is our financial position secure, or is any corrective action required?</li> <li>2. How are we performing against our key performance indicators (KPIs) and are there any exceptions to consider addressing?</li> <li>3. Are we managing strategic risks appropriately, or are there any exceptions to consider addressing?</li> </ol>									
<b>Annexes:</b>	<p>The following annexes are attached to this paper:</p> <ul style="list-style-type: none"> <li>• <b>Annexe 1:</b> Priority outcome performance dashboards</li> <li>• <b>Annexe 2:</b> Corporate performance data charts</li> <li>• <b>Annexe 3:</b> Corporate risk exposure</li> <li>• <b>Annexe 4:</b> Strategic Risk Register</li> <li>• <b>Annexe 5:</b> Financial monitoring report to 30 June 2024</li> </ul>									
<b>Further information:</b>	<p>If you require clarification about any point in the paper or would like further information, please contact the author or the director named below.</p> <table border="1" data-bbox="376 1055 1402 1688"> <tr> <td data-bbox="376 1055 855 1178">           Author: Richard Wilkinson            Phone: 0207 681 5172  <a href="mailto:Richard.wilkinson@nmc-uk.org">Richard.wilkinson@nmc-uk.org</a> </td> <td data-bbox="855 1055 1402 1211">           Interim Executive Director: Tom Moore            Phone: 0204 548 9260  <a href="mailto:Tom.Moore@nmc-uk.org">Tom.Moore@nmc-uk.org</a> </td> </tr> <tr> <td data-bbox="376 1178 855 1301">           Author: Rebecca Calver            Phone: 0204 524 1309  <a href="mailto:rebecca.calver@nmc-uk.org">rebecca.calver@nmc-uk.org</a> </td> <td data-bbox="855 1211 1402 1688"></td> </tr> <tr> <td data-bbox="376 1301 855 1424">           Author: Sevinj Essien            Phone: 0207 681 5964  <a href="mailto:sevinj.essien@nmc-uk.org">sevinj.essien@nmc-uk.org</a> </td> <td data-bbox="855 1211 1402 1688"></td> </tr> <tr> <td data-bbox="376 1424 855 1688">           Author: Vanessa Walker            Phone: 0207 681 5795  <a href="mailto:Vanessa.walker@nmc-uk.org">Vanessa.walker@nmc-uk.org</a> </td> <td data-bbox="855 1211 1402 1688"></td> </tr> </table>		Author: Richard Wilkinson Phone: 0207 681 5172 <a href="mailto:Richard.wilkinson@nmc-uk.org">Richard.wilkinson@nmc-uk.org</a>	Interim Executive Director: Tom Moore Phone: 0204 548 9260 <a href="mailto:Tom.Moore@nmc-uk.org">Tom.Moore@nmc-uk.org</a>	Author: Rebecca Calver Phone: 0204 524 1309 <a href="mailto:rebecca.calver@nmc-uk.org">rebecca.calver@nmc-uk.org</a>		Author: Sevinj Essien Phone: 0207 681 5964 <a href="mailto:sevinj.essien@nmc-uk.org">sevinj.essien@nmc-uk.org</a>		Author: Vanessa Walker Phone: 0207 681 5795 <a href="mailto:Vanessa.walker@nmc-uk.org">Vanessa.walker@nmc-uk.org</a>	
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# Quarterly corporate performance report

## Discussion

### Overall context

#### Impact of the People and Culture review on our corporate plan

- 1 We commissioned Nazir Afzal and Rise Associates to carry out an independent review after serious concerns were raised about the NMC's culture. The report, its recommendations, and the NMC response are covered elsewhere on the agenda.
- 2 In anticipation of the findings and recommendations, on 29 May 2024, the Executive Board agreed further adjustments to the corporate plan. Where possible, activities were slowed down or postponed to allow greater organisational capacity to reflect on the report and support those affected.
- 3 The report was published on 9 July 2024. This was a sobering moment for all of us at the NMC. The findings will be of real concern to nurses, midwives and nursing associates, and to the public we serve. We wrote to all colleagues, professionals on the register and stakeholders to apologise and say that we take the findings extremely seriously.
- 4 We fully accept the report's recommendations and a plan for implementing those recommendations is now in development – as highlighted at item 6 on the agenda. A key challenge is the timing/ sequencing of implementation, so we can meaningfully engage colleagues in the programme of culture change, and continue to manage performance and risk against the five Priority Outcomes in our Corporate Plan. We are proposing a further prioritisation exercise takes place over August to ensure we have sufficient resources in the right place to manage this.

### Leadership

- 5 Following our update that Dawn Brodrick will not be taking up the role of Interim Chief Executive and Registrar, we are moving ahead urgently with the appointment of an interim Chief Executive and Registrar to provide stability for the organisation. While the recruitment of the interim and permanent Chief Executive takes place, Helen Herniman, Executive Director of Resources and Technology Services is the Acting Chief Executive and Registrar.

### Political landscape

- 6 We have engaged with ministers in the new government following the publication of the People and Culture review. We are also working to understand the new government's priorities and the impact these will have on the NMC and the professionals we regulate.

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**Financial position**

- 7 Our financial position after the first quarter of the financial year remains secure with free reserves of nearly £40 million and with cash and investments totaling over £94 million. Details are attached at **Annexe 4**.
- 8 The overall net position before movement on our investments shows a deficit of £2 million, below the £3.9 million budgeted deficit largely due to some slippage and underspend on our core regulatory activities. We remain committed to the continued investment in fitness to practise that we set out our budget in March this year and which is being supported from our free reserves and through diverting expenditure from other areas.
- 9 Looking ahead, there are potential issues for our budget both this year and next. These reflect some reduction in income from overseas applications relative to budgeted expectations, the potential need to invest further as we respond to the culture review and to address issues with education quality assurance. We are also working to develop greater clarity on the benefits realisation, including cost savings in later years, from the fitness to practise (FtP) improvement programme. We are in the process of reforecasting and will update Council as this progresses.

**Progress against our corporate plan**

- 10 Progress has been made across all five of our priority outcomes in our corporate plan, but the Culture report has underlined the need to go further and faster on Priority Outcomes 1, 2 and 3 in particular.
- 11 Our forecast of delivery to the year end, remains “Amber” as we need to manage competing pressures on our resources to maintain day to day delivery alongside innovating and introducing improvements. A prioritisation exercise is proposed to ensure we have sufficient resources in the right places to drive change and manage performance and risk against our five priority outcomes.
- 12 A summary of progress to date against four of our five priority outcomes is at **Annexe 1**. The performance dashboards include, the key achievements and challenges in each outcome area, and an assessment of our overall trajectory towards the outcome.

**Priority Outcome 1: Progress fitness to practise decisions in a timely and sustainable way that keeps people safe**

- 13 The report is clear about the link between regulatory performance and our organisational culture. Our culture and the ongoing challenge to safely progress FtP referrals in a timely way has created a pressurised environment for our people, which has led to poor behaviours and concerning case outcomes in some areas.
- 14 As mentioned above, we will consider our FtP Plan in light of the culture review recommendations to determine whether any changes to the level of resource, timeframes, prioritisation or ambition should be made, in consultation with our people and key stakeholders. The Plan was designed to be agile and adapt to changing circumstances, including the outcome of the review of our culture.

15 The latest detail on caseload progression is at agenda item 9.

16 Following the revised date of publication of the People and Culture report, the timeline for the Omambala investigations to conclude has shifted. Ijeoma wishes to engage with individuals on specific cases in September. At present we understand that the Omambala report will be shared with the NMC in November 2024 with a publication date still to be confirmed.

### **Priority Outcome 2: Build an inclusive, high performance, learning culture**

17 **Dashboard status:** While many of our activities have achieved their milestones and deliverables, and many of our indicators are tracking positively, there is significantly more work to do following the publication of the Culture report. This is the reason for the Red rating.

18 Positive steps have been taken in the delivery of key activities, particularly in the delivery of our Empowered to Speak Up programme to support colleagues in raising concerns, with the Guardian appointed and 12 Ambassadors being trained. This will support us to take action in response to concerns raised in the Culture report. Increased take up of Ambitious Appraisals, work to develop a new competency framework and action to improve the representation of Black and Minority Ethnic colleagues at levels 6 and above will also put us in a strong position to take forward some of the recommendations in the Culture report. But we need to ensure leaders and managers across the organisation have the bandwidth to engage and play their part in delivering culture change.

19 There is more to reflect on to support upcoming public inquiries – notably Thirlwall. Our reflections will need to take account of the Culture report and where possible the findings from Ijeoma Omambala KC’s independent investigations, which are now expected in November. We understand the PSA is awaiting the Ijeoma Omambala KC’s reports before confirming the outcome of their Periodic Review of the NMC. Through Executive Board (Learning), we are seeking to maintain an overview of all learning activity underway to ensure our programme of change and continuous improvement remains coherent, manageable and focussed on addressing the greatest risks to public protection.

### **Priority Outcome 3: Modernise our internal systems, tools, policies and processes**

20 **Dashboard status:** conscious decisions have been taken to slow some activities to enable us to pivot resources to other priorities. We continue to manage significant risk around safeguarding, and we are likely to see further reprioritisation having an impact on the scheduling of other activities in this area, hence the Amber rating.

21 Priority outcome 3 largely focuses on the enablers that support the delivery and development of core functions, as well as key enhancements to our ways of working. Overall activity is tracking well, considering the volume of work (particularly in the IT space), with some delays. Due to our context and competing priorities, these delays are currently tolerable, but will be monitored on an ongoing basis to ensure that delays to enabling systems and processes do not hinder realising the benefits of interdependent work.

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- 22 The Data Vision is one of the activities that could pose this threat if it continues to be off-track. Data is central to driving improvements in other core regulatory functions, but while the team is under pressure to respond to reactive data and information requests following the culture review, they have limited capacity to drive forward elements of the Data Vision that create positive change.
- 23 As highlighted within the Culture report, our safeguarding responsibilities are a core area for improvement. In Q1 we launched the Safeguarding Board and produced an updated project plan, which focuses on establishing governance structures. Other work also includes the audit of private life cases, development of safeguarding algorithms to support colleagues to identify and log safeguarding concerns, and changes to our Charity Commission reporting process. As previously mentioned, safeguarding activity is an area for immediate action following the culture review, with critical deliverables for Q2 including the review of our organisation wide approach to safeguarding and the establishment of a safeguarding hub.
- 24 An area where we have seen early achievements, is against our sustainability plan, launched in 2023. We have been successful in meeting our targets for net zero carbon emissions from our electricity provisions across all sites and in appointing an environmentally conscious pension provider.
- 25 The business case for the implementation of a case management system has been delayed from July 2024 and is expected to go to Council in September 2024. More understanding is needed on how the benefits will be realised, alongside clarity on the dependency with the financial strategy.

**Priority Outcome 4: Contribute to the workforce strategies and support professionals in the four nations**

- 26 **Dashboard status:** conscious decisions have been taken to slow activity in this area given competing priorities. Indicators are tracking positively or marginally below target and some proactive influencing work to ensure we do not lose pace in supporting the sector. The Amber rating reflects the delays and risk being managed.
- 27 We will deliver our annual registration data report on 19 July 2024, alongside our revalidation report and leavers survey findings. We hope the health and care sector will benefit from the data and insights in these reports by using them to address workforce challenges and to help improve the experience of professionals in the workplace and the care that people receive. A verbal update will be provided at the meeting following publication.
- 28 Despite some initial delays on the independent research to support our review of nursing and midwifery practice learning, the Nuffield Trust are on track to deliver their report in September 2024. A paper will be brought to Council thereafter.
- 29 Following the activity ranking exercise that took place in May 2024 by Executive Board, some immediate work on Regulation of Nursing Associates in Wales and Advanced Practice were slowed. This is to ensure that resources could be re-directed to the area of the greatest need and where risks were emerging, considering the finite

resources available.

- 30 We expect to be bringing together the Regulatory Reform programme, Nursing Associates in Wales and some other work strands since they require liaison with the Department for Health and Social Care. This will enable close management of dependencies and more efficient use of resources.

#### **Priority Outcome 5: Strengthen the integrity of the register**

- 31 **Dashboard status:** positive steps have been taken to address strategic risks impacting our core regulatory functions in registrations and education quality assurance (QA). The Amber rating reflects the ongoing activity and plans in development to lower those risks.
- 32 Good progress has been made in strengthening our international registration processes. This includes the drafting of our fraud policy to incorporate the learnings from recent incidences via computer-based testing, our evaluation of English language testing improvements (also discussed within the meeting), and implementation of the recommendations from our recent audit. All these activities seek to mitigate the strategic risk regarding the integrity of the register. In **Annexe 2**, you will see we are developing metrics in this area to track these improvements and ensure our processes are robust.
- 33 In **Annexe 2** you will see we are reporting a high number of concerns being managed by the Education QA team, relative to the number of Approved Education Institutions (AEIs) and education programmes. The team are working with individual AEIs to develop action plans to address concerns, in line with our published QA process. The team are also analysing the high volume of information received following the exceptional mandatory reporting request we sent to AEIs in April 2024. We wrote to all AEIs on 8 July 2024 with an update on this and other aspects of QA.
- 34 We are developing an overarching plan to address the risks and issues in this area. The aim is to provide a supportive service to collaborate with AEIs that require improvements to address any concerns raised. It is likely that some additional operational resources will be required in the short term and potentially some further resource thereafter. A draft plan is expected in the coming weeks.

#### **Looking ahead**

- 35 Implementation of the Culture report's recommendations will require some difficult decisions to be made to pause or slow down planned activity. We will engage with stakeholders and colleagues on any necessary changes and hope that they understand our reasons for doing so. Decisions may impact immediate work, but will be made to support long-term improvements for people at, or in contact with the NMC, and the realisation of our priority outcomes.
- 36 Any substantial adjustments to the corporate plan will be reported to Council.
- 37 **Recommendation: The Council is requested to review the new risk PEO24/05 at annexe 3 (also in full detail at Annexe 4) and provide any feedback.**

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## Next Steps

The Executive will reflect on any discussions and recommendations from the Council.

## Implications

The following were considered when preparing this paper:

Implication:		Location if in paper:	Content if not in paper:
Public protection/impact for people.	Yes	Para. #29	
Safeguarding considerations	Yes	Para #30-33	
The four country factors and considerations.	Yes	Para #36-40	
Resource implications including information on the actual and expected costs involved.	Yes	Throughout – specifically at annexe 5	
Risk implications associated with the work and the controls proposed/ in place.	Yes	Throughout – specifically at annexe 3 and 4	
Legal considerations.	Yes	Throughout	
Midwives and/or nursing associates.	Yes	Para #13, 36-44	
Equality, diversity, and inclusion.	Yes	Throughout	
Stakeholder implications and any external stakeholders consulted.	Yes	Para #13, 24, 45	
Regulatory Reform.	Yes	Para #40	

# Annexe 1: Priority Outcome Performance Dashboards

Item 8  
NMC/24/68  
24 July 2024



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# Priority outcome assessment dashboard

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**#2. Build an inclusive,  
high-performance learning  
culture**

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# Priority Outcome Assessment

## #2. Build an inclusive, high performance, learning culture

Priority outcome owner: Lise-Anne Boissiere, Ruth Bailey

Sign off date: 15/07/2024

<b>Performance summary</b>		<b>Activity status:</b>	<b>Much to do, high risk</b>	<b>Q1 2024 / 2025 overall rating:</b>		1
<p>The first of the learning exercises: the report into our culture has been published. Many of the building blocks are in place to tackle the key issues identified by the report - but the report's recommendations underline the need to go further and faster. An implementation plan is in development but the challenge is doing this alongside maintaining day to day service delivery and stepping up support for colleagues/ registrants/ members of the public. A further prioritisation exercise will be necessary in August to ensure the NMC has sufficient resources in the right places to drive sustainable change and continue to manage the greatest risks to public protection.</p>				<b>Q2 2024 / 2025 forecast rating:</b>		2
				<b>Year End forecast rating:</b>		3

Key achievements in the last quarter	Critical deliverables for next quarter					
Activity name	Description		Due date	BR AG	Commentary	4
EDI plan: Empowered to Speak Up – 12 Ambassadors appointed	Thirlwall: Reflective statement	Need to bring together all the learning so far and signpost next steps	30 <sup>th</sup> July 2024		Challenging timeframe post culture report and pre ljeoma Omambala KC's report	5
People Plan: Ambitious appraisals at 91%	Log and Learn: Architectural Design Board sign off	This will enable the system build to proceed	End July 2024		Aiming to roll out Log and Learn in October	6
Whistleblowing investigations: Culture report published and all 36 recommendations accepted to drive improvements in how we work	Culture report: Implementation Plan	We need to think about the sequencing of implementation	August 2024		Getting the internal and external engagement right is key to achieving sustainable impact	6

### Assessment of key risks / issues associated with delivery (to come from activity within this PO)

Risk / Issue	Activity	Description	BR AG	7
Risk	Public Inquiries	Significant learning activity underway (on Thirlwall, Muckamore Abbey, Lampard etc), which needs to take account of the Culture report (only recently published), and findings from ljeoma Omambala KC's investigations (now expected in November). The mitigation is being transparent on timelines and seeking to join up learning to ensure we have a clear and manageable improvement programme.		8
Risk	Employment relations cases	That employee relations casework takes on a greater prominence and becomes more contentious in light of the Culture report. We will seek to mitigate this by being as sensitive and transparent as possible in how issues are being handled while respecting GDPR/ privacy.		:
Issue	Leadership	The risk is instability in the Leadership team impacting on our ability to deliver the NMC's mandate . The mitigations are Helen Herniman stepping into the Acting CEO role while we run the recruitment for an interim CEO and an interim Executive Director for Strategy and Insight.		50

Indicator	Current RAG	Commentary	1
<b>Strategic risks addressed by this priority outcome</b>			
<b>Strategic Risk PEO24/01:</b> Risk that our organisational culture impacts on the productivity, performance, learning and morale of the organisation		The likelihood of this risk has increased as the risk has now materialised. The outcomes of the People and Culture review and Ijeoma Omambala KC's investigation are expected to further impact on performance and morale.	2
<b>Strategic Risk: GOV24/01:</b> We may not effectively prioritise, monitor and manage our portfolio activity and keep pace with the high level of change (and resources required) to achieve our five priority outcomes		The likelihood of this risk has increased due to the increasing pressures of our continuing FTP high case load, the investigation into our culture and maintaining the integrity of the register.	3
<b>Outcome indicators and KPI's</b>			
<b>Inclusive</b>			
Gap in hire rate between white (all) and Black and Minority Ethnic applicants (target+0.5%)		Avg of 0.1% for Q1 (April -0.4%, May 0.3% and June 0.5%)	4
% of black and minority ethnic colleagues represented in grades 6 and above (target 38% measure it as consistently progresses towards the set target).	26.2%	Avg of 26.2% for Q1 (April 25.5%, May 26.3% and June 26.7% (Progress is being made - it is expected to be gradual)	
<b>High performing</b>			
Turnover (target 0.1%-12.5%)	<b>A</b>	Avg 8.8% for Q1 (April 8.6%, May 8.8% and June 9.41%)	5
A. All NMC	<b>B</b>	Avg 8.2% for Q1 (April 6.1%, May 8.5% and June 10.1%)	
Fitness to practise:	<b>C</b>	Avg 12.9 for Q1 (April 13.2%, May 13.2% and June 12.3%)	
B. Screening	<b>D</b>	Avg 7.2% for Q1 (April 7.3%, May 7.3% and June 7.1%)	6
C. Investigators	<b>E</b>	Avg 13.5% for Q1 (April 13.4%, May 13.7% and June 13.5%)	
D. Case Examiners			
E. Adjudications			
Average number of days of sickness absence per person (target 6.8)		Avg 8.8 days for Q1 (April 8.8, May 8.8 and June 8.9), top reasons being due to stress, anxiety and depression.	7
<b>Customer experience:</b>			
A. Complaints responded to in 20 days (%) (target – 90%)	<b>A</b>	Avg 92.7% for Q1 (April 90%, May 95% and June 93%)	
B. Enquiries responded to in 20 days (%) (target – 92%)	<b>B</b>	Avg 100% for Q1	
C. MP enquiries responded to in 20 days (%) (target – 90%)	<b>C</b>	Avg 94% for Q1 (April 100%, May 88% and June N/A) No MP enquiry in June.	∞
D. MP enquiries responded outside 20 days with agreed extension period (target – 90%)	<b>D</b>	100% in June (1 MP enquiry was responded)	
E. Information requests responded to on time (%) (target – 90%)	<b>E</b>	Avg 95.7% for Q1 (April 96%, May 95% and June 96%)	
<b>Learning</b>			
% of SER incident reports completed within 8 weeks (target 100%)		Avg of 57.8% for Q1 (April 73%, May 36% and June: 67%), Capacity and other workload demands have impacted timeliness. The rollout of Log and Learn in Q3 should enable sustainable improvement in this area.	:
% Overall eligible colleagues completed Ambitious Appraisals quarterly check-ins (target 100%)		91.7% in June	
% Completion of mandatory training (target 100%)		83% in June	51

**High level summary of progress against each activity within PO #2**

Activity (** denotes significant driver for the quarter)	Status	RAG for delivery	Summary
Thirwall inquiry and lessons learned	Live	Amber	This activity is rated amber due to challenges with meeting the Thirwall drafting deadlines alongside the publication of the culture review. We continue to actively engage with the Thirwall Inquiry. The external review is complete and we have aligned the different sources of learning. EB approved the content of the reflective statement that we publish in July 2024.
Whistleblowing investigations: People and Culture / Ijeoma Omambala KC	Live	Amber	The People and Culture report was published on 9 July 2024. This was delayed due to the pre-election period of sensitivity. We are expecting the two reports from Ijeoma Omambala KC to be ready for publication in November 2024.
People Plan	Live	Amber	The People Plan is on track. We have reprioritised some activity to support the People and Culture Review work. Activities not relating to the People and Culture review which have been delivered include: Rising Higher, a refreshed induction programme and the recruitment of over 80 roles into PR.
EDI Plan	Live	Amber	The refresh of the EDI plan will now be undertaken after publication of People and Culture review. The refresh had been paused as it was expected the review would directly impact this work. Recommendations from the review will be incorporated into the refreshed EDI plan. Progress continues being made under the current EDI plan and a number of key deliverables are on track to deliver on its key outputs.
Ambitious for Change fitness to practise case review	Live	Green	The project is progressing to plan and is on track to deliver its key outputs. The EDI Regulatory Policy Manager has confirmed no Equality Impact Assessment (EQIA) is required at this stage. Project benefits have been refined and documentation being completed.
PSA periodic review	Live	Amber	In preparation for our periodic review, we completed an internal self-assessment against the PSA's 18 Standards of Good Regulations and the PSA's noted areas of focus. The PSA's final panel and the publication of their annual report will be published later this year once the independent investigations have been concluded.
Engage our employees on culture change - All NMC Staff Conference	Live	Green	The All Employee Conference is on track to be delivered as planned on 8 October 2024. The conference is part of a wider programme of communications and engagement on shaping and implementing culture change across the organisation.
Improve handling of Corporate Complaints	Live	Amber	The Comms and Engagement team's review of our handling of complex FtP complaints was delayed to Q3 to take account of wider pressures on the team in supporting the publication of the independent investigations. In the meantime, further training has taken place on reasonable adjustments and more is planned on responding to corporate complaints in a person-centred way.
.Learning from statutory inquiries	Live	Green	This activity is on track. Some of the key deliverables in Q1 include: The Executive Directors of Professional Practice and Professional Regulation gave evidence at the Muckamore Abbey Inquiry on 29 May 2024. We have established an internal group to focus on the Lampard Inquiry and are preparing a timeline of all our regulatory activities to identify areas of learning. Following EB's consideration of the learning from the Edenfield review we plan to establish an internal mental health working group to progress actions and learning from both inquiries. We are finalising the Information Sharing Agreement with the Nottingham review and the FtP guidance review to include professional curiosity is on track to complete in September 2024. We have conducted an analysis of the Cass Review and are discussing potential learning with colleagues. We also plan to review the Infected Blood Inquiry report for learning.
Corporate Learning Approach - SER Policy & Process Refresh	Live	Amber	The Log and Learn project encountered delays in agreeing the business case and purchase order sign off. The majority of the work will occur during the holiday period and coincides with a key time for the NMC with the publication of the People and Culture review and Ijeoma Omambala KC's report. We have held our first Project Board meeting to agree the delivery plan. Detailed planning for each of the 10 established work packages is underway. We held an internal Stakeholder Working Group meeting on 27 June 2024 with more stakeholder meetings scheduled for the next quarter. We have started to draft an EQIA and Project Initiation Document.

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# Priority outcome assessment dashboard

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**#3. Modernise our internal  
systems, tools, policies and  
processes**

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# Priority Outcome Assessment

## #3. Modernise our internal systems, tools, policies and processes

Priority outcome owner: Tom Moore  
 Sign off date: 09/07/2024

<b>Performance summary</b>			<b>Activity status:</b>	<b>Managing some delays</b>	<b>Q1 2024 / 2025 overall rating:</b>	↑	2
Overall projects and workstreams are progressing and having a positive impact, however there is “drag” across many of the initiatives for various reasons, including resource challenges, the general election, evolving business requirements and expectation that Safeguarding activities will need to increase and expand following publication of the NMC Culture review.					<b>Q2 2024 / 2025 forecast rating:</b>	↑	
Data programmes are a concern and are tracking behind as increase in Business as Usual (BaU) data asks and responses to major issues, combined with extended recruitment has meant limited resource available to focus on initiating change activities.					<b>Year End forecast rating:</b>	↔	3

Key achievements in the last quarter	Critical deliverables for next quarter			
	Description	Due date	BRAG	Commentary
<b>Environmental Sustainability Plan</b>	<b>Modernisation of Technology Services</b>			
Net zero electricity across NMC sites 6 years early	Business case for D365 project approval at Council	Sept 2024	G	Moved from July 2024 to September 2024.
'Green' pension provider appointed	Revised business case for NMC Online approval at Council	Sept 2024	G	Will recommend an increase in spending and funding still to be identified
<b>Modernisation of Technology Services (MoTS)</b>	<b>Regulatory Reform Programme</b>			
	CMS Discovery phase completion	Aug 2024	A	Revised approach to implementation of D365 within FtP may change timeline, but should not affect overall timescales
Implementation of Panel Allocation solution delivered June	<b>Refreshed Financial Strategy</b>			
Re-costing of NMC Online project completed, revised business case due September	New benefits profiling	Sept 2024	R	Originally due in July 2024, however, has been delayed to Sep 24 by General election which is impacting on the DHSC timeline and the discussion regarding Reg Reform, Regulating Nursing Associates in Wales and Financial Strategy Review being merged.
Transition of D365 implementation project into MoTS governance	<b>Data</b>			
	EB decision on strategy options	July 2024	G	Work to review our investment policy will take place over the quarter. We will also develop analysis of options for our financial policies and plans over the next few years following an initial discussion due at our Executive Board on 30 July 2024.
	<b>Safeguarding (SG)</b>			
	Business case for Master Data programme	Aug 2024	A	Delayed from March 2024 due to resource challenges.
	Embedding of governance structure	Sept 2024	A	Establishment of Safeguarding Working Group and Safeguarding Hub to underpin the work of the Safeguarding Board. A diagnostic review of FtP processes.

**Assessment of key risks / issues associated with delivery (to come from activity within this PO)**

Risk / Issue	Activity	Description	BRAG
Issue	Data Vision programme	Data programme business cases delayed by 6 months due to competing demands on limited resources and slower than anticipated recruitment	R
Issue	Procurement legislation	Procurement Act 2023 becomes a legal requirement on 28 October, capacity is impacted by increasing demand for procurement support from wider NMC.	R

Indicator	Current RAG	Commentary	1
<b>Strategic risks addressed by this priority outcome</b>			
<b>Strategic Risk REG 24/01:</b> we fail to meet our statutory safeguarding responsibilities to protect people who come into contact with the NMC through our work from abuse or mistreatment	Red		2
<b>Strategic Risk TECH 24/01:</b> unauthorised access to sensitive information and records, or the failure of key business technologies, leading to the loss of confidentiality, integrity, or availability of our information, data, or information systems	Red	The impact of this risk has increased due to the level of work that may be required to recover from an incident. The likelihood of this risk has decreased to reflect the mitigations that we already have in place to prevent an incident occurring.	3
<b>Strategic Risk FIN 21/02:</b> the risk that we may not have the financial resources to invest in activities in our corporate plan, resulting in us failing to achieve our strategic ambitions and priority outcomes	Yellow	Our financial position currently remains secure, but we are investing significant resources into improving fitness to practise which will be a significant draw on our free reserves. We also face cost pressures and likely downward revisions of income forecasts. Together these are putting pressure on our financial position over the next two to three years. Our review of financial strategy is looking at how we might address this.	4
<b>Strategic Risk 22/04:</b> The risk that external impacts such as climate change, natural disasters, pandemic and national security will have an impact on our ability to be an effective regulator, or to deliver our core regulatory functions.	Yellow		5
<b>Outcome indicators and KPI's</b>			
<b>Safeguarding</b>			
<b>Safeguarding KPIs (based on directorate learning sessions):</b> * % of respondents who felt that their understanding of safeguarding had improved * % of respondents who felt more confident responding to and reporting safeguarding concerns	N/A	Since April 2024, Team has delivered five training sessions, with approx. 100 participants attending. In addition to these the team also conducted three shorter presentations reaching an additional 64 colleagues while they were not able to capture specific feedback from these sessions, anecdotal evidence indicates a positive impact, particularly in Adjudications have reported feeling more empowered and confident in their roles. Team plans to incorporate specific feedback questions into training feedback in the next quarter.	6
<b>DBS Vetting checks review</b>			
* Volume of DBS vetting checks required – 900 checks required over the next 12 months * Volume of DBS checks completed – 191 checks completed in Q1. * Volume of DBS checks returned with alerts requiring risk assessment - 2	Green	900 checks are required this year of which 193 were required to complete and were submitted in Q1. 191 checks were completed and 2 were returned requiring risk assessment.	7
<b>Technology and data</b>			
<b>Is our technology performing within expectations?</b> 1. Cybersecurity – Major threats blocked % 2. – Minor threats blocked % 3. Unplanned downtime of service availability for NMC website and NMC online 4. * Top desk tickets completed in 50 working hours	N/A N/A 3 4	Metrics on major/minor threats blocked are currently being developed with the supplier and will follow in Q2.	8

High level summary of progress against each activity within PO #3				→
Activity (** denotes significant driver for the quarter)	Status	RAG for delivery	Summary	
MoTS: NMC Online	Live	Yellow	The Overseas Registration Application continues to progress well. Significant work has been undertaken with our development partner to re-assess the timeline and cost impact of introducing a new payment solution. The revised plan and business case is now expected by the end of August 2024.	→
MoTS: Change request workstream	Live	Green	The first release was partially delivered in April and the second phase was released in May 2024.	↻
MoTS: Case management system	Live	Green	This activity is currently in the discovery phase and is on track to conclude in August 2024.	
MoTS: Implementation of Case Management System	Live	Yellow	This project transferred from the FtP 18 month Plan to MoTS in June 2024. Development work is underway to establish the Project Board, project plan and business case for presenting to Council.	→
Data Vision • Data warehouse migration • Performance analytics and regulatory insights	Live	Yellow	Development of the business cases have been delayed due to other priorities, but work continues on the technical and strategic requirements for data warehouse transition in progress. Performance analytics and regulatory insights activity paused.	
Regulatory Reform Programme • Policy and legislative design / implementation	Live	Yellow	This activity is currently amber due to some milestones slipping because of DHSC timelines and the impact of the General Election. The Order and Rules go live date still on track and is rated green. The timeline will be reviewed September 2024 once we have more clarity from DHSC on their timeline and approach from the new government	↻
Delivery of safeguarding workplan • Implementation of DBS checks	Live	Yellow	We have launched the roll-out of DBS checks for 900 existing colleagues. 191 checks were identified as due in the quarter and have all been progressed on time. Two checks required additional risk assessment. This number will fluctuate depending on work anniversaries. System limitations mean quarterly forecasting of checks is not complete. The safeguarding work plan is being delivered with steps taken to establish the safeguarding board and underpinning infra-structure. Tools are being created to better support colleagues to identify and respond to safeguarding. It is anticipated most work around embedding governance structures should be complete by September 2024.	↻
Sustainability plan	Live	Green	This activity is on track. Since publishing our environmental sustainability plan in March 2024, we are making progress continuing the trend of previous years.	↻
Changes in procurement legislation	Live	Yellow	This activity is slightly delayed due to the short notice provided from central Government and limited resources at NMC to run the programme. The overall rating is not expected to change to green but could worsen to red. This is because key information will not be released by the Government until very close to go-live. We are putting mitigation in place by prioritising areas of spend we perceive may be higher risk of challenge in the first instance.	⋮
Cyber Security	Live	Green	This activity is on track. We have recently completed external penetration testing, which will inform a revision to prioritisation within the current plan.	
Refreshed financial strategy	Live	Green	This activity is on track. We are procuring support to review our investment policy. We are also reviewing options for our financial policies and plans over the next few years with an initial discussion due at our Executive Board on 30	↻



# Priority outcome assessment dashboard

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**4. Contribute to workforce  
strategies and support  
professionals in the four  
nations**

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# Priority Outcome Assessment

## #4. Contribute to workforce strategies and support professionals in the four nations

Priority outcome owner: Sam Foster

Sign off date: 15/07/2024

<b>Performance summary</b>	<b>Activity status:</b>	<b>Adjusted timelines</b>	Q1 2024 / 2025 overall rating:	A	2
	Overall we are progressing in line with the revised timelines and milestones that are in place. The previous decision to delay Advanced Practice (AP) engagement activity over the summer means that one workstream will need to progress in the autumn. The delays to publishing data reports will be resolved by August 2024		Q2 2024 / 2025 forecast rating:	A	
			Year End forecast rating:	A	3

Key achievements in the last quarter	Critical deliverables for next quarter			
	Description	Due date	RAG	Commentary
<b>Spotlight</b>	<b>Spotlight reports, data reports, and use of insight</b>			
Delivery of Spotlight/insight reports (set to publish in Q2)	Revalidation report: professionals with disabilities	Q2	G	Report to inform employers of the challenges faced by professionals with disabilities when revalidating and how we can use our support and influence to encourage improvements.
	Annual Revalidation report	Q2	G	
<b>Advanced Practice</b>	Annual Leavers' survey	Q2	G	Due to launch 17 July 2024
	Annual Registration Report publication	Q2	G	
	Annual Fitness to Practice Report	Q2	G	
Engagement with stakeholders, public advisory group – keeping people at the centre of this work	<b>Review of Practice Learning</b>			
	Nuffield Trust research report	Sep 2024	G	
	<b>Advanced Practice</b>			
	"Impact of additional regulation of advanced practice on internationally educated nurses and midwives" final report	Aug 2024	G	

### Assessment of key risks / issues associated with delivery (to come from activity within this PO)

Risk / Issue	Activity	Description	RAG
Risk	Registrations data report	Staff attrition – loss of data processing knowledge. Other team members are currently being upskilled in order to assume responsibility.	A
Risk	Advanced Practice	Capacity - colleagues within Professional Practice are stretched across several projects simultaneously.	R
Risk	Advanced Practice	There is a risk that momentum is lost due to limitation on wider engagement and co-production of standards that is part of the recommendation accepted by Council	R
Risk	Impact of delays to Advanced Practice on Revalidation and Code work	Due to reprioritisation and current workloads there is a risk that consideration of Code and revalidation requirements for professionals working at advanced level practice may be subject to further delays meaning that the benefits may take longer to achieve resulting in known risks continuing for longer.	R

