

Open Council 27 November 2024 (for website)

MEETING
27 November 2024 09:30 GMT

PUBLISHED
25 November 2024

Meeting of the Council

To be held by videoconference from 09:30 on Wednesday 27 November 2024

Agenda

Sir David Warren
Chair of the Council

Matthew Hayday
Council Secretary

1 Welcome and Chair's opening remarks NMC/24/92 **09:30**

2 Apologies for absence NMC/24/93

3 Declarations of interest NMC/24/94

4 Minutes of the previous meeting NMC/24/95

Chair of the Council

5 Summary of actions NMC/24/96

Secretary

Matters for discussion

6 Quarterly corporate performance report NMC/24/97 **09:40-10:40**
Acting Chief Executive and Registrar (60 mins)

7 Independent Culture Review report update NMC/24/98 **10:40 – 11:00**
Executive Director, Strategy and Insight (oral) (20 mins)

Refreshment Break (20 mins) **11:00-11:20**

8 Fitness to Practise caseload update NMC/24/99 **11:20-11:35**
Executive Director, Professional Regulation (15 mins)

9 Midwifery activity update NMC/24/100 **11:35-12:10**
9.1 Response to Care Quality Commission's (35 mins)

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16

National Review of Maternity Services

9.2 Midwifery Panel – name change and Terms of Reference

Executive Director, Professional Practice

Matters for decision

- | | | | |
|-----------|--|------------|-----------------------------------|
| 10 | Appointment of Interim Chief Executive and Registrar
Chair | NMC/24/101 | 12:10 – 12:20
(10 mins) |
| 11 | Audit Committee Report
Chair of Audit Committee | NMC/24/102 | 12:20 – 12:25
(5 mins) |

Matter for discussion

- | | | | |
|-----------|--|------------|-----------------------------------|
| 12 | Questions from Observers
Chair | NMC/24/103 | 12:25 – 12:40
(15 mins) |
|-----------|--|------------|-----------------------------------|

Matters for information

- | | | | |
|-----------|---|------------|--|
| 13 | Appointments Board report
Chair, Investment Committee | NMC/24/104 | |
| 14 | Council Chair selection process
Secretary | NMC/24/105 | |
| 15 | Agreed Removal Guidance Evaluation
Executive Director, Strategy and Insight | NMC/24/106 | |
| 16 | Chair's actions taken since the last meeting
Chair | NMC/24/107 | |

Close

12:40

Meeting of the Council
Held on Tuesday 24 September 2024 in the Council Chamber, 23 Portland Place, W1B
1PZ.

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
Anna Walker	Member
Sue Whelan Tracy	Member
Lynne Wigans	Member
Navjot Kaur Virk	Associate

NMC Officers

Helen Herniman	Acting Chief Executive and Registrar (from NMC/24/81)
Tom Moore	Interim Executive Director, Resources and Technology Services
Ruth Bailey	Executive Director, People and Organisational Effectiveness
Edward Welsh	Executive Director, Communications and Engagement
Kuljit Dhillon	Interim Executive Director, Strategy and Insight
Matthew McClelland	Executive Director, Strategy and Insight
Alice Hilken	General Counsel
Paul Johnson	Deputy Director, Professional Regulation
Anne Trotter	Assistant Director, Education and Standards
Matthew Hayday	Secretary to the Council
Alice Horsley	Senior Governance Manager

Joining for item 6

Karen Lanlehin	Head of NMC Culture Investigation, Resources and Technology Services
----------------	--

Joining for item 11

Linda Everet	Deputy Director Business Transformation, Professional Regulation
--------------	--

A list of observers is at Annexe A.

Minutes

NMC/24/76 Welcome and Chair's opening remarks

1. The Chair welcomed all attendees and observers to the meeting.
2. The Chair welcomed in particular:
 - a) Kuljit Dhillon attending her first meeting as Interim Executive Director, Strategy and Insight.
 - b) Anne Trotter, Assistant Director, Education and Standards, attending on behalf of Sam Foster, Executive Director, Professional Practice.
 - c) Paul Johnson, Deputy Director, Professional Regulation attending on behalf of Lesley Maslen
3. It was noted that this would be the last meeting for Matthew McClelland, Executive Director, Strategy and Insight.

NMC/24/77 Apologies for absence

1. Apologies were received from Nadine Pemberton Jn Baptiste, Council member, Lesley Maslen, Executive Director, Professional Regulation and Sam Foster, Executive Director, Professional Practice.

NMC/24/78 Declarations of interest

1. The following declarations of interest were recorded:
 - a) **NMC/24/85: Update on progressing the Fitness to Practise casework.** All registrant Council members, Associates and Anne Trotter declared an interest.
 - b) **NMC/24/86: Education quality assurance update, risks and mitigations.** 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 an 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.
2. These interests were not considered material such as to require the individuals concerned to withdraw from the discussion.

NMC/24/79 Minutes of the previous meeting

1. The minutes of the meeting on 24 July 2024 were agreed as an accurate record, subject to the following amendments which were submitted by correspondence:
 - a) Relating to the minutes of the previous meeting (NMC/24/64 Item 1.c): the reference should be to the Audit Committee Annual Report 2023-2024, not the Audit Committee Annual Report 2024-2023.
 - b) Relating to the People and Culture Report (NMC/24/66 Item 3 (x)): The Audit Committee Chair was committed to ~~establishing an Audit Committee which had a remit encompassing audit and risk, as well as assurances around systems and solutions implemented in response to the Report~~ upgrading the committee with a remit of audit, risk plus assurance around systems and solutions implemented in response to the Report.

NMC/24/80 Summary of actions

1. The Council noted progress on actions arising from previous meetings.
2. Relating to **NMC/24/66** (Independent Culture Review report): the Council would be invited to comment on the draft updated principles for how the NMC would deliver the work in response to the Independent Culture Report following the meeting, with any amendments incorporated to a future update relating to the Report.
3. Relating to the minutes of the previous meeting recording the commitment to expand and upgrade the Audit Committee, the Audit Committee Chair welcomed Joyce Sarpong, the newly co-opted partner member to the Audit Committee, who was observing the meeting.
4. Relating to the key headlines from the annual registration data report recorded in the minutes of the previous meeting, which highlighted the proportional rise in first time joiners to the register from several 'red listed countries' from which active recruitment was not permitted. It was agreed that there would be consideration as to whether there was any further action the NMC might take relating to this.

Action: The Council would be invited to comment on the draft updated principles for how the NMC would deliver the work in response to the Independent Culture Report following the meeting, with any amendments incorporated to a future update relating to the Report.
Secretary to the Council / Executive Director, Strategy and Insight
For: 31 December 2024
By:
Action: Consider any further action the NMC might take relating to the proportional rise in first time joiners to the register from several 'red listed countries' from which active recruitment was not

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16

permitted.
Executive Director, Strategy and Insight
27 November 2024

For:
By:

NMC/24/81 Transforming NMC culture: responding to the Independent Culture Review

1. The Executive Director, Strategy and Insight introduced the item, highlighting that the NMC had accepted all 36 recommendations included in the Independent Culture Report published in July 2024. The NMC was working to address these with urgency, as well as to consider how it could go above and beyond these recommendations. It was important that the experience of those involved in Fitness to Practise (FtP) was improved, and that a wider programme of cultural change at the NMC was delivered. It was also important to involve colleagues across the NMC and to engage external stakeholders as appropriate, to achieve sustainable culture change.

2. The Head of NMC Culture Investigation noted that colleagues at the NMC had highlighted that they were under pressure, and it was clear that to engage colleagues in the culture change work meaningfully, this pressure needed to be alleviated to create capacity. The prioritisation exercise undertaken by Executive Directors in August 2024 was the start of efforts to create this capacity.

3. The Head of NMC Culture Investigation reported the need to set up a culture transformation team, to bring the right expertise to the NMC at the right time. The wider culture change work at the NMC was a longer-term objective, to be delivered and sequenced in phases. Whilst the Independent Culture Report provided insight into people’s experiences, it did not provide a current assessment or diagnostic of the culture at the NMC. It was anticipated that the NMC would work with experts to help form the diagnostic and the culture vision, as the basis for the culture transformation work.

4. The Executive Director, People and Organisational Effectiveness noted that a detailed assessment of the recommendations in the Report relating to people and Equality, Diversity and Inclusion (EDI) had been discussed with the People and Culture Committee on 17 September 2024. In respect of considering timeframes to implement the recommendations, it was crucial to account for concerns about capacity, as well as to allow time for engagement and the embedding of sustainable change.

5. The Deputy Director, Professional Regulation noted the significant impact FtP processes had on all those involved, as was highlighted in the Independent Culture Report. The NMC wanted to do more to improve the timeliness of the FtP process sooner. The Interim Executive

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16

Director, Resources and Technology Services added that there was a revised timeline and implementation plan for the adoption of the Microsoft D365 end to end case management system to realise the benefits on the FTP process sooner.

In discussion the following points were noted:

6.
 - a) The NMC Leadership Away event on 10 October 2024 offered the opportunity to reflect further on the Report, the role of leaders in establishing a culture of psychological safety and trust, as well as preparations for delivering cultural change. The event also included a valuable training session on the importance of civility.
 - b) The Employee Conference on 8 October 2024 was named 'Shaping our Culture' and would be an opportunity for all colleagues to focus on how the NMC would co-create the culture it wanted to see, following the Report and its recommendations.
 - c) The 'Your Voice' staff survey was open currently and the results would allow the NMC to build on the insight and feedback presented in the Independent Culture Report, including about learning and development and workload, trust and willingness to speak up.
 - d) The NMC was investing in a partner to deliver psychological safety training. A training session in psychological safety had been delivered for Professional Regulation directorate colleagues only so far and would be built into the wider culture transformation work across the NMC.
 - e) There had been significant work undertaken to develop a behavioural framework for the NMC.
 - f) The commitment to schedule cultural competence training for the Council and the Executive, to include a review of consistent and appropriate language for the NMC to use relating to EDI.
 - g) A safeguarding hub had been established to ensure that all referrals received in Screening were looked at through a safeguarding lens.
 - h) There had been a high level of stakeholder engagement in recent weeks.
 - i) The Chair and Acting Chief Executive and Registrar had attended the first meeting of the Professional Standards Authority (PSA) Oversight Group, established to play an essential role in scrutinising the NMC's response to the Report. The PSA Oversight Group had endorsed the direction of travel the NMC was taking.

- j) The Chair was briefing the Minister of State for Health and Social Care in mid-October, with the indication that these briefing meetings would take place quarterly.
- k) In response to feedback from the Council, the NMC's existing governance structure would remain, though there would be additional meetings scheduled to ensure the Council received regular updates and sufficient assurance regarding the progress of the implementation of the action plan.
- l) The suggestion that there be more detailed discussion between the Council and Executive relating to outcome measures.

7. Summing up, the Chair highlighted that the Report demonstrated that the NMC's regulatory performance and organisational culture were inextricably linked. The Chair noted that the successful implementation of the action plan to address the serious internal failings identified in the Report was the highest priority for the NMC. It was essential for the NMC to balance delivering the action plan at pace with achieving sustainable change.

Action: Schedule cultural competence training for the Council and the Executive, to include a review of consistent and appropriate language for the NMC to use relating to EDI.
For: Secretary to the Council / Executive Director, People and Organisational Effectiveness
By: 27 November 2024

NMC/24/82 Questions from observers

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

NMC/24/83 Executive report

1. The Executive Director, Communications and Engagement introduced the item.

2. In discussion, the following points were noted:

- a) Interviews for the Interim Chief Executive and Registrar position were being held between 7-14 October 2024.
- b) The initial focus was on appointing an Interim Chief Executive and Registrar, but work was also underway to engage headhunters for the recruitment campaign for the permanent Chief Executive and Registrar.
- c) The Care Quality Commission's (CQC) 'National review of maternity services in England 2022 to 2024' contained worrying findings.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16

- d) In reference to the finding that poor fetal monitoring was a lead cause of death in babies in England, assurance was provided that fetal monitoring was referred to in the Standards of proficiency for midwives.
- e) The midwifery team had undertaken an exercise to map the recommendations in the CQC review against the Standards of proficiency, to ensure and demonstrate that the Standards were robust.
- f) The Council welcomed the development of the midwifery activity plan, which captured the work of the NMC midwifery team and would be regularly updated.
- g) The proposed approach to monitoring and reporting midwifery activity had been discussed with the Midwifery Panel.
- h) In the context of concerns relating to the CQC maternity services review, it was agreed that an update on midwifery activity would be presented at the Open Council meeting on 27 November, to include a report of the work to map the CQC review's recommendations to the standards of proficiency. It was also requested that clarification be provided regarding the governance arrangements and Terms of Reference for the Midwifery Panel, which was not a committee of the Council.
- i) On 23 September, the NMC hosted a webinar about non-executive roles at the NMC, which was open to anyone who was interested in learning more about these roles and the current recruitment. A recording of the webinar would be published to the NMC website.
- j) Relating to the violent riots that took place in August 2024, the NMC had also published a statement to internal colleagues.
- k) There were plans apace to mark Black History Month at the NMC in October, devised by the BeME network.

Action:	Present an update on midwifery activity at the Open Council meeting on 27 November, to include a report of the work to map the CQC review's recommendations to the standards of proficiency and clarification regarding the governance arrangements and Terms of Reference for the Midwifery Panel.
For:	Executive Director, Professional Practise
By:	27 November 2024
Action:	Publish to the NMC website the recording of the webinar held on 23 September 2024 to provide insight about non-executive roles at the NMC.
For:	Secretary to the Council
By:	27 November 2024

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16

NMC/24/84 Report from People and Culture Committee

1. The Chair of the People and Culture Committee introduced the item and highlighted the following points:

- a) An extraordinary People and Culture Committee meeting was held on 17 September 2024 to discuss updates and revisions to the People Plan and EDI Plan in response to the Independent Culture Report.
- b) The Committee acknowledged that additional engagement work was required across the NMC for the plans to be fully realised.
- a) The Ambitious Appraisal update highlighted that the most recent round of appraisals had 97 percent of people complete an appraisal, which was a significant milestone.
- b) The Committee noted data about the early usage of the Empowered to Speak Up Guardian service, but it was acknowledged that it would take time for the service to become embedded.
- c) The Committee discussed in detail the proposed behavioural framework for the NMC.
- d) This form of 'deep dive' discussion was welcomed by the Committee.
- e) It was agreed that the Committee would hold an additional meeting annually, to allow time for more detailed discussions about the delivery of the People Plan and EDI Plan, and cultural improvements at the NMC.

2. In discussion, the following points were noted:

- a) The Council sought assurance that colleagues leading staff networks received effective support from the NMC.
- b) Colleagues did have time set aside for activities associated with leading staff networks and this activity was also embedded to their objectives.
- c) Acknowledgment that more time was required to lead the networks following the publication of the Independent Culture Review report.
- d) The support available from the NMC to the colleagues leading staff networks would be considered at a future Committee meeting.
- e) The draft Council skills matrix had been prepared by the Secretariat. This approach removed the bias inherent with self-assessment and was considered best practice.
- f) The Chair had reviewed the Council skills matrix, which would be shared with each of the Council members for consideration as a next step.
- g) The finalised skills matrix and a summary of the outcomes would be scheduled for discussion at a Council Seminar session.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16

- h) It was important that the Council as a whole was kept aware of developments and revisions to the People Plan and EDI Plan, particularly as 18 of the 36 recommendations in the Independent Culture Review report were to be implemented by the People and Culture and EDI teams.

Action:	People and Culture Committee to consider the support available from the NMC to the colleagues leading staff networks.
For:	Secretary to the Council
By:	27 November 2024
Action:	The finalised skills matrix and a summary of the outcomes would be discussed at a Council Seminar session.
For:	Secretary to the Council
By:	27 November 2024

NMC/24/85 Update on progressing the Fitness to Practise casework

1. The Deputy Director, Professional Regulation introduced the update report. The following points were highlighted:
 - a) Overall, there had been no decrease in the Fitness to Practise caseload.
 - b) The NMC was consistently receiving more referrals than planned for at the beginning of the year.
 - c) Every referral received needed to be risk assessed, which required resource that would otherwise be directed to completing decisions on cases at the Screening stage.
 - d) Whilst Screening decisions had started to increase, the output was impacted by what was received by way of new referrals.
 - e) It had been agreed that dedicated resource would be deployed to work to ensure the referrals received were rightly directed to the NMC and that individuals were encouraged to engage with employing organisations to see if there were issues which could be resolved locally, rather than escalating to the regulator.
 - f) Significant progress had been made in addressing the number of unallocated cases at Screening. There were 949 unallocated cases in April 2024, which had now reduced by over 700. This meant that cases which had been with the NMC for some time were now starting to progress.
 - g) Timeliness at the Investigations stage was improving, and median case age was lower than at the same point last year, with a consistent downward trend demonstrating the focus on the oldest cases.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16

- h) The Investigations teams would be supported by a new case weighting tool, which was being launched in October 2024, and had been built with feedback from the teams. The tool would enable workload to be allocated with the complexity of the cases in mind, rather than simply based on a total number of cases. It would help address feedback about the pressure on individual workloads.
- i) The Clinical Advice team was soon due to start providing advice to the Investigations teams as well as the Screening team, where they had been focused.
- j) The Safeguarding Hub was live and reviewing all new referrals. The Hub would advise colleagues in the case teams regarding how to manage any safeguarding concerns identified at the start of the process.
- k) The commitment had been made to bring more of the hearing activity back to the NMC's physical hearing centres, as this would allow better support to be provided to people in the long term and allow for more efficient ways of working.
- l) The NMC had started listing more physical hearings and will start to see more events coming back into the hearing centres over the remainder of this calendar year.

2.

In discussion the following points were noted:

- a) The Council commended the progress made in reducing the number of unallocated cases since April 2024.
- b) Other regulators were also seeing an increase in the number of referrals.
- c) It was essential to ensure that the quality of the FtP process was maintained alongside improvements in timeliness.
- d) There was focus on developing a more person-centred and less adversarial approach to FtP. Further detail about this work would be included in the next update to the Council on progressing the FtP casework.
- e) The NMC was in the process of recruiting wellbeing officers to work in FtP and provide wellbeing support.
- f) There was an increase in the training and awayday provision for colleagues at all levels in FtP.
- g) Panel Members were receiving training relating to good case management, including when to intervene when the process became overly adversarial.
- h) Consideration would be given to what data relating to the oldest cases could be included in the dashboard for the next update to the Council.

- i) The data about caseload by registration type per FtP stage and caseload by country of registered address was provided as a percentage only, but in subsequent updates it would be helpful if this was also provided as a number, as it had been previously.
- j) In reference to just under 50 percent of the Investigations team having less than 12 months service, the suggestion that issues relating to staff retention and ways of building expertise in the team be a potential topic for an in-depth discussion at a People and Culture Committee meeting.

Action:	Include further details about the focus on developing a more person-centred and less adversarial approach to FtP in the next update to the Council on progressing the FtP casework.
For:	Executive Director, Professional Regulation
By:	27 November 2024
Action:	Consider what data relating to the oldest cases could be included in the dashboard for the next update to the Council.
For:	Executive Director, Professional Regulation
By:	27 November 2024
Action:	Provide data about caseload by registration type per FtP stage and caseload by country of registered address as a number as well as a percentage in subsequent updates.
For:	Executive Director, Professional Regulation
By:	27 November 2024

NMC/24/86 Education quality assurance update, risks and mitigations

1. The Assistant Director, Education and Standards introduced the item and highlighted the following points:
 - a) The transition to the new education quality assurance service provider was not straightforward, given the long period the previous service provider had been in post and the significant activity in the higher education sector at the time.
 - b) The recommended six-month extension to the original transition arrangements would give approved education institutions (AEIs) and the new education quality assurance service provider time to manage the major modifications to pre-registration programmes.
 - c) Relating to the NMC’s withdrawal of its approval of the pre-registration midwifery programme at Canterbury Christ Church University in spring 2023, and the outcome of mandatory exceptional reporting analysis, a proportionate, person-centred approach was undertaken to mitigate the risk of incorrect entry to the register.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16

d) The NMC was mindful throughout of the impact on students.

2.

In discussion the following points were noted:

- a) Education quality assurance was a core regulatory function for the NMC, at the 'front door' of its regulation, and was essential to the protection of the public.
- b) There was a drafting error at paragraph 28, the final sentence of which should read: '*And while this is of concern and needs remedy, the impact of standards not being met is not so significant that any shortfall in hours elevates patient safety risks.*'
- c) The Council supported the recommendation to extend the original transition arrangements for major modifications to pre-registration programmes by six months.
- d) In response to queries about whether a six-month extension was sufficient, this would be monitored closely, with updates provided to the Audit Committee as required.
- e) Assurance that the NMC's response to Education Quality Assurance concerns within AEs would be reviewed in detail at the Audit Committee meeting on 7 October 2024.
- f) Thanks to the AEs who had undertaken additional work to undertake mandatory exceptional self-reporting.
- g) There were approximately 500 students impacted by potential delays to joining the register as a result of concerns around the practice learning delivered by their AEs.
- h) It was important that lessons were learnt, particularly the way concerns were managed, and that these lessons were shared with AEs.
- i) An executive summary of the exceptional mandatory self-reporting analysis would be published on the NMC website.
- j) The learnings would be referenced by country, accounting for differing factors among the four countries of the UK.
- k) Co-production with partners and student involvement was essential.
- l) There had been positive collaboration with the Council of Deans for Health.
- m) The programme to stabilise and deliver improvements to the Education Quality Assurance programme, with key areas of work including approvals, capacity and monitoring, and engagement.
- n) Increased annual reporting and self-monitoring by AEs would be welcomed.
- o) The Council acknowledged the hard work of NMC colleagues, and the manual processes involved in the work presented.

Decision: The Council approved a six month extension to the original transitional arrangements for major modification to pre-registration programmes meaning that the transition period will end on 31 July 2025.

3.

The Chair thanked colleagues for the exceptionally thorough work presented.

NMC/24/87 Welsh Language Standards Regulations Annual Monitoring Report 2023-2024

1.

The Executive Director, People and Organisational Effectiveness introduced the item. The following points were highlighted:

- a) The NMC's compliance with the Welsh Language Standards ensured it facilitated and promoted the use of Welsh language and treated Welsh no less favourably than English, which was crucial to ensuring Welsh speakers had equal opportunities to engage with the NMC.
- b) One Welsh Language Impact Assessment had been completed in the year as part of Phase 1 of the NMC's review into Advanced Practice.

2.

In discussion, the following points were noted:

- a) There were concerns raised about the recommendation to delegate future decisions to approve the Welsh Language Standards Regulations Annual Monitoring Report to the Chief Executive and Registrar, which would devolve decision-making relating to this important matter away from the Council.
- b) Assurance was provided that the Welsh Language Annual Monitoring Report would always be shared with the Council, but the recommendation was that Council would no longer be required to approve it, as part of the effort to streamline governance procedures.
- c) The commitment to engage with Council members for Wales or based in Wales annually regarding the Welsh Language Monitoring Report, ahead of seeking the Chief Executive and Registrar's approval, as had been the case this year.
- d) Relating to the regulation of nursing associates in Wales, discussions with the Welsh Government and the Department for Health and Social Care were due to resume in September 2024 regarding the necessary changes to the NMC's legislation. This was linked to Regulatory Reform and the NMC was awaiting information on the next steps.

3. **Decision: The Council approved:**

- **The Welsh Language Standards Regulations Annual monitoring report 2023 – 2024.**
- **Delegation of future decisions to approve the Welsh Language Standards Regulations Annual Monitoring Report to the Chief Executive and Registrar.**

NMC/24/88 Appointment of external auditors

1. The Interim Executive Director, Resources and Technology Services introduced the paper. It was noted that due to changes to ISO 600, the NMC needed to adopt new external audit arrangements.
2. In discussion, the following points were noted:
 - a) Confirmation that the Audit Committee had considered the options set out in the paper and recommended to the Council that the NMC asked the NAO to fulfil the role of first-tier auditor from 2024-2025 onwards.
 - b) The concern among some Council members that there was a potential conflict of interest between the NAO in its role as auditing body and in overseeing public functions.
 - c) The proposed approach was routine within the audit sector.
 - d) The NAO audited other regulators in the sector and there was clear demarcation as the NMC was independent of government.
 - e) It was agreed that the approach to working with the NAO would be set out in writing.

3. **Decision: The Council accepted the recommendation of the Audit Committee to appoint the National Audit Office as our first-tier auditor from the 2024-2025 financial year.**

NMC/24/89 Panel Member transfer and resignations

1. The Secretary to the Council introduced the item.
2. In relation to the recommendation to approve the transfer of a Panel Member from the Fitness to Practise Committee to the Investigating Committee, the Secretary noted that in the current recruitment campaign the difference in time commitment between the two committees was reiterated to candidates, which it was hoped would reduce the number of these transfer requests.
3. The Council requested that the number and reason for the requests to transfer out of the Fitness to Practise Committee be monitored.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16

4. **Decision: The Council accepted the recommendations of the Appointment Board to:**

- **Transfer the Panel Member in Table 1 of Annexe 1 from the Fitness to Practise Committee to the Investigating Committee.**
- **Remove the three Panel Members listed at Table 2 of Annexe 1 from the Practice Committee.**

Action: Monitor the number and reasons for the requests to transfer out of the Fitness to Practise Committee.
For: Secretary to the Council
By: 26 March 2025

NMC/24/90 Questions from observers

1. The Chair invited questions and comments from observers (see Annexe C).

NMC/24/91 Chair’s actions taken since the last meeting

1. There has been one Chair’s action:
- Appointment of Partner Members to People and Culture Committee and Audit Committee.

Closing remarks

1. The Chair, on behalf of the Council, thanked Matthew McClelland for the significant contribution he had made to the NMC in various leadership roles over more than 11 years, and wished him every success in his future endeavours.
2. The Chair thanked all attendees and observers for joining the meeting.

Confirmed by the Council as a correct record:

SIGNATURE:

DATE:

Annexe A: Observers registered to attend

External Observers

Gail Adams	Head of Professional Services, Unison
Nasreen Anderson	Senior Associate, Financial Conduct Authority
Jennifer Bailey	Midwife, NHS
Peter Bates	Treasurer, NMC Watch: Registrant Care CIC
Peter Bell	Member of the public
Mackenzie Cater	Partnerships Director Healthcare, HEP
Harbi Kaur	Retired Nurse
Rhys McCarthy	Scrutiny Officer, PSA
Mary Moore	Staff Nurse, St Joseph's
David Munday	Lead professional officer, Unite the Union
Nuno Pires	Lead Nurse Safe Staffing and Workforce Regulation, Im
Allison Rees	Corporate Deputy Head of Nursing, Swansea bay UHB
Joyce Sarpong	Independent Committee Member
Jordan Soondar	Safety Improvement Lead, Imperial College Hospital Trust
Helen Taylor	Trainee Advanced Clinical Practitioner, Minster Surgery
Lisa Taylor	College academic lead for student education, Birmingham city university
Andrew Worthington	Deputy Chief Nurse, St. Mary's Hospital
Yinglen Butt	Independent Consultant, Ying Butt Consultancy
Aisling Fox	Deputy Branch Head, Department of Health and Social Care
Gillian Meldrum	Retired Midwife
Oliver Henry	CNO, Lancashire And South Cumbria NHS Trust
Wasim Ahmad-Khan	CEO, APNA Foundation UK

Press

Edd Church	Senior Reporter, Nursing Times
Madeleine Anderson	News and Features Writer, Nursing in Practice
Gemma Michell	News and features editor, Nursing Times

NMC staff observing

Richard Alcock	Commercial Lead
Lisa Bard	Senior Project Manager
Anne Carvalho	Senior case examiner
Franka Chiedu	head of process improvement and governance
Charlene Child	Contract Management Lead
Janice Cheong	Senior EBM
Niamh Fleming	Senior Project Manager
Shahneela Grygiel	Professional Regulation
Emma Lawrence	EDI
Linda Kenward	Principal Regulation Adviser

Deana Reid
Uzma Mahmood
Joyce Adu
Preth Rao
Sharon Dawson

Contract Management Lead
Paralegal
Head of Investigations
Head of Strategy
Governance Manager

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16

Annexe B

1 Live streaming of Open Council meetings

David Munday, Lead Professional Officer, Unite the Union, asked when the Council would consider live streaming its Open meetings to improve accessibility, noting that this question had been raised previously on several occasions.

In response, the Secretary to the Council noted that the NMC did not currently have the facilities to be able to livestream meetings held in-person at 23 Portland Place. The Open Council meeting on 24 September had been scheduled as an additional meeting, with the decision that in the circumstances it should be held in-person. However, most Open Council meetings were now being held online, and it was hoped that the NMC could meet the balance of in-person and online meetings and improve overall accessibility to its meetings.

2. Response to the Independent Culture Review report

Gail Adams, Head of Professional Services, Unison, and a member of the Professional Standards Authority (PSA) Oversight Board, noted that she was committed to supporting the NMC to improve its culture in response to the Independent Culture Review report. Ms Adams queried why the action plan presented at the meeting was not described as 'draft' whilst the NMC continued to engage with NMC staff over the coming weeks. Ms Adams encouraged the NMC to use plain English in its action plan and to engage NMC staff and to make sure to bring them on the journey of change. Mr Adams encouraged the NMC to also engage with the unions regarding the development of the action plan.

In response, the Chair thanked Ms Adams for her comments and agreed it was essential to engage with and learn from NMC staff and the unions to achieve cultural transformation. It was right that the action plan should be described as 'draft' as its development continued to be iterative. It was noted that many of the Council members would attend the Employee Conference on 8 October to observe and be part of discussions about shaping the NMC culture.

The Acting Chief Executive and Registrar added that the Executive appreciated the challenge from the Council, staff and the unions.

3 Response the Independent Culture Review report

Gillian Meldrum, Retired Nurse, commented that the Executive and Council had expressed apologies for the findings of the Independent Culture Review report, but what was important was that what had gone wrong in the past was clarified to ensure it did not happen again. Ms Meldrum asked whether the NMC had

apologised or offered condolences to individuals who had suffered as a result of the report.

The Acting Chief Executive and Registrar responded to say the NMC had apologised and sent condolences directly to families where this was considered appropriate.

4 Cultural competence and Equality, Diversity and Inclusion training

Madeleine Anderson, News and Features Writer, Nursing in Practice, asked how the NMC was monitoring the impact and effectiveness of cultural competence training and other EDI training for its colleagues.

The Executive Director, People and Organisational Effectiveness noted that there was a suite of EDI training available throughout the NMC and some specialist EDI training developed in response to the Independence Culture Review report. The NMC had commissioned a review of its EDI training to ensure it was current and fit-for-purpose. The review had identified some gaps in the training provision and work was underway to close these gaps.

5 Improving clinical input at each stage of the FtP process

Helen Taylor, Trainee Advanced Clinical Practitioner, Minster Surgery, asked how the NMC could improve clinical input at each stage of the FtP process to improve public safety.

In response, the Assistant Director, Education and Standards noted that the NMC was aware of the need to improve clinical input across the FtP process and this was being considered as part of a workstream in the FtP 18 month improvement plan.

6 Experience of the FtP process and response to the Independent Culture Review report

Peter Bates, Treasurer, NMCWatch: Registrant Care CIC, noted the following comments:

- a) Safeguarding was a vial part of the FtP process.
- b) The FtP process was often involved anxiety for those involved and was also often regarded as being overly adversarial.
- c) Changes of behaviour of individuals would lead to wider change at the NMC. All NMC colleagues should consider how they would change their behaviour in response to the Independent Culture Review report.

In response, the Chair thanked Mr Bates for his powerful points, which encouraged all NMC colleagues to think how they were behaving differently in response to the serious and major criticisms set out in the Independent Culture Review Report. The NMC was intent on transforming its culture in a sustainable way.

7 EDI definitions

Anne Carvalho, Senior Case Examiner, NMC, noted that it would be helpful for the NMC to agree definitions in respect of EDI.

The Executive Director, People and Organisational Effectiveness noted that there was work to be undertaken to agree consistent and appropriate language for the NMC to use relating to EDI. This work was part of the forward plan for the EDI team but had not been undertaken yet as there had been other areas of focus, including establishing the Empowered to Speak Up Guardian service.

8 Action plan in response to the Independent Culture Review report

Lisa Bard, Senior Project Manager, NMC, asked in respect of the culture change delivery milestones whether engaging a senior EDI adviser to support Executive Board for a period of 3 months was sufficient to develop an inclusive, high performance learning culture. Ms Baird enquired why the reverse mentoring of senior leadership would not be implemented until June 2025 when this could be incorporated as part of Rising Together programme immediately.

The Executive Director, People and Organisational Effectiveness responded to say that the senior EDI adviser would be engaged to support the Executive Board for an initial period of 3 months, with a decision thereafter about whether this should be extended. The NMC was committed to increasing the diversity of the Executive Board.

Relating to the query about reverse mentoring, the Executive Director, People and Organisational Effectiveness noted that there was an element of reverse mentoring already included in the Rising Together programme. There needed to be some time to embed the referees mentoring scheme as well as a need to prioritise the activity to implement the 36 recommendations in the Independent Culture Review report.

Annexe C

Observer questions at NMC/24/90 – Council meeting 24 September 2024

1 Practice Learning Hours

David Munday, Lead Professional Officer, Unite the Union, asked about whether the NMC requested information about the type as well as the amount of practice learning hours undertaken by graduates prior to joining the register.

In response, the Assistant Director, Education and Standards noted the NMC was working with Approved Education Institutions (AEIs) and employers to identify

individuals who had a shortfall in practice learning hours as well as to decipher the shortfall. One of the questions the NMC asked was to establish whether the individuals were supervised whilst awaiting their NMC PIN in their employed role.

2 Physical Hearings

David Munday, Lead Professional Officer, Unite the Union, raised concerns about equality of access relating to the increase in physical FtP hearings.

The Deputy Director, Professional Regulation responded to say he would review the concern about equality of access relating to physical hearings and be in contact with David Munday following the meeting.

3 Fitness to Practise (FtP)

Gail Adams, Head of Professional Services, Unison, noted the following relating to FtP:

- a) There were delays at the Screening and Investigations stage of the FtP process, with cases which could be closed but were not progressing as they had not been allocated to a case officer.
- b) The NMC should consider clinical engagement at each stage of the FtP process.
- c) The suggestion that the NMC consider opportunities for secondments for clinical NHS staff to work in FtP to provide clinical support and experience at the Screening and Investigations stages of the process.
- d) The FtP Annual Report for 2023-2024 demonstrated that members of the public were the largest source of referrals, often having received little or no advice or guidance in respect of the referral.
- e) The profound impact on professionals experiencing an FtP referral could not be underestimated.

In response, the Deputy Director, Professional Regulation thanked Ms Adams for the important points raised and he welcomed the more detailed discussions taking place with Unison on these themes outside of the meeting. There was important work being undertaken by the Employer Link Service relating to the appropriateness of referrals, particularly the concern that FtP referrals.

4 Protesting in Pakistan

Wasim Ahmad-Khan, APNA Foundation UK, referenced concerns about registered professionals in Pakistan protesting.

The Chair thanked Mr Ahman-Khan for his comment, noting that the NMC could not comment further as the matter was outside of its remit, as its regulation did not extend beyond the UK.

5 Protection of the title Nurse

Harbi Kaur, Retired Nurse, raised concerns about the implications of the current lack of legal protection for the title of 'nurse'.

In response, the Executive Director, Strategy and Insight thanked Ms Kaur for raising the important concern and noted that the regulation of the title was being considered by the NMC as part of Regulatory Reform.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16

Council

Summary of actions

Action requested:	Summarises progress on completing actions from previous Council meetings. The Council is asked to note the report.
Key background and decision trail:	This paper is a standing update to the Council for information on actions agreed at previous meetings.
Key questions:	Has appropriate progress been made in respect of actions agreed at previous meetings?
Annexes:	None.
Further information:	If you require clarification about any point in the paper or would like further information, please contact the author or the director named below.
	Secretary: Matthew Hayday Phone: 020 7681 5516 matthew.hayday@nmc-uk.org

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16

Minute	Meeting date	Title / theme	Status	Action	Action owner	Update	Due date
NMC/24/50	3 July 2024	Executive report: Practice learning review	Complete	For the practice learning review, seek expertise from advisers reflecting the diversity of the register.	Executive Director, Professional Practice	<p>Steps have been taken to reflect the diversity of the register in the independent steering group, public advisory group and student advisory group. The independent research also sought to be representative in terms of the demographics of participants, issues covered and different UK nations.</p> <p>A paper outlining the discovery work relating to the practice learning review with recommendations for next steps will be presented at the Open Council meeting in 29 January 2025.</p>	27 November 2024
NMC/24/69	24 July 2024	Update on progressing the Fitness to Practise casework	Complete	Provide an update on the benefits of the new case management system for the FTP process.	Executive Director, Professional Regulation	This is included in the agenda item for this meeting.	<p>24 September 2024</p> <p>27 November 2024</p>

NMC/24/70	24 July 2024	English Language changes evaluation	Rescheduled	Consider incorporating evaluation information about the impact of the English language changes to the NMC's quarterly performance reporting.	Executive Director, Strategy and Insight	We continue to work with data colleagues to identify how we can incorporate this data into our routine monitoring. Collating this data is complex and we hope to be able to update Council in January.	24 September 2024 27 November 2024 29 January 2025
NMC/24/80	24 September 2024	Summary of actions: Independent Culture Report	Complete	The Council would be invited to comment on the draft updated principles for how the NMC would deliver the work in response to the Independent Culture Report following the meeting, with any amendments incorporated to the next update relating to the Report.	Secretary to the Council / Interim Executive Director, Strategy and Insight	Principles critical to culture change: 1. We will make brave and tough decisions 2. We will be open 3. We will be inclusive 4. We will build on what the NMC does well, learn from the past and follow through 5. We will not let perfection get in the way of good 6. We will be accountable and expect the same of others 7. We will ensure there are development opportunities. No further work on the principles governing this work at the moment.	27 November 2024

						An oral update on the Independent Culture Review is an agenda item for the meeting.	
NMC/24/80	24 September 2024	Summary of actions: Annual registration data report	Complete	Consider any further action the NMC might take relating to the proportional rise in first time joiners to the register from several 'red listed countries' from which active recruitment was not permitted.	Interim Executive Director, Strategy and Insight	Compliance with the Code of Practice for ethical recruitment of international health and social care personnel sits with the DHSC and individual employers. Where we are able to, we share any data that we have that might indicate a breach of this Code with both DHSC and employer organisations. DHSC can share that data with Cross-Whitehall International Recruitment Steering Group as appropriate. Information presented to that group will be analysed to understand where recruits have come from, with a particular focus on low and lower middle-income countries, and fragile and conflict-affected states. Where trends indicate increases in recruitment from low and lower middle-income countries or fragile and conflict-affected states, further work may take place in partnership with the	27 November 2024

1
2
3
4
5
6
7
8
9
10
11
12
13
..

						<p>Foreign, Commonwealth and Development Office (FCDO) to understand the causes and impact of this activity.</p> <p>We have also shared our data insights with the WHO as part of their review of the Code.</p> <p>The fact that an applicant has registered with the NMC from a 'red list' country does not necessarily mean that there has been a breach of the Code; the individual applicant may have come independently to the UK and applied directly to the employer for a specific vacancy. This is permitted under the current Code. All applicants to our register who meet our requirements have a right to be registered regardless of their country of training or country of origin or how they were recruited into employment in the UK.</p>	
NMC/24/81	24 September 2024	Transforming NMC culture: responding to the Independent	Complete	Schedule cultural competence training for the Council and the Executive, to	Secretary to the Council / Executive Director, People and	Cultural competence training facilitated by The Equal Group has been scheduled for the Council and the Executive for 9 December 2024.	27 November 2024

1
2
3
4
5
6
7
8
9
10
11
12
13
..

		Culture Review		include a review of consistent and appropriate language for the NMC to use relating to EDI.	Organisational Effectiveness		
NMC/24/83	24 September 2024	Executive Report: midwifery activity	Complete	Present an update on midwifery activity at the Open Council meeting on 27 November, to include a report of the work to map the CQC review's recommendations to the standards of proficiency and clarification regarding the governance arrangements and Terms of Reference for the Midwifery Panel.	Executive Director, Professional Practise	This is an agenda item for this meeting (see Item 10).	27 November 2024
NMC/24/83	24 September 2024	Executive Report	Complete	Publish to the NMC website the recording of the webinar held on 23 September	Secretary to the Council	Published on NMC website: NMC seeks new Council and committee members - The Nursing and Midwifery Council	27 November 2024

				2024 to provide insight about non-executive roles at the NMC.			
NMC/24/84	24 September 2024	Report from People and Culture Committee	Complete	People and Culture Committee to consider the support available from the NMC to the colleagues leading staff networks.	Secretary to the Council	An oral briefing on the support available from the NMC to the colleagues leading staff networks was planned for consideration at the next People and Culture Committee meeting on 26 November 2024.	27 November 2024
NMC/24/84	24 September 2024	Report from People and Culture Committee	Complete	The finalised skills matrix and a summary of the outcomes would be discussed at a Council Seminar session.	Secretary to the Council	A discussion regarding the finalised Council skills matrix and a summary of the outcomes has been scheduled for Council Seminar in February 2025.	27 November 2024
NMC/24/85	24 September 2024	Update on progressing the Fitness to Practise casework	Complete	Include further details about the focus on developing a more person-centred and less adversarial approach to FtP in the next update to the	Executive Director, Professional Regulation	This is included in the agenda item for this meeting.	27 November 2024

				Council on progressing the FtP casework.			
NMC/24/85	24 September 2024	Update on progressing the Fitness to Practise casework	Rescheduled	Consider what data relating to the oldest cases could be included in the dashboard for the next update to the Council.	Executive Director, Professional Regulation	We will aim to provide this data for the January 2025 Open Council meeting.	27 November 2024 29 January 2025
NMC/24/85	24 September 2024	Update on progressing the Fitness to Practise casework	Complete	Provide data about caseload by registration type per FtP stage and caseload by country of registered address as a number as well as a percentage in subsequent updates.	Executive Director, Professional Regulation	This has been incorporated to the latest update on progressing the Fitness to Practise casework, which is an agenda item for this meeting.	27 November 2024
NMC/24/89	24 September 2024	Panel Member transfer and resignations	In progress	Monitor the number and reasons for the requests to transfer out of the FtP Committee.	Secretary to the Council	Not yet due.	26 March 2025

Key	
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

1
2
3
4
5
6
7
8
9
10
11
12
13
...

Council

Quarterly corporate performance report

<p>Action requested:</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 discuss our current performance and the risks that we face.</p>
<p>Key background and decision trail:</p>	<ul style="list-style-type: none"> • This is our refreshed quarterly financial, performance and risk report to Council. • It gives an overview of performance against our priority outcomes in the corporate plan, including our achievements and recommendations to address any significant challenges. • This enables more regular reflection and assessment of the corporate plan so we can take decisions on any adjustments to the scope of activity, or resources required for delivery. • 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> • 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 on the agenda. • The cover paper also includes updates from the Executive team on significant changes since they last reported to Council on 24 September 2024. • 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 29 October 2024. • Due to the level of overlap, content usually included within the regular Executive Report has been captured here.
<p>Key questions:</p>	<ol style="list-style-type: none"> 1 How are we going to ensure that the organisation prioritises effectively? Is there sufficient capacity for colleagues to absorb new risks and participate in the transformation of our culture? 2 Is our financial position secure, or is any corrective action required?

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16

	<p>3 How are we performing against our key performance indicators (KPIs) and are there any exceptions to consider addressing?</p> <p>4 Are we managing strategic risks appropriately, or are there any exceptions to consider addressing?</p>		
Annexes:	<p>The following annexes are attached to this paper:</p> <ul style="list-style-type: none"> • Annexe 1: Priority outcome performance dashboards • Annexe 2: Corporate performance data charts • Annexe 3: Corporate risk exposure • Annexe 4: Strategic Risk Register • Annexe 5: Financial monitoring report 		
Further information:	<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="379 987 1404 1469"> <tr> <td data-bbox="379 987 858 1469"> <p>Author: Richard Wilkinson Phone: 0207 681 5172 Richard.wilkinson@nmc-uk.org</p> <p>Author: Rebecca Calver Phone: 0204 524 1309 rebecca.calver@nmc-uk.org</p> <p>Author: Sevinj Essien Phone: 0207 681 5964 sevinj.essien@nmc-uk.org</p> </td> <td data-bbox="858 987 1404 1469"> <p>Executive Director: Tom Moore Phone: 0204 548 9260 Tom.Moore@nmc-uk.org</p> </td> </tr> </table>	<p>Author: Richard Wilkinson Phone: 0207 681 5172 Richard.wilkinson@nmc-uk.org</p> <p>Author: Rebecca Calver Phone: 0204 524 1309 rebecca.calver@nmc-uk.org</p> <p>Author: Sevinj Essien Phone: 0207 681 5964 sevinj.essien@nmc-uk.org</p>	<p>Executive Director: Tom Moore Phone: 0204 548 9260 Tom.Moore@nmc-uk.org</p>
<p>Author: Richard Wilkinson Phone: 0207 681 5172 Richard.wilkinson@nmc-uk.org</p> <p>Author: Rebecca Calver Phone: 0204 524 1309 rebecca.calver@nmc-uk.org</p> <p>Author: Sevinj Essien Phone: 0207 681 5964 sevinj.essien@nmc-uk.org</p>	<p>Executive Director: Tom Moore Phone: 0204 548 9260 Tom.Moore@nmc-uk.org</p>		

Quarterly corporate performance report

Discussion

Overall context

Impact of the Independent Culture Review (ICR) on our corporate plan

- 1 Since publication, the NMC has taken some immediate steps to address the 36 recommendations provided. For example, we have introduced an Independent 'Empowered to Speak Up' Guardian and appointed Mac Alonge from The Equal Group as the equality, diversity and inclusion (EDI) advisor to the Executive Board and our Council.
- 2 In the medium term, we have been reviewing our existing plans, for example, we already have a £30m improvement plan for fitness to practise, and we have now appointed Anthony Omo, General Counsel and Director of Fitness to Practise at the General Medical Council (GMC) to advise us on the improvements we are making in our regulatory work.
- 3 Our longer-term plans will focus on the wider culture change that we need to deliver together with our colleagues and with input from our stakeholders. This includes the full implementation of the recommendations from the ICR over a projected two-year period.
- 4 Our governing body, the Professional Standards Authority (PSA) has established an independent oversight and support group, which will receive regular updates. Minutes from these meetings are available on their website. It will be invited to scrutinise the impact of our actions to improve our culture and performance.
- 5 A key challenge we continue to consider is the timing/sequencing of implementation. We seek to balance making swift progress, with giving colleagues time and space to co-produce solutions and embed sustainable change. Organisational capacity is stretched, so we are continuously reviewing activity across and within the five Priority Outcomes to reprioritise and pivot resources as required.
- 6 The most recent formal prioritisation exercise took place throughout August and September 2024. It agreed a number of short-term actions to increase bandwidth and relieve pressure:
 - 6.1. Dialling down plans for publication of second Spotlight report;
 - 6.2. Rescheduling decisions on Advanced Practice to align our progress with that of other regulators;
 - 6.3. Postponing the development of the next strategy till April 2026, to enable a new Chief Executive and Registrar to frame this;
 - 6.4. Working with DHSC on Regulatory Reform to ensure the timeline for implementing our new order and rules aligns with our wider ability to absorb wider changes to our operations (especially in FtP);
 - 6.5. Changing our approach to the refresh of the Code / revalidation by making incremental updates as / when required;

6.6. Postponing the mini refurbishment of 23 Portland Place and revisiting decisions on whether we need to refresh laptops every 3 years, once we have better data on the failure rate

6.7. Reprioritising within the People, EDI and FtP plans to ensure teams are focussed on the most impactful work.

7 Additional resources were also signed off to relieve immediate pressures in teams working on safeguarding, People and Culture, Legal, Fitness to Practise, data and technology. The Executive Board recognised these were stop gap measures, and that a far more fundamental reassessment of our workplan for FY 2025-2026 would be required in the context of a refreshed financial strategy.

Leadership

8 On Monday 18 November 2024 we announced the appointment of Paul Rees MBE as our Interim Chief Executive and Registrar. He will take up post on 20 January 2025 for a period of 12 months. The recruitment for the permanent Chief Executive and Registrar will commence once a successor to Sir David Warren has been appointed, as it is right the new Chair leads this recruitment.

9 We are narrowing the focus of the People and Organisational Effectiveness directorate to focus on People, Culture and Change. Our expectation is that this will make it easier to recruit a strong successor to the current postholders. We are in parallel strengthening the Office of the Chair and Chief Executive, under a new Chief of Staff. We are advertising to temporarily fill this role internally, so support is available to the Interim Chief Executive on arrival, with a view to advertising for a permanent post holder by June at the latest.

10 The Head of Culture Transformation has been appointed and we have gone back out to advert for the Assistant Director, Culture Transformation role.

Political landscape

11 In October 2024, the government launched a national conversation about the future of the NHS which will inform its 10 Year plan for NHS reform, which is set to be published in spring 2025. The NMC will be contributing to the consultation to outline the challenges facing the nursing and midwifery workforce and to support workforce policy being informed and shaped by our data and insight.

12 The Autumn budget, delivered on 30 October 2024, saw increases in both day-to-day health spending (rise by £22.6bn), and capital investment spending (rise by £3.1bn), this year and next year. Health sector stakeholders broadly welcomed the additional funding announced, but there are concerns that much of the increased spending will be absorbed by pay increases agreed with NHS staff and the rising cost of delivering care. Private social care providers are particularly concerned that the increase in employer national insurance contributions will impact their ability to recruit to vacancies and affect future salaries. The NMC will need to be mindful of any impact to registrants working in this sector.

- 13 The Department of Health and Social Care (DHSC) published Dr Penny Dash's review of the Care Quality Commission's operational effectiveness in mid-October 2024. The department announced a further review which will focus on patient safety and on six key organisations overseen by DHSC. The NMC is not one of them, but the review will map the broad range of organisations that have links to patient safety and so will be monitored closely for any recommendations on whether patient safety could be bolstered through a different regulatory approach.
- 14 In early November 2024, the Health and Social Care Committee announced an inquiry on the costs of not reforming adult social care. The Public Affairs team will monitor this inquiry for recommendations for the sector and any impact to NMC registrants working in this area.
- 15 Our Chair met with Karin Smyth, Minister of State for Health on 15 October 2024. Updates were provided on the steps the NMC is taking to address the findings of the ICR and wider work to improve our regulatory effectiveness. The NMC will also meet with Jeremy Miles, Cabinet Secretary for Health and Social Care, Welsh Government on 5 December 2024, to discuss the regulation of nursing associates in Wales, plans to deliver improvements to FtP, and our culture change programme. Both meetings support in rebuilding trust and confidence in the NMC's ability to deliver improvement and change.