Risk	Review of Nursing and Midwifery Practice Learning	Quality assurance of education is reporting significant risks to practice learning. Additionally, the transition period for the phase two changes to programme standards is ongoing and will conclude in January 2025. This may impact on the discovery phase of review of Practice Learning. A QA improvement plan is underway, alongside a new QA outsource provider	58 A
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Indicator	RAG	Commentary	1	
<b>Strategic risks addressed by this priority outcome</b>				
<b>Strategic risk REG18/01:</b> We fail to maintain an accurate register of people who meet our standards (including timeliness of registrations)	Yellow	Score remains unchanged since April.		
<b>Strategic risk REG 19/03:</b> We do not make sure that educational standards are fit for purpose (including processes to ensure compliance with standards are met).	Green	Under review to reduce overlap between Education QA and Standards work. Some amendments have already been made and have been added to the strategic risk register as a partial update. The team will continue to work on separating the two risks and removing any cross over mitigations and causations. To be completed by the end of July 2024.	2	
<b>Outcome indicators and KPI's</b>				
<b>Scorecard KPIs for registrations:</b>				
<b>Are we processing registrations in a timely way?</b> 1. UK initial registrations applications with no concerns completed within 1 day (%) (target – 97%) 2. UK registrations requiring additional scrutiny completed within 60 days (%) (target – 90%) 3. Overseas registration applications assess within 30 days (%) (target – 95%) 4. Readmissions applications completed within 21 days (target – 95%)	1			
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<b>Are we meeting the level of expectations for OSCE testing?</b> 1. Total OSCE tests offered per month across our 5 test centres (volume) (target - >3000) 2. Number of test takers (volume) 3. Customers who agreed that the OSCE test centre treated them with 'Respect and Dignity' throughout the examination process (%) (target – 95%)	1			
	2			
	3		5	
<b>Is our contact centre operating within expected performance targets?</b> 1. Contact centre call attempts handled (%) (target – 90%) 2. Email response rate (days) (target - ≤ 5 working days) 3. Customers reporting that the contact centre handled their calls with kindness (target – 95%)	1	Avg of 86.5% in Q1 (April 80.4%, May 90.1% and June 88.9%), performance has been impacted due to increase in volume of calls in April against forecasted and in June team saw increase in sickness absence with 14.1% increase in annual leave for June. From April the Centre took over responsibility for international emails and continues to focus on with responding emails at avg of 6.9 days (April 8.6, May 6 and June 6.1) in Q1. Customers have reported an avg of 94.4% on Kindness score in Q1 (April 93.4%, May 95.2% and June 94.5%).		
	2			
	3		6	
<b>Our influencing activity, key highlights:</b>				
In what ways have we contributed to or supported workforce strategies in the four nations over the last quarter?	<ul style="list-style-type: none"> <li>Our review of practice learning is undertaking discovery work to better understand models of practice learning in the UK and internationally, helping us inform next steps to improve the quality of student learning experience in practice. To inform our review, we have recruited a public advisory group, with representatives of charities and advocacy groups, representing those the people on our register care for, as well as a student advisory group, incorporating nursing and midwifery students from all four nations.</li> <li>We reached over 1,100 people through a webinar on our plans for the additional regulation of advanced practice. Our Advanced Practice community of interest has grown to more than 2,800 people. We received 1,583 responses on a survey commissioned by the Florence Nightingale Foundation, to explore the implications of advanced practice regulation for internationally educated professionals. We are committed to provide and co-produce a UK-wide, safe, collaborative and co-produced approach to the expansion of the advanced practice nursing and midwifery workforce, therefore, hearing and incorporating the perspectives of the public, professionals, and our stakeholders are key.</li> <li>Served on the steering group of a national social care workforce initiative in England, convened by skills for care</li> <li>Served on the Welsh Government Programme Board overseeing the introduction of nursing associates in Wales</li> </ul>			7
In what ways have we supported professionals over the last quarter?	<ul style="list-style-type: none"> <li>Published a joint statement with the General Medical Council (GMC) and Care Quality Commission (CQC), supporting the implementation of Martha's Rule in England, helping professionals to understand what is expected of them in light of the change.</li> <li>Continued to support professionals to embed our standards, launching new materials on holistic care that encourage professionals to think holistically and see the whole person, and reached over 400 professionals in a webinar about leadership.</li> <li>Established the international nursing and midwifery association (INMA) forum, to ensure the views and knowledge of internationally educated professionals positively influence our work.</li> <li>Mapped our standards of proficiency for midwives to recommendations of the Ockenden and Kirkup reports and produced a resource for Directors and Heads of Midwifery, including a benchmarking tool which will encourage them to assess the experience of student midwives on practice learning placements in their organisations.</li> <li>Minor updates were made to the language, structure, and layout of our standards of proficiency to ensure that our programme and proficiency standards are presented consistently in our new visual identity and improve their readability and overall accessibility.</li> </ul>			∞
In what ways have we used our data or insight to influence the development of health	<ul style="list-style-type: none"> <li>Produced our annual registrations data report which is intended to inform workplace planning across the UK, this is set to publish in July 2024</li> </ul>			59

High level summary of progress against each activity within PO #4				1
Activity	Status	RAG for delivery	Summary of progress of activity and how this work has either contributed to workforce strategies or strengthened support for professionals	2
A review of nursing and midwifery practice learning	Live	Green	Despite some early delays to the independent research, the Nuffield Trust continue to work to deadline of 16 September. There is an understanding that the review continues to work towards the delivery of a paper for Council in November 2024/January 2025.	3
Regulation of nursing associates in Wales	Paused	Yellow	Work was paused in light of an organisational reprioritisation exercise in May. The only work in train is stakeholder engagement with the Welsh Government. The DHSC would not provide clarity on the legislative timetable before the general election. Timelines for legislative change are uncertain.	4
Advanced Practice Project	Live – slowed down	Yellow	The Advanced Practice (AP) review is in flight however, certain workstreams have slowed down due to the corporate reprioritization of key activities. We are on track with the delivery of workstream one: the development of a unified UK-wide advanced practice framework. The development of standards of proficiency and associated programme standards, including public consultation. A request for public consultation will be taken to Council in March 2025. Engagement work has slowed down for similar reasons and the next independent steering group will take place in September. This means that the steering group has not met since the decisions taken by Council in March 2024. To explicitly assure on our commitment to coproduction the steering group will be updated and discuss progress on the unified framework in order to build consensus and make recommendations to EB. There is a risk that momentum is lost due to limitation of wider engagement and co-production of standards that is part of the recommendation accepted by Council. There is a risk that the loss of Senior Project Manager resource will further impact on delivery of this work.	5
Spotlight report, data reports and use of insight	Live	Green	All activities are on track. Our insight work is supporting the Fitness to Practice (FtP) 18-month plan in several areas including understanding professionals' experience of FtP, identifying learning about people's experiences from complaints, wider external literature and existing feedback surveys. The new FtP data report is focused on supporting the FtP plan workstream on reducing inappropriate referrals and intended to reduce burden from ad hoc data and Freedom of Information requests.	6
Lay the groundwork for a refresh of the NMC Code and revalidation	Live – slowed down	Yellow	No progress on laying the groundwork for a refresh of the Code has been made in this quarter. Initial scoping and internal workshops have not yet taken place. It will be necessary to initiate this work to be able to have laid the groundwork for the 2025/26 co-production activity that we have agreed and publicly committed.  We held an initial internal workshop and made early progress on scoping the evidence base needed for the revalidation review. This will continue over the summer months. We intend to include questions regarding additional revalidation requirements for professionals working at an advanced practice level within an upcoming Advanced Practice engagement survey that seeks to establish contact with professionals who are working/have advanced practice qualifications.	7
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# Priority outcome assessment dashboard

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5. Strengthen the integrity  
of the register

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# Priority Outcome Assessment

## #5. Strengthen the integrity of the register

Priority outcome owner: Matthew McClelland

Sign off date:15/07/2024

<b>Performance summary</b>  Both strategic risks relating to Priority Outcome 5 remain red. Actions to strengthen international registrations processes have been scoped and planned and are on track. Delivery of the organisational fraud policy in July will reduce the score for risk REG18/01 once fully implemented. Work is underway to scope and plan actions to strengthen quality assurance of education but has not yet been completed.  Definition and baselining of outcome indicators for both workstreams remains work in progress.	<b>Activity status:</b> <b>Making progress, managing risk</b>	<b>Q1 2024 / 2025 overall rating:</b>	<b>Amber</b>
		<b>Q2 2024 / 2025 forecast rating:</b>	<b>Amber</b>
		<b>Year End forecast rating:</b>	<b>Green</b>

Key achievements in the last quarter	Critical deliverables for next quarter			
Strengthening international registration processes	Description	Due date	BRAG	Commentary
Scoping of workstream to strengthen international registrations processes.	<b>Strengthening international registration processes</b>			
Interim CBT lessons learned report completed	English language review and phase 2 paper	July 2024	G	On track. Plan for the English language evaluation paper to go to Council in July 2024.
English language evaluation report approved by EB to go to Council	Development of policy on fraud	July 2024	G	On track. Development of policy on bribery, corruption and fraud including organogram underway.
<b>Review and strengthening of education quality assurance</b>				
CCCU internal review completed and reported on	<b>Review and strengthening of education quality assurance</b>			
Scoping of programme has started (high level plan delivered to portfolio board 9 July)	Outcome of assessment of mandatory exceptional self-reporting	Aug 2024	A	Completion of second stage review to inform assessment and response
	External feedback on our response to concerns at CCCU	Oct 2024	G	On track.
	Contract transition to new QA provider	Sept 2024	G	Transition is underway with focus on minimising disruption to service delivery

Assessment of key risks / issues associated with delivery (to come from activity within this PO)				
Risk / Issue	Activity	Description	BRAG	
Issue	Review and strengthening of education quality assurance	Team capacity to deliver business as usual and support improvement is constrained by changing personnel, turnover, and sickness.	R	
Risk	Fraud policy	Reluctance of test providers to engage with us and share information.	A	

Indicator		RAG rating/result Q1	Commentary	1
<b>Strategic risks addressed by this priority outcome</b>				
<b>Strategic risk REG18/01:</b> We fail to maintain an accurate register of people who meet our standards (including timeliness of registrations)			Risk score (likelihood/impact) remains unchanged since April 2024.	2
<b>Strategic risk REG 22/04:</b> We fail to take appropriate or timely action to address a regulatory concern regarding the quality of nursing or midwifery education			The likelihood has of this risk has increased due to lack of resource to manage core business due to senior staff sickness.	3
<b>Outcome indicators and KPI's</b>				
<b>Review and strengthening of education quality assurance</b>				
<b>Context</b>	Number of AEl's Number of approved programmes	98 1,944	The 1,944 programmes reflects the number of new standard versions of prog reported 2,100 programmes (which are a mix of new standard programmes a which have been removed).  We are intending to move towards more proactive monitoring of activity, supp approach. The 2 visits undertaken between Apr-Jun reflect our current reacti  All critical concerns have action plans in place except one which is due to be 2024.	4
	Number of monitoring events completed in last quarter	2 (Apr – Jun)		
	Number of concerns	Minor: 173 Major: 109 Critical:11		
	Themes			
<b>Measure</b>	Proportion of critical concerns with QA Board ratified action plans	11/12	<b>New themes:</b> * Following mandatory self reporting, we have seen some indications of use of approved levels of reflection, simulation hours, as well as breaks being includ	5
	Proactive monitoring events (TBC)	Planned: N/A Completed: N/A		
<b>Strengthening international registrations processes</b>				
<b>Context:</b>	Volume of fraudulent applications identified within our processes ( <i>detected before entry to register-eg results not verified by test provider</i> )	N/A		7
	Volume of incorrect and fraudulent entries to the register	N/A		
	Significant themes/types of fraudulent entries attempted	N/A		
	Feedback from partner meetings regarding instances of fraud/following our protocols	N/A		
<b>Core business:</b>	Volume of registration concerns under Assistant Registrar and/or RIT review <i>Individual fraud concerns</i> <i>Non-fraud concerns</i> <i>Large-scale fraud concerns (CBT/OET)</i>	N/A	We are developing new metrics to capture prevention and detection of fraud processes and themes arising. We expect the final metrics and data to be rea Data will be available in Q2	∞
	Age of caseload for applications under review with AR and/or RIT	N/A		
	% of decisions overturned at appeal	N/A		
	Volume of cases removed broken down between registration fraud, and those removed from the register due to failing to meet revalidation requirements.	N/A		
	Volume of applications open where we have asked applicants to provide evidence as their original evidence is invalid	N/A		

High level summary of progress against each activity within PO #5

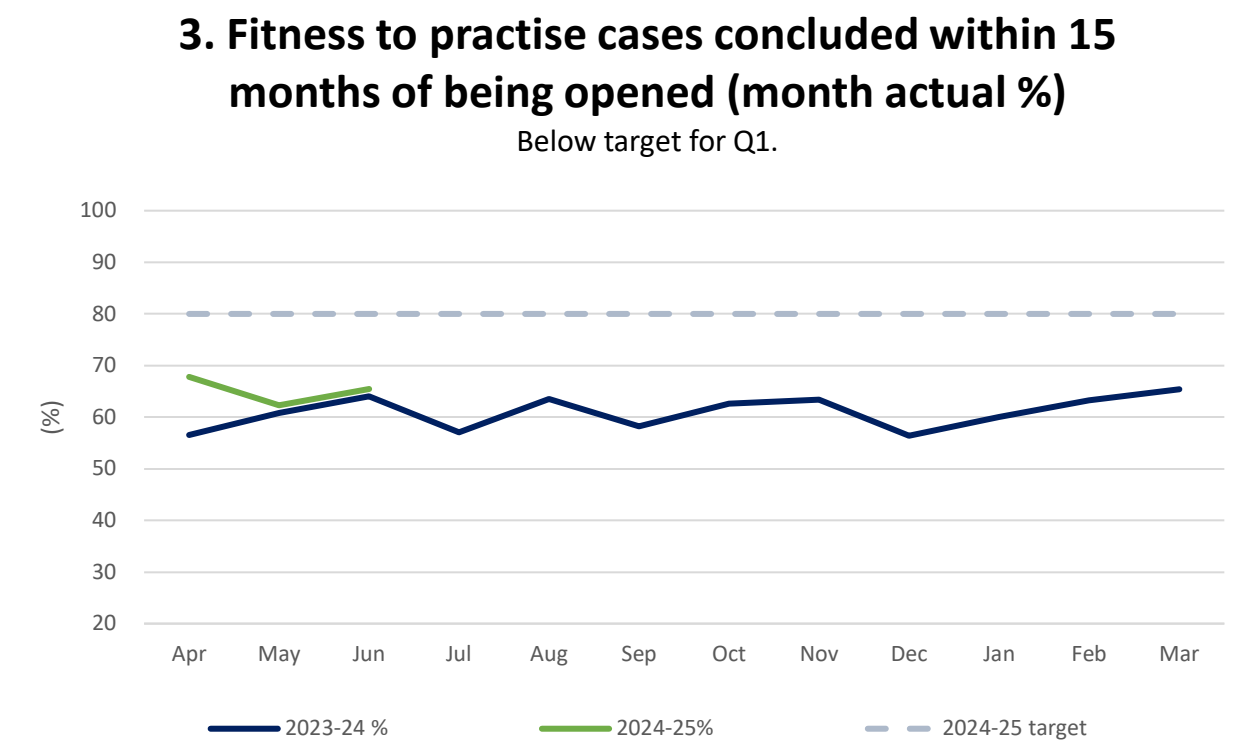
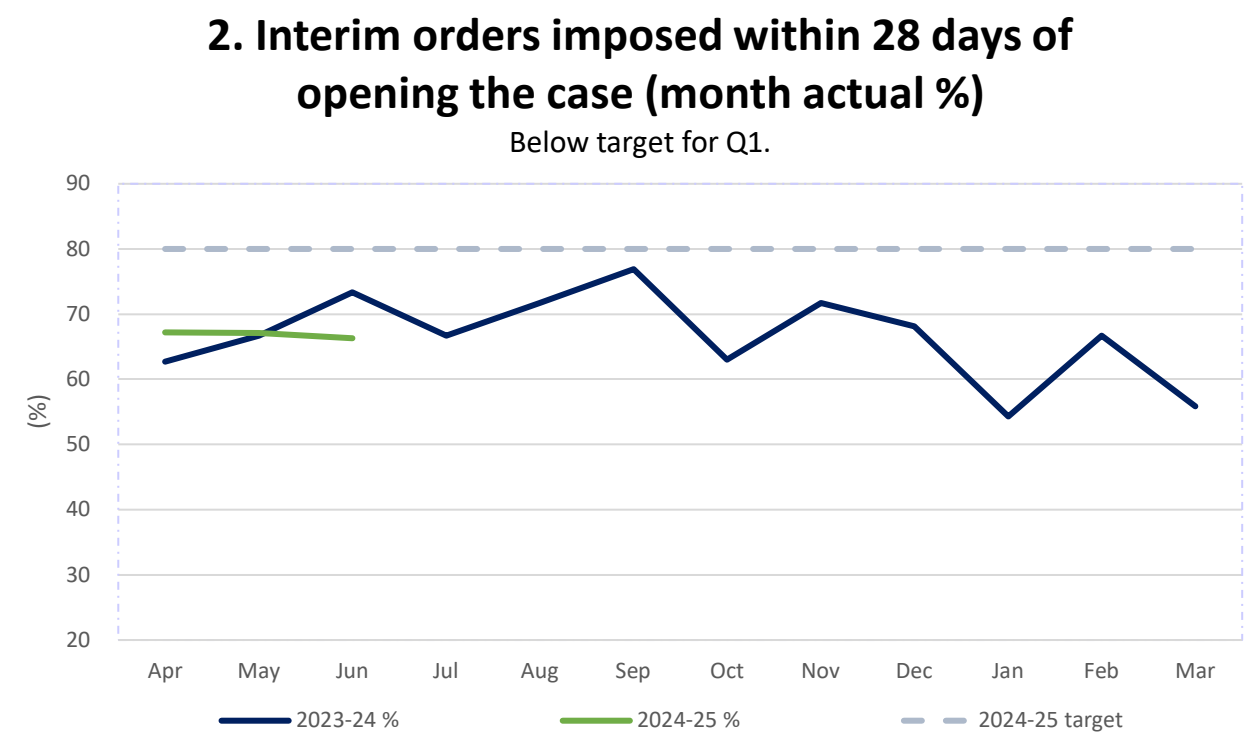
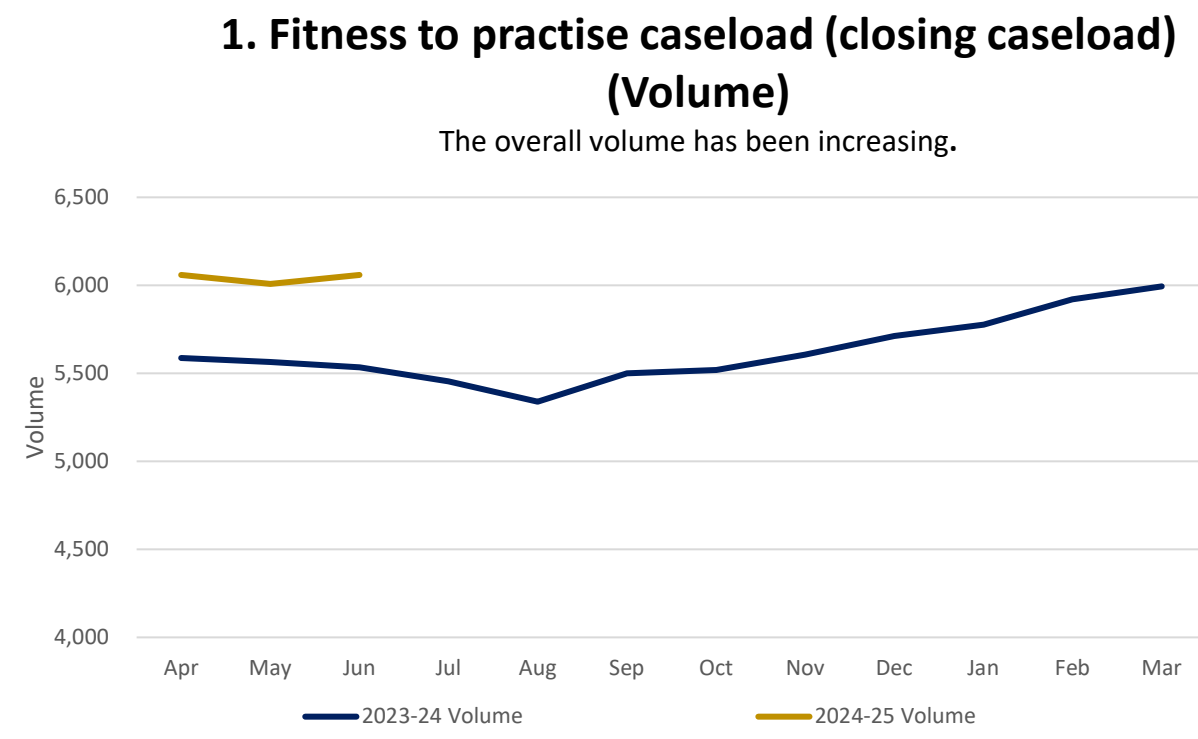
Activity	Status	RAG for delivery	Summary of progress of activity
Strengthening international registration processes	Live	Green	<p>Overall, good progress is being made in delivering the various workstreams under this activity.</p> <ul style="list-style-type: none"> <li>• Good progress on developing our fraud policy, which is a major strand of this piece of work and will incorporate learnings from the CBT issue, This is due to go to the Executive Board on 30 July 2024.</li> <li>• Our English Language evaluation is due to come to Council in July 2024</li> <li>• Phase 2 of the English language work has been de-prioritised. We will recommend to Council that we continue with what we have already implemented but not deliver any further changes in this strategy period.</li> <li>• The RSM audit recommendations all have action owners and for the audit recommendations that are not part of the new fraud policy actions have been planned for Q2 and are on track.</li> </ul>
Review and strengthening of education quality assurance	Live	Yellow	<p>Our independent assessment of approach to education quality assurance has completed.</p> <p>Recommendations are being shaped into programme of activity to deliver strengthened operational delivery approach, governance arrangements and transition to new QA partner. A programme manager is in place to support with the scoping, definition and prioritisation of activity under workstreams. A high-level plan was presented to Portfolio Board in July 2024.</p> <p>An internal lessons learned review of our activity in response to concerns around Canterbury Christchurch University's midwifery programme was presented to and discussed by our Executive Board in July.</p> <p>We are currently undertaking a comprehensive analysis of mandatory exceptional self-reporting responses. We have committed to delivering an update on this in August.</p> <p>Preparations for our transition to a new QA provider in September are underway. This includes upskilling and onboarding the provider, ensuring that our systems and data are updated, updating our webpages and supporting documents, and ensuring regular communications with AElS.</p>



**Item 8: Annexe 2  
NMC/24/68**

**KPI Trend Dashboards**

**Professional Regulation - Fitness to Practise**

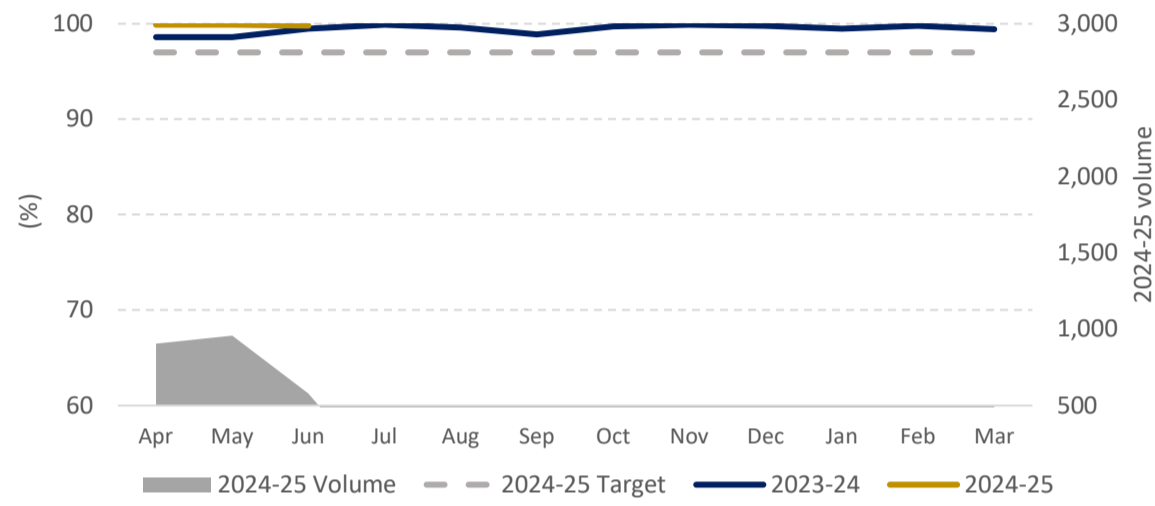


# Professional Regulation - Registrations

## Registrations

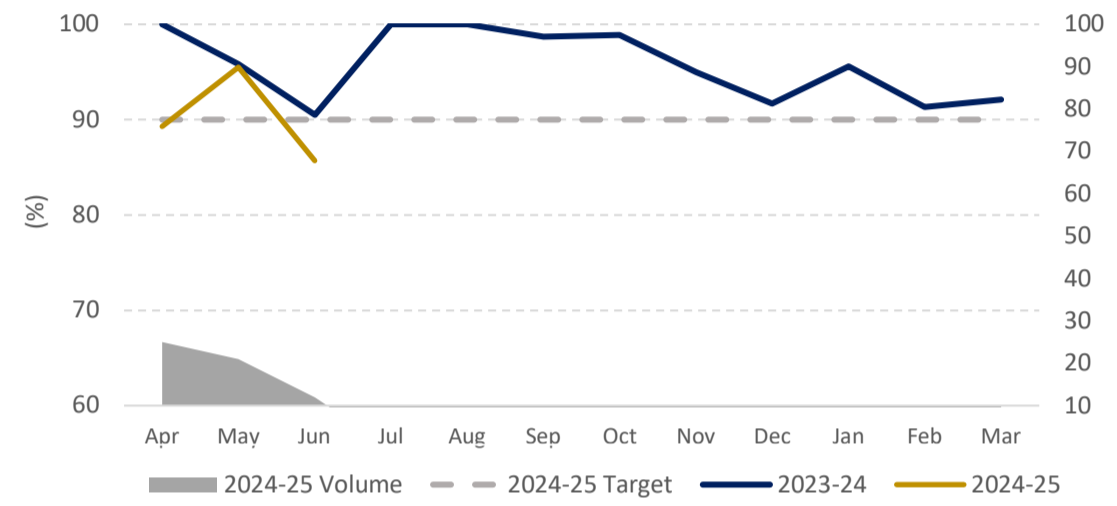
**4. UK registration completed with no concern within 1 day (% and volume)**

Above target for Q1.



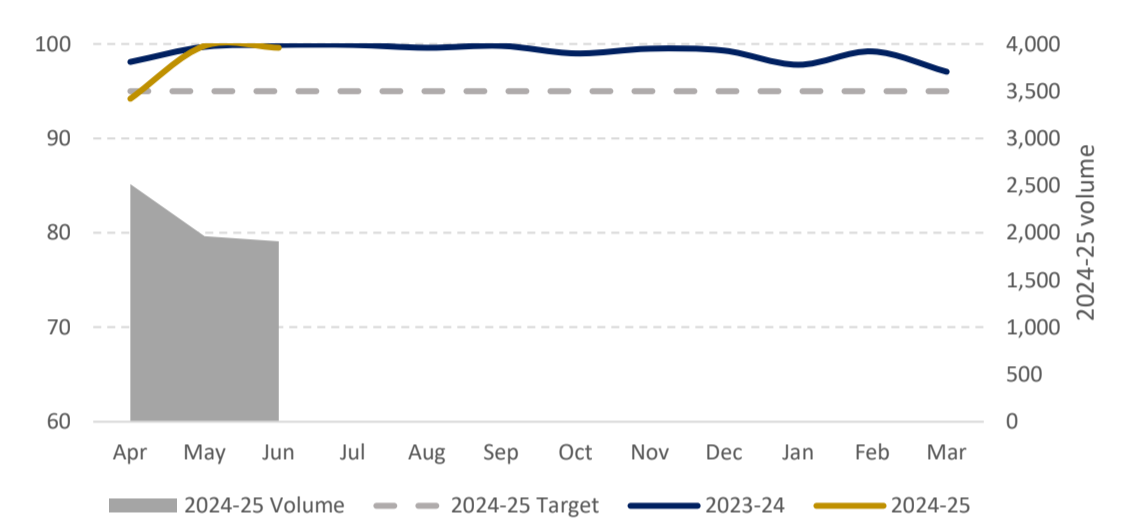
**5. UK registrations requiring additional scrutiny within 60 days (% and volume)**

Below target in April and June.



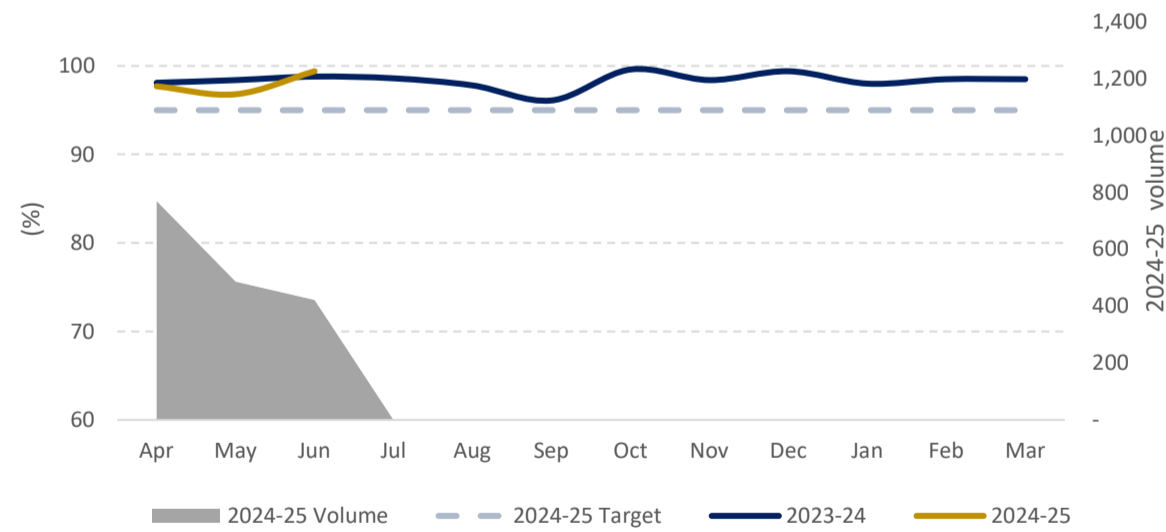
**6. Overseas registration assessed within 30 days (% and volume)**

Above target for Q1.



**7. Readmission applications completed within 21 days (% and volume)**

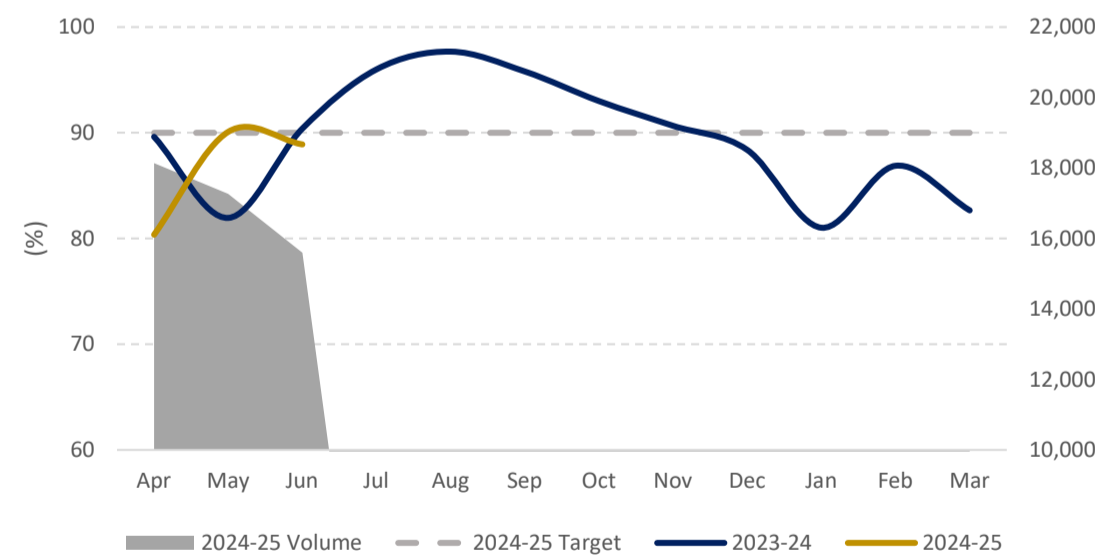
Above target for Q1.



## Contact Centre

**8. Call attempts handled (% and volume)**

Below target in April and June.

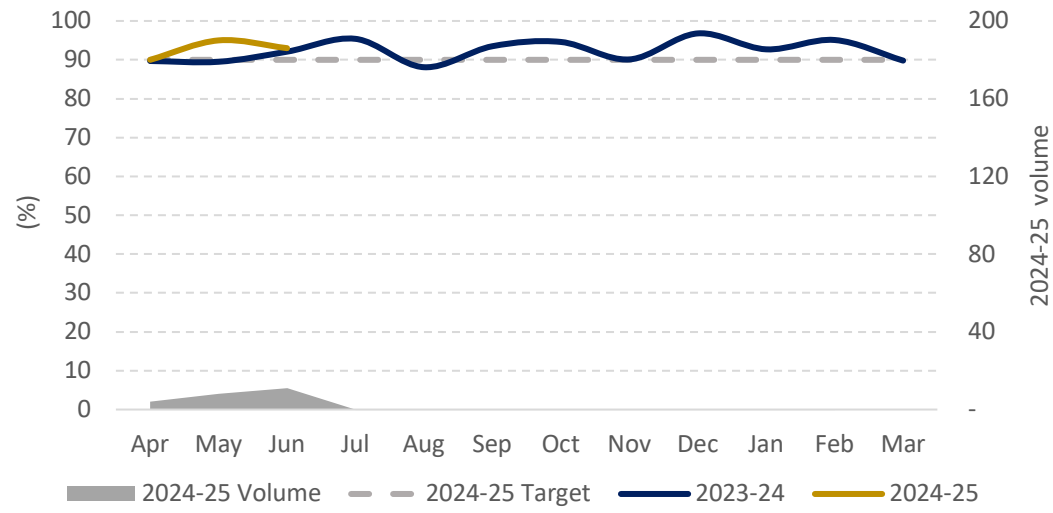


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# Customer enquiries, complaints and feedback

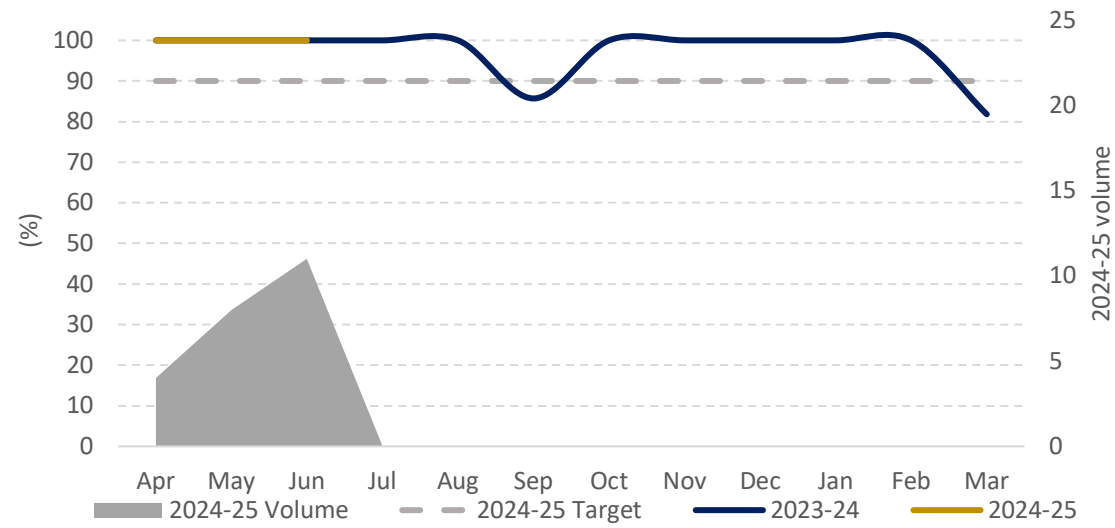
**9. Customer complaints responded to within in 20 days**

Above target for Q1.



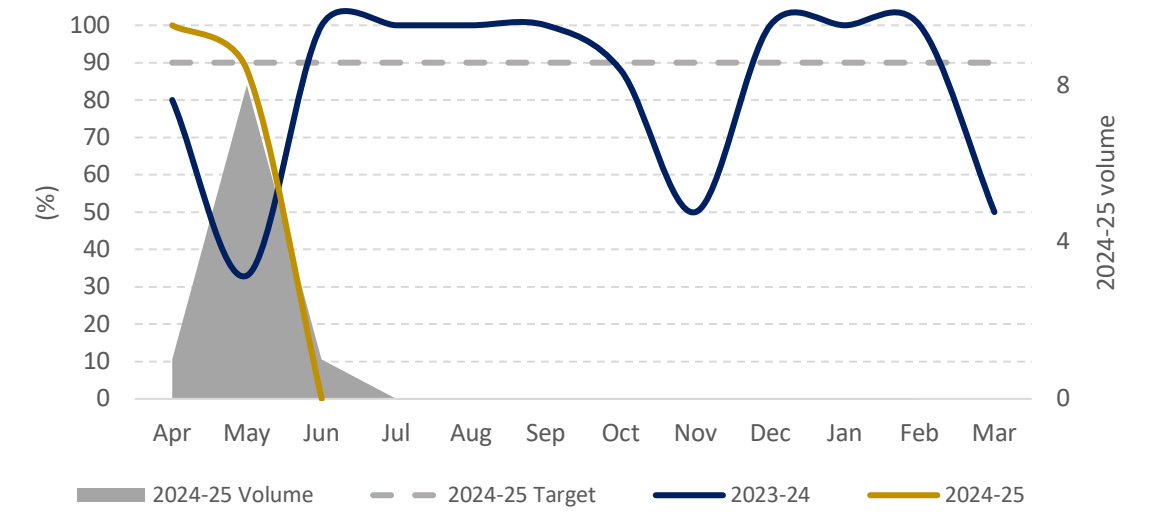
**10. Enquiries responded to in 20 days**

Above target for Q1.



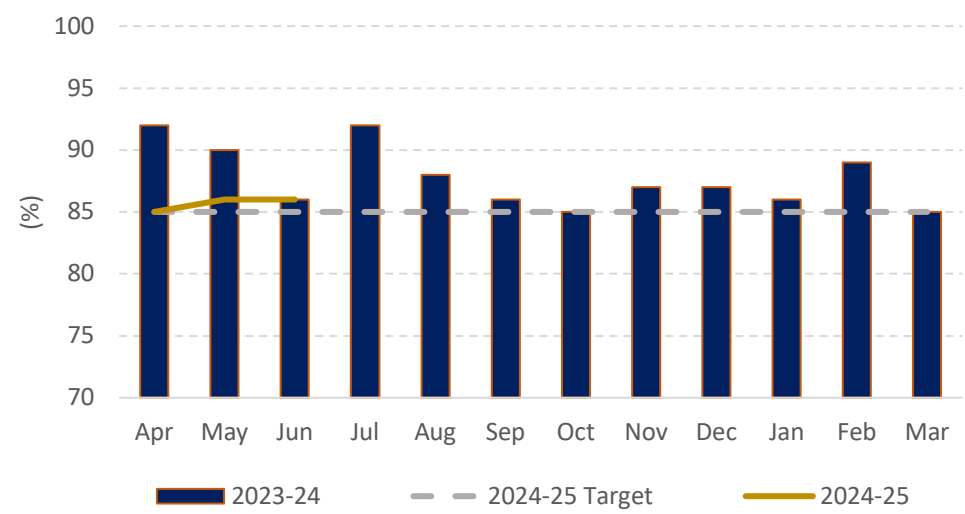
**11. MP Enquiries responded to in 20 days**

Below target in May, No MP enquiry in June.