Financial position

- 16 At the mid-point of the financial year, our financial position remains robust, with free reserves of nearly £37 million and cash and investments totaling over £96 million. While our free reserves have decreased by £5 million over six months, this reflects our additional investment particularly to fund Fitness to Practise (FtP) improvement.
- 17 As reflected by our free reserves movement, our net income in the first six months of the year, before movement on our investments, shows a deficit of £4.4 million compared to the £8.2 million budgeted deficit. This is due to some slippages and underspend on our core regulatory activities and programmes. Despite this variance we are still expecting to achieve in the region of our planned deficit for this year of £17.7 million.
- 18 This reflects the expected acceleration of core spend in the second half of the year, particularly in FtP which is planning to achieve its budget, but also additional activities in response to the Independent Culture Review. It also takes into account the recent sharp drop in applications from overseas professionals, expected to impact income by £1.1 million this year, as well as an increase in provisions related to the worker status of panelists and others.
- 19 Looking ahead to future years, our annual planning exercise is underway with the aim of developing plans and budgets for agreement by Council in March 2025. Although we are seeking ways to stay within the indicative future year budgets set out in March 2024 as far as possible, absorbing significant additional pressures while keeping our annual registrant fee at the level we have held since 2015 is looking increasingly difficult. As well as the impact of ten years of inflation, this is due to cost pressures as we seek to improve our key regulatory processes. It is also due to external factors

such as the recently announced increase in employer's national insurance contributions, the sharp drop in applications to join our register from overseas professionals, and the impact of legal decisions around the worker status of our panelists.

20 Details of our financial position at 30 September 2024 is at **Annexe 5**.

Progress against our corporate plan

21 A summary of progress to date against four of our five priority outcomes is at **Annexe 1**. A separate, more detailed progress report on Fitness to Practice is an agenda item.

22 The performance dashboards include the key achievements and challenges in each outcome area and an assessment of our overall trajectory towards the outcome. Delivery of activities are RAG rated against their planned milestones, and these ratings, collectively with the relevant risk assessments, formulate the overall priority outcome RAG rating. I.e. how close are we to reaching the overarching outcome.

23 Overall, the pack shows progress being made in all areas, but our highest priority outcomes: timeliness of FtP cases and building a high performance learning culture are RED rated. The principal challenge for FtP is a consistently high referral rate, and for our culture it is a lack of capacity. The mitigations are further reprioritisation within and across the planned portfolio of activity and revisiting our financial strategy.

Priority Outcome 1: Progress fitness to practise referrals in a safe and timely way

24 The latest detail on caseload progression is a separate agenda item. The challenges posed by our consistently high referral rate are also discussed at **annexe 3**.

25 **ICR** response: As mentioned last quarter, we needed to reconsider 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.

26 Positive steps have been made in responding to the ICR recommendations – with a focus on our people. There has been substantial team engagement across Professional Regulation (PR), including colleague away days to discuss behaviours and listen to challenges colleagues face. It has been important to give colleagues time to reflect on what we heard and increase the decompression services available to support their wellbeing. Now we are seeking their feedback on how we enhance leadership through this difficult period.

27 **FtP Plan enhancements:** We have carried out a six-month review of the plan and team performance, which will be provided to Council in January 2025. We are co-producing any enhancements to the existing plan with delivery leads, both based on the performance review results, and in response to the ICR. A proposal of implementation options will be presented to our specific FtP Executive Board in mid-November to confirm priorities and resources and explore the impact that can be tolerated at each stage of our FtP process. The recommended proposal will be included in Council's new year update and subsequently integrated into the 2025 business plan and budget.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16

- 28 We **have** been engaging with Chief Nursing Officers (CNOs) to socialise the existing plan; talking to them about referrals challenges, as well as what we are trying to do to solve them. Their feedback has been fed into the enhancements.
- 29 In terms of delivering the plan, we are behind where we hoped we would be, due to the growing caseload. The 6-month review is an important milestone in working out how to pivot and where to focus our resources, now our context has changed. We have sought additional guidance from Anthony Omo, General Counsel and Director of Fitness to Practise at the General Medical Council (GMC), who has joined us from 28 October 2024 on secondment for three months as an Executive Advisor.
- 30 Omambala **investigations**: Colleagues have been taking part in voluntary interviews since September 2024. At present we understand that the Omambala report will be shared with the NMC for fact checking and then publishing in quarter 4 2024-2025, with a specific publication date still to be confirmed.
- 31 We are particularly focused on supporting colleagues in Professional Regulation, who are likely to be most impacted in terms of morale and performance. We have been working with leadership to consider support mechanisms, particularly in the light of the ICR, including a psychological safety session to help create an environment for success and better enable the outcomes of the Omambala report.
- Priority Outcome 2: Build an inclusive, high performance, learning culture**
- 32 **Q2 Dashboard status**: Red
- 33 **ICR response**: Implementation of the 15 immediate actions is overall on track, with three actions complete, four in delivery with timelines extended, and the remainder are in progress.
- 34 **People plan**: Key progress includes development of the Behavioural Framework, 360 **feedback**, and *Management Essentials* will be updated to include *Leadership Essentials*. Activities that were previously paused will commence from April 2025, including *Invest in Professions*, ticketing workflows and SLAs, and a review of hybrid working.
- 35 **EDI plan**: The current EDI workstreams continue to progress, including the staff networks refresh, EDI learning resources review, Cultural Competence review, reasonable adjustments work, and Ambitious for Change research. Our staff networks have also supported coordinating colleague events for Black History and Baby Loss Awareness Months.
- 36 **PSA periodic review**: The PSA held their provisional panel meeting to review our **performance** and stakeholder feedback for 2023/24 in July 2024 and adjourned their decisions on 11 of the 18 *Standards of Good Regulation*; eight of these were adjourned as they required further information on the findings and outcomes of the Omambala investigations into whistleblowing concerns. All five FtP Standards were included. The PSA have also met with Rise Associates, authors of the ICR. They anticipate publication of their report will be around January 2025, but this is not

confirmed.

37 The annual joint whistleblowing disclosures report was released on 30 September 2024 as part of a collaborative initiative with eight other regulators. This aims to highlight how, together as partners, we are addressing serious concerns raised by health and care professionals in the UK. The report is available on our website.

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

38 **Q2 Dashboard status:** Amber

39 There have been some encouraging steps forward in modernising our technology and there has been increased momentum in developing our management and use of data. This is due to our modernisation of technology services (MoTS) programme being a key enabler for so many other significant activities, and improving our data being an explicit recommendation from the ICR.

40 **Modernisation of Technology Services:** The programme is delivering to plan and in October achieved a major milestone when it switched off our Wiser solution that had supported our Register for over 22 years. The focus of the programme is now to deliver a new NMC Online in Q2 2025/26 and delivering our new case management solution during 2025 and into early 2026.

41 **Data Vision:** We have begun the mobilisation of two key projects within our Data Strategy which alongside our MoTS programme will improve our data and insight capabilities in the medium term. Additionally, we are working with CNO teams from the four countries to address current gaps in the data we provide stakeholders with a view to helping address common challenges.

42 **Safeguarding work plan:** The Safeguarding team are now reviewing almost all new referrals to risk assess for considerations of either information sharing with other agencies, or consideration of any restrictions on practice required. The Safeguarding working group and Board are overseeing all activities that are in progress with an aim of reducing the overall risk score of 25. Please see the Quarterly Safeguarding report which is an agenda item.

43 **Regulatory Reform:** DHSC has not formally confirmed their next steps and sequencing for reforming the regulation of healthcare professionals, so the timeline for the NMC realising the benefits of those reforms remains unclear.

44 Cabinet agreement is needed to secure parliamentary time before DHSC formally writes out to the professional regulators setting out agreed approach, expected in November 2024. At the time of writing this paper, we are waiting for the letter to arrive.

45 We have highlighted that other NMC priorities are contingent on changes to our legislation, including the regulation of nursing associates in Wales and delivery of our financial strategy.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16

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

46 **Dashboard status:** Amber

47 Within this priority outcome, we have some activities where their progress has been slowed down. Some through our own prioritisation where possible, and others which depend on the actions of external parties. However, our teams have been working hard to ensure that we are ready to do our part, once stakeholder decisions have been made or once we can redirect resources back to those areas.

48 **Regulation of Nursing Associates in Wales:** We are waiting to hear from the Welsh government so there are no further updates that can be provided at this time.

49 **Review of practice learning:** The project is progressing well, with significant engagement with stakeholders, the public and student groups. Council received an update of the independent research findings in October 2024, with the final report being published in Q3. We will be actively engaging with our steering and advisory groups during November and December 2024 to build consensus on recommendations for the Executive. Findings and recommendations on next steps will be shared at the Open Council meeting in January 2025.

50 **Code/Revalidation:** Professional Practice and Strategy and Insight colleagues met to discuss options for the review of the code and revalidation guidance. Acknowledgement that this is a priority piece of work and needs to be considered together. Options for the approach discussed are to be developed into a paper for Executive Board discussion.

51 **Insight:** On 26 September 2024 we published our second Spotlight on nursing and midwifery report. It focused on people's expectations of care, experiences of care and experiences of raising concerns about care. We shared the report with a targeted group of stakeholders to highlight issues that we know affect the quality and safety of care that people receive.

Priority Outcome 5: Strengthen the integrity of the register

52 **Dashboard status:** Amber

53 Activity in this priority outcome addresses two areas of strategic risk that we face. As indicated in **annexe 1**, the level of risk we face within registrations is stable but has increased within education. Resources have been pivoted so that we can manage this activity.

54 **English language testing:** Following approval by Council in July 2024, the team are working with colleagues to develop our supporting information and communications around the English language changes.

55 **International registrations fraud:** The Executive approved a new registrations fraud policy in September 2024, which is being combined with financial fraud guidance to provide an overall framework for dealing with fraud. This has since been shared with

Audit Committee. Colleagues are developing materials to inform colleagues of what to do if they identify or suspect fraud and guidance for stakeholders on the steps to take to raise a concern with us about potentially fraudulent activity. These materials contribute to mitigating our strategic risks in this area.

56 **Computer based tests (CBT):** We are expecting incorrect and fraudulent entry hearings related to CBT cases to conclude by quarter 1 FY2025-2026. However, there are increasing volumes of registration appeals relating to CBT which are expected to continue throughout 2025.

57 Occupational English Tests (OET): The OET investigation has not yet concluded but we will have clarity in the coming weeks.

58 We will be taking forward learnings from OET and CBT and combining with financial guidance to help inform our overall fraud policy.

59 **Education QA:** Since updating Council in September 2024, we continue to support the Quality Assurance Agency (QAA), our new Education QA service provider, in prioritising new programme approvals and major modifications to existing programmes. A joint workshop is planned for Q3 develop a new approach to monitoring activity.

60 We ran two events with QAA in October 2024, which were attended by 151 representatives from approved education institutions (AEIs). Some AEIs indicated that they have been happy with the initial level and quality of communication from QAA and are broadly supportive of the changes that have been introduced.

61 Following the update to Council in September, we have been working with one AEI to contact recent graduates who had a shortfall of practice learning hours during their time as a student. These graduates were approved as meeting our standards of proficiency when they completed their programmes and we are confident they are delivering safe, kind, effective care in line with our standards and the Code. We asked the graduates to provide information on any supervised practice learning they have undertaken since joining the register. So far around two thirds of responses have been assessed and we are satisfied that any risk from the shortfall has been mitigated by supervised practice learning the graduates have completed. We have written to those graduates. We are following up with those who did not complete the survey or where we need more information.

62 In October 2024, we published an evaluation of simulated practice learning, which we shared with the sector as it highlights the benefits of this kind of learning on students' education and subsequent quality of care the public receive.

Looking ahead

63 There are a number of unknowns that will further affect the NMC's capacity. For example, the Omambala report and recommendations, culture transformation programme, PSA review outcomes, business planning and the revised plans for People, EDI, Safeguarding and FtP. It is expected all of these will require resources to be able to take forward the work that arises from them.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16

Next Steps

64 As part of business planning, Executive Directors are revisiting all plans to ensure they are proportionate to the risks the organisation is facing, mindful that a significant risk is ambition outstripping our capacity to absorb change and deliver in the near term. In reviewing the performance pack, we would welcome Council's thoughts and reflections on those activities which are immediate priorities to be tackled over the course of the next 12 months, and those which could be addressed on a 24-36 month timeframe.

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. #24-31	
Safeguarding considerations	Yes	Para #42	
The four country factors and considerations.	Yes	Para #44-49	
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 #15, 44-49	
Equality, diversity, and inclusion.	Yes	Throughout	
Stakeholder implications and any external stakeholders consulted.	Yes	Para #12,36,44-49	
Regulatory Reform.	Yes	Para #43	

Annexe 1: Priority outcome dashboards

1
2
3
4
5
6
7
8
9
10
11
...

Priority outcome assessment dashboard

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

1
2
3
4
5
6
7
8
9
10
11
...

Priority Outcome Assessment

Priority outcome owner: Lise-Anne Boissiere, Ruth Bailey

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

Sign off date: 15 November 2024

Performance summary	PO status:	R	Q1 2024 / 2025 overall rating:	R
----------------------------	-------------------	----------	---------------------------------------	----------

For the most part, delivery milestones are being met, but there are a number of critical milestones in the next quarter: the Omambala reports, the Thirlwall hearing, the outcome of the PSA's periodic review, and the findings from Ambitious for change, which will put pressure on a number of teams that are already stretched (POE, C&E and S&I). They will also inform decisions on the scale of activity required to deliver an inclusive, high performance learning culture. The red rating also reflects a lack of clarity on the resources (money and people) available to address any issues identified, alongside implementing all the recommendations from the Independent Culture Review, and continuing delivery of our core regulatory functions.

Q2 2024 / 2025 overall rating:	R
Q3 2024 / 2025 forecast rating:	R
Year End forecast rating:	A

Key achievements in the last quarter

Critical deliverables for next quarter

Activity name

Description	Due date	RAG	Commentary
-------------	----------	-----	------------

Council signed off ICR implementation plan – September, and all immediate actions will be fully implemented by the end of Q4.

Omambala report	Now expected Jan 25	A	The exact timings for learning exercises concluding are subject to others, as they are all operating independently. The challenge for us will be managing the convergence of reports, so we fulfil our duty of care to those involved, and keep all colleagues and stakeholders informed and engaged on the actions we now need to take to improve our culture, systems and processes. We are putting in place a working group to manage this across POE, Strategy and Comms and Engagement – mindful that the delays are already impacting on colleagues.
Thirlwall corporate evidence session	Now expected Jan 25	A	
PSA Periodic Review	Q4	A	
Ambitious for Change	Q4	A	
Decision on Log and Learn 'Go live' date	Q4	A	

All staff conference – 8th Oct

Log and Learn: User Action Testing started on 14th Oct

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

Risk / Issue	Activity	Description	RAG Q1	Current RAG
Risk	Agility to respond to learning	A number of already stretched teams will need to flex and respond at pace to learning activities already underway in Q3 and new learning that will emerge. Teams in POE (GC, HR, Governance, complaints), PR, C&E and S&I will be most affected. Getting the handling right with our employees, and stakeholders is key to building the learning culture we want, which means we have to prioritise this over wider performance/ KPIs.	A	R
Risk	Employment relations cases & complex corporate complaints	That employee relations casework takes on a greater prominence and becomes more contentious in light of the investigations. We will seek to mitigate this by being as sensitive and transparent as possible in how issues are being handled while respecting GDPR/ privacy. We will communicate and engage regularly with colleagues to resolve issues.	A	R
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 performing the Acting CEO role while we appoint an Interim CE and R; the appointment of Kuljit Dhillon as Interim ED for S&I; and the launch of a recruitment campaign for the ED POE vacancy.	A	R

Indicator	RAG Q1	RAG Q2	Commentary	
Strategic risks addressed by this priority outcome				
Strategic Risk PEO24/01: Risk that our organisational culture impacts on the productivity, performance, learning and morale of the organisation	16	20	<ul style="list-style-type: none"> Likelihood score increased from 4 to 5 for Q2. (Red 20). Agreed at EB June 2024. <u>Rationale:</u> 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. 	2
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 POs	16	20	<ul style="list-style-type: none"> Likelihood score increased from 4 to 5.for Q2 (Red 20). Agreed at EB June 2024. <u>Rationale:</u> Increasing pressures on the delivery of Priority Outcomes 1 (fitness to practise), 2 (Learning Culture), and 5 (Integrity of the Register). 	3
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 instability at the Executive level of the organisation.	16	16	<ul style="list-style-type: none"> New risk added around stability of our leadership teams. Agreed at EB June 24 Likelihood score increased from 4 to 5 for Q3. (Red 20). Agreed at EB October 2024 <u>Rationale:</u> The number of recruitment campaigns completing over the next few months and leavers within the Executive team leading to further instability across teams. 	4
Outcome indicators and KPI's				
Inclusive				
Gap in hire rate between white (all) and Black and Minority Ethnic applicants (target+-0.5%)				5
% of black and minority ethnic colleagues represented in grades 6 and above (target 38% measure it as consistently progresses towards the set target – note this is based on a multi year forecast set in 2023 - given our lower turnover at senior grades).	26.2%	26.4%	Continuing to trend upwards. Growth is from a baseline of: 24.5% in January 2023 and 25.3% in January 2024.	6
High performing				
Turnover (target 0.1%-12.5%)	A	A		7
A. All NMC	B	B		
Fitness to practise:				
B. Screening				
C. Investigators	C – 12.9%	C- 12.9%	Target just missed for Q2, but improving towards the end of the quarter (September 10.2%)	8
D. Case Examiners	D	D		
E. Adjudications	E - 13.5%	E- 12.9%	Target just missed for Q2 ,(September saw an increase 13.2%) but an improvement on Q1	
Average number of days of sickness absence per person (target 6.8)	10.8	9.2		9
Customer experience:				
A. Complaints responded to in 20 days (%) (target – 90%)	A	A		
B. Enquiries responded to in 20 days (%) (target – 92%)	B	B		
C. MP enquiries responded to in 20 days (%) (target – 90%)	C	C		10
D. MP enquiries responded outside 20 days with agreed extension period (target – 90%)	D	D		
E. Information requests responded to on time (%) (target – 90%)	E	E		11
Learning				
% of SER incident reports completed within 8 weeks (target 100%)	58.7%	55%	Capacity and other workload demands have impacted timeliness along with an increase in more complex safeguarding SERs being logged. We continue to monitor timeliness of investigation reports through weekly meetings. Once we move to the new log and learn process (scheduled for Q4) we are hoping that timeliness will improve. This has been added as an issue to the C&CI risk register.	
% Overall eligible colleagues completed Ambitious Appraisals quarterly check-ins (target 100%)	91.7%	94.9%	Improving trajectory, but more work to do, building on latest data.	
% Completion of mandatory training (target 100%)	83%	82%	We will need to analyse the data to improve understanding as to why progress has stalled, and how best to address this, given wider processes	49

High level summary of progress against delivery milestones for each activity within PO #2					1
Activity	Status	RAG Q1	RAG Q2	Summary	2
Thirlwall inquiry and lessons learned	Live	Amber	Amber	All timelines for the preparation and submission of statements have been met, but issues have been raised regarding sign off processes for statements, and we may have to be quite agile in adapting our approach to the oral evidence sessions later this year – taking account of other people's evidence and the findings of Ijeoma Omambala KC's investigations.	3
Whistleblowing investigations: People and Culture / Ijeoma Omambala KC	Live	Amber	Amber	Implementation of immediate actions in response to the Culture report are on track with all due to be complete by the end of Q4, but we still don't have the resource or governance agreed for implementation over the medium term.	4
People Plan	Live	Amber	Amber	Good progress has been made in revising the People Plan to take account of the ICR, but the timescales for delivering key elements (eg the Learning Academy) are subject to the outcome of business planning.	5
EDI Plan	Live	Amber	Amber	The current EDI workstreams continue to progress in alignment with their baselined plans including Network Refresh, Learning Reviews, Cultural Competence, Reasonable Adjustments and FtP/AfC work, but team capacity is stretched. We are reflecting with our EDI adviser, Mac Alonge on how best to strengthen the team..	6
Ambitious for Change fitness to practise case review	Live	Green	Amber	Timelines have been pushed back due to the delays in us being able to share FtP case files, but we expect to have emerging findings by early November, which we will aim to share in confidence with Ijeoma Omambala KC given the relevance to her ToRs. .	7
PSA periodic review	Live	Amber	Amber	The PSA have adjourned their decisions on 11 of the 18 Standards of Good Regulation, as they required further information on the findings and outcomes of the independent investigations into whistleblowing concerns. We expect to get more clarity on when the Periodic review will be published following the conclusion of Ijeoma Omambala KC's investigations and the publication of the Ambitious for Change Research. We are recruiting but there will be limited resource in post to respond to follow up questions and queries before Jan 24.	8
Engage our employees on culture change - including All NMC Staff Conference	Live	Green	Amber	Conference was delivered on schedule. Staff feedback surveys and discussion notes are being collated for review and to develop next steps. While the conference has been delivered as planned, the amber rating reflects the need for more clarity around the resources and next steps for engaging colleagues on culture change.	9
Improve handling of Corporate Complaints	Live	Amber	Green	Despite the increase in corporate complaints as a result of the publication of the ICR, the team continues to achieve its KPIs. However, the amber rating reflects the delay in the planned review of Corporate complaints to January owing to wider resourcing pressures.	10
Learning from statutory inquiries	Live	Green	Green	We submitted the supplementary statement to the Muckamore Abbey Inquiry and are working with QA team to ensure that lessons learnt are embedded into our SOP. We have finalised the Information Sharing Agreement with the Nottingham review team and published our new <i>culture of curiosity</i> guidance as a direct result of feedback from Nottingham families. We have worked with the GMC and HCPC to send a joint response to the Lampard Inquiry on undertakings and are prioritising the development of a timeline on high profile FtP cases.	11
Corporate Learning Approach - SER Policy & Process Refresh	Live	Amber	Amber	The Log and Learn project encountered delays in agreeing the Technical and Functional Specifications. We have carried out an initial piece of work around the lessons learned and our mitigating the risks of breakdown in communications through regular meetings. The platform build is now underway, but we've incurred additional costs of £23k, and the Go Live date has been delayed from Q3 FY 2024/25 to Q4 FY 2024/25.	12

Priority outcome assessment dashboard

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

1
2
3
4
5
6
7
8
9
10
11
...

Priority Outcome Assessment					Priority outcome owner: Tom Moore		1		
#3. Modernise our internal systems, tools, policies and processes					Sign off date: 15 November 2024				
Performance summary				PO status:		A	Q1 2024 / 2025 overall rating:	A	2
<p>Overall progress is on track with most areas currently tracking green. There are some areas of concern, notably safeguarding given the scale of what is needed in this space. MoTS is delivering on time and to budget, but a recent issue relating to our developer partner has introduced some further risk. Mitigation plans are underway. The individual data projects have now achieved business case approval, but consequently are tracking behind on benefit delivery. The Regulation Reform timelines will be clearer in the next few weeks which will require a review of the plan and timescales. Consequently, PO delivery is tracking at an amber shade of green</p> <p>Risks are currently under control, but there are some underlying assumptions in some plans, which if proved incorrect may derail delivery. MoTS is a key example of this where unanticipated slippage in part of the plan will have a material impact on the wider programme.</p>							Q2 2024 / 2025 overall rating:	A	
							Q3 2024 / 2025 forecast rating:	A	3
							Year End forecast rating:	A	
Key achievements in the last quarter	Critical deliverables for next quarter							4	
	Description		Due date	RAG Q1	RAG Q2	Commentary			
MoTS	Modernisation of Technology Services							5	
<ul style="list-style-type: none"> Revised business case for NMC Online approval at Council in Sept 2024 	Business case for D365 project approval at Council		Sept 2024	G	A	Business case delayed to October 2024. No impact to overall programme timelines			
Regulatory Reform								6	
<ul style="list-style-type: none"> New benefits profiles approved at programme board in Sept 2024 	CMS Discovery phase completion		Aug 2024	A	A	Delayed due impact of business case review of D365 FtP improved service. Expected to be back on track for Q3			
	Wiser fully decommissioned		Oct 2024	G	G	Full decommissioning of Wiser allowing the organisation to remove insecure platforms and to patch others reducing our security risks		7	
Financial Strategy									
<ul style="list-style-type: none"> Initial strategy options paper approved by EB July 2024 	Changes in Procurement Legislation							8	
	Procurement Policy development and launch		Dec 2024	G	G	Policy to be approved at EB in Nov/Dec, then launch to wider NMC.			
Data								9	
<ul style="list-style-type: none"> Business case for Master Data programme approved at Portfolio Board in Oct 2024 	Recruitment of data cleansing team		Nov 2024	N/A	N/A	Introduction of data cleansing team to begin work on improving the “static” data within CMS cases notably employer data		10	
	Safeguarding (SG)								
	Embedding of governance structure		Sept 2024	A	A	Safeguarding Board set-up and reporting to EB/Council			
Assessment of key risks / issues associated with delivery (to come from activity within this PO)									
Risk / Issue	Activity	Description					RAG Q1	RAG Q2	11
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	A	
Issue	MoTS	Third-party developer experiencing resourcing challenges which could ultimately impact delivery in 2025					N/A	R	
Risk	Safeguarding	Expectation that Safeguarding activities will need to increase and expand following publication of the NMC Culture review, and not being able to meet those expectations/demands.					R	A	12

Indicator	RAG Q1	RAG Q2	Commentary	
Strategic risks addressed by this priority outcome				
Strategic Risk REG 24/05: 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	20	20	<ul style="list-style-type: none"> Current risk impact score increased from 4 to 5 for Q3 (Red 25) <u>Rationale:</u> the anticipated findings of the recent internal safeguarding audit and the review of cases undertaken by the specialist advisor in PP shows that there has been a failure to identify and act on safeguarding concerns, which is key to effectively fulfilling our safeguarding responsibilities. Agreed at EB October 2024. 	2
Strategic Risk TECH 24/01: 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	15	16	<ul style="list-style-type: none"> Current risk score increased from Amber (15) to Red (16) in June 2024 for Q2. <u>Rationale:</u> 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. A 'to be' process has been drafted for the sensitive storage of data, focusing on the management of sensitive data. Timescales for going live with the new process will be inter-dependent on RTS resourcing. Engagement has been on-going with MOTs to establish a safe way of storing data within the new dynamic system. There is also on-going engagement with communications teams to ensure new processes are fully embedded by colleagues. 	3
Strategic risk STR24/07: Risk that we fail to mature our process and culture around data and insights which could potentially impair our progress	N/A	16	<ul style="list-style-type: none"> Newly escalated risk to the strategic risk register from the RTS operational risk register <u>Rationale:</u> To ensure oversight from the executive as are two recommendations from the ICR relating to data, the first that we should improve our operational data and performance reporting (number 8), and secondly that we transform ourselves into a data driven organisation to support the more effective and efficient delivery of its regulatory processes (number 34). Escalation agreed at EB October 2024. 	4
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	12	12	<ul style="list-style-type: none"> No change to risk score but we continue to monitor our financial performance 	5
Strategic Risk 22/04: 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.	12	12	<ul style="list-style-type: none"> No change to risk score – remains stable 	6
Outcome indicators and KPI's				
Safeguarding				
Safeguarding KPIs (based on directorate learning sessions): * % 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	N/A	At present we are not delivering our packages of training but providing support to other people's training e.g. PR induction. We'll be able to deliver full KPIs once we have our Educator post in place.	7
DBS Vetting checks review				
* Volume of DBS vetting checks required – 900 checks required over the next 12 months	183	197	The team have issued all the checks required but inevitably some human delay has crept in for completion, mostly just from the checks issued in September. We've currently got some extra resource in the team focussed on reaching out directly to address any blockers to colleagues completing – this can be as simple as people taking annual leave and the link expiring. We are confident that we're on track for the 12-month period.	10
* Volume of DBS checks completed	163	137		
* Volume of DBS checks returned with alerts requiring risk assessment	2	0		
Technology and data				
Is our technology performing within expectations?	N/A	N/A	Currently there are issues with system functionality that can give us this information for major and minor threats – we should be able to start reporting on this from November 2024.	:
1. Cybersecurity – Major threats blocked %	N/A	N/A		
2. – Minor threats blocked %	0 hrs	0.5 hrs		
3. Unplanned downtime of service availability for NMC website and NMC online	90.3%	90.3%		
4. * Top desk tickets completed in 50 working hours				53

High level summary of progress against delivery milestones for each activity within PO #3					1
Activity	Status	RAG Q1	RAG Q2	Summary	
MoTS: NMC Online	Live	Yellow	Green	Programme on track overall following some successful milestone achievements. Council approved change request for NMC Online additional budget and delivery extension 2 months. FtP Improved Service: completed Options Appraisal and Business Case progressing to Council October 2024. FtP E2E scope and schedule confirmed in principle subject to business case approval, discovery phase complete for R1 (due Mar 25) New ways of working introduced, immediate positive impact on delivery velocity, further refinement in progress.	2
MoTS: Change request workflow	Live	Green	Green	July 2024 release successfully deployed, including work for Education QA to support the onboarding of the new provider. Final release commenced work in August 2024 and we are currently on track. The development team is progressing according to schedule, and all key deliverables for this sprint are expected to be finalised within the set timeframe.	3
MoTS: Implementation of Case Management System	Live	Yellow	Green	Formal discovery phase complete with proposed implementation plan finalised, discovery phase in progress for R2 E2E case management scheduled for October 2025.	4
MoTS: Data Vision • Data warehouse migration • Performance analytics and regulatory insights	Live	Yellow	Green	Business cases for functional and master data project and data warehouse approved at to Portfolio Board for approval ahead of Executive Board. Pending approval, we will move to recruitment and detailed requirement sign off.	5
Regulatory Reform Programme • Policy and legislative design / implementation	Live	Yellow	Green	We have started engagement with DHSC on the next template Order, which will form the basis of the Nursing Midwifery Order. The team is also focusing on latest drafts of our new Rules against original instructions from workstreams, ahead of a series of deep dives on the Rules and outstanding policy areas in October and early November 2024. Programme team will review timeline in October 24, once we receive information from DHSC and new Minister on their timescales.	6
Delivery of safeguarding workplan • Implementation of DBS checks	Live	Yellow	Yellow	The Safeguarding Hub came into effect in September 2024, where all new referrals are being reviewed and assessed for either information sharing with other agencies or consideration of restriction of practice to the individual who is the subject of the referral. Further diagnostic has enabled fuller understanding of safeguarding risk and the corporate risk register score has risen to 25. The team will be focused on on-boarding new staff, creating a long-term data collection process and establishing the safeguarding working group in the next quarter. Rolling programme of DBS checks is on track with all in scope colleagues identified and being issued checks linked to their work anniversaries. 100% of checks due in Q2 have been issued with completion ongoing. HR Services have brought in additional resource to support with this crucial work. The first quarterly safeguarding board report is due to council in November.	7
Sustainability plan	Live	Green	Green	Some of the key building blocks of what is a long term plan are or have been put in place this year, but others planned for future years may be slowed since they are linked to wider activity that is being delayed. Areas of progress includes starting the annual measurement cycle for our carbon impact, moving our pension provider to one that is more sustainable in its operations and approach to investment, moving our electricity supply to net zero, reviewing our investment policy. Areas of delay include the continued pause on the refurbishment of our offices at 23 Portland Place (which would bring it to a higher sustainability standard), an organisational focus on responding to the independent review on culture, the delay to implementing changes to procurement legislation to which we are attaching some changes to make procurement more sustainability focussed.	8
Launch new intranet	Live	Yellow	Green	Project is back on track, since previously paused. Build is to be delivered by December 2024. Champion training has been delivered in preparation for content creation period and uploading content on to the intranet templates. Internal comms team supporting People team to add policies, as well as build corporate news/events and key information and links.	9
					10
					11
					:
					54

High level summary of progress against delivery milestones for each activity within PO #3					1
Activity	Status	RAG Q1	RAG Q2	Summary	
Changes in procurement legislation	Live	Yellow	Yellow	Implementation of the Procurement Act 2023 has been postponed by ministers to 24 February 2025. We have convened an internal project team who are undertaking a comprehensive overhaul of our procurement processes and documentation. It also extends across other areas of work and we are considering the scale of necessary changes to our purchase to pay (P2P) processes. We are covering communications and developing new training for colleagues, particularly budget holders. As part of the business planning process we have explained to colleagues the need to gather more information about contracts and spend with suppliers. This is necessary in order to plan for the additional work the Act will create for the Procurement team and enable us to achieve compliance more quickly after go-live. It also allows us to identify categories of spend that may be suitable to procure collectively using new procedures and contact models. We will also undertake a cleanse and data improvement work, so it enables us to better manage our spend with suppliers.	2
Cyber Security	Live	Green	Green	Plan progressing broadly in line with expectations. Recently conducted a phishing test for all colleagues and we are reviewing the results.	3
Refreshed financial strategy	Live	Green	Yellow	Initial planning and approach agreed with EB in terms of considering need and high-level options. Externally supported review of our investment strategy work largely completed with draft report delivered October 2024. Further modelling work underway in the context of prioritisation. The context of the ICR makes key elements more sensitive which requires further consideration by EB and Council of the approach to preliminary engagement and subsequent consultation.	4
Technology services delivery pipeline	Live	Yellow	Yellow	Preparatory work well underway to recruit our internal development capability so we can continue to enhance and extend the Microsoft technology solutions supporting core business processes. Assessment of the technology needs to meet future business initiatives is ongoing, which will feed into the business planning. Continued oversight and input of the technology teams into externally delivery technology solutions: Log and Learn, Virtual Hearings and Intranet projects.	5
Launch new intranet	Live	Yellow	Green	Project is back on track, since previously paused. Build is to be deliver by December 2024. Champion training has been delivered in preparation for content creation period and uploading content on to the intranet templates. Internal comms team supporting People team to add policies, as well as build corporate news/events and key information and links.	6
					7
					8
					9
					10
					11
					:

Priority outcome assessment dashboard

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

1
2
3
4
5
6
7
8
9
10
11
...

Priority Outcome Assessment

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

Priority outcome owner: Sam Foster
 Sign off date: 12 November 2024

Performance summary	PO status:	A	Q1 2024 / 2025 overall rating:	A
Independent research undertaken by Nuffield Trust for practice learning due to publication late November, findings presented at council seminar. Key lines of enquiry now in development to build consensus amongst stakeholders. Post graduate work re Advanced Practice progressing well with a need to confirm timelines for completion this is in progress. Some risk emerging that HCPC not currently progressing tier approach therefore risk of 2 tier approach in sector			Q2 2024 / 2025 overall rating:	A
			Q3 2024 / 2025 forecast rating:	A
			Year End forecast rating:	A

Key achievements in the last quarter	Critical deliverables for next quarter				
	Description	Due date	Q1 RAG	Q2 RAG	Commentary
Spotlight reports, data reports, and use of insight	Spotlight reports, data reports, and use of insight				
Annual Leavers' survey published July 2024	Revalidation report: professionals with disabilities	Q2	G	A	Good progress made on developing the evidence base for the revalidation review. This will continue over the autumn.
Annual Registration report published July 2024	The Mid-yearly Registration report	Q3	G	G	On track
	Annual Fitness to Practice Report	Q2	G	A	Report content at second drafting phase. Date for publication still to be agreed but expect to be in Q3 2024-25
Annual Revalidation report published September 2024	Review of Practice Learning				
Spotlight 2024 has been published October 2024 (Q3)	Overview of the discovery work with recommendations for next steps, including key lines of inquiry to be presented to Council	Sep 2024	G	G	Council will discuss the findings from the independent research at their confidential meeting on 23 October. We will publish the independent research report end Nov/early December and will present recommendations and next steps to Council for approval at the January 2025 open Council meeting.
Review of Practice Learning	Advanced Practice				
Nuffield Trust research completed, report due October 2024	"Impact of additional regulation of advanced practice on internationally educated nurses and midwives" final report	Aug 2024	G	A	This report will now be published in Q3

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

Risk / Issue	Activity	Description	Q1 RAG	Q2 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	G
Risk	Advanced Practice	Capacity - colleagues within Professional Practice are stretched across several projects simultaneously.	R	G
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	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	A
Risk	Review of Nursing and Midwifery Practice Learning	The mandatory exceptional reporting has identified some deviation from the current standards in a small number of AEIs. This highlights a lack of clarity and consistency regarding implementing the standards, compromising public safety.	A	G

1
2
3
4
5
6
7
8
9
10
11
...

Indicator	Q1 RAG	Q2 RAG	Commentary	1
Strategic risks addressed by this priority outcomelihood score to				
Strategic risk REG18/01: We fail to maintain an accurate register of people who meet our standards (including timeliness of registrations)	15	15	The registrations risk remained at amber for Q2. Earlier in the year there was consideration given to increasing the overall score to RED due to the incidents around CBT, Thirlwall and OET. However, the Executive decided to keep the risk at AMBER due to the low numbers affected compared to the overall size of the register – the risk continues to be monitored and consideration will be given to the scoring if further issues arise.	2
Strategic risk REG 19/03: We do not make sure that educational standards are fit for purpose (including processes to ensure compliance with standards are met).	8	8	Whilst our standards are fit for purpose, we are managing the risk of them not being applied consistently and any concerns around education in priority outcome 5, strategic risk REG22/04 .	3
Outcome indicators and KPI's				
Scorecard KPIs for registrations:				
Are we processing registrations in a timely way?	1	1		
1. UK initial registrations applications with no concerns completed within 1 day (%) (target – 97%)	2	2		5
2. UK registrations requiring additional scrutiny completed within 60 days (%) (target – 90%)	3	3		
3. Overseas registration applications assess within 30 days (%) (target – 95%)	4	4		
4. Readmissions applications completed within 21 days (target – 95%)				6
Are we meeting the level of expectations for OSCE testing?	1	1		
1. Total OSCE tests offered per month across our 5 test centres (volume) (target - >3000)	2	2		
2. Number of test takers (volume)	3	3		7
3. Customers who agreed that the OSCE test centre treated them with 'Respect and Dignity' throughout the examination process (%) (target – 95%)	1	1		
Is our contact centre operating within expected performance targets?	2	2		
1. Contact centre call attempts handled (%) (target – 90%)				8
2. Email response rate (days) (target - ≤ 5 working days)				
3. Customers reporting that the contact centre handled their calls with kindness (target – 95%)	3	3	The contact centre answer rate has gone from amber to green for Q2 achieving over 90% in all 3 months. The centre took over international emails during Q1 and have been working to reduce the response rate to 5 working days achieving this by the end of September 2024. The peak period meant that the focus was on calls to ensure that registrations and revalidations were processed in a timely way and this meant that overall the target for completing all emails within 5 working days was missed at 5.6 days. The customer kindness score was narrowly missed at 94.2%, but listening to calls, this is often a reflection on timeliness rather than true kindness.	
Our influencing activity, key highlights:				
In what ways have we contributed to or supported workforce strategies in the four nations over the last quarter?	Advanced practice: Discussed findings of our research and engagement with stakeholders from all four countries of the UK to help in development of UK-wide advanced practice principles. Attended International Council of Nurses Nurse Practitioner / Advanced Practice Nurse Conference to explain our work on advanced practice and seek feedback			
	Practice learning: Fieldwork took place as part of Nuffield Trust research into effective practice learning and we held numerous advisory group meetings			
In what ways have we supported professionals over the last quarter?	<ul style="list-style-type: none"> Martha's rule: published a blog from Executive Nurse Director explaining why it matters and how it relates to nursing and midwifery practice. Wrote to all professionals to denounce the violent riots that took place in the UK in August, offering support and reminding them to speak to their employer if they felt unsafe at work, what the Code says about escalating concerns, and that all professionals must stand together to tackle racism and discrimination Published annual revalidation report and research into disabled people's experience of revalidation; updated our email reminders and created social media content to clarify aspects of revalidation requirements that were identified as potential barriers. Research was also discussed with Queen's Nursing Insitute at Long Covid group meeting. 			
In what ways have we used our data or insight to influence the development of health and social care over the last quarter?	Registration data report: we met with CNOs, CMidOs and other senior stakeholders in the four nations to share and explain the latest registration figures. Our CIO is leading a task and finish group with the CNOs around data and how we can strengthen it to share more robust insights.			

High level summary of progress against delivery milestones for each activity within PO #4					1
Activity	Status	Q1 RAG	Q2 RAG	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	Green	The Project is progressing well with continued significant engagement with Public Advisory Group, Student Advisory Group and Steering Group, alongside a webinar attended by over 430 people in September. We agreed a two-week extension for the submission of the final draft Nuffield Trust report (received 7/10/24) to take in into account the feedback from across the NMC. Council are being updated on the independent research findings at their confidential meeting on 23 October and we will publish the final report in Q3. We will actively engage with the independent steering group and the two advisory groups during November and December to build consensus on recommendations to EB and next steps. We will present the suite of findings and recommendations on next steps at the open Council meeting in January 2025	3
Regulation of nursing associates in Wales	Slowed down	Yellow	Yellow	NAWs is slowed down until we get a steer DHSC and Welsh Government. We hope to hear this month. In the mean time comms & engagement activity continues: Emma Westcott participated in the Welsh Government Programme Board, and Sam Donohue and Anne Trotter participated in sub-groups of the programme board. Emma also met with HEIW about the commissioning and quality assurance of programmes, and with WG about legislative change timings and consultation intentions.	4
Advanced Practice Project	Live – slowed down	Yellow	Yellow	The prioritisation exercise in Q2 resulted in the AP project timelines changing. The workstream 1 on the AP principles going to Council has been postponed until March 2025 instead of November 2024. The Standards workstreams will be presented to Council in September 2025 through draft Standards and requesting permission to proceed to Public Consultation. The project has continued with significant engagement with Public Advisory Group, Joint Regulatory Group and Steering Group, with additional webinars planned for October due to the significant interest from stakeholders and the AP Community of Interest, plus specific engagement with key stakeholders for workstream 1. As a result of competing strategic priorities our SPM has moved to another priority project and a replacement has recently been recruited and will manage the project going forward.	5
Spotlight report, data reports and use of insight	Live	Green	Green	Annual Leavers' survey published July 2024 Annual Registration report published July 2024 Annual Revalidation report published Sept 2024 Spotlight 2024 has been published October 2024 FtP report is at drafting stage – publication delayed in light of Omambala report and ICR – expected Nov 2024	6
Lay the groundwork for a refresh of the NMC Code and revalidation	Live – slowed down	Yellow	Yellow	Initial progress made on developing the evidence base for the revalidation review. This will continue over the autumn. Started to scope options. Seeking steer from PP colleagues in October to inform plans for nature and timing of review. We have cancelled the registrant survey that was tentatively scheduled for November 2024. A paper of options is being developed after a discussion and workshop. A review in Q3 to be considered within business planning. Amber due to unclear timetable.	7
					8
					9
					10
					11
					:

Priority outcome assessment dashboard

5. Strengthen the integrity
of the register

1
2
3
4
5
6
7
8
9
10
11
...

Priority Outcome Assessment

#5. Strengthen the integrity of the register

Priority outcome owner: Kuljit Dhillon

Sign off date: 15 November 2024

Performance summary

PO status:

A

The mandatory exception reporting exercise has now concluded which showed widespread variation in the application of key elements of the programme standards – this resulted in a risk based approach to consider scenarios with an advisory group from the Council of Deans for Health to pragmatically and safely risk assess the risk of delay in registration vs completion of programme standards. All students in this cohort were deemed proficient. - The process has been discussed in full at EB and Audit committee.

The onboarding of the new QAA contract is progressing with plans to review progress formally in the new year and update council.

Progress with the new operating model for QA is slow – requiring investment which is still in business case approval stage.

Q1 2024 / 2025 overall rating:

A

Q2 2024 / 2025 overall rating:

A

Q3 2024/ 2025 forecast rating:

A

Year End forecast rating:

A

Key achievements in the last quarter

Strengthening international registration processes

English language review and phase 2 paper agreed by Council July 2024. Team are working with colleagues to develop our supporting information and communications around the English language changes.

New registrations fraud policy and related documents signed off at Exec Board in Sept 2024. Team are planning roll out/implementation.

Review and strengthening of education quality assurance

Conclusion of internal review of management of CCCU completed.

Critical deliverables for next quarter

Description

Due date

Q1 RAG

Q2 RAG

Commentary

Strengthening international registration processes

Partner contract and MoU review and confirmation for OET

Dec 2024

A

A

We hope to have a signed and completed MOU with OET by the end of December

First horizon scanning report

Q3

N/A

A

This is a report that looks at all the possible fraud risks and sources of fraud and how we might mitigate

Roll out of new Fraud policy

Q3

N/A

A

Includes supporting colleagues know what to do if they identify or suspect fraud; public facing resources and guidance for stakeholders on the steps to take should they wish to raise a concern with us about potential fraudulent activity.

Review and strengthening of education quality assurance

Outcome of assessment of mandatory exceptional self-reporting

Aug 2024

A

A

In progress: initial internal assessment complete with additional resource being identified for risk-based full review. High risk due to potential significant impact of outcome

External feedback on our response to concerns at CCCU

Oct 2024

G

A

In progress: to be rephased for October '24 final delivery

Contract transition to new QA provider

Sept 2024

G

A

We have successfully concluded the exit of the previous QA service provider. We continue to support them in prioritising new programme approvals and major modifications to existing programmes.

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

Risk / Issue	Activity	Description	Q1 RAG	Q2 RAG
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	A
Risk	Fraud policy	Reluctance of test providers to engage with us and share information.	A	G

Indicator		Q1 RAG	Q2 RAG	Commentary	1
Strategic risks addressed by this priority outcome					
Strategic risk REG18/01: We fail to maintain an accurate register of people who meet our standards (including timeliness of registrations)		15	15	<ul style="list-style-type: none"> The registrations risk remained at amber for Q2. Earlier in the year there was consideration given to increasing the overall score to RED due to the incidents around CBT, Thirlwall incidents and OET. However, the Executive decided to keep the risk at AMBER due to the low numbers affected compared to the overall size of the register – the risk continues to be monitored and consideration will be given to the scoring if further issues arise. 	2
Strategic risk REG 22/04: We fail to take appropriate or timely action to address a regulatory concern regarding the quality of nursing or midwifery education		16	20	<ul style="list-style-type: none"> Inherent risk assessed, and current likelihood score increased from 4 to 5 new total score of 20 for Q2. Rationale: Lack of resource to manage new contract transition and manage core business due to senior staff sickness (education QA). Agreed at EB June 2024. 	3
Outcome indicators and KPI's					4
Review and strengthening of education quality assurance					
Context	Number of AEIs	98	99	<ul style="list-style-type: none"> The number of concerns reflects the net of incoming and those which have been de-escalated. Core business continues to be under pressure due to a lack of resource and high case volumes, which has been confirmed by recent initial workforce planning assessment. <p>We have 6 active Critical Concerns. Of these, 3 are NHS Trusts involving more than 1 AEI:</p> <ul style="list-style-type: none"> NHS Case 1 – 7 AEIs, 4 of which were de-escalated in September NHS Case 2 – 3 AEIs NHS Case 3 – 4 AEIs, 2 of which were de-escalated in October <p>The rationale here is usually due to student numbers, when lower the actions tend to be achieved and demonstrated with evidence sooner. We anticipate that the remaining cases are all now much closer to completion of their action plans.</p> <ul style="list-style-type: none"> Themes are: CQC reporting which highlights poor standards of care which have led to multipole AEIs being affected who place students there – these are usually triangulated with exception reporting and students raising concerns. Poor learning culture identified at monitoring or extraordinary review visits. Lack of clear processes / communication between placement providers and AEI (particularly with regard to raising concerns). 	5
	Number of approved programmes	1,944	2,149		6
	Number of monitoring events completed in last quarter	2 (Apr – Jun)	1 (Jul-Sep)		7
	Number of concerns	Minor: 173 Major: 109 Critical:11	Minor:108 Major: 73 Critical: 9		8
Themes			9		
Measure	Proportion of critical concerns with QA Board ratified action plans	11/12	6/6		10
	Proactive monitoring events (TBC)	Planned: N/A Completed: N/A	1/1		11
Strengthening international registrations processes					
Context:	Volume of fraudulent applications identified within our processes (<i>detected before entry to register-eg results not verified by test provider</i>)	24	11	<p>There is more fraudulent activity taking place worldwide, which is impacting the data as we are required to investigate</p> <p>We are currently dealing with CBT, OET, IELTS's & Nigerian police certificate issues.</p> <p>Increased volume of concerns under review, individual fraud and non-fraud - resultant from the issues raised above</p>	10
	Volume of incorrect and fraudulent entries to the register	31	46		11
	Significant themes/types of fraudulent entries attempted	IELTS OSCE Nigerian Police Certificate	IELTS OSCE Nigerian Police Certificate		:
Core business:	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 (e.g.CBT/OET)</i>	Volume: 240 Individual: 31 Non fraud: 305	Volume: 265 Individual: 46 Non fraud: 574		

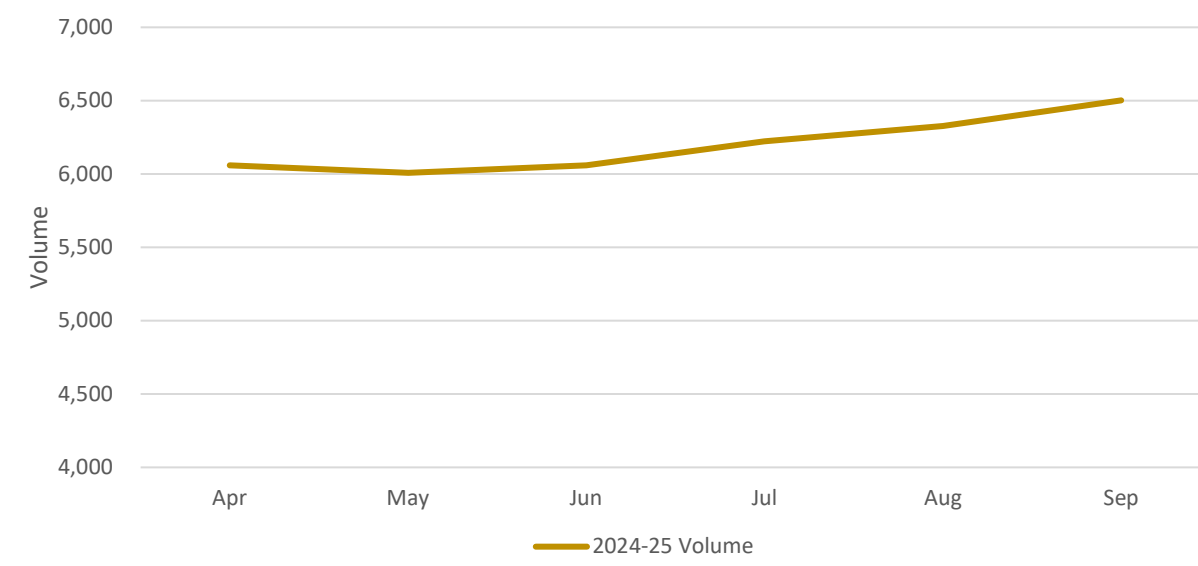
High level summary of progress against delivery milestones for each activity within PO #5