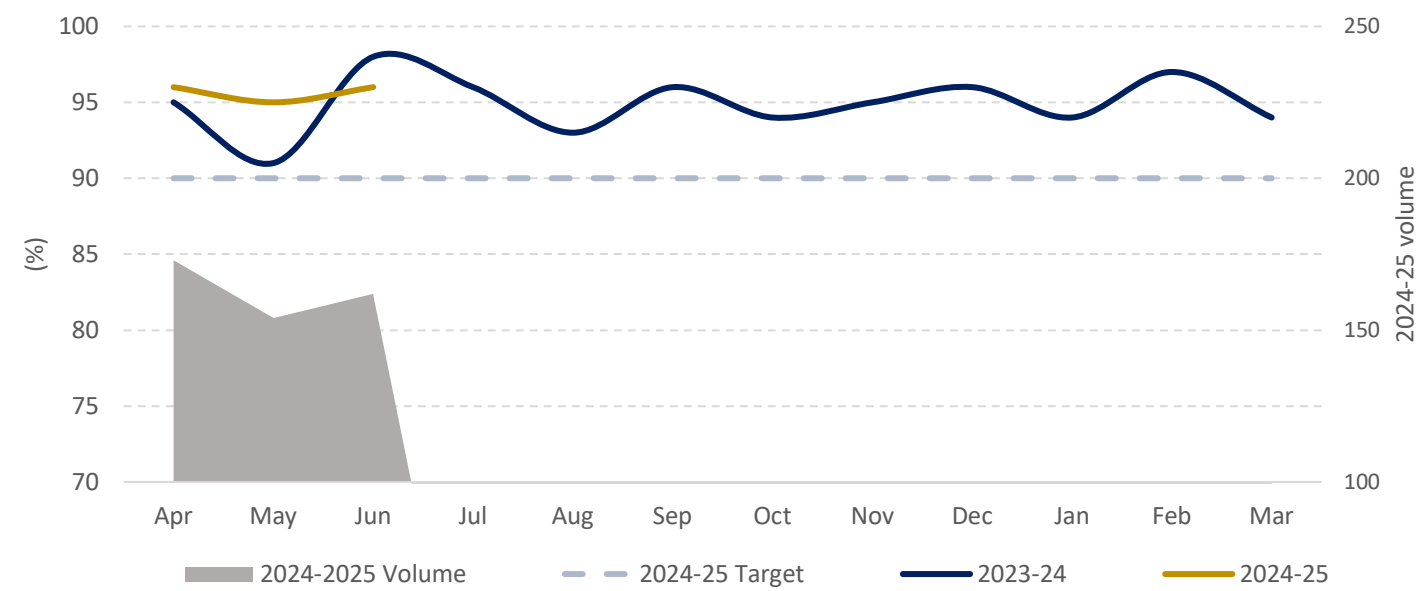
**12. Customers rating our service as good or very good**

Above target for Q1.



**13. Information requests responded to in statutory timeframes**

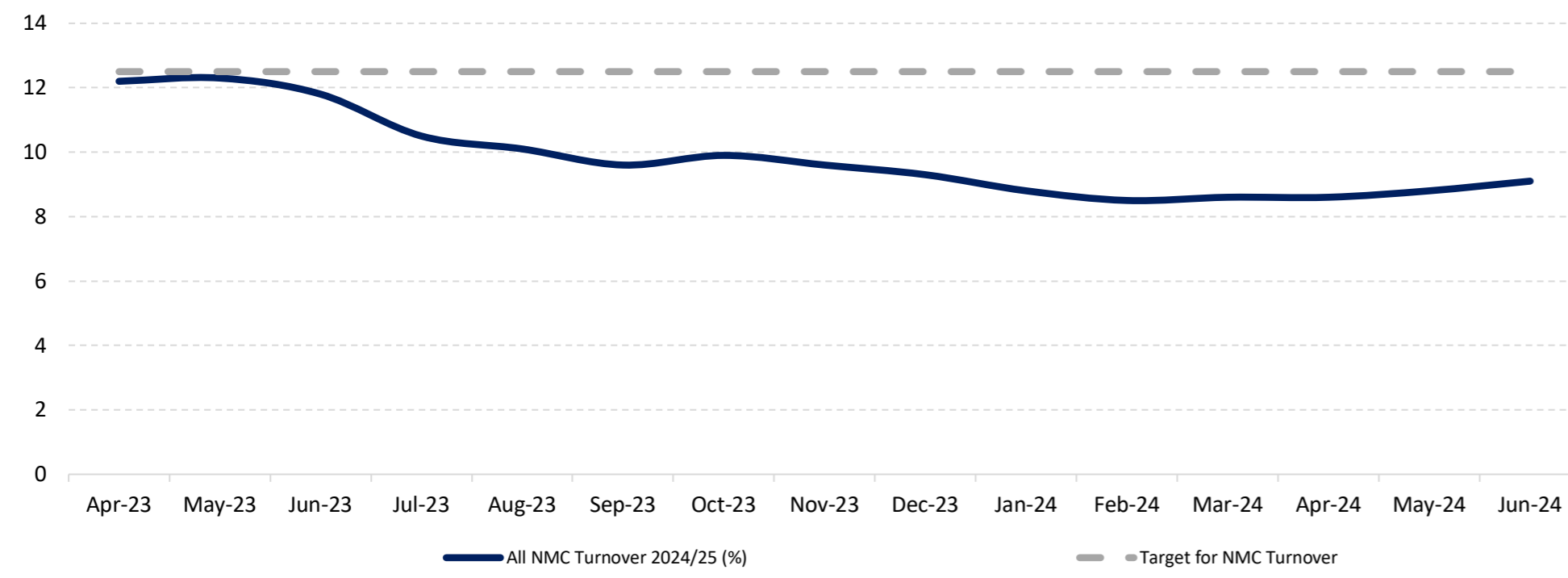
Above target for Q1.



# Our people

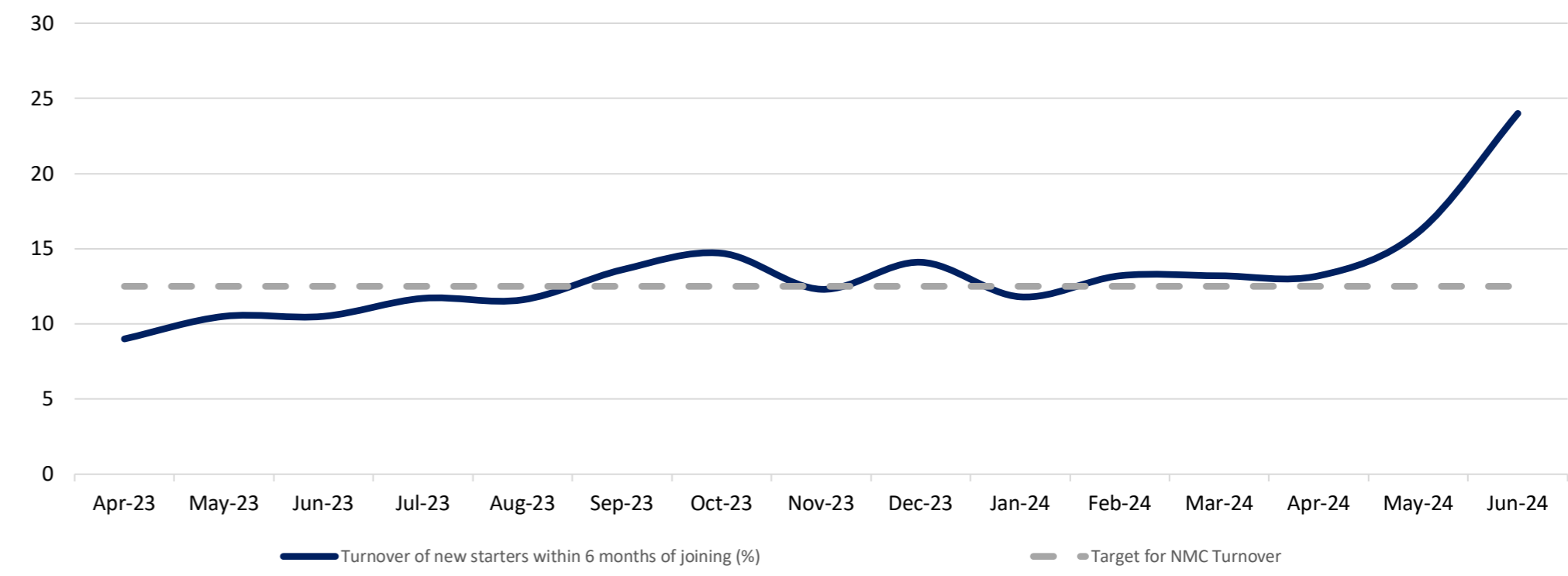
## 14. Total NMC employee turnover (%)

Within the acceptable range for Q1.



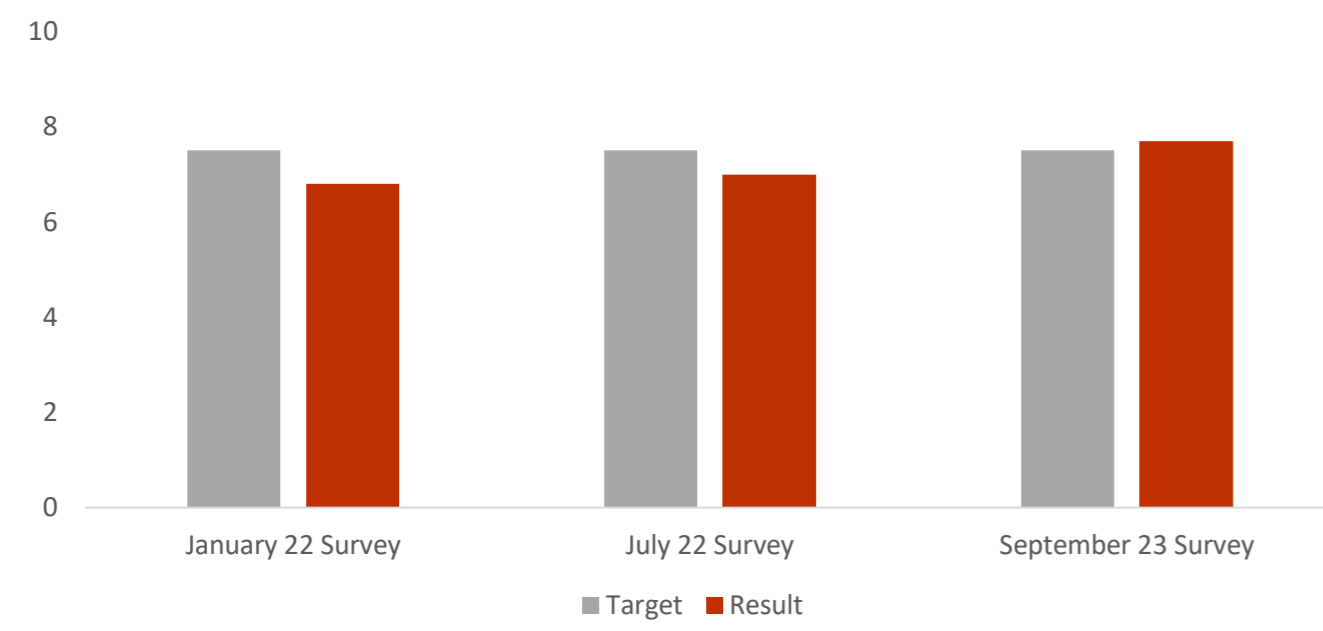
## 15. Turnover of new starters within 6 months of joining (%)

Above target for Q1, 3 colleagues left within 6 months of joining



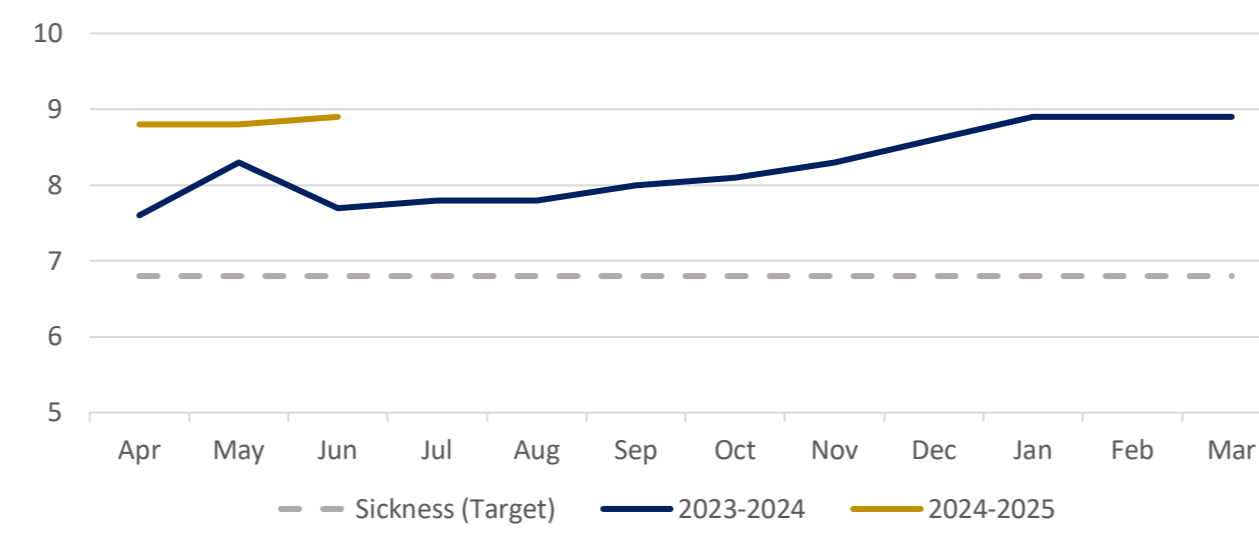
## 16: Employee engagement score (out of 10)

Above target.  
Next survey will be due in September 2024



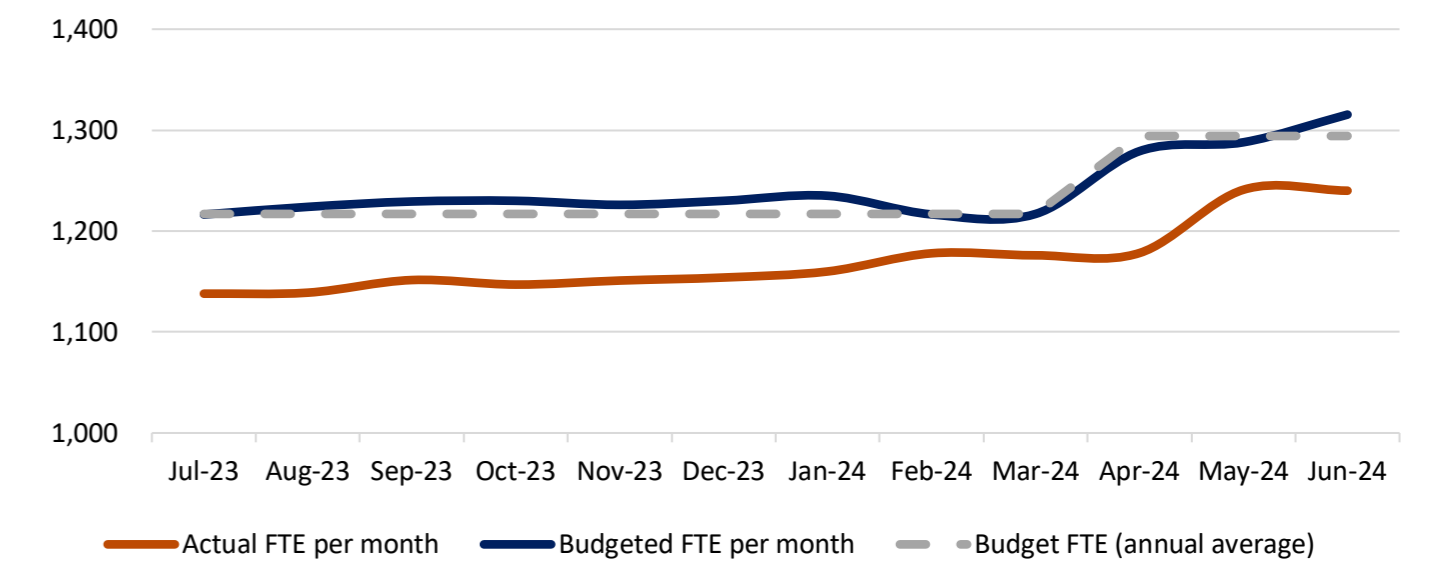
## 17. Sickness absence average days

Higher than desired level for over a year.



## 18. Total Full Time Equivalent

Below target for Q1.



## Annexe 3: Strategic risk exposure report (up to 11 July 2024)

### 1. Overview of strategic risks.

- 1.1. All Current strategic risk scores will be reviewed in light of the People and Culture review by the Executive at their meeting on 30 July 2024.
- 1.2. The strategic risk register can be found in full at **Annexe 4**.

Risk ref	Current rating			Strategic risk description (L = Likelihood. I = Impact)
	L	I	L x I	
REG24/01	5	4	20	<b>We fail to meet our statutory safeguarding responsibilities to protect people, who come into contact with the NMC through our work, from abuse or mistreatment</b> ( <i>Risk factors</i> : not acting upon intelligence that we may receive resulting in harm to a person)
REG18/02	4	5	20	<b>We fail to take appropriate action to address a regulatory concern about a professional on our register in a timely or person-centred way</b> ( <i>Risk factors</i> : not taking timely action [aging cases], not processing cases effectively [high caseload], not delivering a sustainable improvement to how we manage cases, capacity to deliver improvements, not using or escalating insights)
REG22/04	5	4	20	<b>We fail to take appropriate or timely action to address a regulatory concern regarding the quality of nursing or midwifery education.</b> ( <i>Risk factors</i> : education impacted by external pressures, binary approval options, assurance driven by approved education institutions (AEIs), weak data capture or use of insights)
GOV24/01	5	4	20	<b>We may not effectively prioritise, monitor, and manage our portfolio activity and keep pace with the high level of change (and resources required) to achieve our five priority outcomes.</b> ( <i>Risk factors</i> : unfinished projects, additional work meaning that we have to stop something, pressure resulting from external factors)

Risk ref	Current rating			Strategic risk description (L = Likelihood. I = Impact)
	L	I	L x I	
PEO24/01	5	4	20	Risk that our organisational culture impacts on the productivity, performance, learning and morale of the organisation (Risk factors: fairness, wellbeing, lack of improvement or progression, equality, and diversity)
PEO24/05 (NEW RISK)	4	4	16	Risk of low morale and engagement, contributing to a loss of talent, expertise, corporate knowledge, and key relationships in parts of the business as this is a challenging time for the organisation, coupled with changes at the Executive level of the organisation. (Risk factors: wellbeing, lack of trust in the team, disruption of or work, consistency issues, corporate memory compromised)
STR18/01	4	4	16	Risk that we fail to meet internal and external expectations about delivering our regulatory functions. (Risk factors: not learning from adverse events, fail to deliver regulatory change, do not maintain trust, we cannot engage with stakeholders due to competing demands, ineffective collaboration, England centric, ability to respond to sector issues)
TECH21/04	4	4	16	Unauthorised access to sensitive information and records or the failure of key business technologies, leading to the loss of confidentiality, integrity, or availability of our information, data, or information systems. (Risk factors: legacy systems and unsupported hardware and software, cyber vulnerabilities)
REG18/01	3	5	15	We fail to maintain an accurate register of people who meet our standards (including timeliness of registrations) (Risk factors: effective operation of registration/revalidation processes, fraudulent applications, variability of international midwifery education)
STR22/04	4	3	12	The risk that external impacts such as climate change, natural disasters, pandemic, and national security will have an impact on our ability to be an effective regulator, or to deliver our core regulatory functions (Risk factors: Disruption to our functions, delays to registration and FtP processes, loss of trust and confidence)
STR24/01	3	4	12	In the longer term, people's safety, and their confidence in the NMC may be compromised if external factors negatively affect our plans for reform or our independence as a regulator. (Risk factors: change of government meaning that regulatory reform plans may change, limited ability to improve our regulatory process, wasted resources)

Risk ref	Current rating			Strategic risk description (L = Likelihood. I = Impact)
	L	I	L x I	
FIN21/02	3	4	12	<b>We do not achieve a sustainable budget or the planned financial benefits from our strategy.</b> (Risk factors: external factors destabilise our budget, fail to spend as planned on our strategy, not managing costs effectively, not realising benefits, pension liability)
REG19/03	2	4	8	<b>We do not make sure that educational standards are fit for purpose (including processes to ensure compliance with standards are met).</b> (Risk factors: keeping pace with changes in legislation, healthcare and practice, speed of programme approvals, meeting the standards of good regulation)

**2. Risk exposures: areas of uncertainty and those that we are actively managing with new mitigations and planned actions.**

**2.1. People and Culture review**

2.1.1. **Supporting colleagues:** Colleagues are familiarising themselves with the outcome of the People and Culture Review and have been encouraged to seek help from the range of mechanisms in place if any of the content is a trigger for them. Business plans were revised in May 2024 to increase corporate bandwidth, but our Portfolio Board will carry out a further revision to accommodate the 36 recommendations from the review. Some of the recommended actions are new, some are already in progress, and some are within our future plans. The Executive are considering our approach and timeline to manage the findings from the review.

2.1.2. **Impact on capacity and core business:** There are concerns about the cumulative effect of delivering the People and Culture review recommendations, projects and programmes, the fitness to practise (FtP) landscape, Omambala review, and education quality assurance alongside core business. Many of those directly affected by some of the outcomes from the People and Culture review are working in areas of vital core business activity. At Executive Board in June 2024, we increased our current risk scores for **GOV24/01** (We may not effectively prioritise, monitor, and manage our portfolio activity) and **PEO24/01** (Our organisational culture impacts on the productivity, performance, learning and morale of the organisation) to reflect this concern.

2.1.3. **Leadership:** The People and Culture review has highlighted some areas where we need to work differently, requiring strong leadership and stability. We pre-empted this by adding a new risk to the strategic risk register to reflect vulnerabilities when members of the Executive team leave. **PEO24/05 (Risk of low morale and engagement, contributing to a loss of talent, expertise, corporate knowledge, and key relationships in parts of the business as this is a challenging time for the organisation, coupled with changes at the Executive level of the organisation).** The reworded risk description is at the start of this report at point 1 and will be subject to further amendments as part of our refresh of all people related risks.

2.1.4. **Recommendation: Council is requested to review the new risk PEO24/05 at 1 (also in full detail at annexe 4) and provide any feedback.**

2.1.5. **Stakeholder engagement:** The Communications team continues to keep multiple consultations planned in 2024-25 under review to appropriately pace our external engagement. They will advise where plans need to be adjusted now that we have received the outcome of

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the People and Culture review. They will also factor in communications around the Ijeoma Omambala KC report into Fitness to Practise (FtP) cases which is expected in the autumn. We are also expecting to be giving verbal evidence at the Thirlwall inquiry in the autumn.

- 2.1.6. **General Election:** A new Labour Government means that there will be a need to build relationships with new key stakeholders. There will be new priorities for us to consider, as well as a possible change to the approach of regulatory reform. The Executive is considering how we balance the demands of our stakeholders alongside the necessary internal improvements we need to make, as this will guide our reprioritisation and future business planning.

## 2.2 **REG22/04: Addressing a regulatory concern regarding the quality of nursing or midwifery education (red):**

2.2.1 Following the independent review of our education quality assurance (QA) provision, a number of improvements have been recommended to strengthen and refresh our service. The recommendations are being developed into a cohesive programme of work which is currently being scoped and agreed. The immediate focus of the programme will be to address potential risks identified and taking opportunities arising from the appointment of our new QA service provider.

2.2.2 The transition to our new QA service provider, the Quality Assurance Agency for Higher Education (QAA), is progressing for when they take over on 31 August 2024. At the time of drafting (11 July 2024) the contract with QAA has yet to be signed, due to the rules around the transfer of undertakings protection of employment rights (TUPE), which is significantly hindering our preparation. We are working closely with QAA to support running events in October 2024 as scheduled.

2.2.3 The volume of critical concerns continues to be an issue and reviewing the process within the improvement programme is a priority. This includes reviewing our approach to risk and taking opportunities to support AElS to meet our standards and de-escalate the concerns safely.

2.2.4 The risk score was increased at the Executive Board in June 2024 to reflect these issues.

- 2.3 **Canterbury Christ Church University (CCCU):** A formal paper will be presented in September 2024 to the Executive Board and Audit Committee regarding our internal and external learning reviews from our work with CCCU. We anticipate this risk likelihood score to be lowered once plans are agreed and implemented.

2.4 **REG19/03 - Failure to ensure that proficiency and educational standards are fit for purpose (including processes to ensure compliance with standards are met)**

2.4.1 The green rating of this risk was discussed at Audit Committee at its meeting in June 2024. There was some consensus that the risk should be increased to amber due to current Education QA issues. As a result, the risk owner has started to review this risk in line with **REG22/04:** (Addressing a regulatory concern regarding the quality of nursing or midwifery education) to ensure that one risk solely focusses on standards and the other on Education QA. Some work has been completed, but there are further amendments needed to ensure that the risks are focussing on the right things. This will be completed by August 2024.

2.5 **REG18/02 - We fail to take appropriate action to address a regulatory concern.**

2.5.1 The Fitness to practise (FtP) 18-month plan continues to make improvements and will be revised now that we have the recommendations from the People and Culture review. Two of the recommendations from the review regarding our screening and investigations processes are already included in our FtP improvement plan.

2.5.2 There has been progression at the screening stage for unallocated cases, but there is some concern that as cases progress, they may stall at the investigation stage. The team are recruiting to increase capacity, and the progression of cases is being monitored.

2.6 **Aggregate risk review:** We have reviewed our strategic and operational risks for aggregate (compound) risks. We have not seen a significant change since our review in March 2024. The outstanding theme is our people's capacity to carry out their work. This has been echoed across teams in risk discussions and is prevalent in the People and Culture review findings. As a recurring risk across all teams, the compounding issue is that capacity is limited within teams simultaneously, compromising our ability to progress strategic projects or effectively manage core business. The Executive will consider this as they develop the approach in response to the review.

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# Strategic risk register













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**Item 8: Annexe 4**  
**NMC/24/68**  
**24 July 2024**

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Ref.	Strategic risks for 2024- 2025	Current Risk Score	Appetite	Executive Board (EB) Oversight	Committee Oversight	
REG24/01	We fail to meet our statutory safeguarding responsibilities to protect people who come into contact with the NMC through our work, from abuse or mistreatment.	RED (20)	OPEN CAUTIOUS	EB Learning	Audit Committee	1
REG18/02	We fail to take appropriate action to address a regulatory concern about a professional on our register, in a timely or person-centred way	RED (20)	OPEN CAUTIOUS	EB FtP	Audit Committee Appointments Board	2
GOV24/01	We may not effectively prioritise, monitor and manage our portfolio activity and keep pace with the high level of change (and resources required) to achieve our five priority outcomes.	RED (20)	OPEN CAUTIOUS	EB Core	Audit Committee	3
PEO24/01	Risk that our organisational culture impacts on the productivity, performance, learning and morale of the organisation	RED (20)	OPEN EAGER	EB Learning	Audit Committee	4
REG22/04	We fail to take appropriate or timely action to address a regulatory concern regarding the quality of nursing or midwifery education	RED (20)	OPEN CAUTIOUS	EB Core	Audit Committee	5
TECH24/01	Unauthorised access to sensitive information and records or the failure of key business technologies, leading to the loss of confidentiality, integrity, or availability of our information, data, or information systems.	RED (16)	EAGER OPEN CAUTIOUS	EB Core	Audit committee	6
STR18/01	Risk that we fail to meet internal and external expectations about delivering our regulatory functions.	RED (16)	OPEN EAGER	EB FtP	Audit Committee	7
PEO24/05	Risk of low morale and engagement, contributing to a loss of talent, expertise, corporate knowledge, and key relationships in parts of the business as this is a challenging time for the organisation, coupled with changes at the Executive level of the organisation.	RED (16)	OPEN EAGER	EB Core	Audit Committee	8
REG18/01	We fail to maintain an accurate register of people who meet our standards (including timeliness of registrations)	AMBER (15)	OPEN CAUTIOUS	EB Core	Audit Committee	9
FIN21/02	The risk that we may not have the financial resources to invest in activities in our corporate plan resulting in us failing to achieve our strategic ambitions and priority outcomes.	AMBER (12)	OPEN CAUTIOUS	EB Core	Audit Committee Finance & Resources /Investment Committee	10
STR22/04	The risk that external impacts such as climate change, natural disasters, pandemic and national security will have an impact on our ability to be an effective regulator, or to deliver our core regulatory functions	AMBER (12)	OPEN EAGER	EB Core	Audit Committee Finance & Resources Committee	11
STR24/01	In the longer term, people’s safety and their confidence in the NMC may be compromised if external factors negatively affect our plans for reform or our independence as a regulator	AMBER (12)	OPEN EAGER	EB Core	Audit Committee Finance & Resources Committee	12
REG19/03	Failure to ensure that proficiency and educational standards are fit for purpose (including processes to ensure compliance with standards are met)	GREEN (8)	OPEN CAUTIOUS	EB Core	Audit committee	13

								1
5 (Critical - significant impact on regulation or objectives, cross cutting and difficult to recover from in LT)	(5)	(10)	(15) REG18/01 - Accurate register (AMBER 15)	(20) REG18/02 - Regulatory concern (FtP) (RED 20)	(25)			2
4 (Major - major impact on regulation or our objectives, affects a sig. part of the business and difficult to recover from in medium to LT)	(4)	(8) REG19/03-Education standards (GREEN 8)	STR22/04 - External disaster impacts (AMBER 12)	TECH 24/01-Unauthorized access to sensitive information (RED 16)	REG22/04 - Regulatory concern (Education) (RED 20)			3
			FIN21/02 - Finances to achieve strategy) (AMBER 12)	STR18/01 -Internal external expectations (RED 16)	REG24/01 - Safeguarding (RED 20)		4	
			STR24/01-Independence as a regulator (AMBER 12)	PEO24/05- Organisational stability (RED 16)	PEO24/01- People and culture (20)		5	
3 (Moderate – significant waste of time and resources. Impact on efficiency, quality or outputs. Not easy to recover from in the medium term)	(3)	(6)						6
2 (Minor – minor loss, delay or inconvenience or interruption. Objectives not compromised. Easy to recover from)	(2)	(4)	(6)	(8)	(10)			7
								8
1 (Insignificant – minimal loss or delay. Very easy to recover from)	(1)	(2)	(3)	(4)	(5)			9
			Likelihood					10
	1 (Remote - <5%)	2 (Unlikely – 6-20%)	3 (Possible – 21-50%)	4 (Probable – 51-80%)	5 (Highly probable – 81-100%)			77

Strategic risk appetites 2024-2025	Averse	Minimalist	Cautious	Open	Eager	1
<b>Appetite description</b>  = primary classification  = secondary classification applied on a case by case basis which is approved by EB	Avoidance of risk and uncertainty is a key organisational objective	Preference for ultra-safe business delivery options that have a low degree of inherent risk and only have a potential for limited reward.	Preference for safe delivery options that have a low degree of inherent risk which may only have limited potential for reward.	Willing to consider all potential delivery options and choose the one that is most likely to result in successful delivery while also providing an acceptable level of reward (and value for money etc.).	Eager to be innovative and to choose options offering potentially higher business rewards (despite greater inherent risk).	2
<b>Categories of risk</b>						
<b>Regulatory/Operational</b> (Risk associated with discharging our day to day regulatory duties)			Tendency to stick to the status quo, innovation avoided unless necessary. Decision making generally held by senior management. Management through leading indicators. <b>(Governance and OKR framework)</b> 	Innovation supported, with clear demonstration of benefit / improvement in management control. Responsibility for non-critical decisions may be devolved. <b>(New FtP plan)</b> 		3
<b>Governance</b> (Risks associated with aligning the organisations business goals)			Willing to consider actions where benefits outweigh risks. Processes, and oversight/monitoring arrangements enable cautious risk taking <b>(Fulfilling statutory requirements)</b> 	Receptive to taking difficult decisions when benefits outweigh risks. Processes and oversight or monitoring arrangements enable considered risk taking. <b>(New governance structure and agile decision making)</b> 		4
<b>Strategy/Expectations</b> (Risks associated with the pursuit of our strategic aims)				Guiding principles in place receptive to considered risk taking. Strategy refreshed every 2-3 years. Appetite to take decisions with potential to expose organisation to additional scrutiny only where steps are taken to minimise exposure <b>(Adapt plans through ongoing prioritisation)</b> 	Guiding principles/rules in place welcome considered risk taking in actions and pursuit of priorities. Strategy refreshed every 1-2 years. Appetite to take decisions which are likely to bring scrutiny only where potential benefits outweigh risks. <b>(Risk-based assessment of activity)</b>	5
<b>Financial</b> (Risk associated with financial control, investments, fraud, supplier management)			Seek safe delivery options with little residual financial loss only if it could yield upside opportunities. <b>(Maintaining stability)</b> 	Prepared to invest for benefit and to minimise the possibility of financial loss by managing the risks to tolerable levels. <b>(Investing in priority change projects/innovations)</b> 		7
<b>Technology</b> (Risks arising from technology not delivering the expected services)			Consideration given to adoption of established mature systems and technology improvements. Agile principles considered. <b>(Cyber and information security and AI experimentation)</b> 	Systems / technology developments considered to enable improved delivery. Agile principles may be followed. <b>(Automation and innovation of systems)</b> 	New technologies viewed as a key enabler of operational delivery. Agile principles embraced <b>(Remove bureaucracy)</b>	8
<b>People</b> (Risks associated with organisational culture impacting our people)				Prepared to invest in our people to create an innovative mix of skills environment. Responsibility for noncritical decisions may be devolved. <b>(To make change, as long as sustainable)</b> 	Innovation pursued – desire to ‘break the mould’ And challenge current practices. High levels of devolved authority – management by trust rather than close control. <b>(Developing people and addressing performance issues)</b>	78

# Strategic risk REG24/01

We fail to meet our statutory safeguarding responsibilities to protect people who come into contact with the NMC through our work from abuse or mistreatment.

## People impact:

Impacts to life or serious harm to individuals

<b>Due to... (possible causes)</b>		<b>Mitigations and controls</b>		<b>Current risk score: 5L x 4I = 20</b>
<ul style="list-style-type: none"> <li>a. There is a lack of systematic identification of risk to children or vulnerable adults who are involved in concerns raised via referrals</li> <li>b. There is evidence that safeguarding incidents are under-reported and inconsistent approaches to raising concerns.</li> <li>c. There is evidence that our guidance on concerns outside professional practice was not being applied consistently and/or our approach to cases of this type is not identifying or mitigating risks to children or vulnerable adults</li> <li>d. Failure to have processes in place which enable us to support people in our FtP processes appropriately</li> <li>e. Colleagues have not been provided with the knowledge and skills to the levels required to identify and respond to safeguarding concerns raised.</li> <li>f. There is a not a robust safeguarding infrastructure in place to manage the safeguarding risk for the organisation</li> <li>g. The full extent of safeguarding risk for the NMC is not known and this is still being explored</li> </ul>		<ul style="list-style-type: none"> <li>a. There is a Strategic Safeguarding Lead in place who provide advice and guidance to PR colleagues – initial awareness training has been delivered</li> <li>b. Initial training has been delivered to raise awareness to key PR colleagues regarding recognising and reporting incidents</li> <li>c. There is revised policy guidance which has been launched and is in progress of implementation, with communications for relevant colleagues.. There is an audit in progress to consider our application of the guidance in cases that have a safeguarding concern.</li> <li>d. There is a safeguarding workplan and working group to oversee the delivery of work to target risk areas for safeguarding and an FtP improvement workstream to improve registrant experience</li> <li>e. There have been increases in awareness raising and training for safeguarding with over 50 training sessions delivered to colleagues across the NMC - a revised TNA is in progress</li> <li>f. Safeguarding has been moved to Professional Practice (PP) for clinical leadership, there are 2 new posts out to recruitment, 1 advisor and 1 data post, in addition to specialist advisors 1.8 WTE on FTCS as part of the FtP improvement programme delivery – the specialist advisor is undertaking a gap analysis against our Charity Commission responsibilities to establish high impact actions</li> </ul>		
<b>Resulting in... (possible impact)</b>		<b>Inherent risk score: 5L x 5I = 25</b>		<b>Target risk score: 4L x 3I = 12</b> by end of August 2024
<ul style="list-style-type: none"> <li>• Loss of trust and confidence</li> <li>• Fail to meet our statutory responsibilities to support and protect registrants, members of the public and NMC colleagues</li> </ul>		<ul style="list-style-type: none"> <li>• Loss or serious threat to life</li> <li>• Fail to meet our statutory responsibilities with the Charity Commission</li> <li>• Failure to take regulatory action on cases</li> <li>• Litigation</li> </ul>		<b>Planned actions   Target date   Action owner</b> <ul style="list-style-type: none"> <li>• Recruitment in progress for a safeguarding advisor and a safeguarding analyst</li> <li>• Delivery of four safeguarding aligned workstreams in the FtP improvement plan to address root causes to reduce safeguarding risks</li> <li>• Establish and monitoring learning from SER process</li> <li>• A year two safeguarding work plan is in progress to build upon work to mitigate safeguarding risk. The work plan will be monitored via a new safeguarding committee and will report to EB and Council.</li> </ul>
<b>Risk triggers: what is being monitored to inform a change to the risk score?</b>				
<ul style="list-style-type: none"> <li>• Safeguarding concerns reported</li> <li>• Serious Event Reviews</li> <li>• Audits as part of FtP plan</li> </ul>		<ul style="list-style-type: none"> <li>• litigation</li> <li>• Non-compliance with Charity Commission requirements</li> </ul>		
<b>Risk owner:</b> Executive Director Professional Practice		<b>Last updated/reviewed</b> (minimum every 8 weeks): 15 July 2024		

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# Strategic risk REG18/02

We fail to take appropriate action to address a regulatory concern about a professional on our register in a timely or person-centred way

## People impact:

compromised public safety, poor experience for all people involved in our FtP process, not supporting professionals through our FtP process, causing harm and distress

### Due to... (possible causes)

- a. A high volume of casework which includes older and more complex cases which means that cases are waiting to be progressed at each stage.
- b. Quality and increasing numbers of referrals which puts pressure on the early stages of our casework.
- c. Poor experience of fitness of practise – not supporting people safely, swiftly and appropriately through our processes or imposing restrictions or sanctions on professionals' practice quickly enough.
- d. Under resourcing in key areas of our casework and in the spans of control of our people. Retention pressure for key case work roles that contributes to capacity pressure
- e. Inefficient ways of prioritising and processing case work: proportionality and quality of decision making, processes, systems, utilising expertise, and a focus on end to end case management.
- f. Not maximising appropriate regulatory powers to resolve cases at the earliest point.
- g. Quality of our data to provide insight and indicate where case work interventions are required.
- h. Effective engagement with members of public, professionals and employers

### Mitigations and controls

Current risk score: 4L x 5I = 20

- a-h. Regulatory policies and procedures. Regular case clinics to provide support on case work. Regulatory Intelligence Unit and Employer Link Service to ensure that whistleblowing and insights are escalated quickly
- a. Targeted interventions to progress the oldest cases within our caseload
- b. Tracking of referral data – e.g. referrer type, concern type, volume, at what point a case is closed
- c. Enhanced case management – registrant support, witness support, safeguarding, supporting decision makers
- a, c. Monthly performance monitoring of fitness to practise operations and FtP improvement programme. Council/public visibility via Key Performance Indicators (KPIs) presented at open Council meetings.
- d. Evidence-based resourcing plan developed, and stress tested using our resourcing model (developed in October 2023 and updated regularly). Targeted interventions to recruit to high turnover case processing roles more efficiently (from February 2024). Implementation of resource decisions as part of 18 month FtP plan (in place from April 2024)
- e. Decision appeal processes. Internal decision review groups to check the quality of decisions made. Legal expertise and advice. E.g. Screening review Group, Quality Outcome Review Group and Decision Review Group assure decisions and capture learning
- f. Regulatory powers to put in place to undertakings and agreed removals.
- a-h. Values and behaviours framework with collaboration central to how we are expected to behave.
- h. Collaboration and data sharing with external stakeholders and partners such as representative bodies and employers through the Employer link service (ELS).
- a, c, d, ELS supports early engagement with employers and relevant stakeholders to improve knowledge of FtP processes and reduce inappropriate referrals.