Activity	Status	Q1 RAG	Q2 RAG	Summary of progress of activity
Strengthening international registration processes	Live	G	A	<p>English language workstream now complete and moving to BAU. Fraud workstream Amber due to delays in agreeing the MOU with test providers.</p>
				<p>Success in delivering Fraud policy. Awaiting Audit committee feedback. Extended PMO support should help maintain delivery</p>
				<p>We took stock and evaluated the CBT regulatory approach in light of new information and evidence, we are assured that our decision making is fair and proportionate.</p>
				<p>In this period the AR refused 29 and accepted 2 applications from the Yunnik cohort. The final IEFE hearing in tranche 1 took place in June and FE was not found proven.</p>
Review and strengthening of education quality assurance	Live	A	R	<p>We have successfully concluded the exit of the previous QA service provider and safely received all relevant data. QAA, the new service provider are now under contract and we continue to support QAA in prioritising new programme approvals and major modifications to existing programmes. We reported on the transition to Council at their open meeting in September 2024 and gained permission to extend the transition period for major modifications to pre-registration programmes for an additional six months. We communicated this to AEIs. We have established contract monitoring and are finalising all these necessary requirements.</p>
				<p>We have submitted a business case to support the team and deliver a programme of improvements. That has been agreed in principle, but confirmation of funding for the overall improvement programme is pending, which includes the need to recruit additional staff to the EdQA team. We also await confirmation of the additional resource needed to move towards a data driven approach to EdQA given the competing demands across the NMC. A project manager has just been appointed and will be responsible for developing initiation document and delivery plans.</p>
				<p>Ability to deliver the programme of improvement is dependent on additional resource being agreed to support delivery of the core service, while supporting change. Given the demand on the MoTs programme and the need to develop our approach to delivering continuous improvements to systems, the support for technical capability is a key dependency to the delivery of the improvement programme. This uncertainty of delivery justified the RED rating.</p>

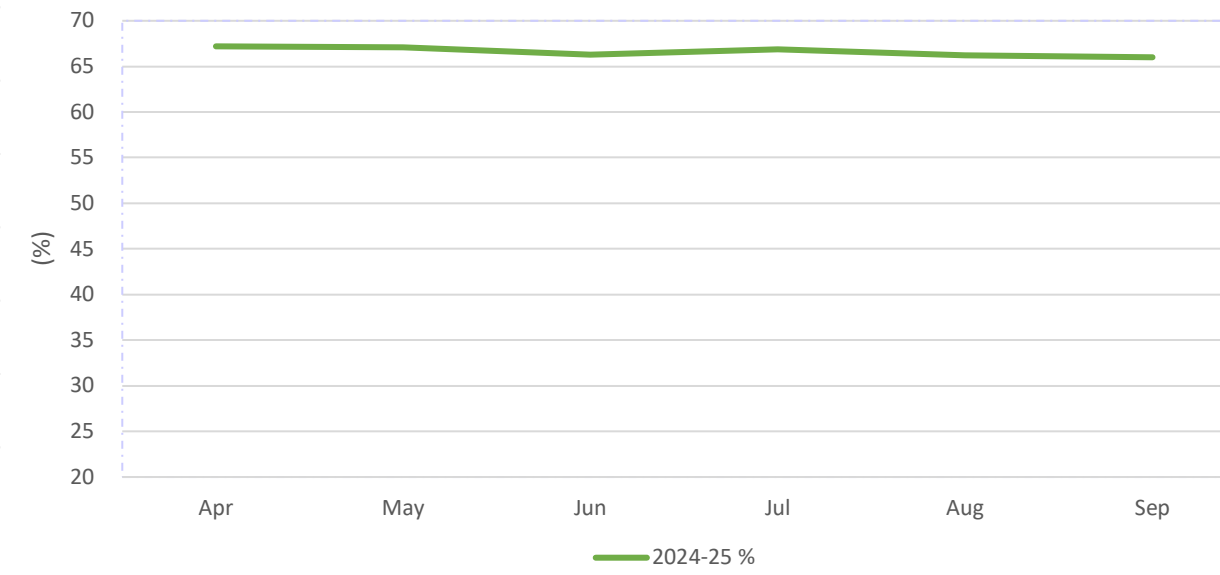
Annexe 2: KPI Data charts

Professional Regulation - Fitness to Practise

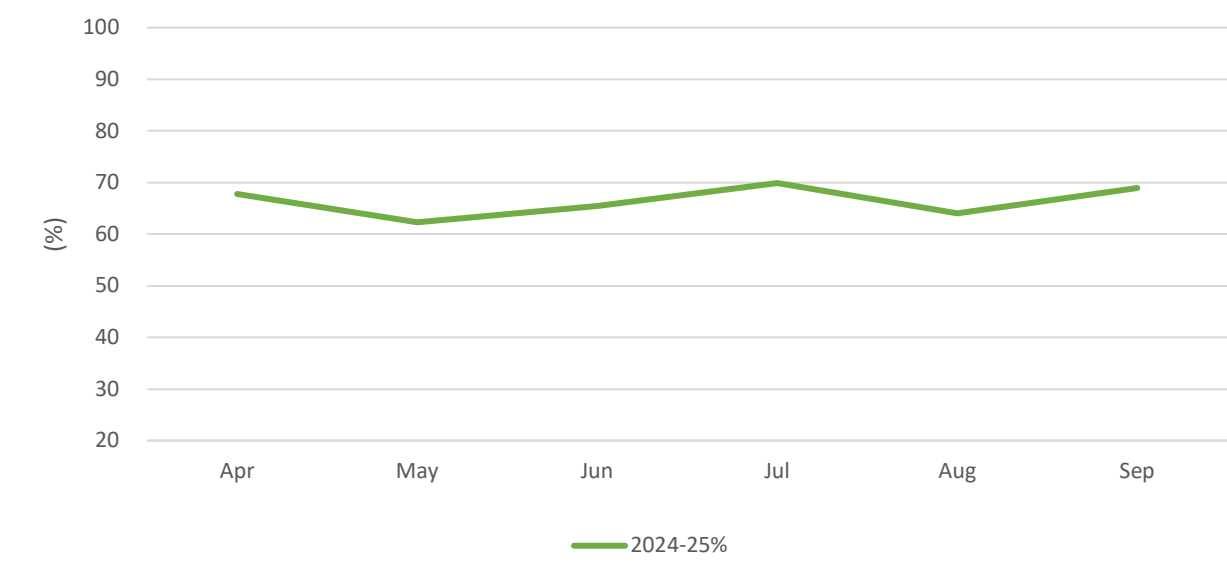
**1. Fitness to practise caseload (closing caseload)
(Volume)**



**2. Interim orders imposed within 28 days of
opening the case (month actual %)**



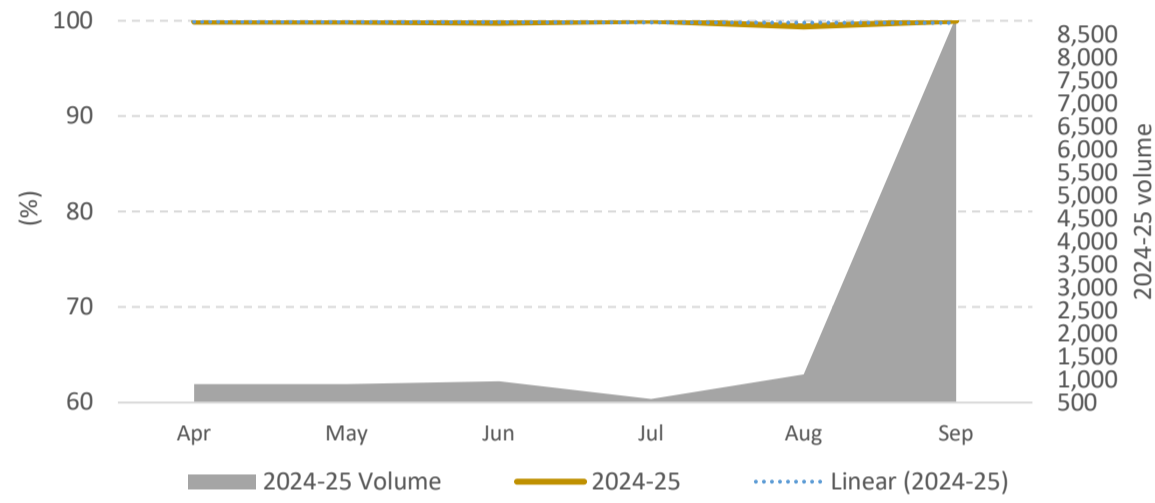
**3. Fitness to practise cases concluded within 15
months of being opened (month actual %)**



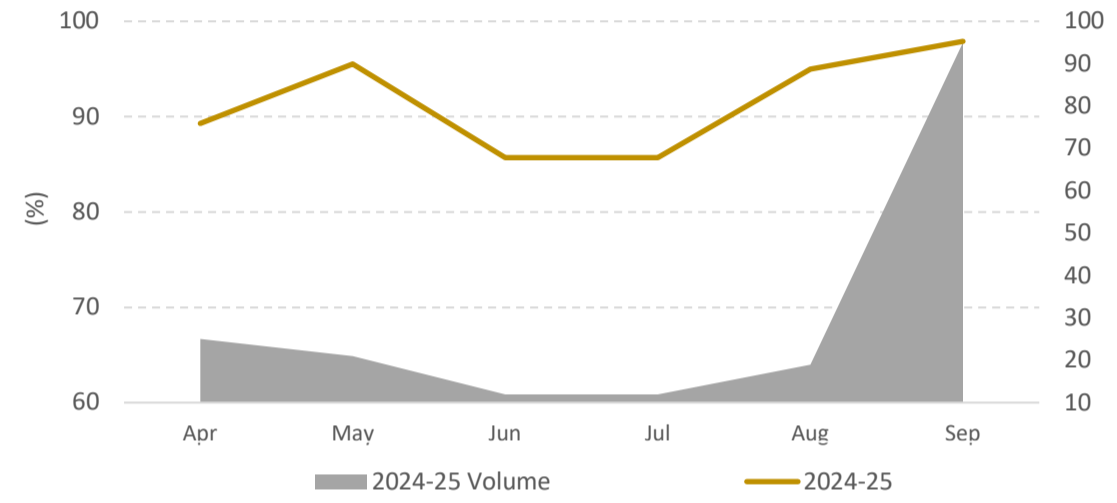
Professional Regulation - Registrations

Registrations

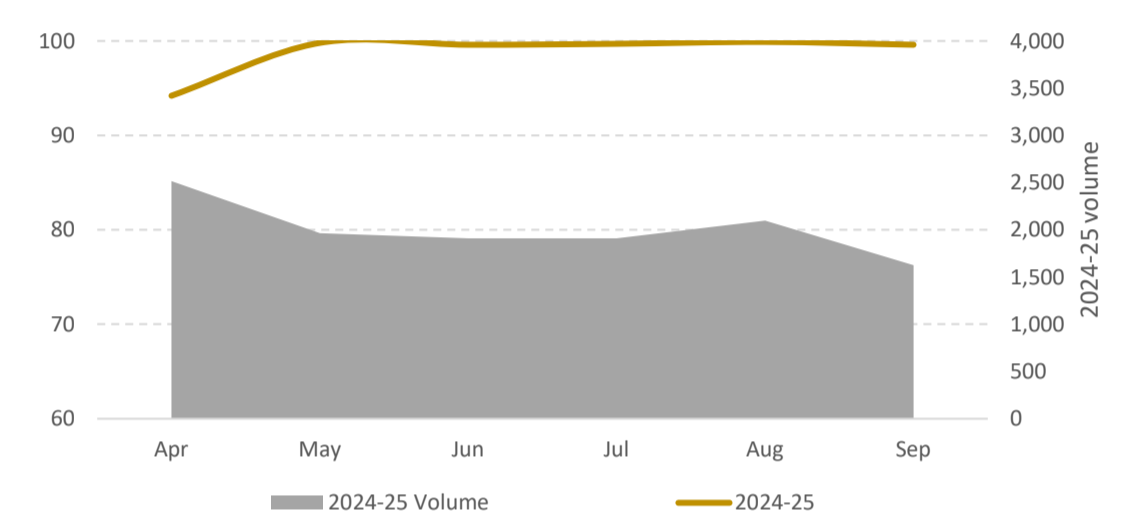
4. UK registration completed with no concern within 1 day (% and volume)



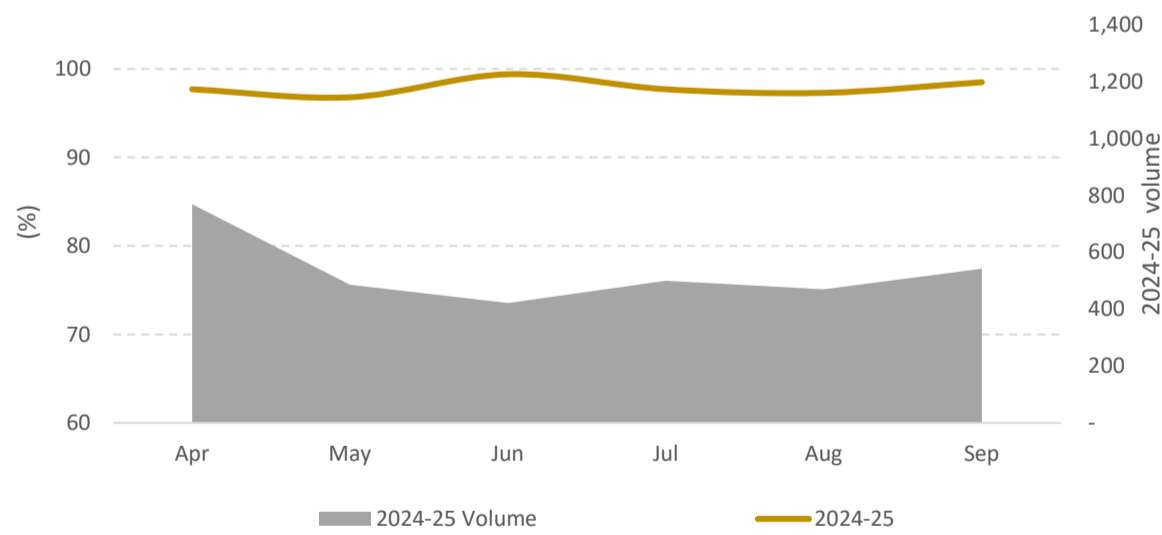
5. UK registrations requiring additional scrutiny within 60 days (% and volume)



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

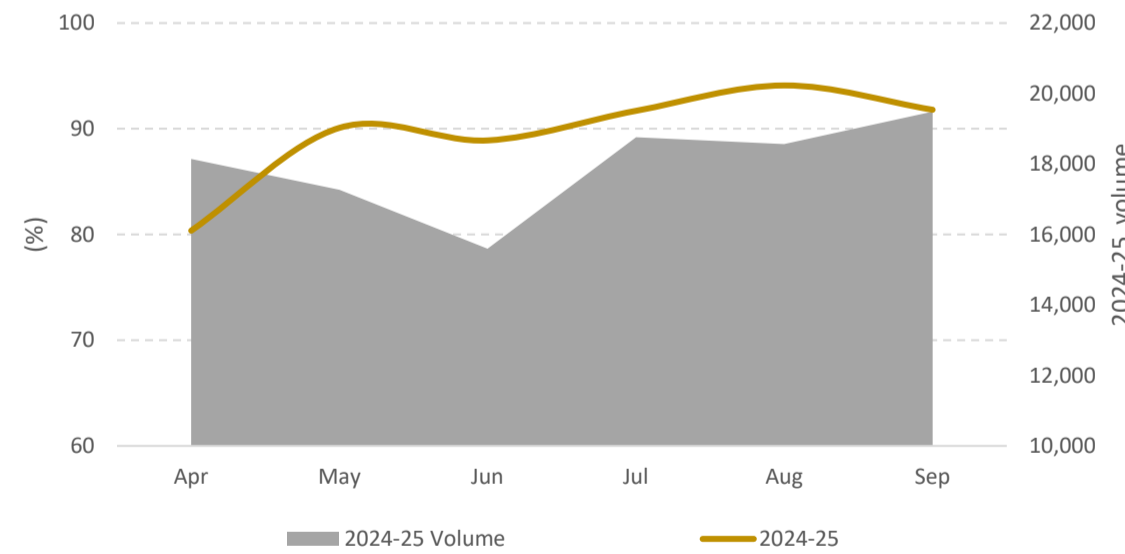


7. Readmission applications completed within 21 days (% and volume)



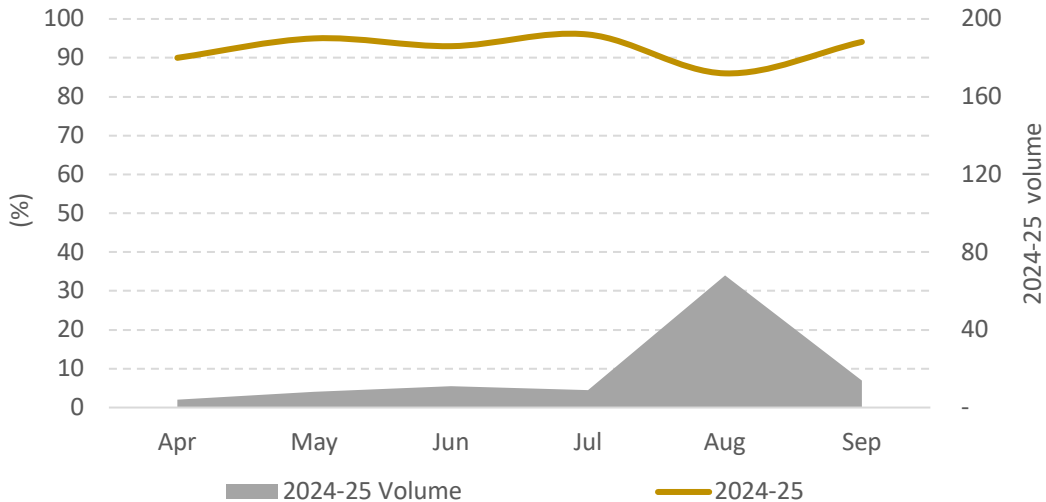
Contact Centre

8. Call attempts handled (% and volume)

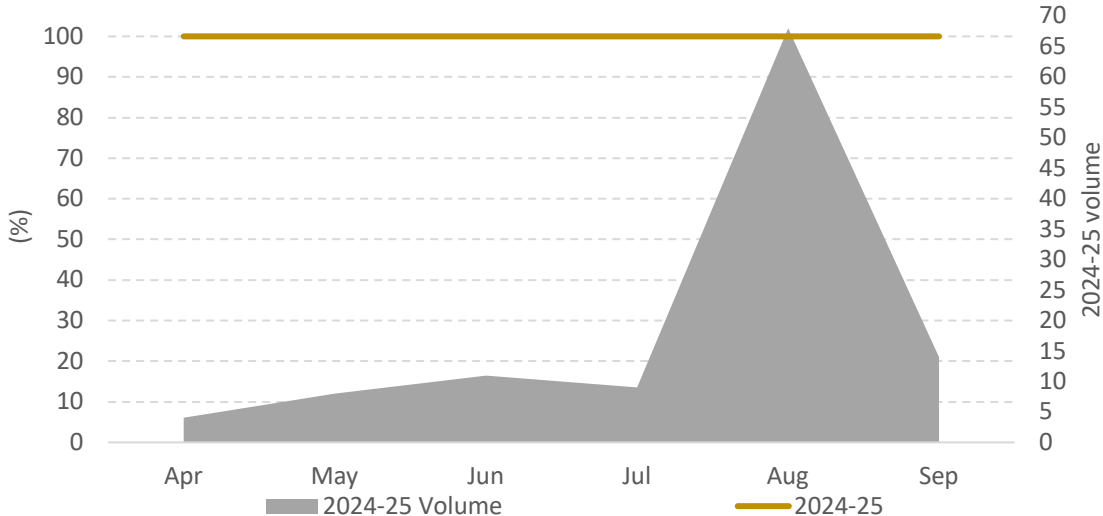


Customer enquiries, complaints and feedback

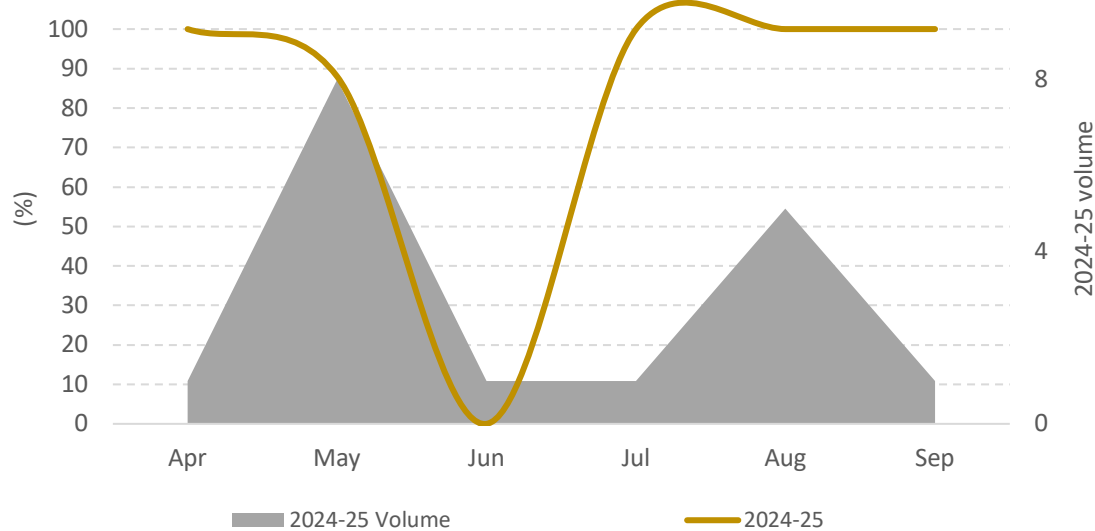
9. Customer complaints responded to within in 20 days



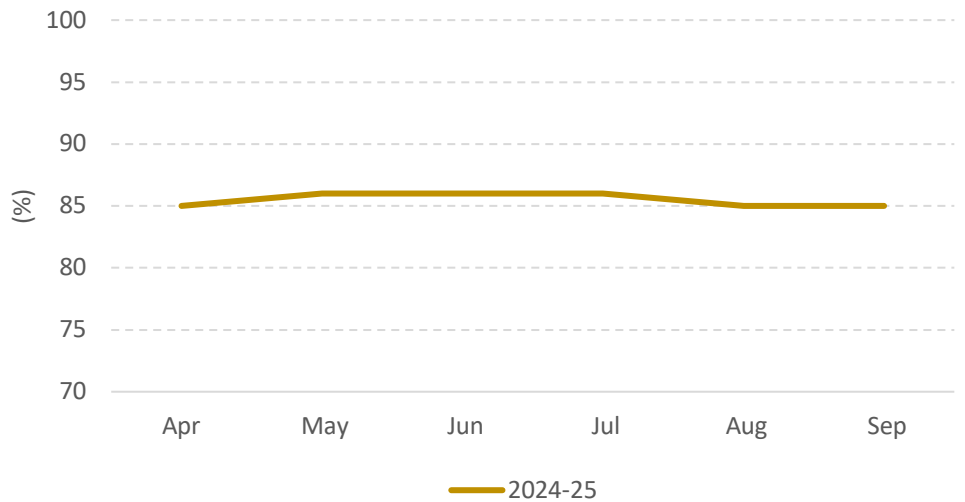
10. Enquiries responded to in 20 days



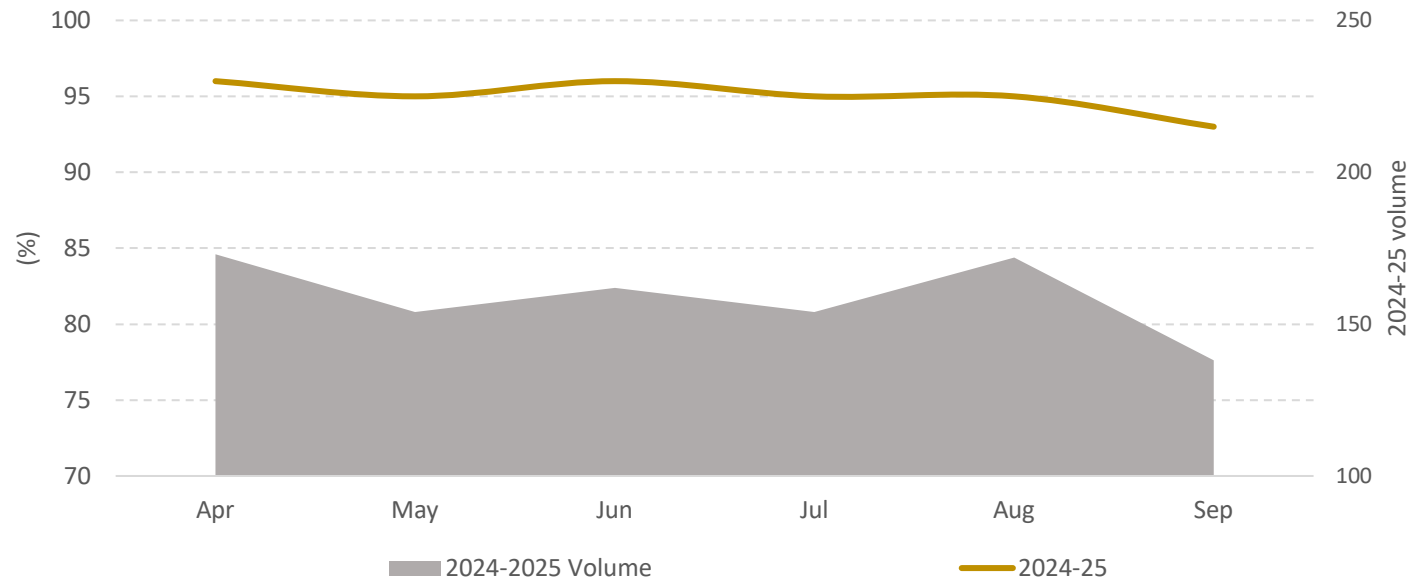
11. MP Enquiries responded to in 20 days



12. Customers rating our service as good or very good

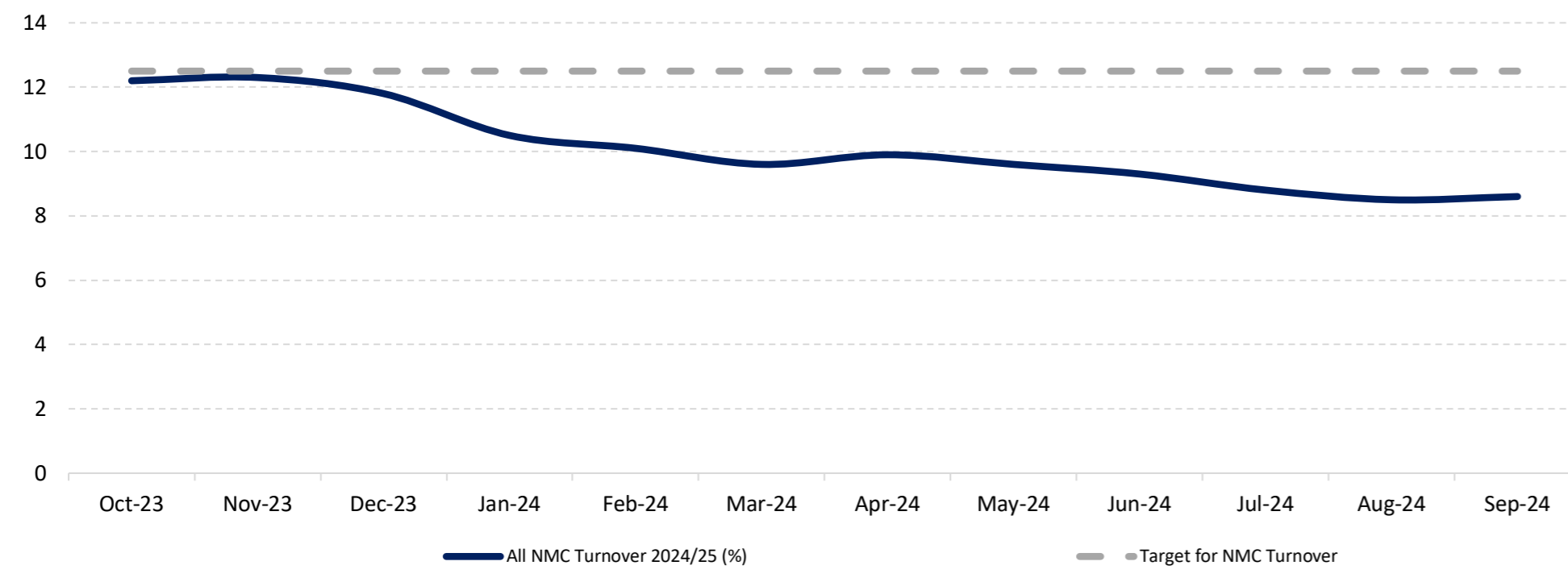


13. Information requests responded to in statutory timeframes

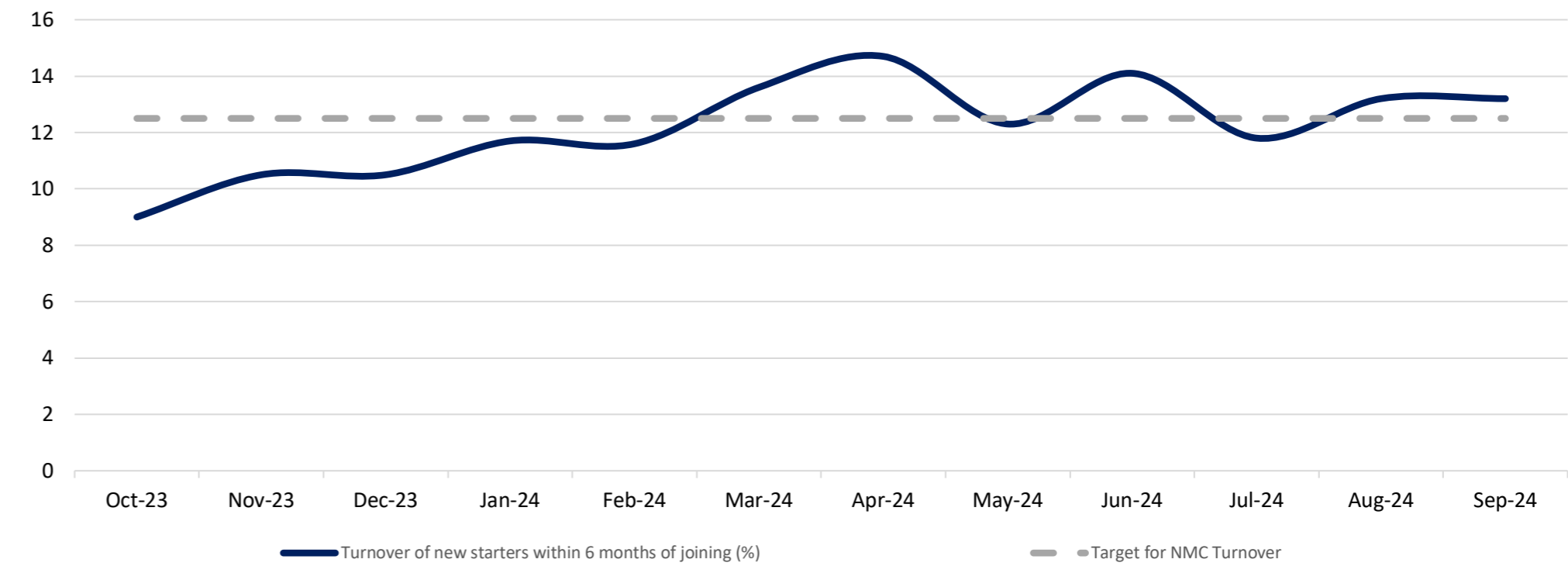


1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16

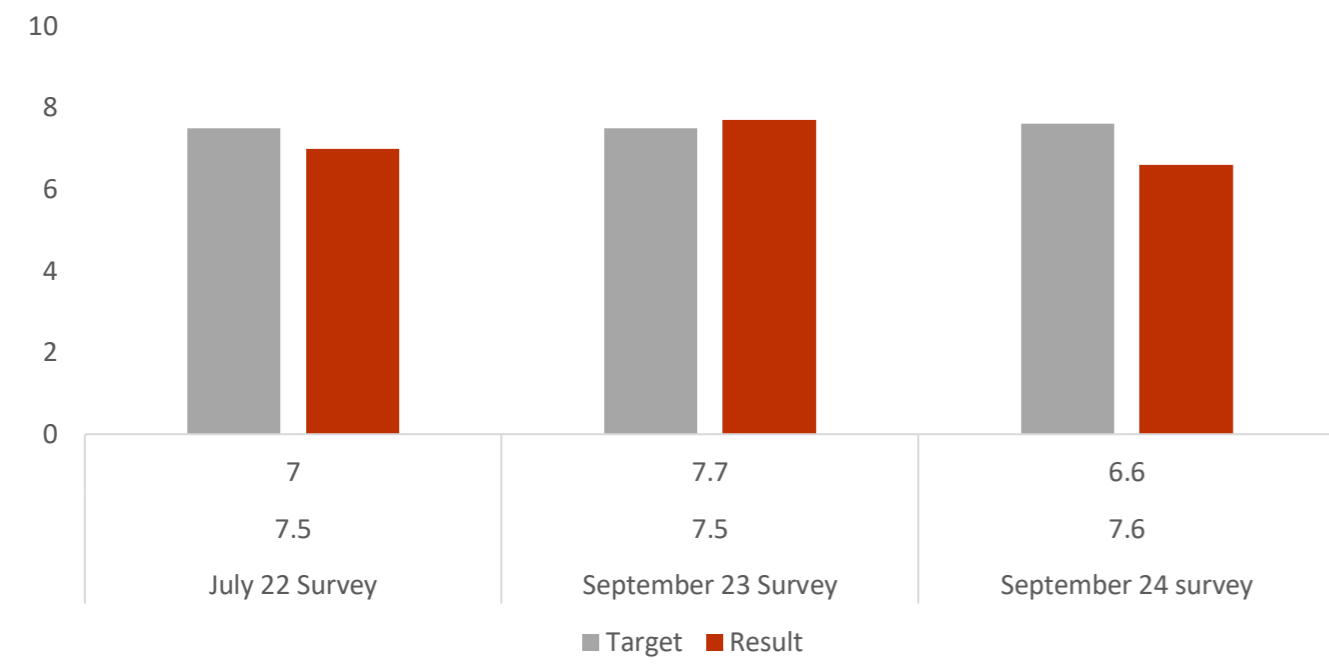
14. Total NMC employee turnover (%)



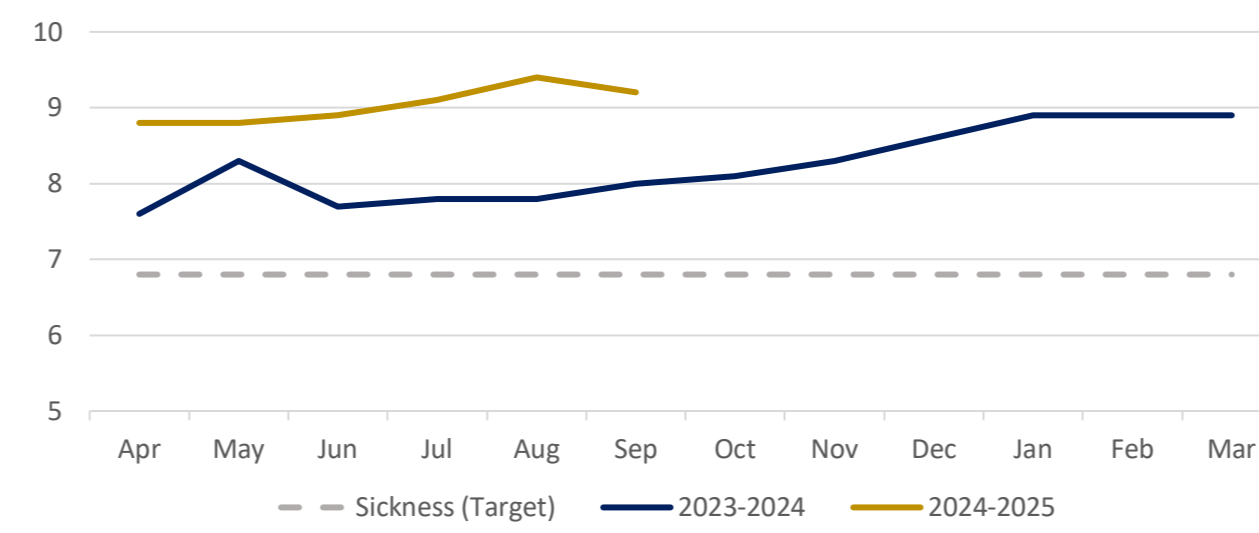
15. Turnover of new starters within 6 months of joining (%)



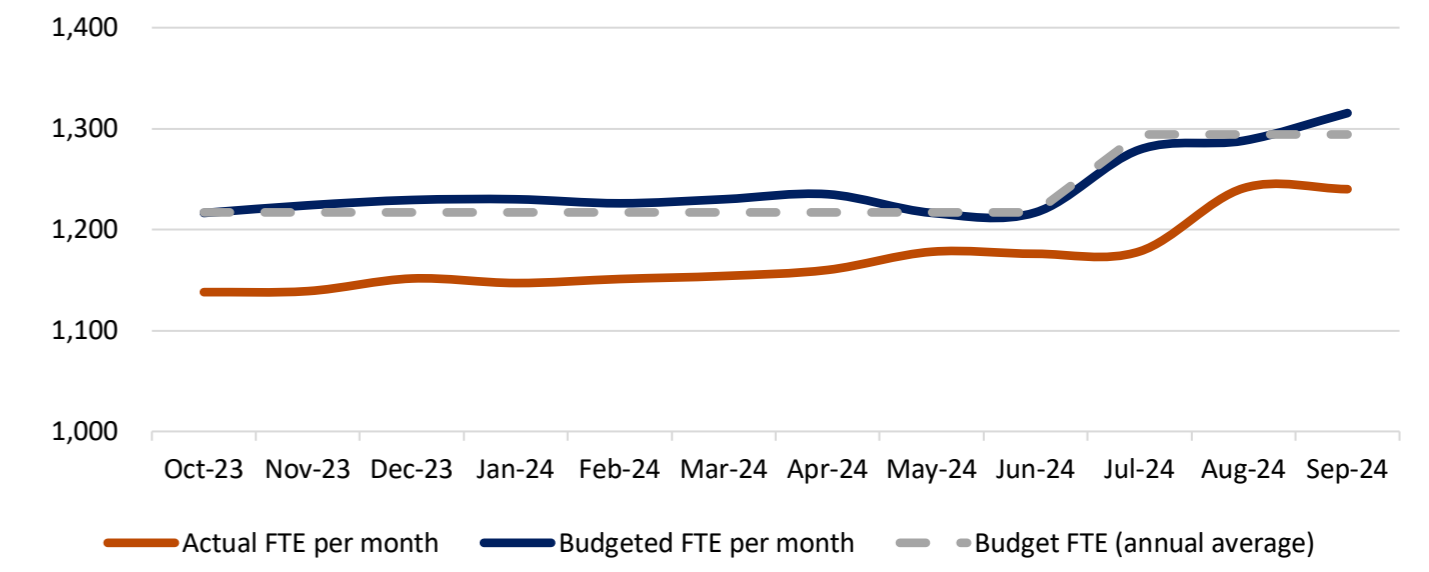
16: Employee engagement score (out of 10)



17. Sickness absence average days



18. Total Full Time Equivalent



Enquiries and Complaints Performance Dashboard Q1 & Q2 2024-2025

Monthly performance (September)		
Corporate Complaints	Complaints responded to	136
	Performance against KPI	94.1%
Enquiries	Enquiries responded to	14
	Performance against KPI	100%
MP complaints	MP complaints responded to	2
	Performance against KPI	100%
Information requests	Information requests (volume)	138
	Information requests responded to on time (%)	93%
Customer feedback	Feedback surveys	647
	Rated service as good/ very good (%)	85%

Learning points in date range: 101 since 1 April 2024	
Complaints, MPs and Enquiries	<ul style="list-style-type: none"> We notified International Registrations of an issue with our regulator database (Sweden). They updated this. We held a case conference to remind relevant colleagues to avoid using outdated terminology relating to child abuse in our determinations and guidance. We identified that decision letters in striking off cases need to cross-reference any other open cases, and how these will be treated in the event of a restoration application. We identified a potential update for Panel Members to let nurses, midwives and nursing associates about our DBS referral process where appropriate.
Information requests	<ul style="list-style-type: none"> We have improved the way in which we deal with resource intensive cases by splitting tasks amongst the team upon receipt and identifying themes of work within cases rather than simply splitting large bundles which can lead to discrepancies with redaction.

Hot topics	
Complaints, MPs and Enquiries	<ul style="list-style-type: none"> We responded to over 100 enquiries relating to the Independent People and Culture Review and coordinated the central FAQs process. We are monitoring the roughly 40 upcoming appeals from people who were affected by the Nigerian CBT issue with the Registration Investigations Team. We responded to seven complaints from people affected by the NMC Online system issues at the end of September 2024.
Information requests	<ul style="list-style-type: none"> We responded to 28 FOI Requests regarding the numbers of referrals various NHS Trusts had submitted. The NHS Trusts did not hold sufficient/ accurate data so referred to us for assistance. We responded to a cluster of ex/current staff SARs which were submitted during the period of the Independent People and Culture Review including four which were extremely complex and were resource intensive.

Year to date performance													
		April	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Corporate Complaints	Complaints responded to	155	121	101	135	145	136						
	Performance against KPI	89.6%	95%	93%	96%	86%	94.1%						
Enquiries	Enquiries responded to	4	8	11	9	68	14						
	Performance against KPI	100%	100%	100%	100%	100%	100%						
MP complaints	MP complaints responded to	5	8	1	2	5	2						
	Performance against KPI	100%	87%	0%	100%	100%	100%						
Information requests	Information requests (volume)	173	154	161	154	172	138						
	Information requests responded to on time (%)	96%	95%	97%	95%	95%	93%						
Customer feedback	Surveys received	877	744	716	730	710	647						
	Rated service as good/ very good	85%	85%	86%	86%	85%	85%						

Annexe 3: Strategic risk exposure report (up to 31 October 2024)

1. Overview of strategic risks

Risk ref	Current rating			Strategic risk description (L = Likelihood. I = Impact)
	L	I	L x I	
REG24/01	5	5	25	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 (<i>Risk factors</i> : not acting upon intelligence that we may receive resulting in harm to a person) Risk impact score increased in October 2024 (see section 3.2).
REG18/02	4	5	20	We fail to take appropriate action to address a regulatory concern about a professional on our register in a timely or person-centred way (<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	We fail to take appropriate or timely action to address a regulatory concern regarding the quality of nursing or midwifery education. (<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	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>Risk factors</i> : unfinished projects, additional work meaning that we have to stop something, pressure resulting from external factors)
PEO24/01	5	4	20	Risk that our organisational culture impacts on the productivity, performance, learning and morale of the organisation (<i>Risk factors</i> : fairness, wellbeing, lack of improvement or progression, equality, and diversity)

1
2
3
4
5
6
7
8
9
10
11
12
13
..

Risk ref	Current rating			Strategic risk description (L = Likelihood. I = Impact)
	L	I	L x I	
PEO24/05	5	4	20	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 instability 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) Risk likelihood score increased in October 2024 (see section 2.5).
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)
TECH24/01	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)
STR24/07	4	4	16	Risk that we fail to mature our process and culture around data and insights which could potentially impair our progress. (Risk factors: poor data governance, inability to provide meaningful data in a timely way, risk of us not appearing to be transparent and potentially incorrect decisions made). Risk escalated from RTS operational risk register in October 2024 (see section 3.4).
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)

Risk ref	Current rating			Strategic risk description (L = Likelihood. I = Impact)
	L	I	L x I	
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)
FIN21/02	3	4	12	We do not achieve a sustainable budget or the planned financial benefits from our strategy. (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	We do not make sure that educational standards are fit for purpose (including processes to ensure compliance with standards are met). (Risk factors: keeping pace with changes in legislation, healthcare and practice, speed of programme approvals, meeting the standards of good regulation)
PEO24/10 NEW RISK			TBC	We fail to effectively respond to the recommendations from learning reviews and deliver the cultural change that is needed, resulting in the experience of colleagues not improving, and our regulatory and safeguarding responsibilities not being delivered. (Risk factors: loss of trust and confidence internally and externally, the appearance that we are not taking recommendations seriously, failure to attract new staff and disengagement of existing colleagues). New risk added in October 2024. The Chief Executive and Registrar is the risk owner (see section 2.5.1)

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16

2. Risk exposures: areas of uncertainty that we are mitigating against (risks).

2.1. Procurement changes to current legislation – relates to RTS operational risk GOV24/05 (*Failure to manage contracts appropriately potentially leading to compliance breaches, commercial risks or desired outcomes not being realised*). New legislation, due to go live on 24 February 2025, will bring significant changes to our ways of working.

2.1.1. There will be more scrutiny and compliance requirements across the entire procurement cycle, which will require us to be more transparent about how and what we procure. Changes to the threshold for the value of contracts to be tendered will also change, increasing the volume needing to meet new requirements.

2.1.2. Executive Directors are considering the impact of changes on the activities they have planned this year and will identify within business planning; and will reinforce good practice across their teams to ensure compliance.

2.2. Technology security test - relates to strategic risk TECH24/01: Following a recent test, there are plans in place to implement new strengthened security requirements for colleagues, to enhance our cybersecurity mitigations.

2.3. Review of people risks - relates to people risks across all operational risk registers and strategic risks PEO24/01 and PEO24/05: To reflect the findings of the ICR, we reviewed and updated all the people risks across our strategic and operational risk registers. In most cases, both strategic and operational registers already included themes from the ICR, with mitigations in place.

2.3.1. The Corporate Planning, Performance and Risk Team have also discussed people risks with a broader range of colleagues to ensure that our registers reflect intelligence gathered from all levels, and the mitigations those teams suggest may work best.

2.3.2. Considering the level of risk and impact on our people’s wellbeing and ability to regulate well, the Executive are contemplating any further immediate actions to be taken to address people related risks, ahead of more substantive initiatives within the People Plan and culture transformation programme.

2.4. Capturing and applying learning – relates to strategic risk PEO24/01: Executive Board - Learning discussed a risk around effectively managing the volume of learning activity in train and soon to be completed. Teams will explore how best to collate, manage and monitor learnings to ensure they are effectively applied.

2.5. **Leadership risk PEO24/05:** This risk was agreed at the Open Council meeting in July 2024. We have amended the wording slightly from 'changes at the Executive level' to 'instability at the Executive level'. Following discussion with Audit Committee, it also captures the change in Council leadership. We recognised that this risk needed to be reviewed regularly, given the number of leadership recruitment campaigns completing over the next few months, and recent announcement that the Co-Executive Directors of POE (People and Organisational Effectiveness) will also be leaving. As a result we have reconsidered the scoring and increased the likelihood score from 4 to 5, resulting in an overall risk score of 20.

2.5.1. Council also suggested that another risk should be added, focussing on delivering the recommendations from the ICR. The new risk has been considered by the Co-Executive Directors of POE and is suggested as strategic risk PEO24/10 as detailed in the table at **item 1**.

2.5.2. The Executive have agreed the new risk description, widening it to include all reviews, not just the ICR, and allocated ownership to the Chief Executive and Registrar.

3. Materialised risks (issues): areas that we are currently managing.

3.1. **Independent Culture Review (ICR):** This issue relates to strategic risks **PEO24/01, PEO24/05 and PEO/24/10:**

3.1.1. Following **prioritisation** in August 2024, more urgent business cases are being considered for inclusion within this and next year's business plans and budgets. The Executive will continue to prioritise activity over the coming months, taking account of the recommendations from the ICR and upcoming reviews, to pivot our focus and resources where needed most – while maintaining our core regulatory functions.

3.1.2. **Aggregate risk review:** We have reviewed our strategic and operational risks for aggregate (compound) risks. The outstanding theme continues to be our people's capacity to carry out their work. This is key across all teams in risk discussions and is prevalent in the ICR. 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 mitigations for this via prioritisation and business planning.

3.1.3. **Our response to the ICR recommendations:** Whilst we recognise and agree with the 36 recommendations, we are of the opinion that the overall report may not go far enough. As such, we are carrying out some diagnostic work to see what more can be done. We want to procure a culture partner to help the organisation to carry out this

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16

work, which will help us to develop a vision for our future culture. The culture transformation programme will help us to close that gap, which we hope to have in place for Summer 2025.

3.1.4. **Employee conference – Shaping Our Culture:** The communications team are currently synthesising feedback from the day, where colleagues were asked to share suggestions for the next steps that we could be taking to improve our culture, and barriers that we need to address to get there.

3.1.5. **Thirlwall Inquiry** – The NMC is preparing for recommendations from the report, which could impact colleagues, particularly in Professional Regulation. We will see the findings just before the report is published in Summer 2025.

3.2. **Safeguarding:** This issue relates to strategic risk **REG24/01:**

3.2.1. The impact score of the current strategic safeguarding risk, (raising it from 4 to 5, resulting in an overall score of 25), was agreed by the Executive at its meeting in October 2024, due to:

3.2.1.1. the findings of the recent internal safeguarding audit,

3.2.1.2. the review of cases undertaken by the specialist advisor in Professional Practice requires further work to ensure that we act consistently on safeguarding concerns, which is key to effectively fulfilling our safeguarding responsibilities.

3.2.2. It is anticipated that this will be a temporary increase to allow us time to revise mitigations after the publication of the Omambala report, early in 2025. Whilst there are a range of controls in place, such as the safeguarding hub, it is too early to see their impact.

3.3. **International registration fraud - this issue relates to strategic risk REG18/01:**

3.3.1. **Computer based tests (CBT):** We are expecting incorrect and fraudulent entry hearings related to CBT cases to conclude by quarter 1 FY2025-2026. However, there are increasing volumes of registration appeals relating to CBT which are expected to continue throughout 2025.

3.4. **Data and Insights:**

3.4.1. There are two recommendations from the ICR relating to data, the first that we should improve our operational data and performance reporting (number 8), and secondly that we transform ourselves into a data driven organisation to support the more effective and efficient

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16

delivery of its regulatory processes (number 34). The second recommendation concludes that we should aspire to enable open access of data in the near future.

- 3.4.2. Whilst we are making progress in improving our process and culture around data, there is still much improvement needed. The functional and master data project was previously identified as a priority by Executive and will be a vehicle for further improvements. In the meantime, the demand for us to produce accurate, high-quality data continues to grow and we anticipate this will increase further following publication of the ICR and enhanced scrutiny of our performance. The level of data maturity recommended in the ICR remains some distance from our current position.
- 3.4.3. As a result, we have escalated risk STR24/07 from operational to strategic level, so that progress of the actions and mitigations identified are visible to both the Executive and Council, with Audit Committee oversight. Full details can be found in the risk table at the start of this annexe.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16

Item 6: Annexe 4
NMC/24/97
27 November 2024

Strategic risk register

November 2024

1
2
3
4
5
6
7
8
...

Definitions

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.

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.
















1
2
3
4
5
6
7
8
...