### Resulting in... (possible impact)

Inherent risk score: 5L x 5I = 25

- Loss of confidence and trust in NMC
- We fail to meet PSA standards of good regulation

### Planned actions | Target date | Action owner

Target risk score: 3L x 5I = 15 by March 26

- a-h, 18 month FtP plan launched in April 2024 which has targeted interventions across all causations: significant financial investment, strengthened leadership, recruitment and retention initiatives, strengthened governance to deliver the plan, outsourcing, developing a new quality framework, and culture work.
- b, e, h, ELS will put in place foundational work in preparation for implementing outreach and engagement with employers with and through ELS and public voice forum.
- Risk to begin to reduce as initiatives to improve safe and swift case progression deliver and embed benefits across 2024/25.**

### Risk triggers: what is being monitored to inform a change to the risk score?

- Operational monitoring at all stages: Processing time, reduction of our oldest cases, case progression, case allocation, customer feedback, SERS
- FtP programme: monitoring interventions, outcomes and benefits
- Quality and safety monitoring

Risk owner: Executive Director of Professional Regulation

Deputy: Deputy Director of Professional Regulation

Last updated/reviewed (minimum every 8 weeks): 8 May 2024

80



# Strategic risk GOV24/01

We may not effectively prioritise, monitor and manage our portfolio activity and keep pace with the high level of change (and resources required) to achieve our five priority outcomes.

## People impact:

Unrealised benefits for professionals on our register and the public

### Due to... (possible causes)

- a. Prolonged recovery following the pandemic
- b. Insufficient capacity and capability
- c. Pressure to adopt additional commitments as a result of external factors. Our approach to scoping, managing and implementing strategic change doesn't enable us to fully realise benefits.
- d. We do not maximise the full opportunities of our projects and programmes
- e. Weak data evidence and performance reporting on the impact of our interventions in achieving our strategic outcomes, making it hard to make effective decisions on prioritisation.

### Resulting in... (possible impact)

- Missed opportunities - slow pace of change
- Wasted resources
- Capacity of our colleagues
- Slow decision making to address performance issues

**Inherent risk score: 5L x 5I = 25**

- Undermined public trust and confidence
- Poorer colleague morale
- Confidence of colleagues
- Unfinished projects

### Risk triggers: what is being monitored to inform a change to the risk score?

- Portfolio landscape/management plan at the Portfolio Board
- Corporate performance quarterly progress report

### Mitigations and controls

**Current risk score: 5L x 4I = 20**

- a-d. Annual business planning and budgeting, and quarterly progress reporting, aligned to the strategy
- a-c. 6 monthly strategic review points with Council to consider the internal and external context and adjust our plans
- a,b. Ranking and prioritisation exercise to free up capacity and ensure we continue to focus resources only on priority activities
- c, d. Regular, sustained engagement with key stakeholders across the four nations and strategic approach to communications
- d. Regulatory reform programme established with strong emphasis on engagement with the Department for Health and Social Care (DHSC) other regulators, and key stakeholders with strong internal collaboration
- d. Standardised approach to planning and governance of strategic programmes and projects
- e. Regular prioritisation informed by performance reporting.

### Planned actions | Target date | Action owner

**Target risk score: 2L x 4I = 8 by MMM YY**

- a-e. Executive B to agree the threshold and or definition of 'too much' change that either affects our capacity to deliver or our ability to absorb changes.
- c,d,e. C&E and PMO to link up on horizon scanning so that emerging risks and impact on portfolio landscape can be picked up on an ongoing basis.
- e. Step change in the quality of performance reporting so we are using quality data to inform prioritisation in a timely basis.

**Risk owner and deputy:** Executive Directors of People and Organisational Effectiveness

**Last updated/reviewed (minimum every 8 weeks): 28 June 2024**

# Strategic risk PEO24/01

Risk that our organisational culture impacts on the productivity, performance and morale of the organisation

## People impact:

affecting our ability to learn and improve to deliver better outcomes for our people, registrants, and the public.

### Due to... (possible causes)

- a. Our workforce lacks support, capacity and awareness of EDI and inclusive decision making.
- b. Competing priorities within the organisation to fully engage with EDI action plan objectives and progress reporting.
- c. Lack of feedback loops, leading to disengagement.
- d. Lack of colleague confidence and safety to speak up
- e. We do not take an evidence-based approach when including EDI into our strategic priorities.
- f. Lack of reflective learning mechanisms, creating a tick box approach to learning culture change.

### Resulting in... (possible impact)

- Colleagues are disengaged
- Colleagues do not feel empowered or confident to resolve issues before escalating with significant consequences.

**Inherent risk score: 5L x 5I = 25**

### Risk triggers: what is being monitored to inform a change to the risk score?

- All NMC employee engagement score (absolute)
- Net Promoter Score (engagement and satisfaction)
- Workforce Race Equality Standard (WRES) survey results
- Exit survey feedback
- New starter survey feedback
- Turnover of new starters within 6 months of joining (%)
- Vacancy rate (all NMC)

**Risk owner and deputy:** Executive Directors, People and Organisational Effectiveness

### Mitigations and controls

**Current risk score: 5Lx4I = 20**

- a. The internal People and Culture review and investigation by external consultants are engaging colleagues to give honest and important feedback to help shape the changes needed for culture change.
- b. A refreshed approach and strengthened link to the Equality Diversity & Inclusion (EDI) Plan, and People Plan supported by the PMO function, with clear accountability, trackable milestones. Acting in an advisory capacity supporting elements of the recruitment training, induction and policy.
- b, c, f. A continuous learning culture is being embedded through ambitious appraisals, management essentials. Monthly Executive Board specifically focused on learning to steer our senior leadership to be a reflective learning culture organisation. Regular reporting through the People and Culture Committee with responsibility for workforce elements.
- d. Tightening mechanisms around bullying and developing a speak up culture.
- e. Introduction of new mediation and interventions training for colleagues.

### Planned actions | Target date | Action owner

**Target risk score: 3Lx3I = 9 by August 2024**

- Speak up initiative implementation
- Implementing outcomes of the People and Culture reviews
- Commission EDI learning review, design and creation of attitudinal learning (collaborative work with Learning and Organisational Development colleagues).
- Regular appraisal moderation
- New employee networks framework

**Last updated/reviewed (minimum every 8 weeks): 22 May 2024**

# Strategic risk REG22/04 UNDER REVIEW

We fail to take appropriate or timely action to address a regulatory concern regarding the quality of nursing or midwifery education

## People impact:

Poor student experience, public safety implications

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### Due to... (possible causes)

- a. System pressures across the health and care and higher education sectors including:
  - Challenges in capacity and capability of the academic workforce in approved education institutions (AEIs)
  - Plans to increase the number of students
  - Reducing numbers of placements
  - Reducing compliance with standards for student supervision and assessment
- b. Our order means we can only offer binary programme approval options – we can either approve or withdraw programme approval - no current powers in between to mitigate risks or concerns
- c. Our monitoring processes rely heavily on AEIs informing us that they are meeting our standards or when they have made changes to their programmes. As such, assurance is driven by AEIs.
- d. Our recent focus on approvals at the detriment of routine monitoring, alongside indefinite programme approvals means we have limited recent insight into how programmes have been running. This is compounded by AEIs making several minor modification changes to their programmes each resulting in cumulative change to their programmes that may no longer reflect the original approved programme.
- e. Limited data capture from our quality assurance (QA) process makes meaningful trend analysis for regulatory concerns difficult
- f. A change of contract/supplier of our QA Service Provider in September 2024. As there is a change in supplier this will result in them needing to be supported during the onboarding process and upskilled in our requirements and the impact on NMC resource to accommodate that, alongside an impact on delivery of programmes and monitoring visits early in the contract.
- g. Capacity and capability of internal NMC staff resource to meet the current and growing demand in QA activity

### Mitigations and controls

Current risk score: 5L x 4I = 20

- a. NMC Quality Assurance (QA) board in place to provide an overview of concerns, including discussion of all critical concerns and to make monitoring/refusal decisions
- a,c,e,g. QA Review phase 1 has now been delivered by an independent consultant reviewing our current processes.
- c,d. Moving towards more systematic and data informed monitoring with the implementation of the data driven approach to QA
- e. Ongoing implementation and development of the data driven approach.
- f. Oversight of the procurement with the implementation of an Education Contract Sub-Committee of the QA Board
- g. Business case submitted for additional capacity and capability.

### Resulting in... (possible impact)

Inherent risk score: 5L x 5I = 25

- Risk to integrity of the register.
- Students lack the proficiencies to provide safe, kind and effective care and to join the register
- Failure to meet PSA standards
- Trust and confidence in the NMC compromised
- We fail to identify risks and issues
- We fail to recognise EDI impacts on the student experience that impacts on standards, due to lack of intelligence

### Planned actions | Target date | Action owner

Target risk score: 3L x 4I = 12 by TBC

- b. Introduce “warnings” and “conditions” (via regulatory reform) – to encourage change
- c,d. The new QA Service Provider contract is focusing on moving to routine monitoring and concerns escalation and oversight
- d,e. Improve and develop more sophisticated data and intelligence to provide a more robust rationale for potentially challenging decisions – will take time and investment to develop
- a,c-e, g. QA Review phase 2 is underway focusing on nine workstreams to strengthen our approach, ensuring it is fit for purpose and fit for the future.
- g. Build and strengthen the QA team

### Risk triggers: what is being monitored to inform a change to the risk score?

- The number of education concerns received
- Staff resource, capacity and capability
- QA Service Provider KPIs and SLAs

**Risk owner:** Executive Director Professional Practice  
**Deputy:** Assistant Director Professional Practice

**Last updated/reviewed** (minimum every 8 weeks): 28 June 2024

# Strategic risk TECH24/01

Unauthorised access to sensitive information and records or the failure of key business technologies, leading to the loss of confidentiality, integrity, or availability of our information, data, or information systems.

## People impact:

impact to employee or registrant privacy

### Due to... (possible causes)

- a. Cyber attack
- b. Failure or unable to access physical hardware
- c. Third party service unavailable (Microsoft)
- d. Human error / process / security failure leads to unauthorised access
- e. Theft of laptop / USB device
- f. Failure in access controls
- g. Legacy or out of support systems
- h. Systems used by business not subject to IT controls (Shadow IT)

### Mitigations and controls

- a. Firewalls, antivirus and other security software
- a.f. Multi factor authentication for system accounts
- a, f, g. Regular software updates and patching
- d, e. Encryption of devices
- b, c. Disaster recovery tests
- b, c. Business Continuity plans
- a, b. Backups & replications of data and systems
- a. Cyber security annual plan
- b. Migration of key systems to cloud

**Current risk score: 4Lx4I=16**

### Resulting in... (possible impact)

- Reputational Damage
- Financial penalties
- Inability to operate

**Inherent risk score: 5L x 5I = 25**

- Loss in integrity of Register

### Risk triggers: what is being monitored to inform a change to the risk score?

- System monitoring
- Penetration testing
- Reports to Service Desk

### Planned actions | Target date | Action owner

- g. Implementation of Modernisation of Technology Services (MoTS) programme - Ongoing
- g. Initiation of document and records management project – TBC 2025/26
- g. Migration of data warehouse to the cloud – Patrick Cahill Q4 2024/25
- a. Introduction of internal dedicated cyber security capability – David Massey Q4 2024/25
- h. Review of corporate wide technology landscape – Andrew McNulty Q3 2024/25

**Target risk score: 4L x 2I = 8**

**Risk owner:** Executive Director of Resources and Technology Services

**Deputy:** Chief Information Officer

**Last updated/reviewed (minimum every 8 weeks):** 28 Jun 2024

# Strategic risk STR18/01

Risk that we fail to meet internal and external expectations about delivering our regulatory functions.

## People impact:

adverse incidents could happen again if we don't learn lessons – which could lead to increased risk to people who use services

### Due to... (possible causes)

- a. We don't learn and improve from adverse incidents that led to poor outcomes for people (Thirlwall, Gosport, Shrewsbury & Telford, Muckamore, Nottingham).
- b. Or in response to concerns raised about fitness to practise (Omambala KC report and ambitious for Change).
- c. We don't learn from registration issues (CBT, CCCU, OET) to strengthen the integrity of the register.
- d. We don't improve in response to concerns raised about our culture.
- e. We don't communicate how we've implemented learning – affecting trust and confidence in the NMC.
- f. We fail to deliver change e.g. FtP improvement, reg reform.
- g. Negative publicity, dissatisfaction, or complaints because we fail to deliver our regulatory functions (e.g. FtP timelines) or a perception that we lack independence (e.g. if we receive funding).
- h. We don't maintain trust, engagement and influence with key audiences - particularly in the devolved UK countries to understand local issues – due to how we work.
- i. Our website no longer meets the needs of users.
- j. Competing demands on stakeholders to engage, consult with, and co-produce with us.
- k. Pressure to respond appropriately, proactively, or at pace, to publicity, high profile reports or consultations.
- l. We don't plan for or effectively respond to divergent views of stakeholders during co-production, e.g. Advanced Practice m.
- m. Lack of collaboration within NMC leading to conflicting communications.
- n. We don't communicate who we are and what we do leading to misplaced expectations impacting how effective we're perceived to be.
- o. Ineffective internal communications with colleagues.
- p. Compounding issues, with widespread criticism in the public domain resulting in a lack of trust in us delivering our regulatory functions.

### Resulting in... (possible impact)

- Criticism from senior influential stakeholders who are not assured that we are able to deliver our regulatory functions
- Inability to influence or maintain NMC employees, stakeholders, the public and registrants trust and confidence

**Inherent risk score: 5L x 4I = 20**

- Inability to deliver our regulatory goals

### Risk triggers: what is being monitored to inform a change to the risk score?

- Customer feedback surveys rated service as good/very good (%).
- Information requests responded to on time (%)
- Sentiment in the public domain: social media, press
- Complaints resolved in 20 days (%)
- Enquiries (non-MP) resolved in 20 days (%)
- MP Enquiries responded to/resolved (%)
- Sentiment from senior stakeholders (CNOs)

### Mitigations and controls

**Current risk score: 4L x 4I = 16**

- a-e. New priority outcome to build an inclusive high performance learning culture
- a,b,c,d,e,j,l,m. Person centred support for people affected by concerns - referrers, patients, witnesses and registrants.
- a-n. Track monthly management information such as digital communications, press coverage and sentiment.
- b,f. See risks mitigations for REG18/02 and GOV18/01. FtP improvement programme updates.
- e,h,j,l, p. Regular, sustained and coordinated engagement with senior stakeholders to collaboratively work on sector issues. Underpinned by a joined up and sustained programme of strategic communications.
- e,g,h,j,k,l,m. Early engagement of C&E teams in development, planning and delivery of corporate activities
- e,g,h,j,k,l,m. Strategic approach to C&E planning and delivery
- e,g,h,k,n,p. Dedicated press office, public affairs and stakeholder functions, that can speak with media. Analysis and horizon scanning to anticipate media publicity, external developments, issues and risks. Crisis management process.
- f. Programme governance & monitoring at Exec / Council.
- g,k. Standard operating procedure (SOP) for responding to queries/data requests/complaints.
- h,k,l. Clear organisational values and behaviours.
- h. Director led engagement with senior partners/stakeholders across UK and AD (CLT) led external stakeholder engagement.
- h,l,m,n. Agreed audience led specific messaging across corporate priorities and engagement plans which clearly explains who we are and what we do to manage expectations. Working groups and consultations to co-produce and consult with stakeholders
- h,l,n. Audience insight used to inform communication and engagement activities and plans.
- m,n. Messaging bank circulated fortnightly

### Planned actions | Target date | Action owner

**Target risk score: 3L x 3I = 9 by**

- a-f. Regular portfolio board communications on prioritised activity that will help us meet our regulatory goals
- e,h,j,l,m,n. Promote updated corporate narrative
- b,e. Open and transparent approach to communicating outcome of FtP and People and Culture investigations & reviews.
- a-f. Implement actions within EDI plan and from upcoming reviews and investigations.
- f. Deliver slowed down reg reform programme - collaboration with Department of Health and Social Care and other regulators.
- b,f,g. FtP programme to deliver sustainable improvements (new plan 23-25).
- e,h,j,l. Embed new local/national outreach programme to develop relationships across 4 nations in social care (managed by ELS)
- i. Essential web improvements built into business planning to de-risk website
- h,n. Deliver standards implementation initiatives in 24-25 to support professionals to deliver care in line with our standards and improve understanding of who we are and what we do.
- g. New approach to corporate complaints.
- o. iNet refresh to ensure colleagues can access the information they need to fulfil their roles
- b. Deliver a solution to share country specific FtP data with senior stakeholders

**Risk owner and deputy:** Executive Directors of Communication and Engagement

**Last updated/reviewed** (minimum every 8 weeks): 21 June 2024

# Strategic risk PEO24/05

Risk of low morale and engagement, contributing to a loss of talent, expertise, corporate knowledge, and key relationships in parts of the business as this is a challenging time for the organisation, coupled with changes at the Executive level of the organisation.

**People impact:**  
Organisational instability

## Due to... (possible causes)

- A highly critical report on the NMC's culture, and change at Executive level: the Chief Executive Officer (CEO) & Registrar and Executive Director, Strategy and Insight (ED S&I) are amongst the longest serving Executive Board members.
- Appointed interim CEO resignation, leading to more feeling of concern and loss of confidence by the workforce at a challenging time.
- The departure of some colleagues naturally prompts others to assess career options leading to the risk of higher turnover.

## Resulting in... (possible impact)

- Increased turnover at all levels of the organisation, reduction in people survey engagement scores, loss of corporate knowledge, jeopardising delivery of priority programmes/ projects and strategic outcome

**Inherent risk score: 5L x 4I = 20**

- Loss of expertise, and talent in parts of the business

## Risk triggers: what is being monitored to inform a change to the risk score?

Monitoring morale and engagement via leadership huddles, manager briefings, SLT meetings, and team meetings

## Mitigations and controls

**Current risk score: 4Lx4I = 16**

- Mitigations: Internal appointment of Acting CE&R, and planned appointment of interim CE&R and ED Strategy & Insight.
- Regular and informative communication with the workforce on the recruitment of both roles, and the process.
- Ensuring meaningful handovers are in place. Identification of knowledge gaps across the Executive and putting a plan in place to address them. Succession planning for Deputy Directors (DDs), Assistant Directors (ADs), and Heads of in critical delivery roles.
- Continuing to engage the workforce in a meaningful way in terms of their contribution, roles and the opportunities to grow and develop

## Planned actions | Q2 – Q3 | Bailey.Boissiere

**Target risk score: 3L x 3I = 9**

- Engaging the workforce on the recruitment of both posts.
- Use of appropriate recruitment agencies to source an inclusive, experienced and skilled pool of candidates for both roles.
- Revision of recruitment due diligence process for high profile and senior roles.

**Risk owner and deputy:** Lise-Anne Boissiere, Ruth Bailey

**Last updated/reviewed** (minimum every 8 weeks): 15 July 2024

# Strategic risk REG18/01

We fail to maintain an accurate register of people who meet our standards (including timeliness of registrations)

## People impact:

People join our register that do not meet our required standards compromising public safety, NMC contributing to workforce pressures

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### Due to... (possible causes)

- a. Significant process failure to verify, test, revalidate, or quality control allows people to join our register who do not meet our standards. Gaps or delays in our end to end fitness to practise case management means that outcomes are not reflected on the register accurately or timely enough when restrictions or sanctions apply.
- b. A lack of understanding of our processes leads to delays including information from third party organisations. (Evidenced by increased contact and customer feedback)
- c. A poor experience for professionals joining, revalidating, or leaving our register, or their employers, or approved education providers. E.g. we do not manage 'peak' effectively.
- d. Education quality assurance (QA) reviews fail to prevent educators from admitting students or delivering programmes that don't meet our standards.
- e. The structure of the register does not reflect current UK practice sufficiently to protect the public. E.g. uncertainty in legislation, comparability of qualifications, advanced practice, and automatic recognition.
- f. Our systems cause delays, errors, pressure points, or inefficiency. Including decommissioning our legacy system and updating NMC Online (2024/25).
- g. Testing providers who we hold contracts with have poor fraud detection, monitoring, and reporting mechanism leading to people joining our register when they should not or to draw on our capacity when fraud events happen.

### Mitigations and controls

- a-e. Regulatory policies and procedures.
- a. Monthly performance monitoring of registrations and revalidation, testing services, and Contact Centre.
- a. Standard Operating Procedures, guidance and support in place, including processes that enable FLP issues and outcomes to be reflected accurately.
- a. Realignment of Fraudulent and incorrect entry (FE/IE) team to strengthen learning and understanding of registration application processes, fraud detection, and management of registration appeals.
- a-c. Regular learning from issues and serious events. Customer Contact Centre which provides support and guidance. Council/public visibility via Key Performance Indicators (KPIs) presented at open Council meetings. Customer feedback monitoring.
- d. Education programmes approved against new standards/ robust management of education QA contract. Oversight/ appropriate management of escalated education concerns. Escalated process for complex applications, robust QA mechanisms for the design, development and delivery of the new Test of competence (TOC) launched 2021.
- c, e, f. Robust controls within Microsoft dynamics with back-up and roll back plans. Clear, tested business continuity plans. Data reconciliation to identify errors, immediate defect resolution and ongoing support in place to identify and resolve root causes. Decommissioning on legacy system in process.
- g. RSM audit completed and determined current controls adequate. Established new set of additional controls for monthly reporting

Current risk score: 3L x 5I = 15

### Resulting in... (possible impact)

- Inaccurate register of professionals to check against
- Capacity pressure on our registration's investigations team and assistant registrars to manage fraud

Inherent risk score: 5L x 5I = 25

- Loss of confidence and trust in NMC and / or associated delivery partners
- Not fulfilling our core regulatory duty
- People can't join our register in a timely way

### Planned actions | Target date | Action owner

Target risk score: 2L x 5I = 10  
By TBC

- d. Further outreach and support to AEIs (ongoing programme)
- e. Consider the role of the register and its processes under regulatory reform (TBC)
- f,a. The Register and FtP processes to be migrated to new system (NMC Online (2024), FtP CMS (2025+))
- g. International policy steering group to support the transition following Brexit. Stakeholder engagement to influence trade deals or arrangements to align to our standards.(in line with government timetable)
- g. Fraud internal audit completed. Implement action plan during 2024.
- g. Operationalise enhanced fraud detection and monitoring within testing services.

### Risk triggers: what is being monitored to inform a change to the risk score?

- Operational KPIs, SLAs, customer feedback
- Serious Event Reviews / Learning themes
- Outcomes from international email recovery project
- Fraud monitoring with suppliers / fraud action plan

Risk owner: Executive Director of Professional Regulation

Deputy: Assistant Director registration and revalidation

Last updated/reviewed (minimum every 8 weeks): 8 May 2024

# Strategic risk FIN21/02

The risk that we may not have the financial resources to invest in activities in our corporate plan resulting in us failing to achieve our strategic ambitions and priority outcomes.

## People impact:

Impacting on the services and benefits for people: professionals on our register, stakeholders and the public

### Due to... (possible causes)

- a. External factors (eg inflation, registrant numbers, numbers of overseas applications, unforeseen events) destabilise our budget
- b. Failure to plan/direct spend appropriately to deliver priorities
- c. Not managing core and project costs effectively to ensure value for money and achieve budget
- d. Not achieving the benefits and return on investment from change/improvement activities.
- e. Exposure to volatility in DB pension net liability and own stock market investments
- f. Failure to comply with legal requirements (financial or otherwise) or public sector rules.
- g. Financial loss due to fraud

### Mitigations and controls

**Current risk score: 3L x 4I = 12**

- a External environment monitoring of economic outlook
- a Insurance policies (eg for property damage, public/employee liability, cyber attack)
- a-f. Planning and budget controls including on-going prioritisation by Portfolio and Exec Board
- a-f periodic monthly/quarterly/annual business plan and budget reviews.
- a. Investments help mitigate inflation risks.
- e Stock market performance mitigated by Investment Cttee monitoring and overview of investment operational risk.
- b-d. Centralised change function enable better grip of change planning, benefits capture including efficiency gains.
- c. Competitive procurement to ensure value for money.
- e. DB pension trustees amend investment strategy to lock in recent triennial review surplus. Buy-out options under review.
- b,g recruitment and on-going development of appropriately qualified staff both within finance function but also more widely across the organisation. Appropriate internal controls. DBS checking of staff. Culture/values including encouragement of 'no-blame culture' to help expose risks/issues early

### Resulting in... (possible impact)

**Inherent risk score: 5L x 5I = 25**

- We can't adequately fund our regulatory activities
- We can't fund and deliver our strategic objectives
- Need to increase the fee or seek alternative funding
- Poor return on investment / value for money
- Loss of trust.

### Planned actions | Target date | Action owner

**Target risk score: 2L x 4I = 8**

### Risk triggers: what is being monitored to inform a change to the risk score?

- Financial management reports/forecasts
- Bank of England inflation forecasts
- DB pension valuations
- Investment manager reports
- Registrant numbers, o/seas applications
- Portfolio Board benefits reporting

**Risk owner:** Executive Director of Resources and Technology Services

**Deputy:** Assistant Director Finance and Audit

**Last updated/reviewed (minimum every 8 weeks):** 28 may 2024



# Strategic risk STR22/04

The risk that external impacts such as climate change, natural disasters, pandemic and national security will have an impact on our ability to be an effective regulator, or to deliver our core regulatory functions

## People impact:

Lack of capability to enable NMC colleagues in their roles.

### Due to... (possible causes)

- a. Pandemic -probability 5-25% over 5 years per UK National Risk Register 2023.
- b Physical risks: acute from severe weather or other events – eg flash flooding, storm damage, travel disruption, power disruption to offices/homes, high temperatures; terrorism incl. cyber attack, fire damage to buildings. chronic risks: such as long term rises in sea/river levels
- c. Financial adaptation risks as we and the world move to a lower carbon climate resilient economy. These include costs of adapting, impacts on investments, including those of pension schemes.
- d. Productivity adaptation risks – through impacts on colleagues’ productivity as a result of impacts of climate change on domestic, transport, office and technology infrastructure.
- e. Policy and regulatory risks – where future changes to government policy will impact on the way organisations are expected to operate in the context of climate change, pandemic, data security.

### Mitigations and controls

Current risk score: 4L x 3I = 12

- a,b business continuity/contingency planning (eg emergency command structures)
- b-e. estates maintenance programme and building design where new buildings
- a,d. Technology-enabled remote working capabilities
- c,e. investment policies with resilient, diversified portfolios with ethical /low carbon economy themes. Similar focus/options for staff pension scheme
- a-d. technology strategy builds in resilience and increased cyber security e.g. laptops and cloud-based hosting; steps to improve cyber security
- a-e. reserves policy and contingency provides significant ability to absorb costs
- a,c Insurance for costs of buildings damage, responding to cyber attack, business continuity.
- e. Measurement of carbon impact and environmental sustainability plan.

### Resulting in... (possible impact)

Inherent risk score: 4L x 5I = 20

- Inability to deliver core regulatory functions for people when they need it.
- Reduced trust if our functions are disrupted

### Planned actions | Target date | Owner(s)

Target risk score: 4L x 3I = 12 by March 2025

### Risk triggers: what is being monitored to inform a change to the risk score?

- Press reporting
- Regular communications with local police on security
- Regulatory monitoring through qualified employees/advisers

- a-e Business continuity plan testing and Internal Audit review of bus continuity planned 24-25. This has no impact on target score but provides assurance that it is reasonable.
- a-e all of the above measures need on-going review and refresh to keep them effective.

**Risk owner:** Executive Director of Resources and Technology Services  
**Deputy:** Assistant Director Finance and Audit

**Last updated/reviewed (minimum every 8 weeks):** 25 May 2024

# Strategic risk STR24/01

In the longer term, people's safety and their confidence in the NMC may be compromised if external factors negatively affect our plans for reform or our independence as a regulator

**People impact:**  
Negative impact on public safety and registrants

## Due to... (possible causes)

- Forthcoming UK general election may mean changes to DHSC priorities and timetable for regulatory reform leading to delays and/or a significant change in scope.
- Regulation of Nursing Associates in Wales (and possibly other nations) will require legislative change either via the regulatory reform programme or via a separate section 60 order, placing additional demands on DHSC's professional regulation branch.
- Any changes to NMC Fee Rules will require the consent of Parliament, placing additional demands on DHSC's professional regulation branch.
- Public / professional concern about any fee rise proposals could lead to calls for curbs on regulatory independence.
- Government could use regulatory reform, or another legislative vehicle, to change our status as an independent statutory regulator accountable to Parliament via the Privy Council.

## Resulting in... (possible impact)

- Delays / stopping regulatory reform would lead to:
- Limited ability to improve our regulatory processes.
  - Wasted resource (sunk costs) / prolonged inefficiencies in processes.

**Inherent risk score: 4L x 4I = 16**

- Inability to regulate nursing associates on the Welsh Government's intended timeline with negative consequences on workforce in Wales.
- Failure to increase our fees could threaten our financial sustainability.
- Curbs on our independence could compromise our ability to set professional standards and maintain public safety.

## Risk triggers: what is being monitored to inform a change to the risk score?

- |  |   |
|--|---|
| <ul style="list-style-type: none"><li>External landscape</li><li>Changes in regulation</li><li>...</li></ul> | <ul style="list-style-type: none"><li>Political decisions</li><li>...</li><li>...</li></ul> |
|--|---|

**Risk owner:** Executive Director Strategy and Insight

**Deputy:** Assistant Director Regulatory Reform

## Mitigations and controls

**Current risk score: 3Lx 4I= 12**

### To be mapped to causations

- Regular engagement with Ministers, Government officials, and opposition politicians to explain the benefits of regulatory reform for the public and professionals. We understand reform has broad cross-party support.
- Preliminary discussions with DHSC and Welsh Government have been held regarding the options and their relative merits.
- Initial discussions with DHSC have been held.
- & e. We and other professions' regulators have agreed common approaches to take publicly on regulatory independence.
- We scrutinise all DHSC reform proposals carefully to ensure there are no unintended or unforeseen consequences for our independence.

**Planned actions | Target date | Action owner**

**Target risk score: 3L x 4I = 12**

- Continue strategic engagement with Ministers, Government officials, and opposition politicians.
- Detailed discussions with DHSC and Welsh Government regarding timetable and options to resume after election period.
- EB will consider options around policy and stakeholder engagement on 30 July 2024
- Any fee increase to consider impact on individuals in order to mitigate level of concern. Stakeholder management plan to be put in place.
- Watching brief.

**Last updated/reviewed (minimum every 8 weeks): 2 July 2024**

# Strategic risk REG19/03 **UNDER REVIEW**

Failure to ensure that proficiency and educational standards are fit for purpose (including processes to ensure compliance with standards are met)

**People impact:**  
compromising safe and effective care

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## Due to... (possible causes)

- a. Our Code and standards failing to keep pace with changes in legislation, education, healthcare delivery and practice within and across the four devolved UK countries (including delays to implementation of new standards).
- b. We do not process programme approvals within the expected transition timescales, which potentially impacts the number of new professionals joining the register.
- c. We do not meet the Standards of Good Regulation (SoGR) for standards and education.
- d. Approved Education Institutions (AEIs) 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.

## Resulting in... (possible impact)

- Loss of confidence in educational standards
- Undermines public trust and protection
- Loss of confidence in our quality assurance of education processes

**Inherent risk score: 4L x 4I = 16**

- lack of consistency across the sector
- poor experience for students

## Risk triggers: what is being monitored to inform a change to the risk score?

- Legislation changes
- The number of AEIs able to deliver programmes

- ...
- ...
- ...

## Mitigations and controls

**Current risk score: 2L x 4I = 8**

For this strategy period we will review our standards to seek feedback, co-produce new standards, and evaluate their impact (post registration standards were delivered in 2022,, Advanced practice in 2022-25, revalidation 2025-2026, the code review will now move to 2025-2026)

- a. Four country communications and engagement plan embedded in our approach to standards development and implementation.
- a. Midwifery standards published in November 2019.
- a. Post registration standards published in July 2022.
  - a. Updated pre-registration programme standards published in March 2023
- b. Planned UK-wide Implementation activity to support post-registration standards
- b. Quality Assurance for AEIs with a defined timescale for transition and programme approvals.
- c, d. Continued review against the PSA Standards of good regulation (SoGR) to ensure compliance.
- a-d. Our quality assurance (QA) framework for education of nursing and midwifery includes requirements for monitoring of all programmes.
- a-d. Additional requirements for programmes under enhanced scrutiny, and a data driven approach to monitoring, with action taken when concerns are identified.
- a-d. Active monitoring of programmes in line with our QA framework.
- a-d. Database of approved programmes for educators on D365.

## Planned actions | Target date | Action owner

**Target risk score: 1L x 4I = 4**

- a. A rolling programme of independent evaluation, continuous improvement, a review of our internal methodology and a pipeline of updates for all existing standards (ongoing).