Ref.	Strategic risks for 2024- 2025	Current Risk Score	Appetite	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 (25)	OPEN CAUTIOUS	EB Learning	Audit Committee
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
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 People and Culture Committee
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 People and Culture Committee
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
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 instability at the Executive and Council levels of the organisation.	RED (20)	OPEN EAGER	EB Core	Audit Committee People and Culture Committee
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
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
STR24/07	Risk that we fail to mature our process and culture around data and insights which could potentially impair our progress	RED (16)	OPEN EAGER	EB Core	Audit Committee
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
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
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
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
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
PEO24/10	We fail to effectively respond to the recommendations from learning reviews and deliver the cultural change that is needed, resulting in the experience of colleagues not improving, and our regulatory and safeguarding responsibilities not being delivered	TBC NEW RISK	OPEN EAGER	EB Core	Audit Committee

						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)	REG18/02 - Regulatory concern (FtP) (RED 20)	REG24/01 - Safeguarding (RED 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)	STR24/01-Independence as a regulator (AMBER 12) FIN21/02 - Finances to achieve strategy) (AMBER 12)	TECH 24/01-Unauthorized access to sensitive information (RED 16) STR18/01 -Internal external expectations (RED 16)	REG22/04 - Regulatory concern (Education) (RED 20) PEO24/01- People and culture (20)	3
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)	(9)	STR24/07- fail to mature our process and culture around data and insights (RED 16) STR22/04 - External disaster impacts (AMBER 12)	GOV24/01 - Portfolio activity/change (RED 20) PEO24/05- Organisational stability (RED 20)	4
2 (Minor – minor loss, delay or inconvenience or interruption. Objectives not compromised. Easy to recover from)	(2)	(4)	(6)	(8)	(10)	5
1 (Insignificant – minimal loss or delay. Very easy to recover from)	PEO24/10- Failure to effectively respond to recommendations from reviews (TBC) NEW RISK	2)	(3)	(4)	(5)	6
			Likelihood			7
						8
						:
						9
	1 (Remote - <5%)	2 (Unlikely – 6-20%)	3 (Possible – 21-50%)	4 (Probable – 51-80%)	5 (Highly probable – 81-100%)	

Appetite principles

- Broadly, our risk appetite is open for 2024-2025 (moving from a majority of cautious in 2023-2024).
- The organisation as a whole needs to appreciate what this mean for our overall risk management approach so they can align their risk assessment and mitigations accordingly.
- The risk appetite ranges for each risk category are a guide for risk owners when assessing and responding to risks and issues on a case-by-case basis.
- For cross-cutting concerns (e.g. legal risks), these can be assessed using the appetite for the relevant categories that the issue concerns.
- Our appetites will guide our tolerance for risk in each category and determine when we may escalate/de-escalate risks between our strategic and operational registers.
- Risks, and how we respond, will not be assessed by appetite alone. Context and our capability will also influence the mitigations we put in place to ensure we balance our ambition with what is realistically deliverable.

Strategic risk appetites 2024-2025	Averse	Minimalist	Cautious	Open	Eager	1
Appetite description  = 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
Categories of risk						
Regulatory/Operational (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) 	Innovation supported, with clear demonstration of benefit / improvement in management control. Responsibility for non critical decisions may be devolved. (New FtP plan) 		3
Governance (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) 	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) 		4
Strategy/Expectations (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) 	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) 	5
Financial (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) 	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) 		7
Technology (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) 	Systems / technology developments considered to enable improved delivery. Agile principles may be followed. (Automation and innovation of systems) 	New technologies viewed as a key enabler of operational delivery. Agile principles embraced (Remove bureaucracy) 	8
People (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) 	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) 	8

Strategic risk REG24/01

We the NMC fail to meet our statutory safeguarding responsibilities to safeguard and protect people through our regulator work from harm, abuse or mistreatment.

People impact:

Impacts to life or serious harm to individuals

1
2
3
4
5
6
7
8
:

Due to... (possible causes)

- a. There is a lack of systematic consistent identification of safeguarding risk to children and vulnerable adults who are involved in concerns raised via referrals and during investigation and preparation of cases. When safeguarding concerns are identified there are inconsistent approaches to escalating concerns and seeking specialist safeguarding advice and guidance.
- b. There is evidence that safeguarding incidents are under reported and learning opportunities are missed..
- c. We need to ensure that our revised conduct in private life policy is consistently applied and identifies safeguarding risks and appropriate actions are taken to protect children and adults at risk of harm or abuse.
- d. Registrants and referrers involved in our processes can have high levels of vulnerability and require additional support to engage with us. Registrants may have limited access to external support and are often engaged in prolonged fitness to practice processes. Colleagues have not been provided with skills, knowledge and experience to the levels required for their job role to ensure safeguarding risks are consistently identified and actioned appropriately.
- e. There is not a robust safeguarding infrastructure and practice in place to manage and reduce the safeguarding risk for the organisation and improve the safeguarding culture .
- f. The safeguarding risk for the organisation is not fully understood across all areas and is still being explored.

Mitigations and controls

Current risk score: 5L x 5I = 25

- a. Launch of the safeguarding hub to review all new referrals and stream safeguarding concerns to the hub for the application of a risk assessment, advice and guidance
- b. New safeguarding learning review process to dovetail into SER then log and learn process when launched
- c. Implementation of revised policy guidance with communications and a video for relevant colleagues. Audit completed on application of policy in cases that have a safeguarding concern – report in progress with recommendations and learning points.
- d. The safeguarding hub will identify wellbeing concerns earlier in the process and there is an FtP improvement workstream focused on improving the registrant’s experience
- e. An initial training needs analysis has been completed and safeguarding level 1 online training has been mandated for all NMC staff as a baseline.
- f. The safeguarding workplan is progressing across the FtP process and diagnostic activity is underway in screening and IO function currently. A report with data and findings will be produced after each stage with interventions and actions required to improve practice and provide assurance.

Resulting in... (possible impact)

Inherent risk score: 5L x 5I = 25

- Impact to life, wellbeing and serious harm to individuals
- Loss of public trust and confidence
- Failure to meet our statutory safeguarding responsibilities to support and protect registrants, the public and NMC colleagues

- Loss or serious threat to life
- Fail to meet our responsibilities with the Charity Commission and/or share information with other agencies
- Failure to take regulatory action on cases
- Litigation

Planned actions | Target date | Action owner

Target risk score: 4L x 3I = 12 once additional resource is in place

- Business case approved for additional safeguarding resources
- Planned recruitment for new posts – Senior Safeguarding Advisors/ Safeguarding educator/ Mental Health Practitioner / Safeguarding Co-Ordinator
- Triangulation of all data and recommendations from audits/reviews and reports to formulate an overarching safeguarding workplan to provide assurance on addressing learning and reducing safeguarding risk for the organisation.
- Development of an audit programme to provide assurance on embedded safeguarding practice across all areas from safeguarding initiatives and learning from diagnostic activity .

What is being monitored to inform a change to the risk score?

- Safeguarding concerns reported
- Serious Event Reviews
- Audits as part of FTP plan

- litigation
- Non-compliance with Charity Commission requirements

Risk owner: Executive Nurse Director Professional Practice

Deputy: Assistant Director, National and Regional Outreach

Last updated/reviewed (minimum every 8 weeks): 29 October 2024

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)	Mitigations and controls	Current risk score: 4L x 5I = 20
<p>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.</p> <p>b. Quality and increasing numbers of referrals which puts pressure on the early stages of our casework. (This risk factor is increasing – average of 540 referrals per month (Sept 24)</p> <p>c. Poor experience of fitness to practise – not supporting people safely, swiftly and appropriately through our processes or imposing restrictions or sanctions on professionals’ practice quickly enough.</p> <p>d. Under resourcing in key areas of our casework and in the spans of control of our people. Funding for a significant number of case progression roles due to end in March 2025. Retention pressure for key case work roles that contributes to capacity pressure</p> <p>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.</p> <p>f. Not maximising appropriate regulatory powers to resolve cases at the earliest point. Delays in regulatory reform.</p> <p>g. Quality of our data to provide insight and indicate where case work interventions are required.</p> <p>h. Effective engagement with members of public, professionals and employers</p> <p>i. Morale and pressure on our people.</p>	<p>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</p> <p>a. Targeted interventions to progress the oldest cases within our caseload at every stage</p> <p>b. Tracking of referral data – e.g. referrer type, concern type, volume, at what point a case is closed</p> <p>c. Enhanced case management – registrant support, witness support, safeguarding, supporting decision makers, safeguarding hub to ensure that enhanced case management is applied appropriately.</p> <p>a, c. Monthly performance monitoring of fitness to practise operations and FTP improvement programme. Council members on FTP provide additional assurance. Independent Oversight Group provide additional assurance on progress. Council/public visibility via Key Performance Indicators (KPIs) presented at open Council meetings.</p> <p>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)</p> <p>e. Decision appeal processes. Internal decision review groups to check the quality of decisions made. Legal expertise and advice.</p> <p>f. Regulatory powers to put in place to undertakings and agreed removals.</p> <p>a-h. Values and behaviours framework with collaboration central to how we are expected to behave.</p> <p>h. Collaboration and data sharing with external stakeholders and partners such as representative bodies and employers through the Employer link service (ELS).</p> <p>a, c, d. ELS supports early engagement with employers and relevant stakeholders to improve knowledge of FtP processes and reduce inappropriate referrals.</p> <p>i. Case weighting tool in investigations implemented in Oct 24. Plans to expand to other areas.</p>	
Resulting in... (possible impact)	Inherent risk score: 5L x 5I = 25	Planned actions Target date Action owner
<ul style="list-style-type: none"> Loss of confidence and trust in NMC We fail to meet PSA standards of good regulation 		Target risk score: 3L x 5I = 15 by March 26
What is being monitored to inform a change to the risk score?		
<ul style="list-style-type: none"> Operational monitoring at all stages: Processing time, reduction of our oldest cases, case progression, case allocation, customer feedback, SERs 	<ul style="list-style-type: none"> FTP programme: monitoring interventions, outcomes and benefits Quality and safety monitoring 	<p>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. Enhancements to the plan to take account of ICR recommendations by Nov 24.</p> <p>b. Launch of ‘employer first’ initiative to support members of the public to make appropriate referrals (by Dec 24)</p> <p>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.</p> <p>h. PR data project working to improve operational data and map our data journey. (ongoing)</p> <p>Risk to begin to reduce as initiatives to improve safe and swift case progression deliver and embed benefits across 2024/25.</p>
Risk owner: Executive Director of Professional Regulation		Last updated/reviewed (minimum every 8 weeks): 22 October 2024

1
2
3
4
5
6
7
8

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

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

- a-e. EB 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): 28/09/2024

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

Resulting in... (possible impact)	Inherent risk score: 5L x 5I = 25
<ul style="list-style-type: none"> Colleagues are disengaged 	<ul style="list-style-type: none"> Colleagues do not feel empowered or confident to resolve issues before escalating with significant consequences.

What is being monitored to inform a change to the risk score?	
<ul style="list-style-type: none"> All NMC employee engagement score (absolute) Net Promoter Score (engagement and satisfaction) WRES survey results 	<ul style="list-style-type: none"> Turnover of new starters within 6 months of joining (%) Vacancy rate (all NMC) Exit survey feedback New starter survey feedback

Mitigations and controls	Current risk score: 5Lx4I = 20
---------------------------------	---------------------------------------

a - f. The implementation plan for the Independent Culture Review will include work on a longer programme of culture change in addition to the implementation of the recommendations in the report.

b. A refreshed approach and strengthened link to the EDI Plan, and People Plan supported by the PMO function, with clear accountability, trackable milestones.

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 People and Culture Committee with responsibility for workforce elements.

c - f. Tightening mechanisms around bullying and developing a speak up culture through policy and training review as well as introduction of the Speak up Guardian and Ambassadors.

Planned actions Target date Action owner	Target risk score: 3Lx3I = 9 by 26/27
---	--

- Speak up initiative implementation
- Implementing outcomes of the Independent Culture review
- Commission EDI policy and learning review, design and creation of attitudinal learning .
- Regular appraisal moderation
- Refresh of the People Plan and new EDI Plan

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

Last updated/reviewed (minimum every 8 weeks): 09/09/2024

1
2
3
4
5
6
7
8
...

Strategic risk REG22/04

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

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 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. **Early** development of the data driven approach.
- f. **New QA service provider in place to support changes to QA processes.**
- g. Completion of exceptional mandatory reporting enabled stocktake of pre-registration programmes in specific areas.
- g. Business case submitted for additional capacity and capability.

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. Enhance and develop our systems and data capability to support the improvement and development of more sophisticated data and intelligence to provide a more robust rationale for potentially challenging decisions – will take time and investment to develop working with IT and Data teams
- a,c-e, g. The Education QA improvement programme is being established. The focus is to implement the operating model to complete delivery of the new approach to QA agreed in 2018.
- g. Build and strengthen the QA team

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

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): 24/10/24 86

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 instability at the Executive and Council level of the organisation.

People impact:

Organisational instability

Due to... (possible causes)

- a. A highly critical report on the NMC's culture.
- b. Change at Executive level and in the leadership of Council.
- c. Appointed interim CEO resignation, leading to more feeling of concern and loss of confidence by the workforce at a challenging time.
- d. The uncertainty following the report and departure of some colleagues prompts others to assess career options at different levels in the organisation leading to the risk of higher turnover.

Mitigations and controls

Current risk score: 5Lx4I = 20

a-c Mitigations: Internal appointment of Acting CEO, and appointment of interim CEO (announced w/c 18 November and start date of 20th January). Also, POE ED portfolio is being reviewed to focus on people and change. Selection process for new Chair of Council has launched.

a-c Regular and informative communication with the workforce on the recruitment of both roles, and the process.

a-c 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.

a-c Continuing to engage the workforce in a meaningful way in terms of their contribution, roles and the opportunities to grow and develop

a-c behaviour framework, embedding and take up of ambitious appraisals, recruitment training and investment in psychological safety are priorities to support colleagues across NMC.

Resulting in... (possible impact)

Inherent risk score: 5L x 4I = 20

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

Planned actions | Q2 – Q3 | Bailey.Boissiere

Target risk score: 3L x 3I = 9 by March 25

a-c Engaging the workforce on the recruitment of executive posts.

a-c Use of appropriate recruitment agencies to source an inclusive, experienced and skilled pool of candidates for executive roles and Chair of Council.

a-c Revision of recruitment due diligence process for high profile and senior roles.

a-c Interim S&I Director now appointed and in post

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

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

Last updated/reviewed (minimum every 8 weeks): 18/11/2024

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: 4L x 4I = 16

Resulting in... (possible impact)

- Reputational Damage
- Financial penalties
- Inability to operate

Inherent risk score: 5L x 5I = 25

- Loss in integrity of Register

Planned actions | Target date | Action owner

Target risk score: 4L x 3I = 12

- g. Implementation of MoTS programme - Ongoing
- g. Migration of IT systems to the cloud – Patrick Cahill Q4 2024/25
- a. Introduction of internal dedicated cyber security capability – David Massey Q4 2025/26
- h. Review of corporate wide technology landscape – Andrew McNulty Q3 2024/25

What is being monitored to inform a change to the risk score?

- System monitoring
- Penetration testing
- Reports to Service Desk

Risk owner: Executive Director of Resources and Technology Services

Deputy: Chief Information Officer

Last updated/reviewed (minimum every 8 weeks): 18/10/2024

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. Not delivering regulatory duty through fitness to practice
- b. Not having appropriate safeguarding procedures in place
- c. Not delivering culture change
- d. Not delivering adequate education quality assurance
- e. Not learning from public inquiries
- f. Not learning from registration issues to strengthen the integrity of the register
- g. Legislative change programme
- h. Not maintaining and building relationships with stakeholders – including in devolved countries to understand local issues
- i. Lack of collaboration within NMC (working in siloes)
- j. Ineffective internal communications leading to inconsistent messaging
- k. Website no longer meets needs of users
- l. Misplaced expectations/lack of understanding of who we are and what we do

Mitigations and controls

Current risk score: 4L x 4I = 16

- a-c. FtP, safeguarding and culture change programmes – incl. comms and engagement plans to build trust and confidence of audiences
- h, l, i, j, l. A joined up, sustained programme of strategic communications underpinned by audience insight
- e. Regular sustained engagement with senior stakeholders to work collaboratively on areas for improvement
- e. Participation in and monitoring of public inquiries + sector developments to gather intelligence and identify areas for learning
- i, j, l. Early engagement of C&E teams in development, planning and delivery of corporate activities
- h, l, l. Dedicated press office, public affairs and stakeholder functions
- h. Director led engagement with senior stakeholders across UK and AD/CLT led external stakeholder engagement
- i, j, l. Leadership huddle, managers briefings, All-NMC + People briefings, Workplace + CE&R weekly message to cascade important information
- i-j. Messaging bank circulated fortnightly
- k. Programme of continuous web improvements
- l. Bi-annual audience perceptions insight to understand what audiences think and feel about the NMC
- i, l, j. Corporate narrative that explains who we are and what we do

Resulting in... (possible impact)

Inherent risk score: 5L x 4I = 20

- Public experience unsafe nursing and midwifery care
- People who interact with NMC do not have a safe experience
- Students qualify without knowledge and skills to practise safely
- Colleagues unengaged or high turnover
- Increased criticism in the media
- Increased scrutiny from stakeholders
- Lack of trust and confidence in our ability to regulate

Planned actions | Target date | Action owner

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

- a, h. Regular dedicated engagement with CNO teams on FtP plan + data (Q3-Q4 24/25)
- a. Web team delivering updates to support appropriate referrals (Q3 24/25)
- a. Re-promoting employer resource to encourage local resolution/employer referrals (Q3 24/25)
- a, f. Sharing intelligence from ID fraud case review with employers/stakeholders (Q3 24/25)
- a-c. Internal and external drumbeats of engagement on culture transformation, FtP and safeguarding (ongoing)
- d, h. Education sector engagement to review approach to monitoring, policies and student engagement (Q3-Q4 24/25)
- i, j, l, h. Provide strategic C&E support to acting, interim and new permanent CE&R and Chair (Q3-Q4 24/25)
- j, i. Launch refreshed intranet (C&E) (Q3 24/25)

What is being monitored to inform a change to the risk score?

- Progress of Fitness to practise, safeguarding and culture change programmes
- Sentiment from senior stakeholders (PSA, DHSC, CNOs)
- Monitoring/no of concerns in EdQA
- Sentiment in public domain: social media, press
- MP enquiries responded to/resolved
- Enquiries (non-MP) resolve in 20 days
- Customer feedback

Strategic risk STR24/07

Risk that we fail to mature our process and culture around data and insights which could potentially impair our progress.

People Impact:

We fail to provide intelligence to allow us to effectively perform our role as a regulator, inefficiencies and frustration for colleagues due to manual, labour intensive processes

Due to... (possible causes)

- a. Lack of data governance and lack of understanding (weak culture) of data management across the business which leads to poor entry and poor management of data
- b. Poor data quality across multiple operational systems and complex systems
- c. Failure to invest proper/improve the quality of data, including in people, processes and systems, which erodes confidence in our ability to provide insights
- d. Intelligence and data are not coordinated to delivery our NMC strategy 2020-2025
- e. Inefficient housing of data and misunderstanding of data definitions
- f. Lack of a coherent, joined up strategy for the capture, management and use of data

Mitigations and controls

Current risk score: L4 x I4 = 16

- a Data governance group and data owners/stewards implemented and maturing
- a, b Data issues process developed and managed by Data Stewards Forum
- a, b, c Data risk assessment process implemented for all new and in flight projects
- a-f Head of Data Analytics and Data Governance Manager in post
- d, e, f Data strategy covering people, process, technology and stakeholders. Includes creation of business glossary of definitions for consistency, standardisation of KPIs.

Resulting in... (possible impact)

Inherent risk score: L4 x I5= 20

- No single version of the truth
- Lack of stakeholder trust
- Eroded accountability
- Inefficiency – workarounds
- Poor transparency
- We take the wrong action/decisions based on poor quality data
- Inefficiency, duplication of effort and loss of trust and confidence in the NMC and our ability to regulate
- Focus on data content rather than process improvement and business solutions it supports

What is being monitored to inform a change to the risk score?

- Data risk assessments at the start of project to mitigate change activity
- Awareness of manually held local data sets
- Regular interaction with AD Planning Risk and Performance (PR) for awareness of operational change e.g. to team structure in PR

Planned actions | Target date | Action owner

Target risk score: L2 x I4 = 8 by ongoing

- a. Implement the data strategy
- b. Data migration to Azure (Q4 2024/25)
- c. Work with MoTS programme which will delivery key systems replacement starting with WISER
- d. Work with Insight programme to review maturity and development of capability plans
 - a. Maturity linked to data capability structure examined
 - b. Structure approach recommendation created
 - c. Means of identifying capability and linking to maturity created, to allow review
 - d. Capability review across D&A and RIU commenced

Risk owner and deputy: Chief Information Officer/Head of Data & Analytics

Last updated/reviewed (minimum every 8 weeks): 18/10/24

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

<p>Due to... (possible causes)</p>
<p>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.</p> <p>b. A lack of understanding of our processes leads to delays including information from third party organisations. (Evidenced by increased contact and customer feedback)</p> <p>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. (This is very low risk)</p> <p>d. Education quality assurance (QA) reviews fail to prevent educators from admitting students or delivering programmes that don't meet our standards.</p> <p>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.</p> <p>f. Our systems cause delays, errors, pressure points, or inefficiency. Including decommissioning our legacy system and updating NMC Online (2024/25).</p> <p>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.</p> <p>h. Instances of fraud drives increased case work and demand for resources.</p> <p>i. Manual SIFE (supporting information from employers) processes lead to weaker service for affected international joiners and places pressure on International Registrations team.</p>

<p>Mitigations and controls</p>	<p>Current risk score: 3L x 5I = 15</p>
<p>a-e. Regulatory policies and procedures.</p> <p>a. Monthly performance monitoring of registrations and revalidation, testing services, and Contact Centre.</p> <p>a. Standard Operating Procedures, guidance and support in place, including processes that enable FtP issues and outcomes to be reflected accurately.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>c, e, f. Robust controls within Microsoft dynamics with back-up and roll back to previous versions for the register. 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 of legacy system.</p> <p>g. RSM audit completed and determined current controls adequate. Established new set of additional controls for monthly reporting (2024)</p> <p>g. Strengthened monitoring, detection and controls in place with testing providers (since 2024)</p>	

<p>Resulting in... (possible impact)</p> <ul style="list-style-type: none"> Inaccurate register of professionals to check against Capacity pressure on our registration's investigations team and assistant registrars to manage fraud 	<p>Inherent risk score: 5L x 5I = 25</p> <ul style="list-style-type: none"> 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
---	--

<p>Planned actions Target date Action owner</p>	<p>Target risk score: 2L x 5I = 10</p>
<p>d. Further outreach and support to AELs (ongoing programme)</p> <p>e. Consider the role of the register and its processes under regulatory reform (TBC)</p> <p>f,a. The Register and FtP processes to be migrated to new system (NMC Online (2024), FtP CMS (2025+))</p> <p>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)</p> <p>g. Fraud internal audit completed. Implement action plan during 2024.</p> <p>g. Operationalise enhanced fraud detection and monitoring within testing services.</p> <p>i. Options appraisal for improving manual SIFE via policy or technology completed. Recommendations being prepared (by Dec 24)</p>	

<p>What is being monitored to inform a change to the risk score?</p>	
<ul style="list-style-type: none"> Operational KPIs, SLAs, customer feedback Serious Event Reviews / Learning themes 	<ul style="list-style-type: none"> 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): 22 October 24

1
2
3
4
5
6
7
8
:
91

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 (e.g. 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

Resulting in... (possible impact)

- We can't adequately fund our regulatory activities
- We can't fund and deliver our strategic objectives

Inherent risk score: 5L x 5I = 25

- Need to increase the fee or seek alternative funding
- Poor return on investment / value for money
- Loss of trust.

What is being monitored to inform a change to the risk score?

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

Mitigations and controls

- a External environment monitoring of economic outlook
- a Insurance policies (e.g. 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

Planned actions | March 25 | Action owner

Target risk score: 2L x 4I = 8

- a Financial Strategy review activity, including longer planning review and stress testing (timetable to March 2025), investment policy/performance review (reporting Oct 2024), reserves policy review
- b business planning and budgeting, including FtP improvement plan review, autumn/winter 2024-25
- d. Stronger efficiency gains/financial benefit assessments continue to be built into project plans and budgets will be assessed/re-assessed. In particular MOTS/FtP improvement benefits cases mid/late 2024.

Risk owner: Executive Director of Resources and Technology Services

Deputy: Assistant Director Finance and Audit

Last updated/reviewed (minimum every 8 weeks): 22 Oct 24

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 – e.g. 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.

Resulting in... (possible impact)

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

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

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

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,ci insurance for costs of buildings damage, responding to cyber attack, business continuity.
- e. measurement of carbon impact and environmental sustainability plan.

Planned actions | Target date | Owner(s)

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

- a-e Business continuity plan/disaster recovery testing and training planned for IT and estates over period to end 2025. Internal Audit review of bus continuity reported Oct 2024 provided “Reasonable Assurance” rating with recommendations focussed on need to train and to test plans. This should improve our response in the event of an incident which will reduce impact, in some situations to ‘minor’ (ie‘2’) . But given the potential severity of some risk drivers the impact is still potentially at least ‘moderate’ (i.e. ‘3’) in some situations.
- a-e all of the above measures need on-going review and refresh to keep them effective.

Last updated/reviewed (minimum every 8 weeks) 22 Oct 24

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)

- a. The UK general election took place in July and the new Government may mean changes to DHSC priorities and timetable for regulatory reform leading to delays and/or a significant change in scope.
- b. 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.
- c. Any changes to NMC Fee Rules will require the consent of Parliament, placing additional demands on DHSC's professional regulation branch.
- d. Public / professional concern about any fee rise proposals could lead to calls for curbs on regulatory independence.
- e. 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.
 - Requiring separate legislative vehicle for changes we need, i.e. fee increase.

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.

What is being monitored to inform a change to the risk score?