# Summary of key changes

Risk ref	Risk	What has changed
STR18/01	Fail to meet expectations	11/4/24: Inherent risk assessed, and likelihood score increased from 4 to 5 new total score of 20 <b>Rationale:</b> to reflect recent issues (negative outcomes of reviews of processes/people and culture/our role) <b>Agreed at EB May 24</b>
REG/22/04	Regulatory concerns (education)	12/4/24: Inherent risk assessed, and likelihood score increased from 4 to 5 new total score of 20. <b>Rationale:</b> Lack of resource to manage new contract transition and manage core business due to senior staff sickness (education QA). <b>Agreed at EB June 24.</b>
PEO24/01	Culture	22/05: Current risk score suggested increased from 16 to 20 (Likelihood increase to 5) as per conversation at Council (will be shared at June EB – decision made at May EB that an ED can increase and can be shared the following month. <b>Rationale:</b> Risk has materialised, with the outcomes of the People and Culture review and Ijeoma Omambala KC’s investigation expected to further impact on performance and morale. <b>Agreed at EB June 24.</b>
GOV24/01	Change and Portfolio	22/05: Current risk score suggested increased from 16 to 20 (likelihood increase to 5) as per conversation at Council (will be shared at June EB – decision made at May EB that an ED can increase and can be shared the following month. <b>Rationale:</b> Increasing pressures on the delivery of Priority Outcomes 1 (fitness to practise), 2 (Learning Culture), and 5 (Integrity of the Register). <b>Agreed at EB June 24.</b>
REG18/01	Integrity of the register	Current risk score suggested increase from Amber (15) to Red (20) due to CBT and OET – May EB – Decision was made to leave the risk as is due to proportionality - low numbers affected compared to the numbers on the register and International applicants falling. <b>Rejected at EB May 24</b>
TECH24/01	Systems access	Current risk score suggested increase from Amber (15) to Red (16) <b>Rationale:</b> we have made great progress with the likelihood mitigations but the impact was scored too low as this will always be a high risk area . <b>Agreed at EB June 24.</b>
PEO24/05	Organisational stability	New risk added around stability of our leadership teams. <b>Agreed at EB June 24</b>

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## Nursing and Midwifery Council Financial Monitoring Report

£'m	June 2024 Year-to-Date				Full Year
Income	Actual	Budget	Var.	Var. (%)	Budget
Registration fees	25.0	24.8	0.2	1%	100.5
Other	2.3	2.3	-	-	9.2
<b>Total Income</b>	<b>27.3</b>	<b>27.1</b>	<b>0.2</b>	<b>1%</b>	<b>109.6</b>
<b>Expenditure</b>					
<u>Core Business</u>					
Professional Regulation	15.3	16.2	0.9	6%	66.0
Resources & Technology Services	4.8	5.0	0.2	4%	21.7
People & Organisational Effectiveness	3.5	3.3	(0.2)	(7%)	12.7
Professional Practice	1.8	2.0	0.2	11%	7.6
Strategy & Insight	1.0	1.1	0.1	11%	4.7
Communications & Engagement	0.9	1.0	0.1	15%	3.6
Directorate - Core Business	27.3	28.6	1.3	4.6%	116.3
<u>Corporate</u>					
Depreciation	1.0	1.0	-	-	4.1
PSA Fee	0.5	0.5	-	-	2.1
Apprenticeship Levy	0.1	0.1	-	-	0.3
Contingency	0.1	0.4	0.3	74%	1.5
Panel Holiday Pay	-	-	-	-	1.1
Total Corporate	1.7	2.0	0.3	13%	9.1
<b>Total Core Business</b>	<b>29.0</b>	<b>30.6</b>	<b>1.6</b>	<b>5%</b>	<b>125.4</b>
<b>Surplus/(Deficit) excluding Programmes</b>	<b>(1.7)</b>	<b>(3.5)</b>	<b>1.8</b>	<b>51%</b>	<b>(15.8)</b>
<b>Programmes &amp; Projects</b>					
Accommodation Project	-	-	-	-	0.5
Modernisation of Technology Services	2.2	1.9	(0.2)	(13%)	7.0
Technology Improvements	-	-	-	-	0.5
Modern Workplace for Me	0.1	0.1	-	-	0.1
Functional master & data project	-	-	-	-	0.3
People & Culture Investigation	0.1	0.1	-	-	0.2
D&A FtP caseload improvement	-	-	-	-	0.2
Thirlwall Enquiry	-	-	-	-	0.1
Regulatory Reform (Comms)	-	-	-	-	0.0
Regulatory Reform (POE)	-	-	-	-	0.0
Regulatory Reform	0.2	0.2	-	0%	1.0
Insight Programme	-	0.1	0.1	79%	0.1
<b>Total Programmes/Projects</b>	<b>2.6</b>	<b>2.5</b>	<b>(0.1)</b>	<b>(4%)</b>	<b>9.9</b>
<b>Total Expenditure including capex</b>	<b>31.6</b>	<b>33.1</b>	<b>1.5</b>	<b>4%</b>	<b>135.3</b>
Capital Expenditure	2.3	2.1	(0.2)	(12%)	7.8
<b>Total expenditure excluding capex</b>	<b>29.3</b>	<b>31.0</b>	<b>1.7</b>	<b>5%</b>	<b>127.4</b>
<b>Net income</b>	<b>(2.0)</b>	<b>(3.9)</b>	<b>1.9</b>	<b>49%</b>	<b>(17.8)</b>
Unrealised Gains/(Losses)	0.8	-	0.8	-	-
<b>Net Surplus/(Deficit) excluding capex</b>	<b>(1.2)</b>	<b>(3.9)</b>	<b>2.7</b>	<b>70%</b>	<b>(17.8)</b>
<b>Free Reserves</b>	<b>39.7</b>	<b>31.3</b>	<b>8.4</b>	<b>27%</b>	<b>14.7</b>

Apprenticeship Levy is a tax paid to HMRC  
NB figures are subject to rounding

Balance Sheet (£'m)	Mar-24	Jun-24	Change	Change %
<b>Fixed Assets</b>				
Tangible and Intangible Fixed Assets	36.8	38.1	1.3	3%
Investments	38.6	39.5	0.9	2%
<b>Total Fixed Assets</b>	<b>75.4</b>	<b>77.6</b>	<b>2.2</b>	<b>3%</b>
<b>Current Assets</b>				
Debtors	4.5	3.5	(1.0)	(29%)
Fixed notice bank deposits	54.8	42.4	(12.4)	(29%)
Cash	7.9	12.2	4.3	35%
<b>Total Current Assets</b>	<b>67.2</b>	<b>58.1</b>	<b>(9.1)</b>	<b>(16%)</b>
<b>Total Assets</b>	<b>142.6</b>	<b>135.7</b>	<b>(6.9)</b>	<b>(5%)</b>
<b>Liabilities</b>				
Creditors	(59.9)	(54.2)	(5.7)	10%
Provisions	(3.9)	(3.9)	-	-
<b>Total Liabilities</b>	<b>(63.7)</b>	<b>(58.0)</b>	<b>(5.7)</b>	<b>10%</b>
<b>Net Assets</b>	<b>78.9</b>	<b>77.7</b>	<b>(1.2)</b>	<b>(2%)</b>
<b>Total Reserves</b>	<b>78.9</b>	<b>77.7</b>	<b>(1.2)</b>	<b>(2%)</b>
<b>Free Reserves</b>	<b>42.0</b>	<b>39.7</b>	<b>(2.3)</b>	<b>(6%)</b>

Statement of Cash Flows (£'m)	Jun-23	Jun-24
<b>Cashflow from operating activities</b>		
Surplus/(Deficit) (YTD)	0.8	(1.2)
Adjustment for Depreciation (Non-cash)	0.9	1.0
(Gains)/Losses on Investments	(0.3)	(0.8)
Investment/Dividend income	(0.1)	(0.1)
(Increase)/Decrease in current assets	1.0	1.0
Increase/(Decrease) in liabilities	(4.5)	(5.7)
<b>Net Cash inflow/(outflow) from operating activities</b>	<b>(2.2)</b>	<b>(5.8)</b>
<b>Cashflow from investing activities</b>		
Capital Expenditure (YTD)	(2.1)	(2.3)
<b>Net Cash inflow/(outflow) from investing activities</b>	<b>(2.1)</b>	<b>(2.3)</b>
<b>Cashflow from financing activities</b>		
Short term deposit investments	-	-
<b>Net Cash inflow/(outflow) from financing activities</b>	<b>-</b>	<b>-</b>
<b>Cumulative net increase/(decrease) in cash and cash equivalent at month end</b>	<b>(4.3)</b>	<b>(8.1)</b>
Cash & Cash Equivalent at the beginning of the year	67.2	62.7
<b>Cash &amp; Cash Equivalent at the end of the month</b>	<b>62.9</b>	<b>54.6</b>

NB figures are subject to rounding

## Open Council meeting

### Update on progressing our Fitness to Practise casework

<p><b>Action requested:</b></p>	<p>To update the Council on our work to make decisions in progressing cases within Fitness to Practise (FtP) as safely, quickly and fairly as possible. It is our number one corporate priority to do this to protect the public and improve the experience of everyone involved in our FtP service and minimise the impact of the length of our investigations on those involved.</p> <p><b>For discussion.</b></p> <p>The Council is asked to <b>discuss</b> the report.</p>
<p><b>Key background and decision trail:</b></p>	<ul style="list-style-type: none"> <li>• Strategic risk REG18/02 is the risk that we fail to take appropriate action to address a regulatory concern about a professional on our register in a timely or person-centred way.</li> <li>• The Council approved our Fitness to Practise improvement plan in March 2024 and the activity of this Plan addresses the high and aged caseload that we have, which is affecting our ability to progress and resolve cases in a timely and safe way. It will also improve quality, safety and the experience of everyone involved in our processes. The FtP Plan can be read in the March 2024 Council papers.</li> <li>• This report is a regular update item, providing the Council with an update on our FtP performance, FtP Plan and our efforts to make quicker and safe decisions in FtP, which protect the public and minimise distress for professionals who are referred to us.</li> <li>• At the May 2024 Council meeting, an action was noted: “Present an update on the scorecard for the FtP Plan to the Council”. We address that here.</li> </ul>
<p><b>Key questions:</b></p>	<ol style="list-style-type: none"> <li>1. What progress have we made to make quicker and safe decisions in FtP?</li> <li>2. Is our FtP performance improving?</li> </ol>

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<b>Annexes:</b>	<p>The following annexe is attached to this paper:</p> <ul style="list-style-type: none"> <li>Annexe 1: FtP performance dashboard for June 2024.</li> </ul>	
<b>Further information:</b>	<p>If you require clarification about any point in the paper or would like further information, please contact the author or the director named below.</p>	
	<p>Author: Janice Cheong          Phone: 020 7681 5765  <a href="mailto:janice.cheong@nmc-uk.org">janice.cheong@nmc-uk.org</a></p>	<p>Executive Director: Lesley Maslen          Phone: 020 7681 5641  <a href="mailto:lesley.maslen@nmc-uk.org">lesley.maslen@nmc-uk.org</a></p>



# Update on progressing our Fitness to Practise casework

## Discussion

### Summary of our current performance

- 1 The recently published independent review of our NMC culture has, understandably, brought significant scrutiny and concern across our fitness to practise casework. Our fitness to practise improvement journey is already underway, and the Culture Review acknowledges that the approval of £30 million of funding for the Plan is an opportunity for the NMC to take a decisive and transformative shift, including in how we handle the volume of cases in our caseload. However, we recognise that to succeed in delivering the Plan and the outcomes we need to see, our culture must change.
- 2 Within this paper we will update on the latest progress and impact of our Plan since the last Council meeting in May 2024. In the coming weeks, we will consider our Plan in light of the review recommendations to determine whether any changes to the level of resource, timeframes, prioritisation or ambition should be made, in consultation with our people and some of our key stakeholders. The Plan was designed to be agile and adapt to changing circumstances, including the outcome of the review of our culture.
- 3 The main challenge to delivery are the issues with our culture which the Culture review has highlighted and the impact of this on our people. The review has identified unacceptable experiences of racism, discrimination and harassment that must not be tolerated. It has also highlighted the impact that pressurised environments can have on behaviours, performance and wellbeing. Our people are key to the successful delivery of the Plan – we must identify what actions are required to address the issues that have been raised and support our people.
- 4 Below are progress updates about the delivery of our four primary outcomes (timeliness, quality and safety, person centred and proportionate service, and cost efficiencies). These outcomes represent the longer-term goals we intend to achieve once we've delivered the FtP plan.

### Outcome 1: Improved timeliness and reduction of our oldest cases

#### Recent highlights

- 5 We received 491 referrals in June, very slightly up from May but with May and June seeing lower volumes than in January to April.
- 6 In Screening during May, we closed our oldest case which had been impacted by third party investigation. We are continuing to focus on our oldest cases across the FtP stages so that those case parties see a conclusion.

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- 7 Legal review completions for the second month in a row exceeded the volume of new Case to Answer cases coming into the Case Preparation and Presentation team following Case Examiner decision. This prevents the backlog of cases at Case Preparation and Presentation awaiting a hearing from growing, but there is more we will do through the FtP plan to reduce the backlog in coming months, ensuring cases progress through our stages in a timelier way.
- 8 We have seen a higher proportion of substantive meetings than in previous months, these are alternatives to contested substantive hearings. They take place when there are no matters in dispute and reduce the impact of our adjudication process for case parties.
- 9 This month we agreed more Undertakings with professionals than we have in previous months. These are measures that are agreed with professionals to allow them to work on the areas of their clinical practice which cause concern, letting them demonstrate that there is no longer a need to restrict their practice because they no longer present risk to patients.
- 10 As a result of the FtP plan:
- 10.1 We have made good progress with our unallocated Screening cases. These are cases which have been reviewed and assessed as low risk but are not being actively worked on due to challenges managing the volumes of referrals we are receiving. We have seen this cohort of cases build up over the last few months and on 12 April 2024 we had 949 unallocated cases. We've focused on this cohort recently and by the end of June this had reduced to 311 (down by 638 or 63%). 239 of the cases were closed and the remaining 399 are being progressed. Only 10 of the cases in this cohort were referred more than nine months ago, which is significant progress since April when some of the cases in the cohort were referred in 2022.
- 10.2 We have made improvements to the allocation of panels to hearings at our Adjudications stage. Our Rapid Resolution Team led colleagues from across the Adjudications team in a concerted effort to allocate more panel members to substantive hearings further in advance of hearings. We have now allocated 82 percent of panel members to hearings for the whole of August and half of September, over a month further in advance than previously. This means we will be able to send paperwork to panels before hearings so they are well prepared and their time is used effectively.
- 10.3 The Adjudications team has also been making strides with the development of a new listings and panel allocation tool on Dynamics 365 which will make it easier for panel members and our teams to make arrangements for hearings e.g. automating part of the scheduling process. The tool went live this month initially for managing hearings to be heard by Investigating Committee panels (pre-Case Examiner). If our teams are spending less time on scheduling hearings, we have more capacity to shape new ways of working. Another benefit of the tool is an improved service for panel members. We are

continuing to develop functionality for use with hearings for Fitness to Practise Committee panels.

### Latest performance

- 11 We made 725 decisions and progressions across FtP in June, down from May and April and short of our assumptions across all FtP stages.
- 12 In June we saw lower Screening decision volumes than planned, this was expected as we are in the process of onboarding significant numbers of new decision makers. It is essential that new decision makers are well trained and supported by existing team members to make safe decisions. Whilst we are still working hard to progress cases it is likely the impact of onboarding and supporting large numbers of new starters, along with the associated increased levels of quality control, will impact output numbers before we start to see the benefits of the extra resource.
- 13 This year we are particularly focusing on improving our Screening case progression and decision-making, so that we will see cases move through this stage more quickly. Our recent recruitment of additional Screening case officers and decision makers will facilitate this and we expect to see an improvement in decision levels from September 2024 onwards. We are aiming for an average caseload age at Screening of two months by the end of March 2025. As at 30 June, the average was 24 weeks (six months) as seen in Annexe 1 and the reduction is expected after September once our decision-making improves. Once we reach this steadier state at Screening our focus next year will transfer to improving the timeliness of cases progressing through the other stages of FtP.
- 14 The overall caseload as at 30 June was 6,059, up by 51 cases from May. The caseload as at 30 June is provided here by registration type per FtP stage. The proportion of professionals on our register as at 30 September 2023 was 92.6 percent nurses, 5.3 percent midwives, 0.8 percent dual-registered and 1.3 percent nursing associates.

Fitness to practise caseload by registration type broken down into our stages, as of June 2024 caseload	Screening stage	Investigations stage	Case Examiners stage	Adjudication stage	Total caseload
Nurse	1,759	1,695	241	1,027	4,722
Midwife	124	95	11	55	285
Dual	4	2	0	0	6
Nursing Associate	17	11	0	3	31
No Registrant PIN linked to case	1,015	0	0	0	1,015
<b>Grand Total</b>	<b>2919</b>	<b>1795</b>	<b>252</b>	<b>1,085</b>	<b>6,059</b>

15 Below is a table of our caseload broken down by country of registered address::

Fitness to practise caseload by country of registered address broken down into our stages, as of June 2024 caseload	Screening stage	Investigations stage	Case Examiners stage	Adjudication stage	Total caseload
England	52.1%	79.8%	78.2%	79.4%	66.3%
Scotland	6.1%	9.3%	9.9%	9.2%	7.8%
Wales	3.4%	3.7%	6.7%	5.8%	4.1%
Northern Ireland	2.4%	4.7%	3.6%	2.9%	3.2%
Overseas	1.0%	2.6%	1.6%	2.7%	1.8%
No Registrant PIN linked to case	34.8%	0.0%	0.0%	0.0%	16.8%
<b>Grand Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

## Outcome 2: Improved quality and safety

16 The review of our culture identified concerns about safeguarding. The report highlights that since April 2023, six people have died by suicide or suspected suicide while under, or having concluded, fitness to practise investigation. We offer our sincere condolences to their family and friends. Work has already started to improve our safeguarding processes and reduce impact and risk of harm to people. We will be shortly recruiting two additional roles to support our work to improve the experience for registrants going through the fitness to practise process.

### Recent highlights

17 As a result of the FtP plan:

17.1 A cross-NMC safeguarding committee has been set up, which aims to oversee a strengthened approach to managing and coordinating safeguarding at the NMC so that we can more effectively safeguard people in our processes. High priority internal safeguarding guidance has been produced for our staff. Further actions to strengthen our approach to safeguarding will be implemented in the coming months, including the establishment of a safeguarding hub which will provide advice to staff working in fitness to practise and enable a multi-professional approach.

17.2 Since June our external legal firm partners have started to help us present some High Court Interim Order applications where the case has not concluded within 18 months. We will be building up the volumes, which will create additional capacity for our internal lawyers to focus on the legal review of cases in preparation for a Fitness to Practise Committee hearing or meeting.

### **Latest performance**

- 18 Our interim order (IO) KPI is aiming to impose 80% of IOs within 28 days of receipt of the case. We achieved 61.1% for June, a dip from May and below our target of 80%.
- 19 We are sending a significant proportion of newly received cases to our independent panels to decide whether an interim order is necessary; this is impacting on the capacity of the team and we are also seeing registrants asking for extra time to prepare for their interim order hearings meaning cases do not conclude within the 28 day target. Notwithstanding our KPI performance, we continue to progress cases to interim restriction quickly when comparing our performance to our fellow regulators.
- 20 At the end of June we had 417 cases where a High Court Interim Order extension was in place (up from 396 in May and 376 in April). 417 equates to 6.9% of our total caseload.

### **Outcome 3: Person centred, proportionate service**

#### **Recent highlights**

- 21 Colleagues in our Strategy and Insight Directorate have begun a project to understand the experiences of those involved in our processes. This will give us an important statistical baseline from which to measure the impact of our improvement work.

### **Outcome 4: Cost efficiencies**

#### **Recent highlights**

- 22 We expect to deliver against this outcome once the interventions in the FtP plan have embedded.
- 23 Hearing length is a key contributing factor in our cost base, the average hearing length increased in June due to the conclusion of some of our older and longer hearings. There are several targeted pieces of work within the FtP plan which will reduce our hearing length as we progress with delivering the plan.

### **Measuring our progress**

- 24 We have developed new reporting tools to help us track progress towards delivery of the four priority outcomes. The tools enable us to answer two key questions:

24.1 Are we delivering our planned improvement activities as expected?

24.2 Are our key performance indicators improving because of these activities?

- 25 We have already implemented monthly reporting against our 30 workstreams. Our summary report to the FtP Executive Board provides assurance about our confidence levels for implementation and highlights areas where we may need to take a different approach.
- 26 We have also developed the first iteration of our strategic report to track key performance indicators ('scorecard'). KPIs are linked to our four outcome areas and our report will present target indicators which we will track to show progress against our outcomes (level 1 indicators) and contributing indicators that assess the current position of key areas of FtP operations (level 2 indicators). These indicators will be underpinned by a third level of operational indicators (level 3 indicators) which will be grouped and used to make judgements about progress towards level 1 indicators. Level 3 indicators will be provided by exception where performance is under or exceeding expectations. Level 1 indicators will be tracked over time and will be slower to show improvement.
- 27 The discussion by the FtP Executive Board to determine if the scorecard is an appropriate tool for measuring progress and outcomes will take place on 25 July 2024. After the Board is satisfied with the suite of measures, we will be bringing selected metrics from the scorecard by exception to the Council in future Open Council meetings after this one. The Council will continue to receive this report and our casework dashboard (at the annexe) at every meeting. The dashboard provides information about referral levels, case progression, caseload volume, and the proportion of cases outside our timeliness targets.
- 28 As an additional layer of assurance, the Council have nominated Council members who attend the FtP Executive Board who will be invited to provide their reflections and areas of note at Council meetings.
- 29 As reported at the last meeting, returning to timely and safe case processing is our primary goal.
- 30 We previously stated our assumptions for reaching timeliness at each stage of the FtP process within our May 2024 Council paper. We have identified an error in our drafting which we are correcting here. Reaching timeliness at each stage of the process will improve our overall timeliness and we expect to see progress by the end of this financial year. Below are the corrected assumptions. These are:

<b>Stage</b>	<b>Previously published dates</b>	<b>Corrected dates</b>
Screening (2 months)	March 2025	March 2025
Investigations (7 months)	March 2026	August 2026
Case Examiners (8 months)	March 2026	November 2026
Adjudications (15 months)	2027	2027

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The changes in dates above do not represent a slippage within our plans, however we have now received the People and Culture review from Nazir Afzal and Rise Associates and we will need to reflect on the impact of that review and the progress of our work.

Target indicators (level 1):

Metric	FtP plan outcome	June 24 status	Initial improvement by	Impact
Actual cases concluded within 15 months of opening*	Improved timeliness and reduction of our oldest case	65.4%	Improvement by April 2025  (driven by the focus on screening in 2024/2025)	Fewer people will have to experience a delay in conclusion of their case and the impact this can have on emotional and physical wellbeing.  Screening is the focus for 2024/2025.
Screening stage returned to 'steady state'  <i>(majority of cases meeting screening timeliness target of 2 months)</i>		On track	March 2025	
Percentage of Interim Orders imposed within 28 days*	Improved quality and safety	61.1%		Safe and swift case progression, prioritising the highest risk cases first.  Ensure consistent service provision and effective decision making across FtP.
New quality assurance framework & quality standards implemented		On track	By Q4	
Monitor stakeholder experience of FTP services	Person centred, proportionate service	TBC	Create a mechanism to effectively baseline and monitor experience by Q4  (we'll track proxy measures regarding customer feedback in the interim)	
Monitor colleague engagement		7.1	Next employee survey	

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Average length of hearings (FTP committee and Investigating Committee)	Cost efficiencies	9.2 days	Reduce	Reduce our cost base.  Fewer people will have to experience a delay in
Average cost per decision (broken down by stage)		Various	Reduce	

*\*Data corrected at 23/7/24*

## Next Steps

- 31 A risk to meeting the current milestones in our improvement plan is the unknown impact on our work of the publication of the two independent reviews of our organisation – on our culture and on our previous handling of FtP cases and whistleblowing concerns. We will work to mitigate the risks where we can.
- 32 We need to carefully consider what the reports say whilst supporting our people and consider what steps we should take to make necessary changes. The culture review report was published on 9 July and at the time of writing we are still at the stage of reflecting on its contents but we are giving our teams the time and space to reflect on its contents.
- 33 Item 6 on the Council agenda sets out how over the coming weeks we will work with our people and some of our key stakeholders to determine what additional actions and adjustments to the Plan are required.
- 34 The report by Ijeoma Omambala KC on our handling of FtP cases is expected this autumn. We will update the Council on any expected impacts to our casework from these reviews.
- 35 We will continue to provide this report at every Open Council meeting.

## Implications

The following were considered when preparing this paper:

Implication:		Location if in paper:	Content if not in paper:
Public protection/impact for people.	Yes	Para 18	
Safeguarding considerations	Yes	Para 15 & 16	
The four country factors and considerations.	Yes	Para 13	



Resource implications including information on the actual and expected costs involved.	Yes	Para 1	
Risk implications associated with the work and the controls proposed/ in place.	Yes		The Plan addresses strategic risk REG18/02.
Legal considerations.	Yes		Swift and fair decisions in FtP cases are critical to the fulfilment of our statutory public protection function. Ensuring that we manage our FtP caseload effectively and in line with our NMC values, reduces the risk of legal challenge.
Midwives and/or nursing associates.	Yes	Para 13	
Equality, diversity, and inclusion.	Yes		We are aware that certain groups are over-represented in the referrals we receive and therefore taking too long to progress cases will further impact those groups disproportionately. However, we have not identified any adverse implications of our approach which is to manage the caseload by progressing our highest risk and oldest cases as a priority.
Stakeholder implications and any external stakeholders consulted.	Yes	Para 2 & 29	
Regulatory Reform.	Yes		Swift and fair decisions in FtP are a prerequisite for effective delivery of regulatory reform and will ensure the teams are well placed

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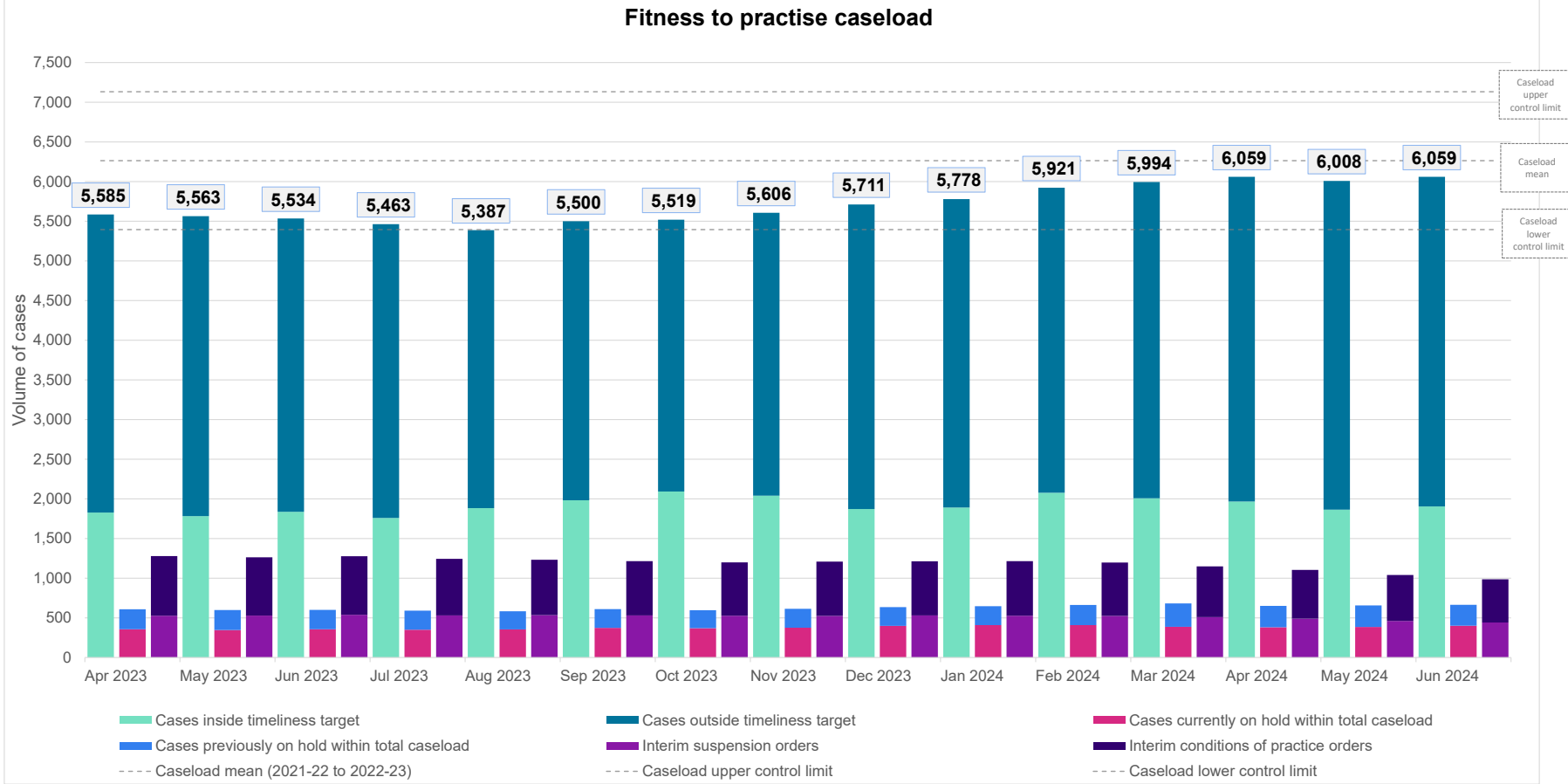
			to adjust to significant changes in ways of working.
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## Fitness to Practise Council performance dashboard June 2024

The chart below shows the total fitness to practise caseload broken down into the cases that are within and outside our timeliness targets. The chart also shows within that caseload the cases that are currently on hold for a third party investigation and those that have previously been on hold but are now active. It also shows the number of interim suspension orders and interim conditions of practise orders for the cases that are still open without a final outcome. We have also provided our planned total FIP caseload based on operating assumptions for the current and previous financial year.

A1



### Commentary June 2024

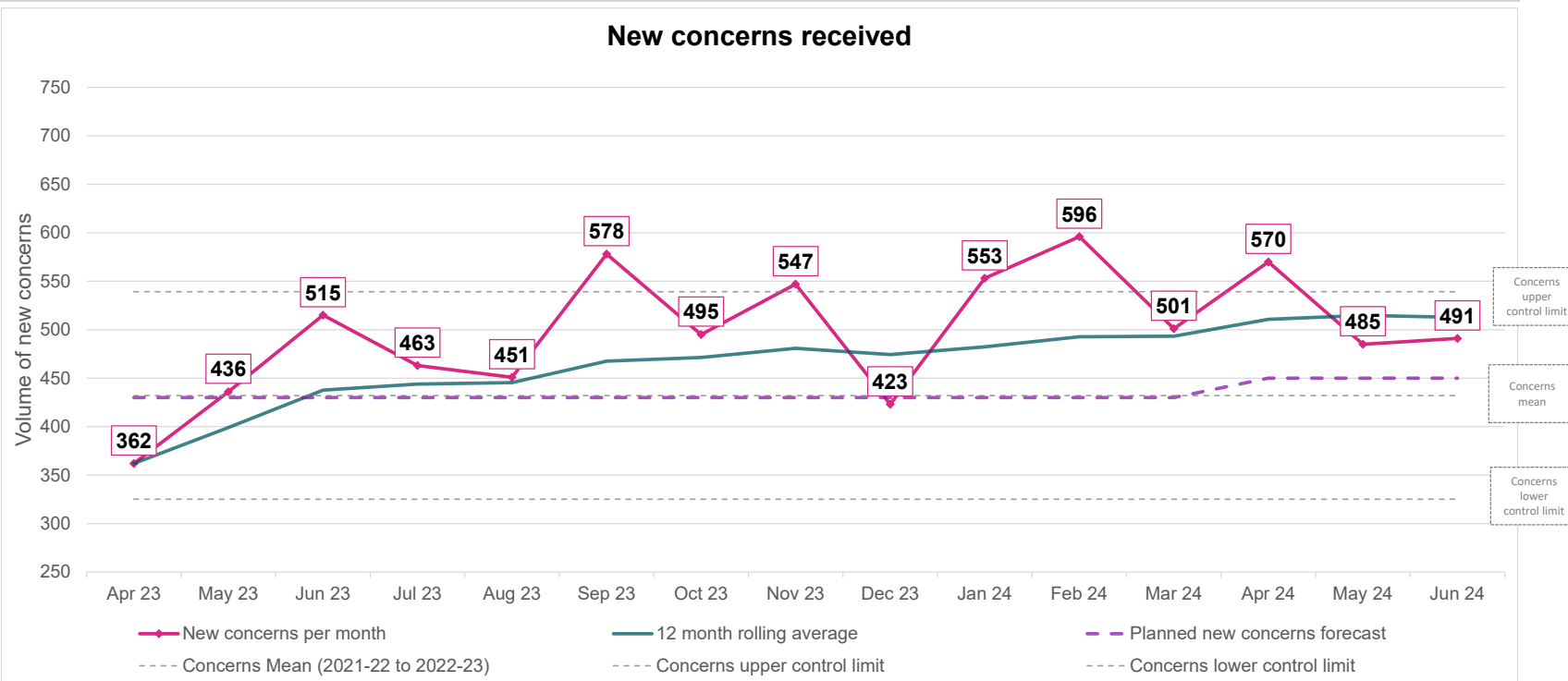
Whilst we have seen a lower volume of referrals being received for June compared to earlier in the year (so lower volumes entering our caseload), our decision-making levels were also lower in June, impacting on the caseload level.

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# Fitness to Practise Council performance dashboard June 2024

The chart below shows the total number of new concerns we have received into fitness to practise on a monthly basis, and also our rolling 12 month average for the concerns we have received. The chart also includes our planned forecast for referrals for the financial year.

B1



## C1 Monitoring and Compliance

**Substantive order review caseload: 428**

**Undertakings caseload: 108**

The figures above shows the total number of substantive orders that are subject to review following a decision by a Fitness to Practise Committee Panel at a hearing or meeting. It also shows the total number of undertakings offered by Case Examiners that were accepted, were still active and being reviewed.

**Commentary June 2024**

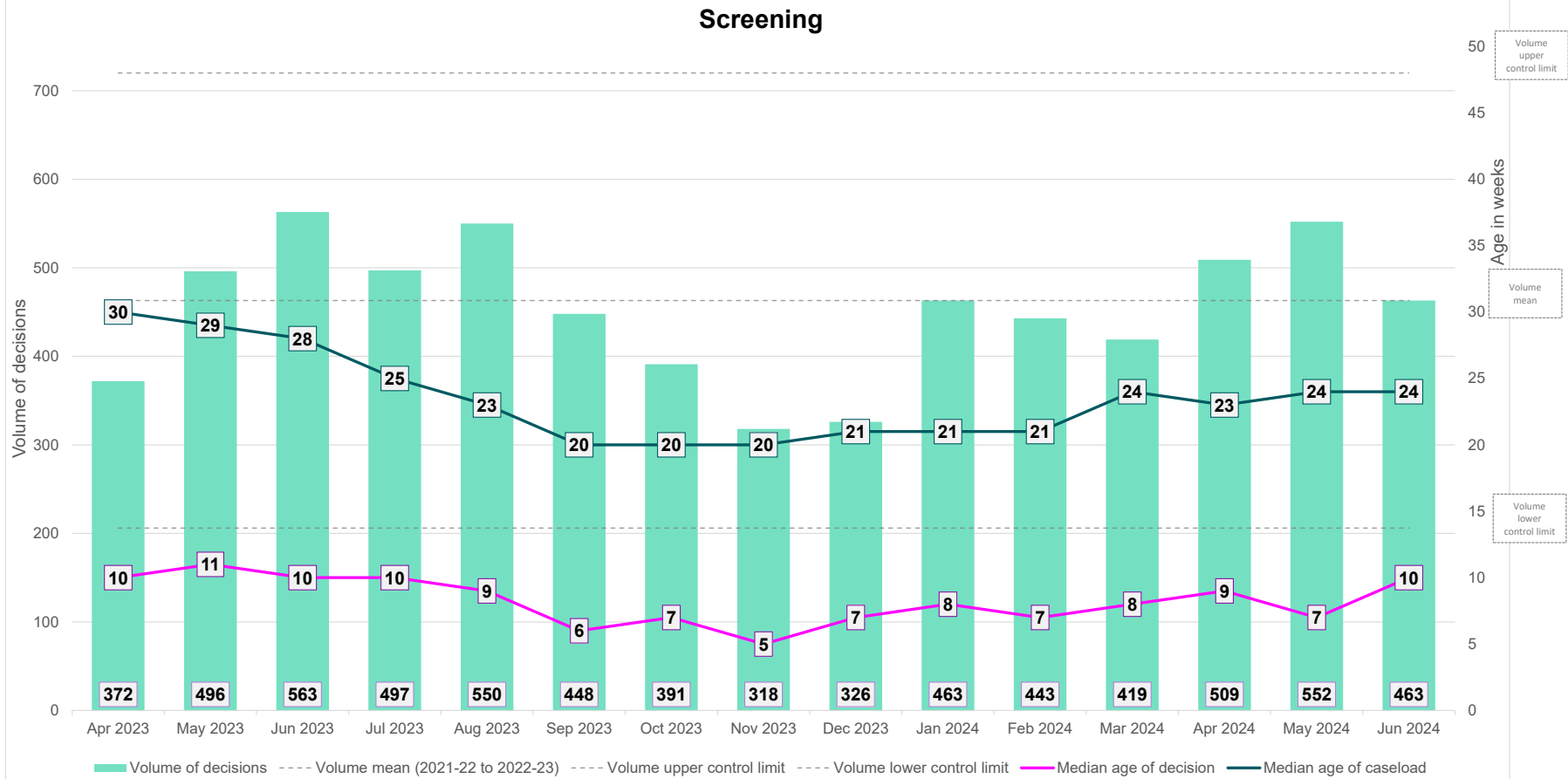
Referrals received for May and June were lower than for the preceding months but continue to exceed the numbers that we had planned to receive.

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## Fitness to Practise Council performance dashboard June 2024

The charts below provide a performance summary for the Screening stage of our fitness to practise process. The bar charts provide the total number of decisions or completed cases within the month, and the line charts show both the median age of decisions/completed cases in weeks and the other shows the median age of the open caseload at that stage. From 30 October 2023 onwards, the decisions also includes the closure made by our Future Ways of Working when triaging concerns received from our member of the public online referral form.

**D1**



#### Commentary June 2024

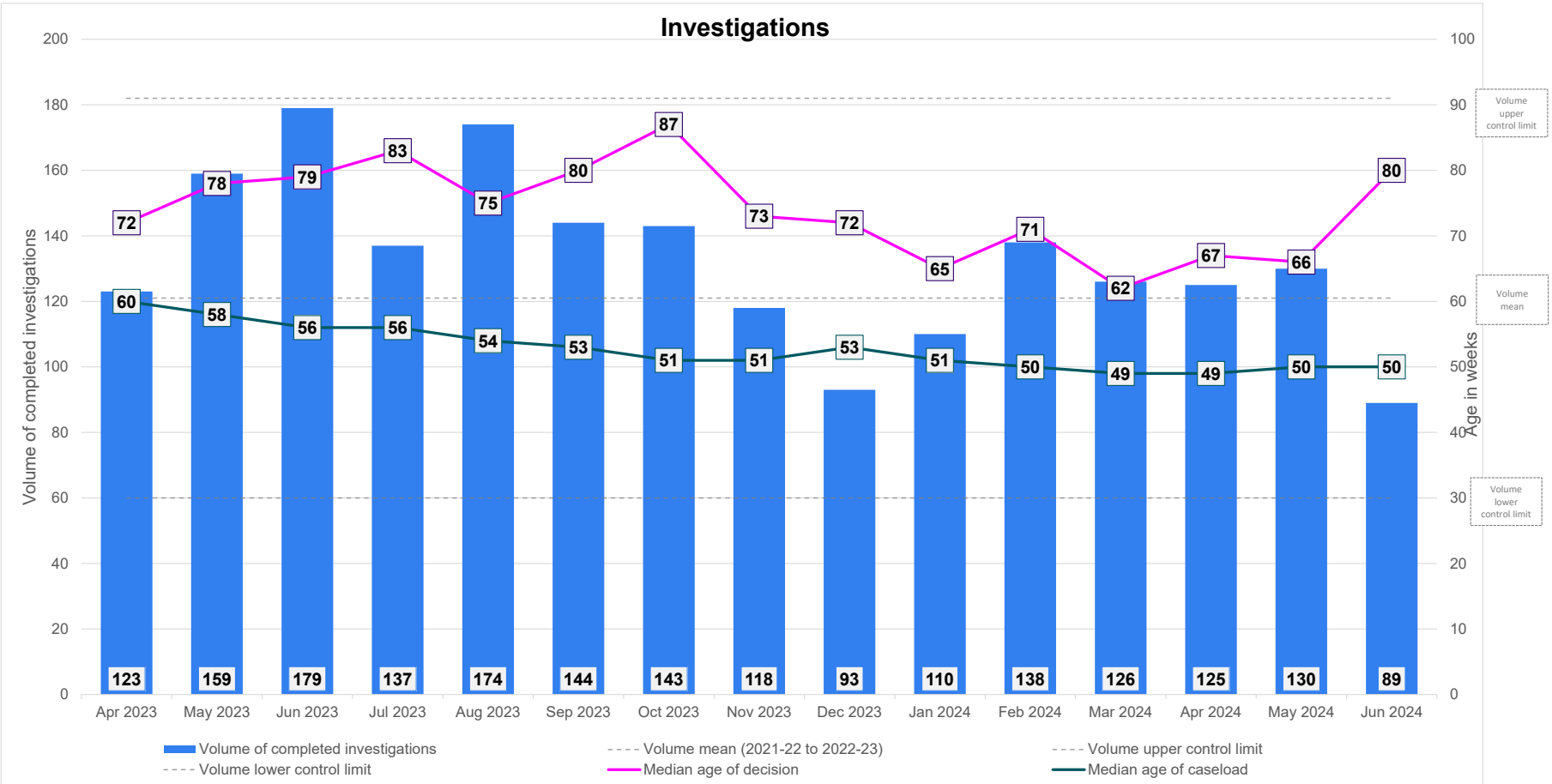
Of the 463 decisions made in June, 316 cases were closed and 147 cases were progressed for investigation. In June, we saw the impact of losing three experienced decision makers and onboarding six new decision makers and two new decision making team managers. We'll continue to see this impact over July and August and then expect to see an increase in decisions from September onwards.

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### Fitness to Practise Council performance dashboard June 2024

The charts below provide a performance summary for the Investigations stage of our fitness to practise process. The bar charts provide the total number of decisions or completed cases within the month, and the line charts show both the median age of decisions/completed cases in weeks and the other shows the median age of the open caseload at that stage.

D2



#### Commentary June 2024

The volume of completed investigations (progressions) is down from previous months. In this team we are seeing a high turnover, with a number of colleagues moving to opportunities in other teams. This means there is some inexperience in the team and experienced team members are investing time in support and training for new members, which combines to impact on output levels. We are working to address our turnover and recruitment challenges.

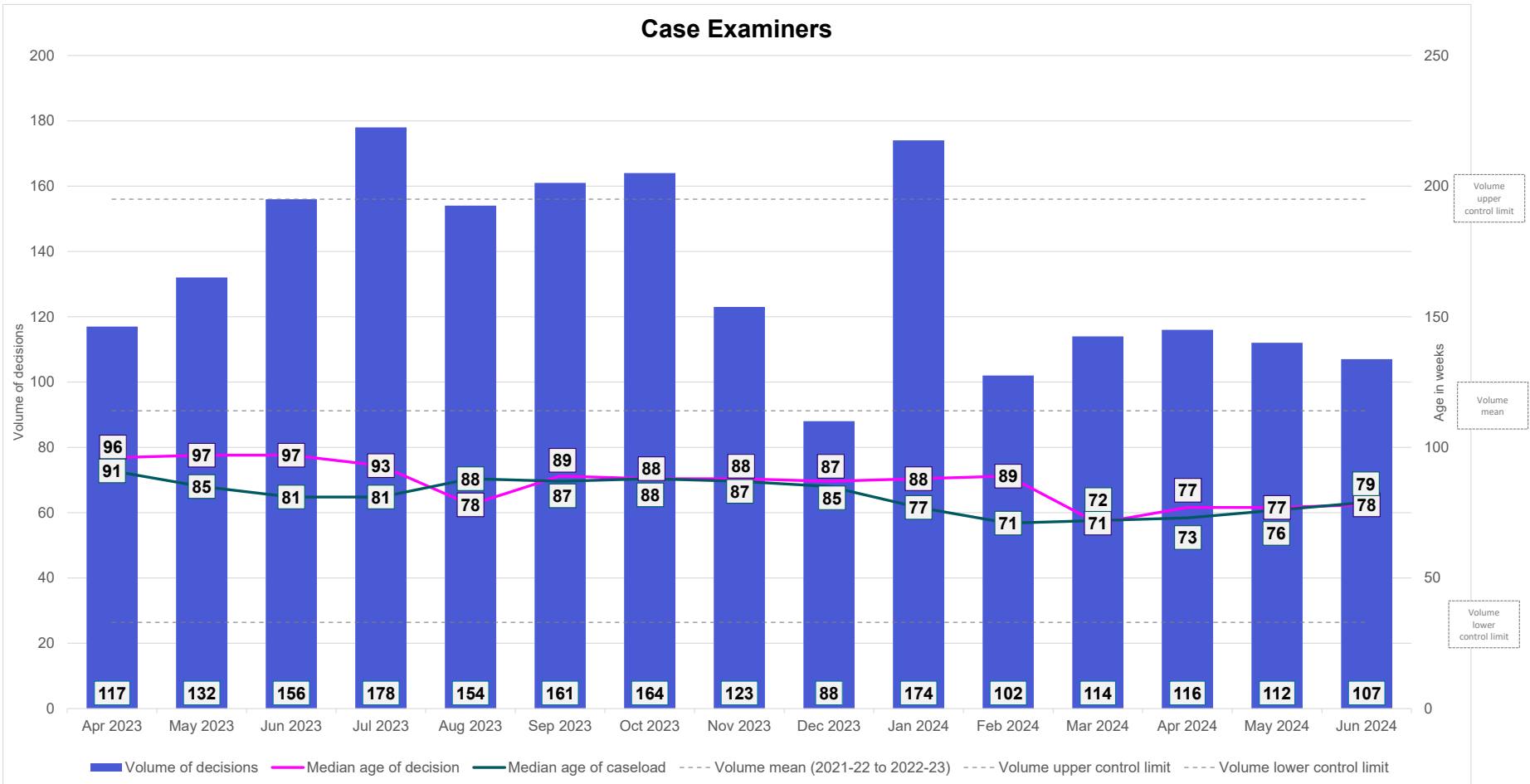
We did see a significant increase in the median age at decision which reflects progression of some of our older cases from the Investigation stage.

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## Fitness to Practise Council performance dashboard June 2024

The charts below provide a performance summary for the Case Examiner stage of our fitness to practise process. The bar charts provide the total number of decisions or completed cases within the month, and the line charts show both the median age of decisions/completed cases in weeks and the other shows the median age of the open caseload at that stage.

**D3**



#### Commentary June 2024

The Case Examiners continue to progress cases quickly through the stage, with a low caseholding.

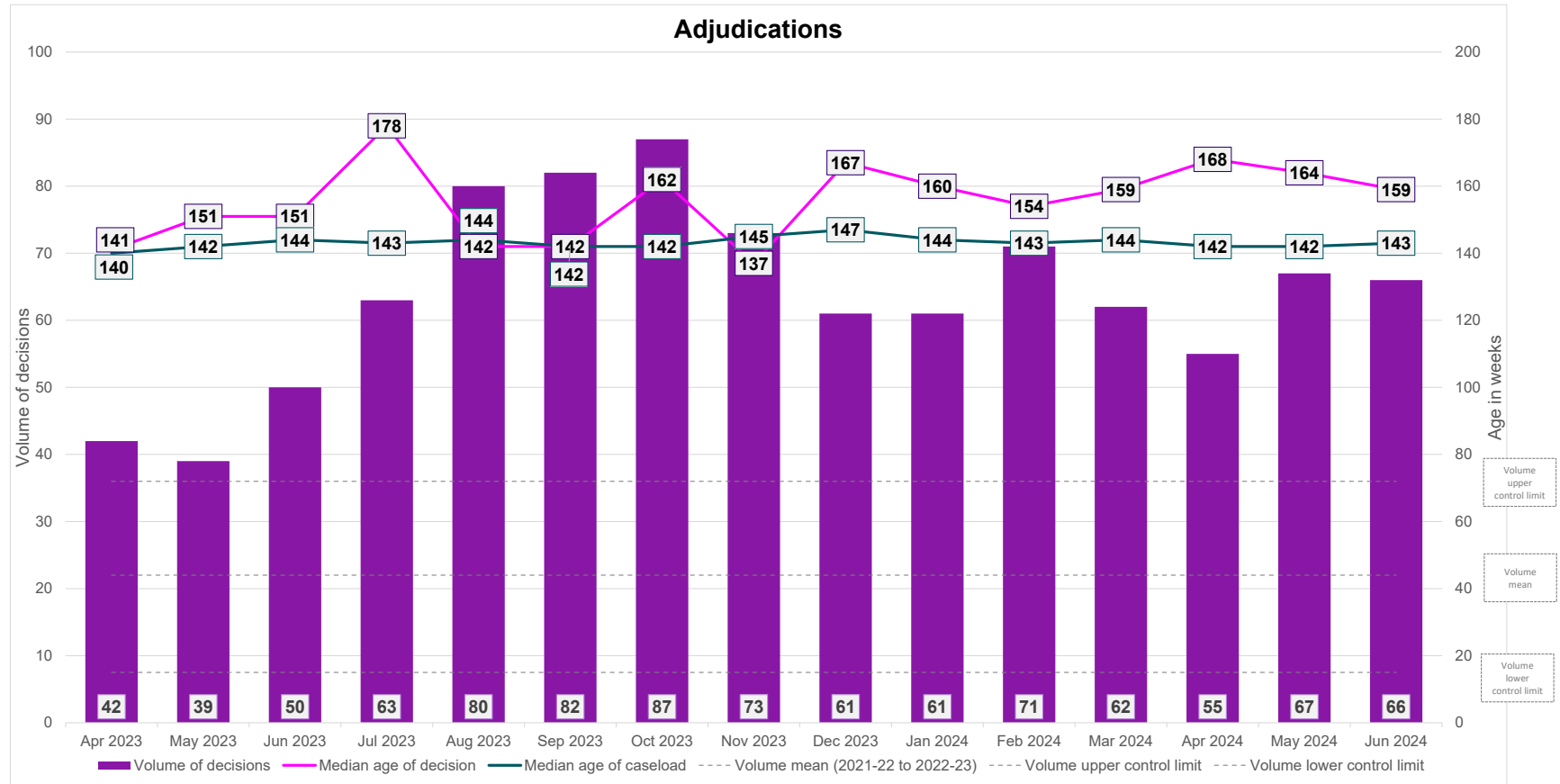
Decision numbers are lower than planned but this reflects the volume of cases available for the team to work on, rather than any capacity issues within the team.

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## Fitness to Practise Council performance dashboard June 2024

The charts below provide a performance summary for the Adjudication stage of our fitness to practise process. The bar charts provide the total number of decisions or completed cases within the month, and the line charts show both the median age of decisions/completed cases in weeks and the other shows the median age of the open caseload at that stage.

D4



#### Commentary June 2024

Adjudication decisions remain around the same level as for May, and up from preceding months.

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## Council

### English language changes evaluation

<b>Action requested:</b>	<p>This paper evaluates the impact of the changes we made to our English language requirements and considers whether any amendments are needed to these new requirements.</p> <p><b>For decision</b></p> <p>The Council is <b>recommended</b> to confirm that we should continue with our current routes for demonstrating English language competence, including our updated requirements (paragraph 48).</p>
<b>Key background and decision trail:</b>	<p>In order to register with the NMC, applicants must satisfy the Registrar that they have the necessary knowledge of English for safe and effective nursing or midwifery practice in the United Kingdom, or practice as a nursing associate in England. Article 5A(1) of the Nursing and Midwifery Order 2001 requires us to publish guidance setting out the evidence, information, or documents that applicants must provide.</p> <p>In 2022 we reviewed our English language requirements in response to concerns that there were skilled professionals working in UK health and social care services who were demonstrating English language competence in practice, but who narrowly missed meeting our English language requirements.</p> <p>Following a public consultation with over 34,000 responses, in September 2022 the Council agreed to changes to our English language requirements (<a href="#">Council paper</a>, 28 September 2022). These changes, implemented in 2023, were designed to maintain the high standards of English language that professionals need to demonstrate before joining our register, while making sure our processes are as fair and proportionate as possible.</p> <p>Our English language requirements must be a necessary, proportionate, and lawful means of achieving our statutory objectives. In implementing our changes, we upheld our legal duties and had due regard to our Public Sector Equality Duty obligations.</p>

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<b>Key questions:</b>	<b>Questions this paper addresses:</b> 1. Impact: What was the impact of our new English language requirements? 2. Policy: Should we continue with our updated requirements?	
<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 or the director named below.	
	Author: Carole Haynes <a href="mailto:Carole.haynes@nmc-uk.org">Carole.haynes@nmc-uk.org</a>	Executive Director: Matthew McClelland <a href="mailto:Matthew.McClelland@nmc-uk.org">Matthew.McClelland@nmc-uk.org</a>

# English language changes evaluation

## Discussion

### The changes we made

- 1 In February 2023, we implemented the following changes to our English language requirements:
  - 1.1. We introduced supporting information from employers (SIFE) as additional evidence of English language proficiency, for applicants who narrowly missed the test score in one of the four language domains, or for applicants trained and assessed in English in a country where English is not a majority spoken language. This was initially implemented using a manual paper form.
  - 1.2. We extended the period for [combining test scores](#) from six to 12 months.
  - 1.3. We also [standardised the minimum test scores](#) we accept when combining test scores across two sittings.
- 2 In May 2023, we implemented further changes:
  - 2.1. We introduced an automated route for accepting SIFE via NMC Online.
  - 2.2. We started to accept SIFE from people who missed the required test score by no more than 0.5 (IELTS) or half a grade (OET) on one language domain.
- 3 For patients and people who use services to be safe, everyone on our register must be able to communicate effectively in English as this is essential to safe, kind, person-centred care. The changes we made were measured, evidence-based and designed to ensure public safety.
- 4 The anticipated benefits of these changes were that we would: enable better access to the register for qualified applicants; improve the experience of applicants joining the register; and reassure our stakeholders that our requirements are fair and proportionate.

### Actions we took to realise the benefits

- 5 We established a project team to develop and engage on policy and implementation.
- 6 To support consistent decision-making, we implemented a standard SIFE form for employers to use, with clear statements to encourage the use of consistent evidence and a co-signatory to the SIFE form to ensure objectivity in this process and to mitigate any employer bias.
- 7 We introduced decision-making guidance and training for Assistant Registrars and registration appeal panellists to enhance the consistency and quality of their decision making. This was important as feedback from panel members had been there was a risk of subjective decisions being made based on impressions of the applicant on the day.

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- 8 We created a dedicated hub to facilitate applicants and employers accessing information on our website relating to our changes. We published a new Test Combining Calculator that allows applicants to check whether their scores meet our requirements before they begin their application.
- 9 We established an external Implementation Advisory Group (IAG) to ensure we received regular feedback from employers and applicants using the process.

**The evidence so far**

- 10 We have analysed data on applicant numbers to understand the impact of the changes on international registrations, including any EDI impacts. We analysed how the new routes are being used and took care to assess any likelihood of fraud or misuse via international registrations team checks.
- 11 We commissioned research colleagues to interview applicants and employers about their experiences of the new requirements. They conducted one-to-one interviews with 21 people in March 2024 who had experience of using SIFE; this included 13 applicants (11 successful and two unsuccessful) and eight employers and NHS trust recruiters. We sought feedback from our IAG.
- 12 We explored the impact on registrations appeals, complaints and Fitness to Practise (FtP) cases. We considered the level of customer engagement via the frequency of contact centre calls and views of our online Calculator and website.

**Better access to the register for qualified applicants**

- 13 **SIFE:** In total, 2,706 international applicants joined our register via SIFE:
  - 13.1. From February 2023 to March 2024, we sent 1,588 SIFE forms to employers. This resulted in 1,277 international applicants joining our register in the first fourteen months of implementation.
  - 13.2. From July 2023 to March 2024, the SIFE automated process enabled 1,429 applicants to join our register.
- 14 The demographic information for the 2,706 applicants who joined our register via SIFE is as follows:
  - 14.1. They included 2,644 adult nurses, 37 mental health nurses, nine children’s nurses, 12 midwives and four nursing associates.
  - 14.2. Most were aged 31-40 years old (53 percent).
  - 14.3. 74 percent identified as female (2,006) and 26 percent as male (700).
  - 14.4. The top three countries of origin for applicants using SIFE mirrors the top three countries for international applicants joining our register in our [mid-year data report](#) (2023) – India, the Philippines and Nigeria.
  - 14.5. Most described their nationality/ethnicity as Indian (1,823). 255 described their nationality as Filipina/Filipino and 301 people identified as African.

15 188 applicants whose application included SIFE were not successful in using it join the register, but four have subsequently joined using another form of evidence.

16 **Combining test scores:** 9,243 people may have joined our register using the extended test score combining period, to March 2024 (i.e. they could use tests that were between six and 12 months apart).

17 Their demographic information is as follows:

17.1. They included 8,206 adult nurses, 526 mental health nurses, 275 children's nurses, one learning disability nurse, 107 midwives and 128 nursing associates.

17.2. The largest group were aged 21-30 (48 percent).

17.3. 85 percent identified as female (7,845) and 15 percent as male (1,398).

17.4. The top three countries of origin for applicants combining test scores mirrors the top three countries for international applicants joining our register in our [mid-year data report](#) (2023) – India, the Philippines and Nigeria.

17.5. Most described their nationality/ethnicity as Indian (4,233). 1,312 described their nationality as Filipina/Filipino and 2,359 people identified as African.

18 **Minimum test scores:** 1,872 people joined our register, using our standardised minimum test score for writing, to March 2024.

19 Their demographic information is as follows:

19.1. They included 1,748 adult nurses, 56 children's nurses, 55 mental health nurses, and 13 nursing associates.

19.2. The largest group were aged 21-30 (48 percent).

19.3. 86 percent identified as female (1,608) and 14 percent as male (264).

19.4. The top three countries of origin for applicants using standardised minimum writing test scores were India, the Philippines and Nepal.

19.5. Most described their nationality/ethnicity as Indian (1,188). 266 described their nationality as Filipina/Filipino and 141 people preferred not to say.

20 **Appeals:** From 1 February 2023 until 31 January 2024 we received 48 appeals, notably fewer than from 1 February 2022 until 31 January 2023 when we received 128 appeals. In addition, when we introduced SIFE 43 appeals were withdrawn.

### **Improved experience of applicants joining the register**

21 There is evidence that applicants have been using our support materials and have found them to be helpful:

21.1. **English language hub:** There were 147,340 unique views of our new online English language hub between 1 January 2023 and 30 June 2023, and 134,305 views between 1 July 2023 and 31 March 2024 (please note these data are split due to a change in Google Analytics from unique views to view).

21.2. **Online test score combining calculator:** There were 13,069 unique views of our online calculator 1 February 2023 and 30 June 2023, and 14,904 views between 1 July 2023 and 31 March 2024.

21.3. **Contact centre calls:** Our Contact Centre received 16,560 calls relating to English language between 1 February 2023 and 31 March 2024, out of a total of 111,996 international calls (15 percent of all international calls). By comparison there were 3,568 calls relating to English language between 1 March 2022 and 31 January 2023, out of a total of 54,101 international calls (7 percent of all international calls).

22 **Complaints:** On average there were four complaints per month in 2023. This rose to 54 complaints in January 2024 due to an outside influence (i.e. an agency asking applicants to contact us). However, the trajectory in complaints is now coming down significantly and we received 17 in March 2024.

23 **Views on our guidance and support:** Applicants who used our guidance and support reported finding it clear, helpful and sufficient. Many applicants relied on NMC guidance as the most 'trustworthy' source of information. Applicants commented on the positive support they received from operational colleagues. For example, an applicant commented that the new process was 'very fast and quick', and the 'NMC team were such a wonderful team. Whenever I called them for any enquiry, they were pleased to help me, to give proper guidance'. Additionally, employers reported that they found NMC webinars and guidance helpful.

24 The six-month evaluation of our decision-making guidance for Assistant Registrars and registration appeal panellists found that the quality of employer references has generally improved since the launch of the guidance. Notably, panels are now more likely to rely on a supportive reference of good quality which meets our SIFE criteria and less like to rely on the appellant's English language on the day of the appeal. This suggests that the decision-making guidance has been effective in improving the quality and consistency of these decisions.

### **Experiences of SIFE**

25 Research we commissioned on applicants' experiences of SIFE showed that they broadly welcomed the introduction of SIFE as an 'authentic' measure of English language ability. They found the SIFE online process easy to understand and to follow progress.

26 Successful applicants commented on how it has positively impacted on their professional ambitions. For example, an applicant stated that it has 'helped lots of people to achieve their goals in their professional field'.

27 Some strongly believed that the introduction of SIFE had reduced barriers to getting onto the register. One applicant called it 'life changing' in helping them to fulfil their dreams and career aspirations.

28 Most successful applicants noted having supportive employers who gave them encouragement to apply and helped to work through the application together. For example, an applicant commented that their line manager really encouraged them to

apply via the SIFE process and helped support them with their submission to meet all the NMC requirements.

- 29 Workplace setting and job role can influence how applicants experience the SIFE process. We also know that applicants working in social care may experience barriers to using SIFE based on systemic and workplace factors. For example, one applicant who worked in a care home found it difficult to have an NMC professional sign or countersign their SIFE form. Some applicants noted challenges related to high manager turnover, and bank staff experienced difficulties as they may not have a single employer or regular manager.
- 30 Thinking beyond their own experiences, many applicants felt SIFE helped to reduce workforce shortages by enabling more qualified applicants to join the register.

### **Reassuring our stakeholders that our requirements are fair and proportionate**

- 31 We have carefully monitored stakeholders' feedback to understand if there has been improved confidence amongst our stakeholders that our requirements are fair and proportionate.
- 32 To help achieve this, we established an Implementation Advisory Group (IAG), with members including representatives from the NHS, social care and academia. This group has shared their experiences of implementing SIFE, including their own research, and feedback from members helped us to enhance our English language online content.
- 33 IAG members were reassured that employers were taking a cautious approach to providing SIFE and taking their responsibilities seriously, as this provides assurance for the NMC, stakeholders and the public. They confirmed that the outcomes from the research we commissioned relating to employers broadly reflected their own experiences of the SIFE process.
- 34 Stakeholders have positively received the changes that we made to our English language requirements. Research we commissioned on employers' experiences of SIFE has shown that confidence in SIFE has increased since initial implementation, and that our webinars and guidance have helped to support them to use the SIFE process.
- 35 We conclude therefore that our consultation, changes and ongoing engagement have improved stakeholder confidence in our English language requirements.
- 36 We have identified that supportive employers can be key to helping applicants complete the SIFE process. Some employers have responded by developing their own internal processes for SIFE applicants, to guide and assess applications. These include booklets, checklists, and in-house tests.
- 37 We were pleased that IAG members Dr Agimol Pradeep BEM and Dr Dilla Davis' research on experiences of the SIFE pathway found that there was unanimous agreement on the positive impact of SIFE, although respondents highlighted the need for further detailed and consistent communication. They also emphasised the need for support from managers and leaders in the workplace. Dr Pradeep and Dr Davis won a

Health Service Journal award for Workforce initiative of the year for their advocacy work relating to the implementation of the SIFE pathway.

- 38 Employers have sometimes had to manage applicants' expectations regarding SIFE eligibility, as it is a supplementary evidence type which is not appropriate or accessible for everyone. We will continue to ensure that our communications provide clarity on our requirements.

### **Public protection**

- 39 As SIFE is a new type of evidence (albeit only in support of existing evidence types) we were careful to mitigate any risks relating to SIFE by including a range of controls:
- 39.1. We developed a standardised SIFE form supported by information for applicants and employers to ensure that all those involved are clear about the expectations and responsibilities involved.
- 39.2. Only NMC-registered professionals can be signatories and counter-signatories, and they must be of specified seniority.
- 39.3. Applicants may only use SIFE if they have been working in a UK health or care setting for at least 12 months at the point they submit their application.
- 40 We are aware of allegations that people were offering to act as signatories or counter-signatories when this was inappropriate, but we have no evidence that this has taken place. We continue to monitor people undertaking these roles.
- 41 We have carefully monitored the impact of these changes on our FtP referrals. None of the professionals that joined the register via SIFE have been referred to FtP in relation to their language proficiency. There is no evidence at this stage that these changes have allowed applicants without the necessary English language proficiency to join the register, and therefore there is no evidence that they have had an adverse impact on public protection in this regard.
- 42 During the consultation there was concern from members of the public that the proposed changes might present a risk to people using services. Based on the evidence so far we are confident that that we have struck the right balance between increasing access to the register and thereby making a positive impact on the workforce, and maintaining public safety through robust requirements. At this stage we are confident that SIFE has made a positive contribution to the welfare of patients and people using services.

### **Conclusion**

- 43 With the evidence we have so far, we can see that the introduction of SIFE and the other changes that we have made have begun to realise the anticipated benefits. Our changes have resulted in an improved experience for applicants and enhanced the workforce pipeline while continuing to maintain public protection through robust requirements.



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44 In our 2022 paper to Council, we recognised that the policy of only accepting signatories and counter-signatories registered with the NMC may pose challenges for those in social care, primary care and smaller employers, where there are fewer senior colleagues with NMC registration. We continue to engage with Skills for Care and others in the social care sector to better understand the impacts of our requirements, but at this stage we do not propose to make any changes to the current approach and will retain the existing SIFE controls for the near future.

**Organisational Learning**

45 These policy changes required significant adaptations to our online application processes, and so, to introduce the changes as soon as possible after they were agreed, we introduced a paper SIFE form. However, this was less user-friendly and streamlined for both applicants and NMC colleagues than the online SIFE process we introduced three months later.

46 Alongside this there was a high level of interest and a large cohort of individuals who met our new requirements and made applications immediately. While we mitigated this through regular updates on our FAQs and website contents it became clear that many applicants preferred to speak to an NMC employee rather than use the website. These issues combined have had a significant impact on our resources.

47 The continuous improvement team has undertaken a review into the impact of SIFE on the number of English language calls and emails, and on how future project rollouts can better identify potential resource implications.

**Conclusion and recommendation**

48 From our evaluation of English language changes so far, there are positive indications that the identified benefits are being met. Council is **recommended** to confirm that we should continue with our current routes for demonstrating English language competence, including our updated requirements.

**Additional policy analysis: post-graduate qualifications**

49 We consulted in 2022 on whether we should accept post-graduate qualifications taught in English as supplementary English language evidence. We agreed with Council in 2022 that we would undertake further work to assess whether it is feasible to operationalise the proposals and assess the comparative benefits of this change.

50 We have concluded that the risks and operational impact of introducing this change would be disproportionate to any benefits it might bring:

50.1. Very few qualifications are likely to provide clear supporting evidence that an applicant can communicate and interact in English with patients, service users, relatives, and healthcare professionals effectively as a nurse, midwife or in a role comparable to that of a nursing associate.

50.2. The creation of a standardised list of relevant post-graduate qualifications is likely to be costly and time-consuming.

50.3. This evidence is likely to be less robust than assurance we acquire via SIFE and would mean we are out-of-step with other UK health and social care professional regulators.

51 Therefore, we do not recommend that we accept postgraduate qualifications taught in English as supplementary English language evidence.

### **Additional policy analysis: Majority English-speaking countries list**

52 In 2024 we analysed independent data on English-speaking populations in countries across the world to understand if we needed to update our [list](#) of accepted countries where English is the majority spoken language. Following this review, we do not have evidence to recommend adding additional countries to our list. We will continue to undertake periodic reviews of this list in the future.

## **Next Steps**

- 1 We will continue to monitor the impact of our new English language requirements, including evidence from FtP cases relating to English language and feedback relating to SIFE.
- 2 We are developing supplementary resources (for example process maps and example completed forms) to help explain the new requirements. This is in response to requests from employers and external stakeholders for additional guidance in navigating our processes.
- 3 To ensure SIFE is as accessible as possible, we want to provide clearer information for those working in the care sector as to how SIFE requirements apply outside NHS work settings. We are working with Skills for Care to gain greater insight into care sector roles, to inform more tailored information.
- 4 Strengthening the integrity of the register is a corporate priority and we will continue to monitor English language as part of wider international registration fraud controls, including via the development of our organisational fraud policy.
- 5 We anticipate that the number of people benefiting from SIFE will stabilise over time as it becomes business as usual. We will need to balance raising awareness of this option with the fact that it will remain supplementary and only likely to be available to a limited number of people in specific circumstances.

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## Implications

The following were considered when preparing this paper:

Implication:		Location if in paper:	Content if not in paper:
Public protection/impact for people.	Yes	Para. 39 - 41	
Safeguarding considerations	Yes		<p>We will continue to monitor FtP cases.</p> <p>We will continue to keep the controls in place relating to SIFE on the requirement of counter-signatories and signatories being a professional on our register and the monitoring of these.</p> <p>By ensuring our updated English language requirements are proportionate and fair, we have increased the number of professionals able to provide effective healthcare services to the public.</p>
The four country factors and considerations.	Yes		<p>Our English language policy applies to all four UK nations. The changes have positively impacted all four countries, although they have had the biggest impact in England as most international</p>

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			professionals work there. Furthermore, we have not identified any evidence that justifies a change to the policy approach due to Welsh language considerations.
Resource implications including information on the actual and expected costs involved.	Yes	Para 46-47	
Risk implications associated with the work and the controls proposed/ in place.	Yes	Para 39	
Legal considerations.	Yes	Key background and decision trail	<p>SIFE was introduced to provide greater opportunities to evidence English language and help us take a proportionate approach to English language requirements whilst maintaining patient safety.</p> <p>The potential for fraudulent activity is a legal risk which could lead to public protection issues including impacts on the integrity of the register. This risk can be mitigated through ongoing monitoring and continuing to work with stakeholders and employers.</p>

Midwives and/or nursing associates.	Yes		Our updated English language requirements apply to all professionals on the register.
Equality, diversity, and inclusion.	Yes	We carried out a full Equality Impact Assessment (EQIA) which identified that the proposed policy changes we wanted to implement were likely to have positive effects on applicants. As a result, we implemented the following actions: A standard SIFE form was used with clear statements to ensure consistency and avoid subjectivity. We also introduced decision-making guidance and training for Assistant Registrars and registration appeal panellists and	English language requirements by their very nature disproportionately affect people by nationality because the application of our requirements depends on whether someone trained in a majority English-speaking country. These differences are justified because they are a proportionate means of ensuring public safety.  It is recognised that not all international applicants can benefit from SIFE equally, particularly those working in social care or through agency/bank work. This may have EDI implications which we will continue to monitor and mitigate.

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		<p>ongoing monitoring of the characteristics of users. We introduced a co-signatory to the SIFE form to ensure objectivity in this process and to help mitigate against bias.</p> <p>We explored the possible equality impacts of the potential use of post-graduate qualifications as English language evidence.</p>	
Stakeholder implications and any external stakeholders consulted.	Yes	Para 31-34	
Regulatory Reform.	Not Applicable	Not applicable.	There were no direct implications for regulatory reform. We will continue to set English language requirements following changes to our legislation.

## Council

### Employer Link Service – Annual Report 2023-2024

<b>Action requested:</b>	Provides an overview of the activity of the Employer Link Service (ELS) 2023-2024.  <b>For discussion</b>  The Council is asked to discuss and note the report of the work of the ELS 2024-2024	
<b>Key background and decision trail:</b>	The Employer Link Service Annual Report 2023-2024 was shared with the Executive Board by circulation on 27 June 2024.	
<b>Key questions:</b>	<ul style="list-style-type: none"> <li>• How has the ELS supported employers with potential referrals through the employer advice line?</li> <li>• How has ELS supported employers more widely, and registrants across the four countries?</li> <li>• How has ELS supported our response to major concerns and collaborated internally in its work?</li> <li>• How the NMC safeguarding function has developed since its transfer to Professional Practice.</li> </ul>	
<b>Annexes:</b>	The following annexe is attached to this paper: <ul style="list-style-type: none"> <li>• Employer Link Service Annual Report 2023-2024</li> </ul>	
<b>Further information:</b>	If you require clarification about any point in the paper or would like further information, please contact the author or the director named below.	
	Author: PJ Mansell <a href="mailto:pj.mansell@nmc-uk.org">pj.mansell@nmc-uk.org</a>	Executive Director: Sam Foster <a href="mailto:Sam.foster@nmc-uk.org">Sam.foster@nmc-uk.org</a>

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# Employer Link Service – Annual Report 2023-2024

## Discussion

- 1 The ELS annual report follows a similar format to previous years.
- 2 The report sets out the work of the ELS team and for the first time includes the work of the safeguarding team.
- 3 The report sets out the role of the team in support of NMC priorities related to the computer based testing (CBT) and Occupational English Language (OET) as well as the Fitness to Practise (FtP) caseload reduction.
- 4 The report sets out the changes to the team in 2023-2024. The management team was increased to support the expansion of the team to provide a broader outreach function as set out in the recommendations of the review of the function in 2021. The planned expansion, started with the move of the function into Professional Practice in 2022 and further significant expansion built into the 2022-2025 business planning rounds.
- 5 Finally, the report looks forward to the ELS role in supporting the FtP improvement work.

## Next Steps

- 6 To consider and respond to comments from Council on the content of the report.

## Implications

The following were considered when preparing this paper:

Implication:		Location if in paper:	Content if not in paper:
Public protection/impact for people.	Yes	Throughout the report	
Safeguarding considerations	Yes	Slide 29-33	
The four country factors and considerations.	Yes	Slides 10-14	
Resource implications including information on the actual and expected costs involved.	Not Applicable		

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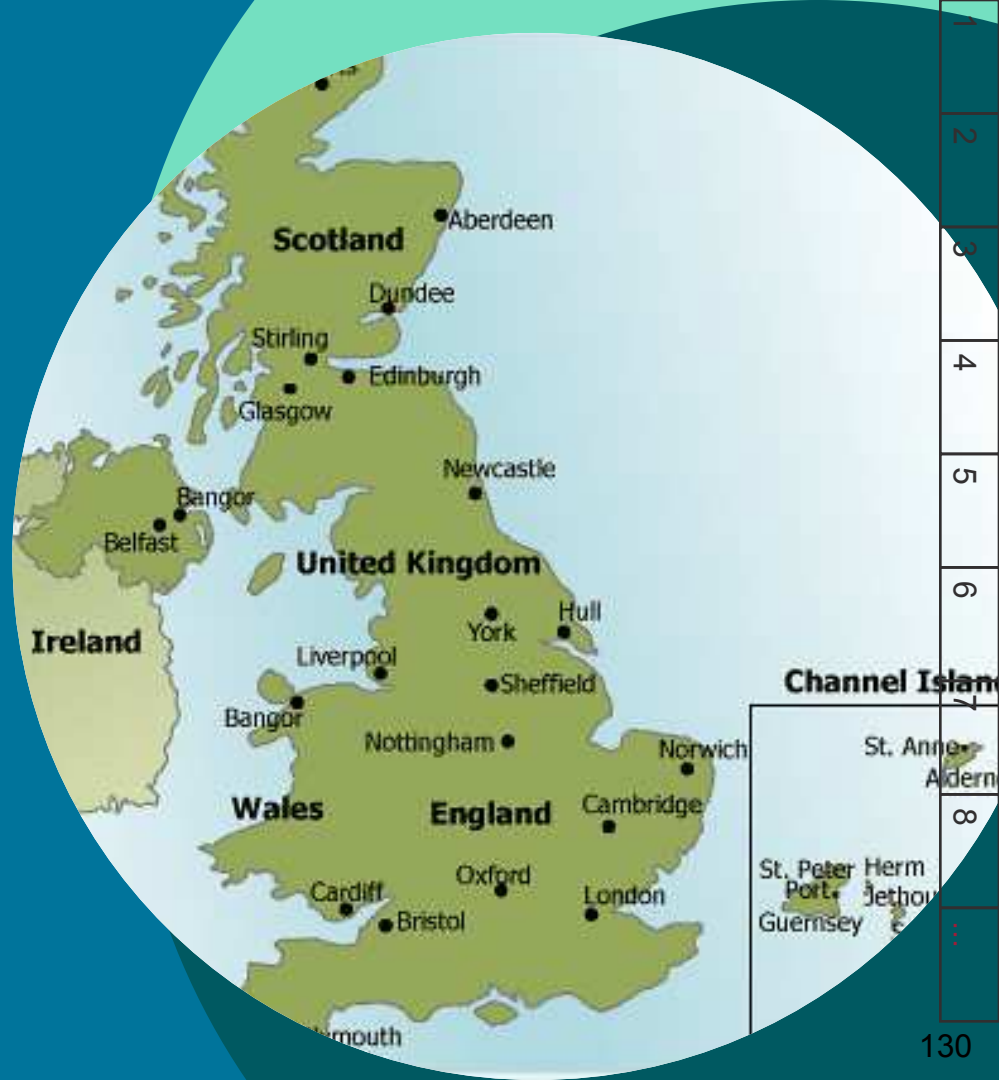


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Risk implications associated with the work and the controls proposed/ in place.	Yes	Slide 8	
Legal considerations.	Not Applicable		
Midwives and/or nursing associates.	Throughout the report		
Equality, diversity, and inclusion.	Yes	Slides 16 & 17	
Stakeholder implications and any external stakeholders consulted.	Yes		External stakeholders are key to the core functions of the team
Regulatory Reform.	Not Applicable		

# Employer Link Service

## Annual Report 2023-2024



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# The Employer Link Service (ELS)

The ELS was established in 2016/17 in response to the Francis Report into failings of care at Mid-Staffordshire NHS Trust. The purpose for the service was to support employers with advice on making referrals and progressing Fitness to Practise (FtP) cases as well as responding to trends and concerns and supporting NMC communications with employers.

The service has proved effective at establishing relationships with NHS Trusts/Boards, and with some of the large independent sector providers. The team also has effective relationships with other regional and national stakeholders and partners, including other regulators, and government agencies.

In support of the FtP caseload, since the team was established, there has been a decrease in the percentage of referrals received from employers and improved quality of the employer referrals demonstrated through a decrease in the percentage of those closed at screening. The service has achieved this through learning sessions about our remit and FtP processes, case list reviews, and through the provision of the employer advice line which provides advice to employers about potential referrals to the NMC.

**The purpose of this report is to set out some of the activity and performance of the team in 2023-2024**

# Contents

- ❑ ELS Advice line
- ❑ Four country focus
- ❑ Focussed engagement through:
  - Welcome to the UK
  - Independent health and care providers
  - Disparity of referrals project
- ❑ Responding to major concerns
- ❑ Collaboration with other internal teams
  - Education Quality Assurance (EQA)
  - Fitness to Practice (FtP)
  - Computer based testing (CBT) and Occupational English Language OET
- ❑ Safeguarding
- ❑ The team and looking forward



# ELS Advice Line

for employers

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# ELS Advice Line

The ELS provide an advice line service for employers. Employers can contact a Regulation Advisor (RA) when they have a concern about an individual's fitness to practice.

This year we received the highest number of calls since the ELS was established.

- 1081 calls received
- 598 (55%) callers were advised to refer (ATR)
- 463 (43%) of callers were advised that a referral was not required at the time of the call or to investigate or manage locally first
- 20 cases were not registered at the time of the call

We may change the advice that we give at the initial call due to additional information being provided, or as part of our peer review and benchmarking quality assurance processes. In this period, we changed the advice given in 37 cases :

- 27 cases were changed to ATR
- 10 cases changed to 'Advice not to refer'

## Advice line calls

2023-24	1081
2022-23	993
2021-22	744
2020-21	1044
2019-20	658
2018-19	746

RAs referred nine cases to screening colleagues to consider opening a referral under article 22(6).

*Article 22(6) gives the Council the power to refer any matter for FtP investigation where it appears appropriate to do so.*

This year, we saw an increase in calls but also an increase in the percentage of calls where we advised the employer to make a referral from 52% last year to 55% this year. There was a marked increase in calls to the advice line during October to February. The average number of calls per month in the previous year was 82 .

Calls per month:

Oct – 107

Nov – 111

Dec- 79

Jan 100

Feb - 107

# Insight from the advice line

## Calls by country

England – 901 (83%)  
Scotland – 76 (7%)  
Northern Ireland – 53 (5%)  
Wales – 47 (4%)  
Jersey & Guernsey - 4

## Calls by profession

- 95% - about nurses
  - 5% - about midwives
- No calls were received about nursing associates*

## By Sector

- NHS – 603 (56%)
- Independent health and care – 378 (35%)
- Agency – 40 (4%)
- Primary Care - 17
- ICS/Regional CN – 10
- Armed Forces - 7
- System Regulator – 6
- Local Government - 5
- Approved Education Institutions (AEIs) – 5
- Other – 10

## Appropriate referrals

Application of Just Culture principles where concerns are identified about an individual following a patient safety incident / care and treatment incident, supports better referral decision making

Where applicable, those employers who had used Just Culture principles following a patient safety incident and still felt a referral was required were more likely to receive advice to refer by the RAs (70% ATR versus 55% overall). This demonstrates the effectiveness of applying Just Culture principles.

# Referrals and employment status

Employers were more likely to be advised not to refer a nurse or midwife if they were still employed and at work

Our data shows that we are more likely to advise employers to make a referral if the registrant is employed by an agency or they have left employment or been dismissed:

- 70% of employers whose call related to registrants still employed and at work were advised **not to refer** at the time of the call
- Only 27% of those working agency and 14% of those who had left or been dismissed were given advice not to refer

This is because the RA will feel more assured that risk is managed, and registrants can be supported to improve practice when they are still working for the employer raising a concern.

We are working with the four countries to understand how we can work more closely with nurse agencies and those employing temporary workforce.



# Advice line assurance process

The assurance process is designed to promote consistency of the advice provided, aid learning, identify themes and to uphold high standards in supporting employers and other organisations who may seek advice from ELS.

## Assurance

Monthly **peer to peer review** – all advice provided is reviewed by a ‘buddy’ RA. Complex or unusual cases, split views, any baby death or cases or cases that Education Quality Assurance (EdQA)/safeguarding should be aware of are referred to.....



Monthly **peer review meeting** with the RA team and clinical advisors. Where there are complex or differing views, the cases are referred on to.....



Monthly **benchmarking meeting** – members include RAs, safeguarding, Screening team and Clinical Advisors. The group reviews any advice escalated that was not agreed at the Peer Review stage, or cases that raise new, complex or uncommon issues. Outcomes include agreement with RA advice, de-escalation or referral.

## Follow-up on referrals

Where we advise an employer that a referral is necessary, we will follow up to make sure that the referral comes into screening.

If after following up with the employer, in line with our internal process, the referral is still not received, we will refer to the monthly benchmarking meeting to discuss with colleagues in screening.

If agreed that the issue continues to pose a significant risk, we will send a referral to screening for consideration under article 22(6).

# Audit of referrals received following advice



When RAs advise an employer that a referral is required the calls are followed up and monitored to make sure the referral is received. We carried out an audit in Q3 this year to check that we had received a referral for all cases where we had provided advice to refer.

This time-consuming process involved a manual check for each case across the ELS system and the case referral system. We looked back to Jan 2021 when our revised monitoring process was introduced:

- 1631 calls since January 2021 resulted in advice to refer (ATR)
- These were checked to ensure referrals had come into the NMC as per our advice
- 13 ATR calls were in the process of being followed up
- All but three of the 1631 ATR cases had been followed up via our monitoring processes
- The three that had not been followed up were transferred onto the monitoring spreadsheet as soon as they were identified and followed up by the relevant RA
- Of these, one referral has been received, the other two have been scheduled to be discussed at benchmarking for a decision under article 22(6).

Since this audit, and following a pilot, we now include the link to the online referral form when we send out the advice line evaluation form to those employers who were advised to refer. We have seen a marked reduction in the timescales for receiving referrals into the system.

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# Four country focus

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# Four country focus



This is the first full year that we have had Regulation Advisers (RAs) from Northern Ireland and Wales. The RAs for Wales and Northern Ireland Work have developed good working relationships with senior professionals and employers across their countries. The knowledge and expertise they bring to the roles of local arrangements for delivering health and care has been an asset to further development of our activity and engagement in those countries.

Our well-established RA for Scotland has recently been welcomed back from an extended period of leave by the ELS and Scottish employers, partners and stakeholders. The remaining RA cohort have each been named contacts for each of the Scottish Health boards to ensure business continuity and ongoing engagement activity across the year in addition to their own regions and countries.

Core business for the RAs in Scotland, Northern Ireland and Wales includes regular engagement with the three system regulators, other professional regulators across the Devolved Administrations, AEs, providers of health and care as well as employers and nurses and midwives on our register

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# Some highlights

## Wales



There's been increasing positive engagement with Health boards (HBs) and external stakeholders in Wales reflected by the increased numbers of requests for supportive sessions, and discussion relating to professional queries covering FtP, application of the Code, revalidation, registration and the NMC's core messaging around CBT, OET, advanced practice and FtP processes. Activity this year includes:

- 28 learning sessions across the Welsh HBs, including 3 x Welcome to the UK sessions
- NMC's Council meeting in Cardiff in September 2023
- 16th October: visit to BCUHB with the Assistant Director and Deputy CNO
- Cross regulatory biannual Wales Health Care Summit

## Northern Ireland (NI)



The NI Joint Regulators Forum meets quarterly. Attended by the NMC Regulation Advisor for NI, it is an opportunity to discuss mutual topics of interest with other regulators. Some of the issues discussed in the last year have included all Ireland regulatory matters; ongoing public inquiries; public affairs and engagements with the political parties, raising concerns draft framework and new and emerging issues of interest.

The NI Joint Regulators Forum developed and launched a New Framework for Sharing Intelligence in May 2024. Developed by Northern Ireland's Joint Regulators Forum it provides a structured way to share information or discuss issues of concern as they emerge. By doing so it is planned that regulatory response to concerns will be improved through collaboration, reduced duplication and improved coordination between regulators examining issues of concern.

# Scotland

Our regulation advisors have jointly supported the Scottish Boards over the past year to cover prolonged absence of our Scotland RA.

The NMC has been a core member of the minister led nursing and midwife taskforce for Scotland with Sam Donohue as well as Sam Foster and Anne Trotter attending workstream meetings in person and virtually.

We have continued engagement with the CNO and CMO teams, NES, Health Improvement Scotland and Care Improvement Scotland this year and also facilitated a study visit to Derby for CNO team and government leads to support their exploration of a Band 4 role for Scotland.

In quarter 4 we delivered 4 Welcome to the UK sessions with more planned in 2024.



# Working across the English Regions

- Maintain and strengthen the established relationships with regional chief nurses and midwives, developing our working relationships across Integrated Care Systems (ICSs).
- Liaise regularly between trusts and FtP colleagues to ensure necessary referrals are received and to progress FtP cases that require an urgent response or have stalled in the processes. This can include:
  - coordinating and chairing meetings with internal colleagues and employers,
  - securing updates on the progress of their local investigations,
  - ensuring evidence is obtained to support IO applications.
- Regular support for employers who have staff impacted by the CBT and OET concerns.
- Working closely with Clinical Advisers, and safeguarding colleagues.
- Collaborating with Education Quality Assurance colleagues to support students in practice and live practice learning concerns.
- Working closely with Policy colleagues to support engagement with national Inquiries.
- Continuing support for trusts and other employers with learning sessions, including Midwifery Matters, and 'Professional Behaviours and Patient Safety' programmes with the General Medical Council (GMC).



# Focussed engagement

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# Welcome to the UK

*It might seem to be hard at times, but I hope everyone will be patient to all IEN's it can be really difficult for us as well*



This year we have delivered 39 face to face sessions and two online workshops reaching approximately 1000 internationally educated nurses and midwives (IEN/Ms) across the UK.

Feedback on the experiences of the internationally educated nurses and midwives has been varied, both negative and positive. There has been positive feedback around feeling supported and welcomed by some, but other attendees have spoken about poor behaviours and support to help them integrate into the UK health and care workforce. Many are finding the realities of working in the UK are very different to what they were expecting, or that may have been presented to them by recruitment agencies and employers.

## Some key themes emerging:

- The likelihood of IEN/Ms raising concerns varied significantly from employer to employer.
- IEN/Ms being told by UK trained colleagues that the NMC will take their PIN if they make a mistake.
- Disparity in treatment including fewer training opportunities.
- Frustration due to lack of recognition of previous significant clinical skill and experience.
- Significant numbers of examples of racism and bullying from patients and staff without support or challenge from employers.
- Feelings of professional isolation.
- Concern about working conditions they are not used to, including 12 hour shifts, allocated high numbers of patients and a resulting inability to provide the level of care they are used to, some have described not feeling safe at work due to the expectations.
- One pre-registration IEN said she was delaying getting her NMC PIN, because she was anxious about it and would prefer to continue working as a Band 4
- Some IENMs are having to share bedrooms because they cannot afford to rent on their own. Some are living in inappropriate accommodation, for example caravans.

*It was really great meeting people directly from the regulatory body coming in to meet us personally. Thank you*

# Welcome to the UK contd.

There has been positive feedback from some attendees about their experience of working in the UK:

*Thank you so much for the session., I feel more relieved I won't lose my pin for any simple reason, always I hear in my department is keep your pin safe*

**nmc**  
**Nursing & Midwifery Council**

Many employers are offering supportive accommodation package, others have employed a housing officer to support IEN/Ms recognising that they are vulnerable to accommodation scams.

Where we do hear concerning feedback, we talk to the employers who are usually responsive and commit to taking action to address the concerns raised. These conversations with employers are ongoing, through regular ELS engagement. We are able to share good practice and connect employers so they can learn from each other's experiences.

*Keep up the good job this is really uplifting*

Feedback on the workshops has been positive. Content found most useful by all groups was:

- revalidation and reflection;
- being able to share and discuss their experiences with colleagues;
- understanding more about the NMC – that we are there to support, not just to regulate, and that making a mistake doesn't mean their PIN is at risk;
- expectations around speaking up, and the support available

Most IEN/Ms report being well supported by their employer throughout their arrival and OSCE preparation. It is when they leave this protective network and begin work on the wards that challenges often seem to arise. This is where we will aim to focus our support and influence moving into the second year of delivery.

# Work with Independent health and care providers

The columns below show the complexity and scale of independent health and care provision for each of the four country system regulators. This provision includes care and nursing homes, domiciliary care, mental health and learning disability providers, hospices, clinics and hospitals.

## Wales



**1,349** Nursing & Care Home Services

**Total: 4,387** providers of independent health and care

## Northern Ireland



**469** Nursing & Care Home Services

**Total: 732** Providers of independent health and care

## Scotland



**1373** Adult Care Home Services

**Total: 3,511** Providers of independent health and care

## England



**215** Adult Social Care Services

**Total: 24,113** Providers of independent health and care

# Work with Independent health and care providers



## Aims

To provide a more strategic approach to developing our knowledge and understanding of the challenges faced by those employers and their registrants and opportunities to engage with and support them.

## Challenges

Planned recruitment to the 10 ELS adviser roles to support RAs across the countries and seven English regions to extend our reach into social care was delayed due to redirection of funds to the FtP improvement programme to support the clinical and safeguarding workstream.

## Progress

New Regulation Adviser role established from within existing establishment, to work directly with Independent health and care providers. Strengthened relationships with social care partners and networks including Skills for Care, the Outstanding Society, the National Care Forum

## Impact

A more strategic approach to networking and engagement has resulted in:

- Speaking engagement at the Care Show Duty of Candour Event.
- Learning session for Northern Ireland social care providers in collaboration with the RCN
- Bespoke follow up with an employer who called the helpline with two scheduled learning sessions on managing concerns.
- An interview with a student completing their placement in social care for our student and educators' newsletter following engagement with a Social Care Nursing Advisory Committee

## Next Steps

- Strategic approach to reaching more providers across the range of IH&C services using intelligence to target activity
- Review of our learning materials to better represent the sector

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# Disparities in referrals

Our EDI action plan committed us to collaborate with employers and other partners on shared challenges around differential regulatory outcomes for professionals.

## Challenges:

Understanding how we can reach those individuals working in providers that were highlighted in our research as being particularly affected; those working in care homes, GP practices or providers which employ a lot of bank and agency. Reaching those providers to support better management of concerns locally where appropriate.

Our data does not include sufficiently detailed information about sector or whether the person being referred was working through an agency for us to be able to target these key groups identified in our research. As a result, we had to focus planned activity on the NHS in England and some of the large corporate providers of independent health and care where we have an established relationship already and therefore have better quality data.

## Progress

- Using the insight dashboard to undertake further analysis of the providers with apparent greater disparities in referral patterns
- 21 March meeting with ICB Chief Nurses – introduced the plans to engage with employers to better understand reasons for disparities and identify good practice in ensuring fair and unbiased approaches to managing performance concerns
- Working with one English region - a community for principles of best practice and starting to consider work with Wales CNO
- EDI training for the RAs as part of a training package for PP senior leadership team.

# Responding to major concerns

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# The Emerging Concerns Protocol



The Emerging Concerns Protocol exists in England to provide a clear mechanism for system and professional regulators to share information that may indicate risk. (*more recently, the other nations have developed similar protocols*). This could include risks to people who use services, their carers, families, learners or professionals. Primarily it is a mechanism to triangulate information and support regulatory decision making.

At the NMC, oversight of the use of the Protocol is with the Intelligence Sharing Hub, chaired by the AD for ELS. This year the NMC made use of the Protocol evoking the process on two separate occasions, inviting relevant other regulators to attend a Regulatory Review Panel to consider and discuss concerns as part of the ECP process.

On one occasion we shared information at the RRP with other signatories about concerns raised with us by students regarding a maternity unit. The concerns included:

- Poor staffing levels with a high reliance on agency staffing
- Lack of appropriate supervision of students impacting on supernumerary status and learning experience
- Poor care for women and babies linked to lack of substantive staff
- Students discouraged from raising concerns within the practice environment
- Some concerns that culture overall is an issue at the Trust more widely

The meeting was chaired by the NMC with representatives from a range of other partners. The meeting prompted a useful exchange of information, and additional insight into the concerns raised by the students. Other routes for sharing information would not have allowed for such a rich conversation with clear actions and allow us to more confidently move forward with our own regulatory response to the provider.

# ELS role in response to identification of a major concern

Following information about concerns at an NHS trust, the RA for the region led the coordination of the NMC response to those concerns, this activity included:

- Meeting and coordinating internal information sharing with colleagues in FtP, policy, communications, insight analysis and Education Quality Assurance.
- Chairing regular meetings with the High Profile Team and the Trust Chief Nurse and their colleagues to foster relationships, support collaboration, and help with negotiations to ensure the trust could meet our expectations and timeframes, whilst appreciating and being supportive of the multiple and conflicting requests placed on the trust from various stakeholders
- Attendance at the NHSE rapid quality review meetings and Incident Coordination meetings with system regulators, the police, and safeguarding leads.
- Sharing relevant information to inform discussion.
- Liaising with EQA colleagues to inform the questions to AElS about concerns from students and support provided for learners.

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## ELS role in response to identification of a major concern – contd.

In addition to the coordination of the NMC response, the RA engaged in other ways providing ongoing support and advice including:



- Engagement with the provider following a review of the referrals received from the trust that showed several RNs were in their early career. This prompted discussions with the trust about their preceptorship and support for newly qualified RNs and how they took skill mix and the experience into account to ensure appropriate cover on wards across the trust.
- The RA liaised with EQA and supported trust interim Chief Nurse when they discovered that an AEI had removed learners without discussion with them
- ELS supported NHSE's intensive support director's review of the Trust' process regarding its local handling of potential FtP concerns. The RA shared the NMC's *employer resource* for managing concerns and re-shared it with the trust to support review and revision of their internal processes.
- ELS has continued to liaise with trust to re-arrange regular engagement/ case review meetings and the RA chaired a meeting between the Trust Chief Nurse and their HR colleagues & the NMC HPT to re-set working relationships due to changes in trust leadership and re-stating NMC expectations regarding FtP information requests. These discussions took account of the trust's ongoing challenges and offering support where possible. Learning sessions have been re-offered along with supportive visits to the trust.

# Collaborative working with other NMC teams

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# ELS and the Education and Quality Assurance team



The Employer link Service has worked collaboratively with the Education and Quality Assurance team and provided support as the number of critical concerns has increased over the year.

Regular ELS attendance at the Education Quality Assurance Board has resulted in a more joined up approach to ensure that employers, in their roles as practice placement partners, are informed of any education concerns. By aligning our approach with the current mechanism for sharing information with AEs by the Education Quality Assurance team, it provides opportunities for better information sharing and the potential to work together to address concerns.

We provided support to our quality assurance colleagues when they identified significant concerns that required information sharing across regulators. On two occasions this year, we used the Emerging Concerns Protocol (ECP) and held Regulatory Review Panels (RRPs) with other regulators and partners who are signatories of the protocol to share intelligence and coordinate our response.

Concerns identified via student feedback and shared at the RRP included:

- Incidence of poor clinical care
- Inadequate learning environment
- Poor staffing levels
- Lack of supervision

- Students discouraged from speaking up and raising concerns
- Discrimination of women using services
- Poor behaviours and culture

The two RRP meetings resulted in a range of actions and outcomes including NMC representatives being invited to ICB enhanced oversight meetings, shared insight from a range of other regulators, agreement to deliver joint learning sessions with the GMC.

# Supporting the FtP caseload

## FtP 200

In July 2023 ELS were asked to support the corporate priority to reduce the Fitness to Practise (FtP) caseload. Screening colleagues identified 197 referrals received into the NMC between October 2022 and July 2023 to be allocated for progression by ELS.



By 04 August all 197 cases were reviewed by ELS with 24 identified as 'suitable for immediate closure', having been assessed as not meeting our threshold for seriousness. 14 of the 24 decisions were agreed and progressed to closure by the screening team later in August.

Since then, ELS has continued to work on 60 of the original 197 cases. There were challenges managing this case load alongside the ELS core business, together with the need to apply complex and unfamiliar processes. This meant that progress was slow and many cases have been returned to screening to progress. ELS have supported progression of 51 cases to closure.

This work confirmed that ELS can have the greatest impact early in the referral process where early engagement with the employer to understand the local response to an issue could support early closure. We reported on this in a paper to Council in December 2023 and included the lessons learned to inform future support from the team relating to the FtP caseload.

ELS continues to support FtP through liaising with screening colleagues and employers to support progression of cases.

## Planned work for 2024-2025 includes:

- Leading the *Supporting appropriate referrals* workstream
- Supporting the *clinical advice and safeguarding* workstream

# Support to the NMC response to the computer based test (CBT) and Occupational English Language (OET) concerns

## Support from ELS following concerns about the Yunnik test centre

We supported the NMC response following identification of concerns related to the CBT results linked to the Yunnik test centre this year. There were 515 professionals on our register who sat their CBT at the Yunnik centre.

We contacted all the employers of those individuals and sent them letters informing them of the individuals affected in their organisation with an invitation to discuss the issues with us. Most were employers with whom we had an established relationship and we were able to set out the issues and support required for individuals affected. However, there were 42 employers for whom the ELS did not have an established relationship. We followed a rigorous process to maintain confidentiality and ensure these smaller employers who fully understood the concerns, our remit and processes, and the support required for the individuals affected prior to any investigation and decision about whether they had joined our register fraudulently.

We collated all feedback and responses from employers to inform the FAQs produced to support our response the CBT concerns

## Occupational English Language support(OET)

We have worked with the OET Malpractice group to support employers who have registrants believed to have fraudulently procured entry onto the NMC register and applicants attempting to do so with a fraudulent OET pass.

Through using our influence we have tried to ensure a consistent approach is taken by employers so registrants are not suspended and to wait until the outcome of our investigations before any action is taken, as currently these are unproven allegations and no restrictions have been placed on anyone's practice by the NMC.

Keeping employers updated has been a crucial part of the support provided and also feeding back information to the Malpractice group to help shape our response.

# Safeguarding

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# Safeguarding

The strategic safeguarding function transferred to the Professional Practice Directorate in January 2024



## Governance

This year we have continued to see a rise in the number of recorded safeguarding concerns. A total of 336 safeguarding concerns have been logged in 2023–2024. This is 192 more than reported in 2022–2023, when 144 safeguarding concerns were recorded. Of these concerns, there were 43 referrals to external agencies. The increase in safeguarding concerns follows further training and engagement with colleagues to build their knowledge of vulnerability and safeguarding. In total two cases were referred to the Charity Commission, where an incident has resulted in or risked serious harm.

## FtP

### Supporting and safeguarding professionals

Our Safeguarding and Risk of Suicide and Self-Harm policies and protocols have been recently updated to better support colleagues to identify and manage any safeguarding concerns. Where concerns are raised, these are reviewed by the Strategic Safeguarding Lead who will provide advisory support to colleagues and make any relevant external referrals.

We continue to see an increase in safeguarding concerns reported. In 2023–2024, safeguarding concerns were raised in relation to our fitness to practice process.

We record cases where we learn that a professional has taken their own life while our proceedings are ongoing. In 2023–2024, there were five recorded deaths. All cases are reviewed at a senior level to ensure that we identify any learning to improve our processes. Professionals are routinely signposted to our independent Fitness to Practice Careline which offers confidential<sup>30</sup> emotional and practical advice and help to nurses, midwives, and nursing associates.

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# Safeguarding contd.



## Training

In the past year, safeguarding training has been delivered across the fitness to practice directorate, with training being delivered to our hearings, investigations and hearings teams as well as our Panel members . We have trialed bespoke communications and safety plans where we identify individuals who require additional support during our processes. We will continue to look at opportunities to further strengthen our support to registrants.

## Progress and Achievements

- Delivery of around 55 presentations and training sessions internally
- Training to all new panel members on safeguarding and wellbeing
- Support work with approach to cases in private lives, including assurance that safeguarding cases are included into scope
- Roll out of DBS checks for all colleagues in front facing roles or who may have interactions with individuals at risk. Agree our approach for declaring any criminal matters.
- Refresh of the safeguarding policy, guidance and referral form
- Supporting approach to managing agreed removals for exceptional circumstances
- Support Professional Engagement and Support Lead to put in place support for registrants. This includes strengthening engagement with our rep bodies and stakeholders
- Decompression support for colleagues with most high-risk roles

Work is ongoing to continue to support and develop the safeguarding function including the establishment of a safeguarding board, with a quarterly safeguarding report to Council.

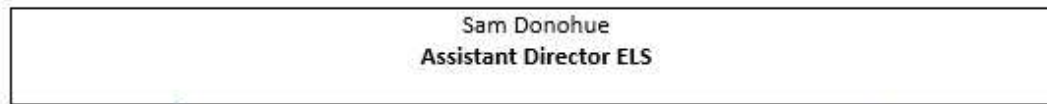
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# The team and looking forward

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**Employer Link Service**

**Safeguarding**

**Specialist Advisers**

	Mark Brooke <b>Principal Regulation Adviser</b>
	<b>Regulation Advisers</b>
1	David Porter
2	Kate Lettin
3	Kristian Garsed
4	Paula Palmer-Charlery
5	Sharon Clement-Thomas
12	Nicola Moreton

	Linda Kenward <b>Principal Regulation Adviser</b>
	<b>Regulation Advisers</b>
6	David Taylor
7	Linda Martin
8	Michele Harrison
9	Pamela Craig
10	Tony Newman

	PJ Mansell <b>Head of Strategic Delivery</b>
	<b>Regulation Advisers</b>
11	Loucia Kyprianou
12	<i>Vacancy currently filled with NM secondment</i>

	Sam Adie <b>ELS Office Manager</b>
1	Dale Cooper - ELO
2	Dillon Rose – ELO
3	Fatimat Okuku – ELO
1	Eleanor McWilliams – <b>Team coordinator</b>

	Raynor Griffiths <b>Safeguarding Lead</b>
1	Lisa Harris <b>Safeguarding adviser</b>
2	Andriyansyah Andriyansyah <b>Safeguarding Analyst</b>

1	Nicky Burns-Muir
2	Nancy Fontaine
3	Louise Rawlinson
4	Tbc Education QA

**New ELS Adviser roles tbc**

# Team changes this year



- Established the ELS management team with recruitment of two Principal Regulation Advisers in May to work alongside the Head of Strategic Delivery.
- We recruited an Outreach Office Manager to support the team of three Employer Link Officers and the team coordinator.
- Strategic Safeguarding function moved into Professional Practice.
- Planned recruitment for the 10 ELS advisers to focus on Social Care employers was delayed until Q3 of 2024-2025 and reduced to 6.25 WTE (Whole Time Equivalent) with funding partially re-directed to support FtP improvement work.
- Three specialist advisers were appointed on fixed term contracts to support the FtP improvement work with a fourth planned to support education and quality assurance.
- A new Regulation Adviser (RA) Post was established within the existing RA budget to focus specifically on engaging with the Independent Health and Social Care (IH&SC) sectors.

## The year ahead

### **FtP Workstream 1.1: Supporting appropriate referrals**

- This workstream is key to reducing those referrals that do not need to come into our FtP processes and improving the quality of those that do. The senior lead and delivery lead are provided by ELS. The workstream is proposing a wide range of potential activities to achieve its aims.

[pj.Mansell@nmc-uk.org](mailto:pj.Mansell@nmc-uk.org)



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## Council

### Proposed amendments to risk management framework

<b>Action requested:</b>	<p>This paper sets out proposed amendments to our risk management framework following the review of our approach to risk management previously discussed by Audit Committee and Council, and the adoption of a more strategic risk management model.</p> <p>For decision</p> <p>The Council is <b>recommended</b> to approve the proposed changes to our risk management framework (<b>paragraph 7</b>).</p>	
<b>Key background and decision trail:</b>	<p>The risk management framework is owned by Council and underpins how we manage risk across the NMC. The document is reviewed on a regular basis, with the last version approved in 2021. This version is being brought for Council approval now because we needed time to embed the previously updated framework and make further improvements to our risk processes including following feedback from internal audit in 2022.</p>	
<b>Key questions:</b>	<ul style="list-style-type: none"> <li>• What is the new approach to risk management?</li> <li>• Does the updated risk management framework provide a consistent means of monitoring and evaluating risk, and enable continuous improvement?</li> </ul>	
<b>Annexes:</b>	<p>The following annexe is attached to this paper:</p> <p><b>Annexe 1:</b> Risk management framework</p>	
<b>Further information:</b>	<p>If you require clarification about any point in the paper or would like further information, please contact the author or the director named below.</p> <p>Author: Richard Wilkinson          Phone: 020 7681 5172  <a href="mailto:Richard.wilkinson@nmc-uk.org">Richard.wilkinson@nmc-uk.org</a></p> <p>Author: Rebecca Calver          Phone: 020 4524 1309  <a href="mailto:rebecca.calver@nmc-uk.org">rebecca.calver@nmc-uk.org</a></p>	<p>Executive Director: Tom Moore          Phone: 0204 548 9260  <a href="mailto:tom.moore@nmc-uk.org">tom.moore@nmc-uk.org</a></p>

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# Proposed amendments to risk management framework

## Discussion

- 1 The risk management framework is owned by Council and underpins how we manage risk across the NMC. This paper presents the updated risk management framework for approval.
- 2 The risk management framework at **Annexe 1** is aimed at all colleagues, providing a comprehensive overview of the process for managing risk at the NMC.
- 3 The document is designed to provide a consistent framework of evaluation, monitoring, and continuous improvement to help us safeguard against things going wrong. It provides a single point of reference for all our risk management procedures.
- 4 The framework covers our overall approach to risk management and includes updates from our recent review: a strategic approach to risk management. The framework includes the latest versions of our risk management process, appetite, roles and responsibilities, as agreed with Executive Board, Audit Committee and Council.
- 5 The most significant changes to the risk management framework approved in 2021 are:
  - 5.1 We now make clear the distinction between strategic and operational risks
  - 5.2 It includes the escalation route to move risks from operational to strategic level
  - 5.3 The inclusion of new risk appetite and tolerance thresholds as discussed by Council at Seminar on 23 April 2024
  - 5.4 Revised Council Committee remits
- 6 The framework will be supported by a selection of guidance documents to help colleagues apply the framework, so they feel better equipped to manage risk in their areas. These are being developed and will explain different parts of the framework, and the supporting templates, in greater detail. The supporting documents will include risk roles and responsibilities, appetite and how to structure and score risks in the register. These will be linked to the main document over the next few months.
- 7 **Recommendation: The Council is recommended to approve the proposed changes to our risk management framework.**

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## Next Steps

- 8 Subject to approval from Council, we will:
- 8.1 Communicate the updated risk management framework to colleagues
  - 8.2 Continue to develop the supplementary 'how to' guides to support colleagues in applying the framework
  - 8.3 Deliver a series of training sessions for colleagues, focusing on each of the 'how to' guides
  - 8.4 Listen to feedback and requests from colleagues on which other aspects of risk management they require support on, to develop our resources further.

## Implications

The following were considered when preparing this paper:

Implication:		Location if in paper:	Content if not in paper:
Public protection/impact for people.	Yes		This document supports our assessment and articulation of risks where people are considered in the impact assessment and development of mitigating actions.
Safeguarding considerations	Yes		This document supports our articulation, assessment and ongoing monitoring of strategic and operational risk. Safeguarding is on our strategic risk register.
The four country factors and considerations.	Yes		This document supports our assessment and articulation of risks where all four nations are considered.

Resource implications including information on the actual and expected costs involved.	No		Development of this document and promotion of its approach will be done within existing resources.
Risk implications associated with the work and the controls proposed/ in place.	Yes		This document supports our assessment and mitigation of risks.
Legal considerations.	Yes		This document supports our assessment and articulation of risks, which may include legal considerations.
Midwives and/or nursing associates.	No		Not applicable for this paper.
Equality, diversity, and inclusion.	Yes		This document supports our assessment and articulation of risks, and their impact on all people.
Stakeholder implications and any external stakeholders consulted.	Yes		This document supports our assessment and articulation of risks, which could include considering the impact on our stakeholders.
Regulatory Reform.	Yes		The risk framework helps us to assess risks which can have an impact on the delivery of strategic projects and programmes such as Regulatory Reform.

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## Risk Management Framework

<b>Version date</b>	July 2024
<b>Release date</b>	To be approved by Council in July 2024
<b>Review date</b>	July 2026
<b>Linked documents</b>	<p>We are developing a range of guidance documents to supplement the full risk framework. These will be listed here as they are finalised.</p> <p>These will include:</p> <ul style="list-style-type: none"> <li>• Annexe 1: Risk roles and responsibilities</li> <li>• Annexe 2: Risk appetite</li> <li>• Annexe 3: How to rate your risks</li> <li>• Annexe 4: How to structure a risk</li> <li>• Annexe 5: How to escalate a risk</li> </ul> <p>We will continue to add more as they are required.</p>
<b>Owner</b>	Corporate Risk and Performance team
<b>Author(s)</b>	<p>Hannah Mulcahy          Senior Planning and Risk Improvement Officer</p> <p>Karen Sellick          Corporate Planning Delivery Manager</p> <p>Rebecca Calver          Head of Corporate Planning, Performance and Risk</p>

## Glossary

<b>Compound (aggregate) risk</b>	When two or more risks interact, or happen simultaneously, the potential collective effect or impact on the organisation can be greatly increased (cumulative effect)
<b>Heat map</b>	A risk heat map is a graphical representation of risk scores, where the values are contained in a matrix and are represented as colours – Red, Amber and Green (RAG) depending on how highly they score.
<b>Issues (known and unknown)</b>	Issues are materialised risks, they are events that have already happened and require us to take immediate action. Some issues are risks that we had identified that have now happened (known issues) – in this case, we are likely to have contingency plans that we can use to reduce the impact and recover quickly. Some issues are a surprise to us because we have not anticipated or planned for them (unknown issues) – in this case, they tend to be more disruptive, more costly, take more time to recover from and have lasting consequences.
<b>Operational risks</b>	Operational risks stem from inadequate or failed internal procedures, employee errors, cybersecurity events, or external events such as climate change. These would be managed, monitored and reviewed at directorate level to ensure effective controls and oversight are in place. They would be escalated to Executive level if the impact on delivery threatens our strategic aims.
<b>Risks</b>	Risks are uncertainties, which, if they happen, could negatively affect how we carry out our role as a regulator, service provider and an employer; and affect our ability to achieve planned strategic or operational objectives. Uncertainty can also be positive. Risk can also present opportunities to change our role or how we deliver an activity for the better.
<b>Risk appetite</b>	The amount of risk that an organisation is willing to take to meet their strategic objectives. Risk appetite at the NMC is set by Council (see also risk tolerance).
<b>Risk management framework</b>	A set of guidelines, standards and processes that seek to manage risk without impacting an organisation's ability to grow, striking a good balance between taking risks and reducing them.
<b>Risk tolerance</b>	Risk tolerance is used to measure how far you will allow each risk to progress in the context of your overall risk appetite (see also risk appetite). The organisation may set a metric for each risk so they have a clear threshold to signal when a risk has exceeded the tolerance and needs to be escalated.
<b>Strategic risks</b>	Strategic risks threaten an organisation's ability to deliver expected outcomes, which can harm the organisation's ability to grow and prosper. Such risks can arise from things such as technological change, an evolving external landscape, poor management, or changes in customer/stakeholder demands. These would be monitored and reviewed at Executive and Council level to ensure effective controls and oversight are in place.
<b>Three lines of defence</b>	A risk governance framework that splits responsibility for risk management across three functions: first line – operational, second line - compliance and third line – audit (see <b>figure 1</b> ).

## 1. Who does this framework apply to?

- 1.1. Our **risk management framework** covers all areas of our delivery to regulate, support and influence our relationships with the public, nurses, midwives and nursing associates, people who use our services, partners, and our colleagues.
- 1.2. All colleagues have responsibility for being risk aware and escalating any concerns appropriately, so it is important that they familiarise themselves with this framework and how to apply it within their roles.
- 1.3. The framework also supports our values:
  - **Fair:** Our framework helps us to be fair because it encourages regular reviews of evidence and context to understand the amount of risk that we may face. The way that we manage risk brings in views from across the NMC, at all levels, meaning that accountability is shared. This way of working helps us to make good transparent decisions, have rounded discussions, balances the responsibilities of everyone involved, and helps us to do the right thing.
  - **Kind:** Understanding the amount of risk we face and the actions we can take, helps us to be kind and makes us aware of the effect our behaviour has on others and ourselves. This allows us to understand how this may influence our work and how we can support people both internally and externally.
  - **Collaborative:** By involving others to think about risk, we work together to identify possible threats, opportunities, and mitigations. We use the framework to share ideas to reduce risk and help achieve our priority outcomes.
  - **Ambitious:** Risk management underpins our strategy and corporate plan. To achieve our ambitions, we need to take some planned **risks** so that we can innovate and take opportunities when appropriate. We are open to exploring new ways of thinking, and continuously improving through learning, to make us more efficient and effective in dealing with risks.

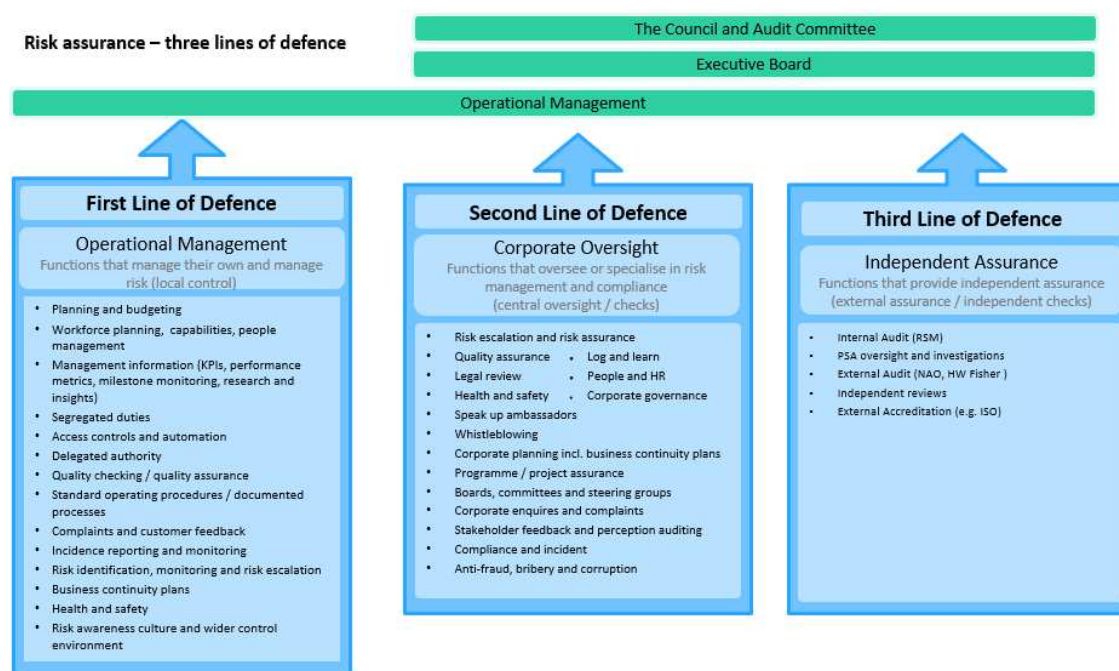
## 2. Introduction

- 2.1. We work within an ever-changing regulatory context, where we need to make sure that the risks we take are intentional, well planned, and support the achievement of our corporate plan.
- 2.2. Risk is inherent in everything we do, whether we are delivering our regulatory duties, piloting new ways of working, or making significant changes to our infrastructure.

- 2.3. The amount of risk we experience at any one time is dependent on a number of internal and external factors. It is important that we understand our operating environment so that we can make informed decisions and take action to ensure that the level of risk is acceptable.
- 2.4. When risks are not understood and managed, they can negatively affect performance levels, efficiency, and the confidence and trust that the public, professionals on our register, and stakeholders have in us as a regulator.
- 2.5. The purpose of the risk management framework is not only to evaluate known risks, but to identify potential challenges or opportunities before they happen to prevent a risk from becoming an issue.
- 2.6. We should not view risk management as a barrier to delivery, but as a tool for success, which facilitates our ability to make good decisions, to prioritise and allocate resources appropriately.
- 2.7. Our corporate plan and budget were developed with a focus on addressing the most significant risks facing the organisation. The activities that are listed within the corporate plan, were prioritised due to the level of impact they will have on mitigating those risks. We are therefore always driven to deliver activity which will tackle the largest areas of risk and provide the greatest benefit for the NMC and the people we interact with. Activity is assessed and adjusted on an ongoing basis, as risks change and emerge.
- 2.8. On occasion, there will be external events that happen that we did not expect and are beyond our control. In this instance, we rely on robust risk controls within our framework and operations to manage the consequences of the risk i.e. using our three lines of defence model.
- 2.9. **Figure 1** outlines our [three lines of defence](#). This model provides assurance that we have the appropriate number and type of mitigations in place to help prevent risks materialising. The three lines mirror our governance structure so that these mitigations are proportionate to the level of risk. The aim is that the majority of risks will be effectively managed by controls at an operational level within the first line of defence.

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**Figure 1: The three lines of defence for risk assurance**



### 3. Risk management

3.1. We use risk management to help us understand, assess, and take proactive action on risks. The purpose is to increase the probability of success and reduce the likelihood of failure.

3.2. Risk management happens at every level of our organisation, across teams and directorates, within projects and programmes, and within our corporate governance structure.

3.3. Risk management is an integral part of day-to-day working, such as following standard operating procedures (SOPs), so that we can prevent and be alerted to risks continually.

3.4. It works best as part of an integrated approach with other corporate processes, such as business planning, performance management, change management, external and internal audit, and quality assurance. Adopting a standard approach, outlined within the framework, helps us to be consistent in how we articulate, assess, control and monitor risks.

3.5. The benefits of an effective risk management framework are:

3.4.1. To help us to be better prepared to identify potential problems or opportunities before they happen. This enables us to make informed, timely decisions on mitigations and plans and appropriately plan resources.

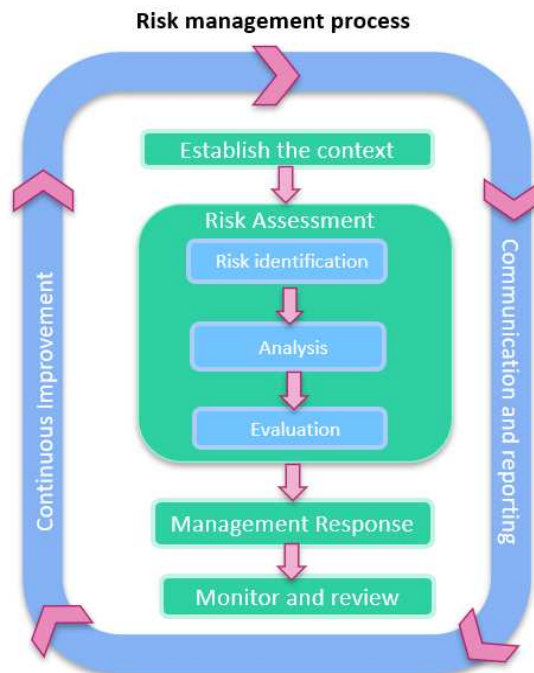
3.4.2. It tells us how much risk we are willing to take.

- 3.4.3. It allows us to take calculated risks/opportunities which are planned and controlled in order to deliver our strategy.
- 3.4.4. Risk discussions are timely, structured, and targeted so we can take action, learn and continuously improve.
- 3.4.5. Increased accountability through defined ownership and managing registers.

#### 4. Our risk management process

- 4.1. Our risk management process provides a simple approach to consider risk. Our roles and responsibilities are the corner stone of this process.
- 4.2. We have modelled our process on ISO 31000 risk management guidance from the International Organisation for Standardisation.

**Figure 2:** Risk management process



4.3 **Figure 2** outlines the risk management process, which can be broken down into stages:

4.4 **Stage 1: Establish the context:** before you begin risk assessing, understand the context you are working within by confirming your objectives and clarifying key internal and external drivers, which may affect your work.

4.5 **Stage 2: Undertake a risk assessment:** once you are clear about the context, consider whether there are potential risks or opportunities,

which could affect successful delivery of your objectives. Stages of risk assessment are:

- 4.5.1 **Identification:** identify and describe the risk that might happen.
- 4.5.2 **Analysis:** determine the severity of the risk or opportunity by analysing the likelihood together with the potential impact. Consider contributing factors and causations, potential consequences, and potential controls and their effectiveness.
- 4.5.3 **Evaluation:** decide whether the risk or opportunity is within our appetite and **tolerance**. (i.e. are the potential negative consequences of a risk or benefits from an opportunity manageable in pursuit of your objectives?).

4.6 **Stage 3: Management response:** once you have identified and evaluated the potential risks and opportunities, decide what action you will take. Will you treat, tolerate, or transfer (share) the risk or opportunity, or terminate the activity to avoid the risk altogether? Record this on your risk register.

4.7 **Stage 4: Monitor and review:** establish ongoing monitoring and periodic reviews of your risks. This ensures that your risk assessment and risk treatments (mitigations, controls and contingency plans) remain up to date and appropriate. If there are any changes, you should return to the first stage of the process to check your assumptions.

4.8 You should also consider how you will regularly check that your risk management and internal controls are working effectively.

4.9 **Stage 5: A continuous cycle of communication, reporting and improvement:**

- 4.9.1 **Communication and reporting:** you should document the outcomes of risk discussions and report these as part of regular governance processes. Communicate with your stakeholders to keep them up to date about major threats, opportunities and key controls and any actions that need to put in place. Use your risk assessment to inform your decisions. Management information and local reviews will provide key data about whether a risk is improving, stable or getting worse.
- 4.9.2 **Continuous improvement:** we should learn from risk events so that we can continually improve our processes, risk management approach and controls.

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- 4.10 Our risk management process is a key part of planning and monitoring. We should consider risk management within our annual business planning, when planning our change and transformation initiatives, when improving processes, and within day-to-day management.
- 4.11 Risk management should support decision making to drive a 'no surprises' culture.

## 5. Risk maturity and culture

- 5.1. Our risk culture reflects our values and context. The regulatory environment which we operate within, our strategy and corporate plan, and our values and behaviours set the context for how much risk we are willing to take.
- 5.2. Linking our risk culture to our strategy allows us to be flexible and responsive within our plans, and to prepare for any potential risk events or opportunities which could occur.
- 5.3. Accepting some risk is necessary to ensure we are responsive and meet our objectives, especially as we move into new areas of work. The Council and Executive Board are committed to having a 'risk aware' culture rather than a 'risk averse' culture. This means that we are willing to accept some risk in pursuit of delivering our strategic objectives but are not willing to take risks that threaten our ability to regulate effectively or threaten patient safety.
- 5.4. Any risks we do take will be intentional and based on evidence to understand the potential opportunity, costs, and consequences or benefits for the public, people on our register, people who use our services, partners, and colleagues.

## 6. Risk appetite

- 6.1. **Risk appetite** is the amount of risk that we are willing to accept to achieve our objectives. Risk appetite helps us to understand our tolerance for risk taking.
- 6.2. The risk appetite classifications we use are based on those set by HM Treasury. There are five levels: adverse, minimalist, cautious, open and eager.
- 6.3. The Council sets our risk appetite against six categories of risk using these classifications. The categories are: people, technology, governance, regulatory/operational, strategy/expectations and financial (see **Figure 3**).
- 6.4. Risk appetites, whether strategic or operational, must not exceed the appetite set by the Council without their agreement. In some cases, we have an appetite range agreed to allow flexibility in

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applying our approach, considering the context or specific activities within the category or work. Some examples are provided in **Figure 3**.

### **Applying risk appetite –**

- 6.5. Risk appetite influences our behaviour when managing risks.
- 6.6. We approach our risks with an understanding that our controls and responses need to be proportionate and in line with the agreed appetite. For example:
  - 6.6.1. If a risk category has an adverse/minimalist appetite we would expect a more cautious approach to risk taking, potentially higher investment in risk management resources, and substantial controls and mitigations in place to prevent **issues**.
  - 6.6.2. If the risk category has an open/eager appetite we would expect to see a greater willingness to test and try new processes, invest in projects and direct resources towards taking opportunities, accept that there will be challenges and persevere through them.
  - 6.6.3. If we have a more open appetite for a risk, but several teams are implementing controls and processes to mitigate the risk, this may indicate that a disproportionate amount of resources (e.g. staff time or funds) are being used to mitigate that risk. By reviewing risk management against the selected appetite, we can assess if our approach is proportionate and could allow us to free up resource for redeployment elsewhere.
  - 6.6.4. If a risk category has an adverse/minimalist appetite, but has a red risk score, this would indicate that the mitigations and controls are either not sufficient or not working effectively. Additional management actions would need to be applied and the risk would be escalated to the next level of governance for review to ensure the risk score is reduced back to a tolerable level for that appetite.

6.7. **Figure 3:** These are the risk appetites agreed by Council for 2024-2025. There were no risk categories set at averse or minimalist, so we have not included them here.

Strategic risk appetites 2024-2025	Cautious	Open	Eager
<b>Appetite description</b> X = primary classification X = secondary classification applied on a case by case basis which is approved by EB	Preference for safe delivery options that have a low degree of inherent risk which may only have limited potential for reward.	Willing to consider all potential delivery options and choose the one that is most likely to result in successful delivery while also providing an acceptable level of reward (and value for money etc.).	Eager to be innovative and to choose options offering potentially higher business rewards (despite greater inherent risk).
Categories of risk			
<b>Regulatory/Operational</b> (Risk associated with discharging our day to day regulatory duties)	Tendency to stick to the status quo, innovation avoided unless necessary. Decision making generally held by senior management. Management through leading indicators. (Governance and OKR framework) X	Innovation supported, with clear demonstration of benefit / improvement in management control. Responsibility for non critical decisions may be devolved. (New FTP plan) X	
<b>Governance</b> (Risks associated with aligning the organisations business goals)	Willing to consider actions where benefits outweigh risks. Processes, and oversight/monitoring arrangements enable cautious risk taking (Fulfilling statutory requirements) X	Receptive to taking difficult decisions when benefits outweigh risks. Processes and oversight or monitoring arrangements enable considered risk taking. (New governance structure and agile decision making) X	
<b>Strategy/Expectations</b> (Risks associated with the pursuit of our strategic aims)		Guiding principles in place receptive to considered risk taking. Strategy refreshed every 2-3 years. Appetite to take decisions with potential to expose organisation to additional scrutiny only where steps are taken to minimise exposure (Adapt plans through ongoing prioritisation) X	Guiding principles/rules in place welcome considered risk taking in actions and pursuit of priorities. Strategy refreshed every 1-2 years. Appetite to take decisions which are likely to bring scrutiny only where potential benefits outweigh risks. (Risk-based assessment of activity) X
<b>Financial</b> (Risk associated with financial control, investments, fraud, supplier management)	Seek safe delivery options with little residual financial loss only if it could yield upside opportunities. (Maintaining stability) X	Prepared to invest for benefit and to minimise the possibility of financial loss by managing the risks to tolerable levels. (Investing in priority change projects/innovations) X	
<b>Technology</b> (Risks arising from technology not delivering the expected services)	Consideration given to adoption of established mature systems and technology improvements. Agile principles considered. (Cyber and information security and AI experimentation) X	Systems / technology developments considered to enable improved delivery. Agile principles may be followed. (Automation and innovation of systems) X	New technologies viewed as a key enabler of operational delivery. Agile principles are embraced (Remove bureaucracy) X
<b>People</b> (Risks associated with organisational culture impacting our people)		Prepared to invest in our people to create an innovative mix of skills environment. Responsibility for noncritical decisions may be devolved. (To make change, as long as sustainable) X	Innovation pursued – desire to ‘break the mould’ And challenge current practices. High levels of devolved authority – management by trust rather than close control. (Developing people and addressing performance issues) X

## 7. Roles and responsibilities

- 7.1. Effective risk management requires clear responsibilities as people are at the heart of ensuring that our risk management is working well.
- 7.2. Managers and leaders are responsible for identifying, assessing and treating risks and taking opportunities within their area of responsibility. They appropriately resource risk controls and contingency plans, and make sure that suppliers and partners work within our risk culture, appetite and values.
- 7.3. Everyone has a role to play in spotting potential risks or opportunities and conducting their work with due care and control to avoid unnecessary risk. If you spot something that is of concern, speak to your line manager.

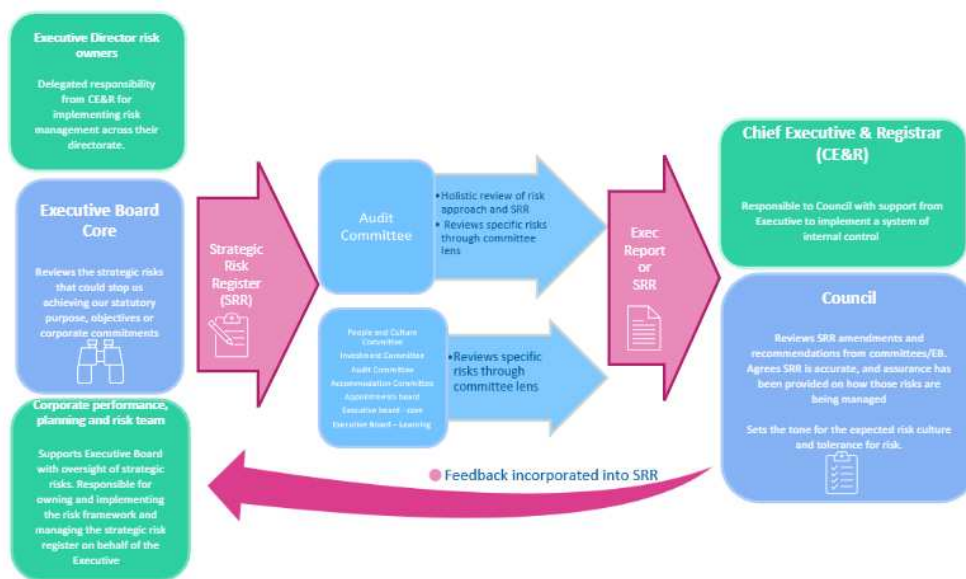
## Summary of Strategic roles and responsibilities

### 7.4. Corporate roles are:

- 7.4.1. The **Council** is accountable for approving our risk management framework, setting risk appetite, and periodically reviewing our strategic risk exposure and strategic risk register. They challenge the Executive Board on risk ratings, risk mitigations, risk treatments and seek assurance for effective management of strategic risk from the Chief Executive and Registrar (CE&R).
- 7.4.2. The **CE&R** oversees the risk management framework agreed by the Council. They ensure that risks are identified and evaluated, that appropriate controls are put in place to mitigate risk and that progress is monitored and reported.
- 7.4.3. **Executive Board Core** supports the CE&R with day-to-day strategic risk management and understanding our risk exposure. It manages the strategic risk register; collectively agreeing risk ratings, risk mitigation and contingency plans, and reviewing risks that teams have escalated to it. It makes sure that we implement our risk management framework.
- 7.4.4. Executive directors are also **risk owners** for **strategic risks**. As a risk owner, they are responsible for proposing risk assessment scores, making sure that the risk is controlled and mitigated appropriately, monitored regularly and that Executive Board understands the risk.
- 7.4.5. **Audit Committee** provides oversight and assurance for effective risk management, reporting its findings to the Council. It reviews the effectiveness and compliance of our risk management framework and provides assurance of our internal risk processes and control environment.
- 7.4.6. **People and Culture Committee, Investment Committee, Accommodation Committee and Appointments Board** provide oversight for relevant strategic risks and some **operational risks**, through their committee lens, reporting its findings to the Council. This is to ensure that those committees with the relevant expertise and focus can help shape our risks to make sure they fairly reflect the context for that category of risk. For example, the People and Culture Committee will review our people focused risks in the light of any current workforce concerns.

7.4.7. The **Corporate Planning Performance and Risk Team** is responsible for embedding the risk management framework, developing risk management maturity and culture, and providing risk scrutiny. The team provides the Executive Board (EB), Council and committees with hands on support and oversight of strategic and operational risk registers. The team also has a role in risk identification and escalation for Executive Board's attention. They support the Governance team to structure EB agendas according to risk priorities so that risk is discussed at a strategic level, and recommendations cascaded to managers.

**Figure 4: Corporate roles for strategic risk management**



7.5. Directorate roles are:

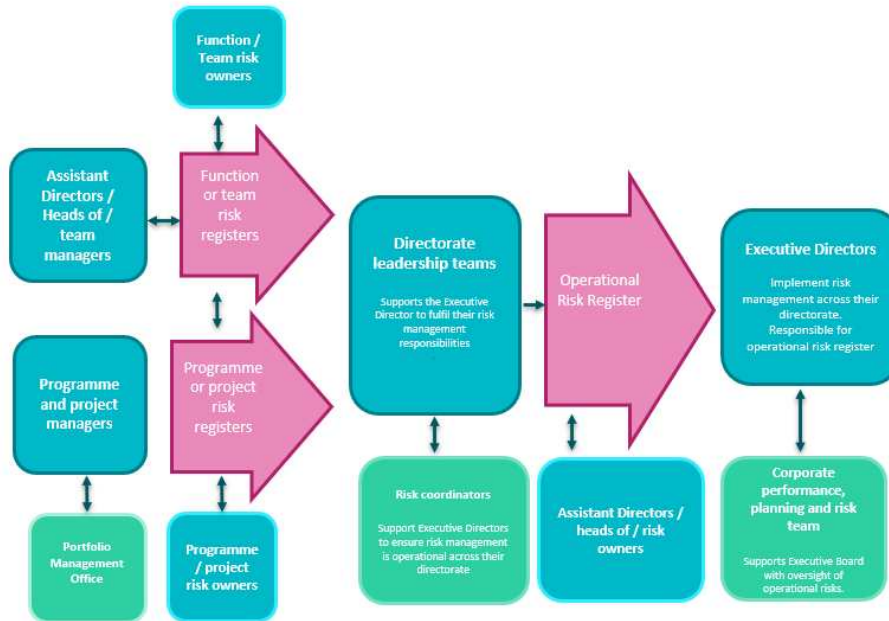
7.5.1. **Executive Directors** have delegated authority from CE&E for implementing risk management across their directorate. They make sure that risk management and internal control procedures are in place and effective. Executive Directors are also senior responsible owners (SRO) for major programmes and projects within their directorate. They are responsible for making sure that the programme or project manages key risks.

7.5.2. **Directorate leadership teams** support the Executive Director to fulfil their risk management responsibilities on behalf of the directorate. They support the Executive Director to identify, evaluate and treat potential risks, and to communicate major risks across the directorate. They also consider risks escalated to them or make recommendations for risk escalations.

- 7.5.3. **Assistant Directors and Heads of departments** are responsible for implementing operational risk management procedures across their function and escalating risk to the directorate leadership team as appropriate. They may be risk owners for operational or project/programme risks. An Assistant Director may also be the SRO for a major programme or project and are responsible for making sure that key risks are being managed.
- 7.5.4. **Programme and project managers** are responsible for identifying, monitoring, and reporting on programme or project risks. They will escalate major risks to the SRO and liaise with risk owners.
- 7.5.5. **Risk owners** are responsible for proposing risk assessment scores, making sure that the risk assigned to them is controlled, mitigated appropriately, and monitored regularly. They liaise with key stakeholders to ensure that they understand key risk issues.
- 7.5.6. **Risk coordinators** who are usually Executive Business Managers (EBMs) or Senior Executive Business Managers (SEBMs), support the Executive Director and directorate leadership team to coordinate the directorate's risk management activities. They champion risk management, maintain the operational risk register and periodically review team risk registers.
- 7.5.7. The **Corporate change and portfolio management teams** are responsible for ensuring that they implement risk management across the change portfolio and for setting risk procedures for programmes and projects, which aligns with the corporate risk framework. They support programme and project managers to manage risk throughout the lifecycle of the programme or project. They also identify and evaluate **compound (aggregate) risks**, which could potentially affect the portfolio. They escalate significant portfolio risks to the Executive Board, informing the corporate risk and performance team who maintain the strategic risk register.
- 7.5.8. The **Corporate Planning Performance and Risk Team** is responsible for supporting Executive Directors and leadership teams to implement risk management at strategic and operational levels. They provide advice, training, support and tailored workshops so that teams' functions can set-up risk processes. The team are also responsible for reviewing risks across the organisation quarterly to produce a compound or aggregate risk statement for the Executive and the Council. They highlight common risks across the organisation for the Executive and Council to consider whether more controls need to be in place or to confirm if they are content that sufficient mitigations are already in place.

- 7.5.9. **All colleagues** have a responsibility for being risk aware and escalating any concerns they have to their line managers.

**Figure 5: Directorate roles for operational risk management**



## 8. Risk governance and monitoring

- 8.1. Risk management requires that monitoring and reporting arrangements are established and maintained.
- 8.2. Risk reporting and monitoring highlights information about the most pressing risks at the moment. Typically, it will address risks, where consequences for us could be critical; as well as emerging risks that could cause us trouble in the future if they are not monitored carefully, or early mitigations are not put in place.

### Corporate requirements

- 8.3. We consider risk implications within all governance reports.
- 8.4. We maintain a **strategic risk register and heat map** which the Council reviews once a year at open meetings. When we do this review, we consider risk within the context of our strategy and our corporate plan and budget for the year ahead.
- 8.5. Our **Executive Report** to the Council presents a risk exposure report every quarter. The Executive Board review any exceptions

within the register every month as part of the strategic risk exposure report.

- 8.6. The Corporate Risk and Performance team provide **day-to-day maintenance of the strategic risk register** on behalf of the Executive. They escalate risks at the next available Executive Board meeting, as mentioned above.
- 8.7. We provide an annual assessment of our risk management and internal control environment as assurance to Audit Committee and the Council to demonstrate management of risk is effective. We report this within our annual governance statement as part of our statutory annual report and accounts.

### **Directorate and operational requirements**

- 8.8. Each directorate maintains **an operational risk register and heat map**.
- 8.9. These consist of the operational risks for the organisation but detail the specific impacts on each directorate so that they can implement bespoke actions for their area. For example, the operational risk may be concerning colleagues' capabilities to fulfil their roles, so each directorate may identify specific training to mitigate that concern in their teams.
- 8.10. The directorate leadership team reviews it at least every eight weeks. The Corporate Risk and Performance team scrutinise and provide peer review.
- 8.11. The directorates will consider risks as part of business planning.
- 8.12. Periodically we perform **comprehensive assurance reviews** to check that directorates are managing their risks appropriately. These are reported to the Audit Committee to provide assurance that risk management arrangements are satisfactory.
- 8.13. We provide **an annual assessment of our risk management and internal control environment**. We collate these to provide evidence that our risk management is working.
- 8.14. Many teams within directorates maintain a **team risk register**. These are not mandatory, but we do recommend them for large functions with complex processes or high-risk delivery areas.

### 8.3. Programmes and projects

- 8.3.1. Each programme and project maintain a **programme or project risk register and heat map** which the teams review monthly. Our programme and project boards discuss risks at each meeting.
- 8.3.2. The project management office (PMO) holds a **portfolio risk register**, which is reviewed quarterly by the Portfolio Board.
- 8.3.3. We provide the Executive Board with a **monthly project and programme performance dashboard**, which discusses key delivery risks.
- 8.3.4. We escalate **programme and project risks** to the senior responsible owner (SRO). We may escalate risks to the Executive Board when they are strategically significant.
- 8.3.5. The PMO have their own risk management framework document. Please contact [PMO@nmc-uk.org](mailto:PMO@nmc-uk.org) if you require this.

## 9. Risk escalation.

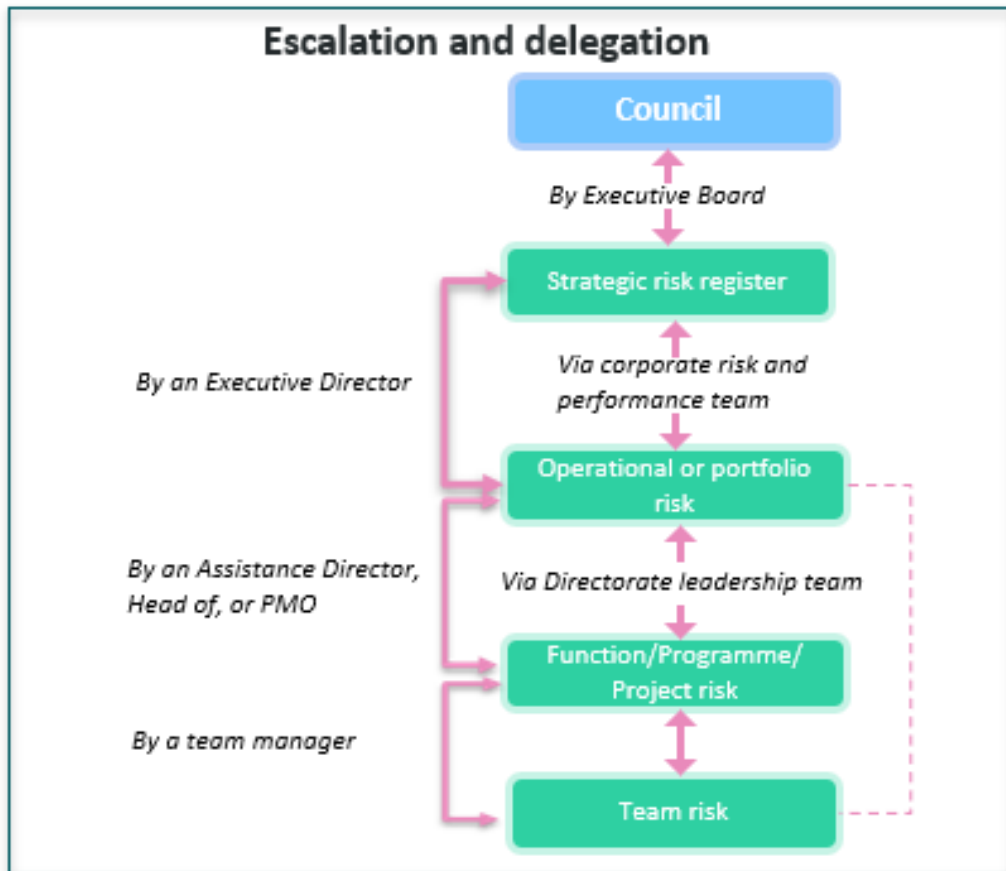
- 9.1. We escalate significant or urgent risks to the next level of authority for consideration, evaluation, or risk treatment (including allocating resources) when the risk level increases.
- 9.2. Escalation is an important process to support risk owners with managing risks that may be getting worse. A risk owner will send a risk to the next level of authority so that they can make decisions about risk treatment.
- 9.3. A risk may need to be **escalated** when:
  - 9.3.1. The risk becomes too difficult to manage at that level and additional mitigations are needed to control the risk.
  - 9.3.2. The risk could impact the delivery of a programme or project or is a barrier to benefit realisation.
  - 9.3.3. The risk will have cross-directorate or functional impact and therefore requires input from multiple risk owners.
  - 9.3.4. The risk exceeds the associated risk appetite, so the level of risk cannot be tolerated.
- 9.4. A risk can also be moved to a lower level (**delegated**) if:
  - 9.4.1. The risk can be adequately controlled or managed at an operational level.
  - 9.4.2. The risk rating decreases significantly.



- 9.4.3. The risk has been stable for a long period of time without near-misses or major risk events.
- 9.4.4. If the risk materialised, its impact would be limited.
- 9.5. The risk owner is responsible for escalating a risk. They should seek advice and guidance from the Corporate Risk and Performance team or the lead of the relevant programme or project.
- 9.6. Someone who is not the risk owner may highlight that there is a need to escalate a risk. In this case, a recommendation will be made to the risk owner, or the SRO and they should take responsibility for the escalation process.
- 9.7. In practice, we would escalate red risks on the Strategic risk register to the Council. We escalate operational red and amber risks to the strategic risk register where it has significant strategic relevance or is a compound (aggregate) risk.
- 9.8. When escalating a risk, the corporate risk and performance team can provide you with a form to capture your escalation. If you are not the risk owner, you will speak to them first to see if they agree that the risk should be escalated. Once agreed you will detail what the contributing factors are, the impact that the risk would have if it materialised, the rationale for escalation and any recommended actions for consideration.

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9.9. **Figure 6:** Risk escalation and delegation process



*\*Risk escalation/delegation should be documented for assurance purposes*  
*\*\* Dashed line is the route if there is no function risk register in place (e.g. for small teams)*

**Please contact the corporate planning performance and risk team within Resources and Technology Services (RTS) directorate for support, advice, and templates.**

## Council

### Proposed amendment to wording in Standards for Pre-Registration Midwifery Programmes

<p><b>Action requested:</b></p>	<p>Proposed minor changes to wording around birth to ensure that our Standards for pre-registration midwifery programme align with the Standards of proficiency for midwives and reflect the role of the midwife.</p> <p><b>For decision</b></p> <p>The Council is <b>recommended</b> to approve the proposed changes to wording around labour and birth in the Standards for Pre-registration Midwifery Programmes (paragraph 8 below).</p>	
<p><b>Key background and decision trail:</b></p>	<ul style="list-style-type: none"> <li>• We are currently undertaking some work around unregulated people to determine our regulatory role and what we need to influence others to do and looking to strengthen Article 45, to include the definition of the word 'childbirth'.</li> <li>• The proposed minor changes have been discussed with our General Counsel colleagues, the Lead Midwives for Education, the Royal College of Midwives and our unregulated people working group that includes the Chief Midwifery Officers from the four UK countries.</li> </ul>	
<p><b>Key questions:</b></p>	<ul style="list-style-type: none"> <li>• Do the proposed minor changes to the wording ensure that our Standards for pre-registration midwifery programmes align with the Standards of Proficiency for midwives and reflect the role of the midwife?</li> <li>• Clarity on the role of midwife to the public.</li> </ul>	
<p><b>Annexes:</b></p>	<ul style="list-style-type: none"> <li>• None.</li> </ul>	
<p><b>Further information:</b></p>	<p>If you require clarification about any point in the paper or would like further information, please contact the author or the director named below.</p>	
	<p>Author: Dr Jacqui Williams          Senior Midwifery Advisor          (Education)  <a href="mailto:jacqui.williams@nmc-uk.org">jacqui.williams@nmc-uk.org</a></p>	<p>Executive Director: Sam Foster          Professional Practice  <a href="mailto:sam.foster@nmc-uk.org">sam.foster@nmc-uk.org</a></p>

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## Proposed amendment to wording in Standards for Pre-Registration Midwifery Programmes

### Discussion

- 1 This paper outlines the proposed minor changes to wording to ensure that our Standards for pre-registration midwifery programmes align with the Standards of Proficiency for midwives and reflect the role of the midwife.
- 2 We are currently undertaking some work around unregulated people to determine our regulatory role and what we need to influence others to do. We are also looking to strengthen Article 45, including the definition of the word '*childbirth*'.
- 3 As a result of the leaving the EU, we undertook some research to review the standards of pre-registration midwifery programmes. In 2023 we published updated standards which aligned the language in the Standards of proficiency for midwives to the Standards for pre-registration midwifery programmes.
- 4 Through the Standards development group for midwifery we changed the word 'conduct' to 'facilitate'. The group felt this language was more contemporary and reflected the intended relationship between the midwife and the woman in a positive enhancing way.
- 5 It is has now come to our attention that others including doulas use the word 'facilitate' when referring to labour and birth.
- 6 We are concerned that we have inadvertently diluted the language in the Standards and we did not, at the time of the change, reflect the language in the Standards of proficiency that use the word 'conduct'
- 7 We are now proposing to make a minor change to the wording around labour and birth to be clear that this is a protected function of the midwife to conduct the birth.
- 8 The following Standards (paragraph numbers highlighted) wording change is set out below, with the original word struck through:  
  
*Approved education institutions, together with practice learning partners, must:*  
  
**3.5.2** support and care for no less than 40 women in labour and ~~facilitate~~ **conduct** the birth.  
  
**3.5.3** participate in the support and care of women in labour and ~~having~~ **conduct** a breech birth.
- 9 This proposed minor change has been discussed with our General Counsel colleagues who have confirmed the change does not require us to undertake a public consultation on the change as the wording does not change the intent or substance of the standard.

- 10 This proposed minor change has been discussed with our key stakeholders including the Lead Midwives for Education, The Royal College of Midwives and our unregulated people working group that includes the Chief Midwifery Officers from the four UK countries and recorded in notes of the meetings.
- 11 The updated wording would better reflect the role of the midwife and align with the terminology used in the Standards of Proficiency for midwives.
- 12 **Recommendation:** The Council is recommended to approve the proposed minor changes to the wording in paragraphs 3.5.2 and 3.5.3 of the Standards for Pre-Registration Midwifery Programmes as detailed above in paragraph 8.

## Next Steps

Subject to approval from Council, we will:

- 13 Make the minor changes to the wording in paragraphs 3.5.2 and 3.5.3 of the Standards for Pre-Registration Midwifery Programmes. Communications with the Lead Midwives for Education will be made and the national leads for the Midwifery Ongoing Record of Achievement will also be informed of change so that documentation can be updated.

## Implications

The following were considered when preparing this paper:

Implication:		Location if in paper:	Content if not in paper:
Public protection/impact for people.	Yes	Para. 7	
Safeguarding considerations	Not applicable		
The four country factors and considerations.	Yes	Para 10	
Resource implications including information on the actual and expected costs involved.	Not Applicable		
Risk implications associated with the work and the controls proposed/ in place.	Not Applicable	Para 6	
Legal considerations.	Yes	Para 9	
Midwives and/or nursing associates.	Yes		Applies specifically to midwives

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Equality, diversity, and inclusion.	Not Applicable		
Stakeholder implications and any external stakeholders consulted.	Yes	Para 10	
Regulatory Reform.	Not Applicable		