- External landscape
- Political decisions
- Changes in regulation

Mitigations and controls

Current risk score: 3Lx 4I= 12

To be mapped to cautions

- a. Regular engagement with Ministers, Government officials, and to explain the benefits of regulatory reform for the public and professionals. We understand reform has broad cross-party support.
- b. Preliminary discussions with DHSC and Welsh Government have been held regarding the options and their relative merits.
- c. Ongoing discussions with DHSC
- d. & e. We and other professions' regulators have agreed common approaches to take publicly on regulatory independence.
- e. 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

- a. Continue strategic engagement with Ministers and Government officials
- b. Detailed discussions with DHSC and Welsh Government regarding timetable and options to resume after election period.
- c. EB agreed the timeline and approach to engagement for Fee Rise– Consultation to take place in spring 2025 and implementation spring 2026
- d. Any fee increase to consider impact on registrants in order to mitigate level of concern. Stakeholder management plan to be put in place.
- e. Watching brief.

Risk owner: Executive Director Strategy and Insight

Deputy: Assistant Director Regulatory Reform

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

Strategic risk REG19/03 (suggested as strategic by owner due to current focus)

Failure to ensure that our professional standards of practice and behaviour, proficiency and educational standards are fit for purpose

People impact:
compromising safe and effective care

Due to... (possible causes)

- a. Our Code and standards failing to keep pace with changes in legislation, education and health and care delivery to meet requirements for professional practice.
- b. We do not meet the standards of Good Regulation (SoGR) for Code, proficiency and education standards.
- c. Approved Education Institutions have to include contemporary evidence that exceeds what is stated in our standards

Resulting in... (possible impact)

- Loss of confidence in our standards
- Undermines public trust and protection
- Unwarranted variation in implementation and alignment of standards

Inherent risk score: 4L x 4I = 16

- lack of consistency across the sector
- poor experience for students
- Challenges in aligning professional practice to the Code

What is being monitored to inform a change to the risk score?

- Legislation changes
- Recognition of changes to health and care that may impact on current standards

- Regular horizon scanning
- ...
- ...

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). Following prioritisation exercises Advanced practice timeline extended to 2026-27. Additionally revalidation and Code review will now move to 2025-2026 at the earliest – NB: scope, option and approach to be confirmed in Q4 2024-2025.

- 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 with transition extended to July 2025
- b. Planned UK-wide Implementation activity to support post-registration standards achieved and support continues with introduction of drop in sessions in Q3 2024-25 for all implementation activity
- b. Ongoing quality Assurance monitoring for AEs alongside a defined timescale for transition and programme approvals when standards change.

Planned actions | Target date | Action owner

Target risk score: 1L x 4I = 4

- a. A rolling programme of independent evaluation, continuous improvement, ongoing review and update of our internal methodology and compilation of parking lot of items to consider at the next planned review
- b. a schedule of planned updates for all existing standards (ongoing).

Last updated/reviewed (minimum every 8 weeks): 24/10/24

Risk owner: Executive Director Professional Practice

Deputy: Assistant Director Professional Practice

Strategic risk PEO24/10 (1st draft - Under review by the risk owner)

We fail to effectively respond to the recommendations from learning reviews and deliver the cultural change that is needed, resulting in the experience of colleagues not improving, and our regulatory and safeguarding responsibilities not being delivered

People Impacts

Attrition, fractured and disengaged workforce, continuing differences in culture and experiences, unfair outcomes, increased poor wellbeing,

Due to... (possible causes)

- a. Poor planning of the work needed to respond to the recommendations.
- b. Lack of capacity and capability
- c. Not involving the right people in different recommendations (one size may not fit all)
- d. Other work may be seen as a priority
- e. Lack of involvement across the NMC due to differing views within the organisation and disengagement.
- f. Focussing too rigidly on one area of the organisation

Mitigations and controls

Current risk score: L x I = TBC

Some of the work required to carry out the recommendations is already in train (details to be added).

- a, b. Revision of Business Plans to ensure the additional work can be incorporated effectively
- a, b. The culture transformation and FTP improvement plan are prioritised by the organisation and other work is paused
- a-f. Leadership team are held to account
- a-f. Performance against project plans and outcomes is regularly monitored and action is taken where progress is slow or outcomes are not being achieved
- a. Mechanism needed to ensure all learning is consolidated and visible and that progress to ensure effectively implemented is tracked

Resulting in... (possible impact)

Inherent risk score: L x I = TBC

- loss of trust and confidence internally and externally
- The appearance that we are not taking the situation seriously
- Colleagues leaving to seek alternative employment
- Failure to attract new staff
- Further accusations and publicity
- Fractured, disengaged and exhausted workforce
- Legal challenges, tribunals

What is being monitored to inform a change to the risk score?

- Progress against plan and achievement of outcomes
- Annual staff survey
- Ambitious appraisals
- Key people metrics – staff turnover, exit interviews, concerns raised with HR, Unison and speak up ambassadors

Planned actions | Target date | Action owner

Target risk score: L x I = 4 by TBC

- a. Consolidated culture transformation plan
- a. Mechanism to ensure learning from reviews is visible and EDs are held to account all
- a. Continually review Business Plans to ensure any additional work can be incorporated as and when required
- a. Clarity of reporting for culture transformation plan

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. Rationale: to reflect recent issues (negative outcomes of reviews of processes/people and culture/our role) Agreed at EB May 24
REG22/04	Regulatory concerns (education)	12/4/24: Inherent risk assessed, and likelihood score increased from 4 to 5 new total score of 20. Rationale: Lack of resource to manage new contract transition and manage core business due to senior staff sickness (education QA). Agreed at EB June 24.
PEO24/01	Culture	22/05/24: 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. Rationale: 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. Agreed at EB June 24.
GOV24/01	Change and Portfolio	22/05/24: 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. Rationale: Increasing pressures on the delivery of Priority Outcomes 1 (fitness to practise), 2 (Learning Culture), and 5 (Integrity of the Register). Agreed at EB June 24.
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. Rejected at EB May 24
TECH24/01	Systems access	Current risk score suggested increase from Amber (15) to Red (16) Rationale: 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. Agreed at EB June 24.
PEO24/05	Organisational stability	New risk added around stability of our leadership teams. Agreed at EB June 24
TECH24/01	Systems access	Target risk score amended from green 8 to amber 12. Rationale: Because of the nature of the data the NMC holds and the ever-evolving cyber threat. Agreed by risk owner 18/10/24
STR18/01	Fail to meet expectations	18/10/24 Risk completely revised with unnecessary content removed to ensure it focuses on current key matters. No change to overall risk description or score – content approved by the ED of CE 22/10/24
REG24/01	Safeguarding	The risk owner has recommended an increase to the impact score increasing the risk to RED 25. This is to reflect the outcome of the People and Culture review and the safeguarding audit. Agreed at EB October 24
PEO24/05	Organisational stability	The risk owner has recommended an increase to the likelihood score increasing the risk to RED 20. This is to reflect the instability and movement at executive level with 2 more EDs leaving the organisation. Agreed at EB October 24

Summary of key changes part 2

Risk ref	Risk	What has changed
STR24/07	Risk that we fail to mature our process and culture around data and insights	Risk from the RTS operational risk register being considered for escalation, so that progress of the actions and mitigations identified are visible to both the Executive and Council, with Audit Committee oversight Agreed at EB October 24
PEO24/10	We fail to effectively respond to the recommendations from learning reviews and deliver the cultural change that is needed, resulting in the experience of colleagues not improving, and our regulatory and safeguarding responsibilities not being delivered	New risk around learning recommendations from reviews and how we respond - Agreed at EB October 24
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 instability at the Executive levels of the organisation.	<p>Amendment to wording suggested at Audit Committee at its meeting in November 2024 to include 'The Council' as well as the Executive when referring to instability at the NMC:</p> <p>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 instability at the Executive <u>and Council</u> levels of the organisation.</p> <p>Agreed by the ED's POE November 2024</p>

1
2
3
4
5
6
7
8
...
98

Nursing and Midwifery Council Financial Monitoring Report

£'m	September 2024 Year-to-Date				Full Year
Income	Actual	Budget	Var.	Var. (%)	Budget
Registration fees	50.2	49.6	0.6	1%	100.5
Other	4.1	4.5	(0.4)	(10%)	9.2
Total Income	54.3	54.1	0.2	1%	109.6
Expenditure					
<u>Core Business</u>					
Professional Regulation	31.4	32.9	1.5	4%	66.0
Resources & Technology Services	9.6	10.4	0.8	8%	21.7
People & Organisational Effectiveness	6.6	6.3	(0.4)	(6%)	12.7
Professional Practice	3.5	3.9	0.4	10%	7.6
Strategy & Insight	1.9	2.2	0.3	14%	4.7
Communications & Engagement	1.7	1.8	0.1	7%	3.6
Directorate - Core Business	54.7	57.5	2.8	5%	116.3
<u>Corporate</u>					
Depreciation	2.0	2.0	-	-	4.1
PSA Fee	1.1	1.1	-	-	2.1
Apprenticeship Levy*	0.1	0.1	-	-	0.3
Contingency	0.3	0.7	0.4	60%	1.5
Panel Holiday Pay	-	-	-	-	1.1
Total Corporate	3.5	3.9	0.4	10%	9.1
Total Core Business	58.2	61.4	3.2	5%	125.4
Surplus/(Deficit) excluding Programmes	(3.9)	(7.3)	3.4	46%	(15.8)
Programmes & Projects					
Accommodation Project	-	0.2	0.2	100%	0.5
Modernisation of Technology Services	3.6	4.1	0.5	12%	7.0
Technology Improvements	-	0.1	0.1	100%	0.5
Modern Workplace for Me	0.1	0.1	-	-	0.1
Functional master & data project	-	0.1	0.1	100%	0.3
People & Culture Investigation	0.2	0.2	-	-	0.2
D&A FtP caseload improvement	-	0.1	0.1	100%	0.2
Thirlwall Enquiry	-	-	-	-	0.1
Regulatory Reform	0.4	0.4	-	-	1.0
Insight Programme	-	0.1	0.1	100%	0.1
Total Programmes/Projects	4.3	5.4	1.1	21%	9.9
Total Expenditure including capex	62.5	66.8	4.3	6%	135.3
Capital Expenditure	3.8	4.5	0.7	15%	7.8
Total expenditure excluding capex	58.6	62.3	3.6	6%	127.4
Net income	(4.4)	(8.2)	3.9	48%	(17.7)
Unrealised Gains/(Losses) on Investments	1.4	-	1.4	-	
Net Surplus/(Deficit) excluding capex	(2.9)	(8.2)	5.3	64%	(17.7)
Free Reserves	37.2	25.6	11.6	45%	14.8

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

Balance Sheet (£'m)	Mar-24	Sep-24	Change	Change %
Fixed Assets				
Tangible and Intangible Fixed Assets	36.8	38.7	1.9	5%
Investments	38.6	40.2	1.6	4%
Total Fixed Assets	75.4	78.9	3.5	4%
Current Assets				
Debtors	4.5	4.6	0.1	2%
Fixed notice bank deposits	54.8	45.7	(9.1)	(20%)
Cash	7.9	10.9	3.0	28%
Total Current Assets	67.2	61.2	(6.0)	(10%)
Total Assets	142.6	140.1	(2.5)	(2%)
Liabilities				
Creditors	(59.9)	(60.4)	0.5	1%
Provisions	(3.9)	(3.9)	-	-
Total Liabilities	(63.8)	(64.2)	0.5	1%
Net Assets	78.8	75.9	(2.9)	(4%)
Total Reserves	78.8	75.9	(2.9)	(4%)
Free Reserves	42.0	37.2	(4.8)	(13%)

Statement of Cash Flows (£'m)	Sep-23	Sep-24
Cashflow from operating activities		
Surplus/(Deficit) (YTD)	0.9	(2.9)
Adjustment for Depreciation (Non-cash)	1.7	2.0
(Gains)/Losses on Investments	0.5	(1.4)
Investment/Dividend income	(0.1)	(0.4)
(Increase)/Decrease in current assets	0.3	(0.1)
Increase/(Decrease) in liabilities	2.0	0.5
Net Cash inflow/(outflow) from operating activities	5.3	(2.3)
Cashflow from investing activities		
Capital Expenditure (YTD)	(4.2)	(3.8)
Net Cash inflow/(outflow) from investing activities	(4.2)	(3.8)
Cashflow from financing activities		
Short term deposit investments	-	-
Net Cash inflow/(outflow) from financing activities	-	-
Cumulative net increase/(decrease) in cash and cash equivalent at month end	1.1	(6.1)
Cash & Cash Equivalent at the beginning of the year	67.2	62.7
Cash & Cash Equivalent at the end of the month	68.3	56.6

NB figures are subject to rounding

Open Council

Update on progressing our Fitness to Practise casework

Action requested:	<p>To update the Council on progress to deliver the aims of our fitness to practise (FtP) improvement plan, namely, safer, faster decisions delivered fairly.</p> <p>The FtP plan is a key corporate priority. Successful delivery will protect the public, improve the experience of everyone involved and minimise the length of time of our investigations.</p> <p>For discussion.</p> <p>The Council is asked to discuss the report.</p>
Key background and decision trail:	<ul style="list-style-type: none">• Strategic risk REG18/02 is: “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.”• The Council approved our FtP plan in March 2024 and we launched it in April 2024. The plan is front-loaded to focus on actions within the first 18 months to build the foundations for sustained, impactful improvement. We aim to address 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 plan summarises the improvements we will implement towards achieving these goals.• This report is a regular update item, providing a summary of current FtP performance, current FtP plan activity and highlighting any challenges. Progress updates are grouped by the four outcome areas of the FtP plan.• At recent Council meetings, these actions were noted:<ul style="list-style-type: none">○ “Provide an update on the benefits of the new case management system for the FtP process.” A business case and adoption plan, including expected benefits, were discussed by the Council in October 2024. We mention this at paragraph 36.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16

	<ul style="list-style-type: none"> ○ <i>“Include further details about the focus on developing a more person-centred and less adversarial approach to FtP in the next update to the Council on progressing the FtP casework”</i>. We have set out the additional investment made to support professionals at paragraph 31. Fundamental change to our process will require regulatory reform, however as part of our refinement of the plan we will look for opportunities to simplify our approach. ○ <i>“Consider what data relating to the oldest cases could be included in the dashboard for the next update to the Council”</i>. We aim to provide this data for the January 2025 Council meeting. ○ <i>“Provide data about caseload by registration type per FtP stage and caseload by country of registered address as a number as well as a percentage in subsequent updates”</i>. This is at paragraph 12. 		
Key questions:	<ol style="list-style-type: none"> 1. What progress have we made to make quicker and safe decisions in FtP? 2. Is our FtP performance improving? 3. Are we delivering our FtP plan within expectations? 		
Annexes:	<p>The following annexe is attached to this paper:</p> <ul style="list-style-type: none"> • Annexe 1: FtP performance dashboard for October 2024. 		
Further information:	<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="384 1547 1402 1688"> <tr> <td data-bbox="384 1547 858 1688"> Author: Janice Cheong Phone: 020 7681 5765 janice.cheong@nmc-uk.org </td> <td data-bbox="858 1547 1402 1688"> Executive Director: Lesley Maslen Phone: 020 7681 5641 lesley.maslen@nmc-uk.org </td> </tr> </table>	Author: Janice Cheong Phone: 020 7681 5765 janice.cheong@nmc-uk.org	Executive Director: Lesley Maslen Phone: 020 7681 5641 lesley.maslen@nmc-uk.org
Author: Janice Cheong Phone: 020 7681 5765 janice.cheong@nmc-uk.org	Executive Director: Lesley Maslen Phone: 020 7681 5641 lesley.maslen@nmc-uk.org		

Update on progressing our Fitness to Practise casework

Discussion

Context

- 1 There have been significant efforts by our teams since the launch of the FtP Plan in April 2024 to improve our work in fitness to practise. These improvements will ensure we continue making decisions that keep people safe, doing this in the most timely and considerate way possible, and in a way that will be sustainable into the future.
- 2 Some activities have been delivered as planned, for example:
 - 2.1 Improving the legal review process to reduce the time it takes to identify what we need to present to panels at hearings.
 - 2.2 Expanding our new triage function so all new member of the public referrals are routed through this team. We are further expanding this function, to include self-referrals from professionals in the New Year.
- 3 We are making good progress with other activities, some of which are:
 - 3.1 Better support and training for Hearings Coordinators. We are seeing new starters complete their training more quickly which means they make an impact sooner.
 - 3.2 Making efficiencies in our operational work around hearings, for example, allocating panels to Investigating Committee hearings more quickly using our new panel allocations tool.
 - 3.3 Expanding our safeguarding capabilities.
- 4 From the outset of the FtP plan, we recognised the need for an agile approach including regular review of the interventions and delivery progress to ensure the plan would achieve its aims. We reported at the September 2024 Council meeting the need to strategically review the FtP plan and since then, this work has progressed. The drivers for this work have been:
 - 4.1 An opportunity six months after the plan was launched to analyse our current capacity and whether our plans are still expected to make the desired impacts. This analysis has taken into account our delivery so far and changes to our operating context. For example whilst we are now producing more decisions at Screening, the level of referrals we have received this financial year has been higher than forecasted (21 percent higher) which reduces the impact of our improvements.
 - 4.2 Consideration of how we will successfully implement the recommendations of the independent culture review which was published in July 2024.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16

5 We have sought feedback and expertise from internal and external stakeholders about the FtP plan. These groups have included Chief Nursing Officers and Chief Midwifery Officers, representative bodies and our Public Voice Forum. Similar engagement has occurred internally via employee briefings, engagement with our Employee Forum and within FtP Insight groups which are voluntary sessions facilitated by our change management team and held every few weeks for interested colleagues.

6 More oversight and channels for challenge and provision of expertise on our work have been established:

6.1 Anthony Omo, General Counsel and Director of Fitness to Practise at the General Medical Council, has joined us on a secondment for three months. He is working closely with our Professional Regulation Executive Director, to provide advice about our Screening operations. We also anticipate the appointment of a senior clinical advisor to the Professional Regulation Executive Director.

6.2 The Independent Oversight Group, which is chaired by colleagues from the Professional Standards Authority (PSA) and will oversee the changes we make towards improving our culture following the publication of the independent culture review and also our FtP performance, which is interlinked. Information can be [found on the PSA's website here](#).

7 On 19 November 2024, our FtP Executive Board discussed our suggested proposals for refinements to the plan. We will provide an update at the January 2025 Council meeting.

Performance since September

8 These performance updates around our four primary outcomes (timeliness, quality and safety, person centred and proportionate service, and cost efficiencies) are a summary of key headlines since the last Council meeting in September 2024 and also represent a forward look.

9 Time series charts can be found in the dashboard at Annexe 1, detailing overall case holding, median case age in weeks, decision per stage (progressions in Investigations) and referral levels.

Outcome 1: Improved timeliness and reduction of our oldest cases

10 The overall caseload stood at 6,581 on 31 October 2024, compared to 6,059 at 31 March 2024. This is largely due to continuing high numbers of referrals and our decision numbers not keeping pace.

11 The majority of the caseload is at the Screening stage (47 percent), where we are currently receiving more referrals than we are resourced to keep pace with. Our current focus continues to be on reducing the age and the number of cases at Screening.

12 Below are tables showing further detail about our caseload as at 31 October 2024. The category of 'no registrant PIN linked to case' is for open cases where we have not yet confirmed whether the individual is on our register.

12.1 Below is the caseload by registration type. As context, the proportion of professionals on our register as at 31 March 2024 was 92.3 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, October 2024 caseload	Screening stage	Investigations stage	Case Examiners stage	Adjudication stage	Total caseload
Nurse	2,033	1,972	193	1,143	5,341
Midwife	171	103	10	55	339
Dual	4	4		1	9
Nursing Associate	23	13	2	1	39
No Registrant PIN linked to case	853				853
Grand Total	3,084	2,092	205	1,200	6,581

Fitness to practise caseload by registration type broken down into our stages, October 2024	Screening stage	Investigations stage	Case Examiners stage	Adjudication stage	Total caseload
Nurse	65.9%	94.3%	94.1%	95.3%	81.2%
Midwife	5.5%	4.9%	4.9%	4.6%	5.2%
Dual	0.1%	0.2%	0.0%	0.1%	0.1%
Nursing Associate	0.7%	0.6%	1.0%	0.1%	0.6%
No Registrant PIN linked to case	27.7%	0.0%	0.0%	0.0%	13.0%
Grand Total	100%	100%	100%	100%	100%

12.2 Below is the caseload by country of registered address:

Fitness to practise caseload by country of registered address broken down into our stages, October 2024	Screening stage	Investigations stage	Case Examiners stage	Adjudication stage	Total caseload
England	1,787	1,653	169	961	4,570
Scotland	205	192	21	96	514
Wales	123	89	7	74	293
Northern Ireland	85	107	5	38	235
Overseas	31	51	3	31	116
No Registrant PIN linked to case	853				853
Grand Total	3,084	2,092	205	1,200	6,581

Fitness to practise caseload by country of registered address broken down into our stages, October 2024	Screening stage	Investigations stage	Case Examiners stage	Adjudication stage	Total caseload
England	57.9%	79.0%	82.4%	80.1%	69.4%
Scotland	6.6%	9.2%	10.2%	8.0%	7.8%
Wales	4.0%	4.3%	3.4%	6.2%	4.5%
Northern Ireland	2.8%	5.1%	2.4%	3.2%	3.6%
Overseas	1.0%	2.4%	1.5%	2.6%	1.8%
No Registrant PIN linked to case	27.7%	0.0%	0.0%	0.0%	13.0%
Grand Total	100%	100%	100%	100%	100%

13 As shown in Annexe 1, we are continuing to receive a sustained high level of referrals. We received 611 referrals in September 2024, the highest number in one month in the last five years. October saw 560 referrals. The average number of

referrals for April to October was 544 per month, which is 21 percent above our original assumed level of 450.

- 14 The majority of our referrals are from members of the public (36 percent in October), with the next highest source being employers (29 percent in October). Around 75 percent of the cases we receive require no further investigation and conclude at Screening.
- 15 We produced 882 outcomes overall in September and 834 in October (decisions and completion of investigations):

	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sept-24	Oct-24
Overall decisions / progressions	805	861	725	804	710	882	834

Screening

- 16 The highest proportion of these outcomes is at Screening. Notwithstanding the impact of higher than planned referral numbers, we made 580 decisions in September and 609 decisions in October (the highest monthly number of decisions in recent years). We are expecting to maintain this higher level of Screening outcomes, with the decision making capacity further boosted by five experienced Case Examiners who are now temporarily working in the team to assist with case reviews and decisions.
- 17 We are continuing to make positive steps with the queue of cases awaiting allocation (lower risk cases to be actively worked on). On 12 April 2024 we had 949 cases which were awaiting allocation to a dedicated case officer, as of 30 October that pot has reduced to 103, a reduction of 89 percent. We are still receiving lower risk cases so the overall number of cases awaiting a dedicated case officer is 476, an overall reduction of 50 percent.

Investigations

- 18 Our improved performance at Screening means that the volume of cases flowing to our Investigations team has been increasing (177 in September and 151 in October) and the number of investigations we are completing is not keeping pace. This is mainly due to ongoing recruitment, retention and onboarding challenges. We expect performance to improve as colleagues become more comfortable in role and the volume of cases returned by our external legal firms increases.

Case Examiners, Case Preparation and Presentation (CPP) and Adjudications

- 19 Our administrative teams in these areas have reduced the number of outstanding tasks over September and October, after a dedicated focus and also team changes in CPP to increase the administrative capacity in that area.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16

20 Our CPP colleagues complete legal reviews of all cases going to a Fitness to Practise panel. At the end of September there were 480 cases awaiting a legal review and this was reduced to 354 as at 31 October, a 26 percent reduction with work planned to complete more legal reviews in November and make more cases ready for hearings.

21 At the Adjudications stage, we are continuing to improve our allocation of panels to hearings. At the beginning of the year we were allocating panels to events two weeks ahead of time, we are now allocating panel members 10 weeks in advance of substantive hearings. This is important as improved, earlier allocation allows efficient distribution of case papers and sufficient preparation time for panels further in advance.

Oldest cases

22 Teams are actively focusing on our oldest cases at each stage of the process and long term downward trends in the median age of our caseload can be seen at the Screening, Investigation and Case Examiner stages of our process at Annexe 1. It can also be seen that, as a result of moving cases through our process we will see an increase in the median age of cases at the final stage which we will address by increasing the decision making capacity of panel members in the coming year.

23 Of the 609 Screening decisions made in October, 86 decisions were on cases aged over 12 months. Six of those have been open for over three years and we have been able to conclude the Screening process.

24 The Investigations team has made some progress with the oldest cases in their caseload. In April 2024, the number of cases 78 weeks or older was 703 and as at October 2024 it was 643, an 8.5 percent reduction.

Outcome 2: Improved quality and safety

25 Longer term work is in train to develop a quality framework for our FtP process, with other improvements to quality being progressed now in parallel. Below are key updates on our immediate improvement work.

26 Our new safeguarding hub launched in September at Screening and continues to bed in. It is enabling additional checks for safeguarding risks early in the process at the point where we receive new referrals, which will help us more effectively manage safeguarding concerns as part of our case progression. We are building up our safeguarding expertise and capability in the NMC, having recently recruited additional colleagues to the safeguarding team who will start in the coming months. They will support the ongoing organisational-wide work to strengthen our safeguarding framework and more information is available at agenda item 8.

27 Earlier in the year, we ran the first of new risk assessment training sessions to strengthen colleagues' knowledge of when and how to apply risk assessments and interim orders when handling cases. This will see more consistency of approach across FtP teams, strengthen our management of risk at different points in the FtP process and consolidates knowledge of interim order guidance and process

changes. In October we ran the latest round of training and this will occur every few months, aimed at new colleagues as well as being a refresher session for others.

- 28 Our interim order (IO) KPI, is imposition of 80 percent of IOs within 28 days of receipt of the case. Our year to date performance is 66 percent, the same as reported in our September 2024 Council report. Monthly performance for September was 72 percent and October was 57 percent. We are reviewing our performance against this KPI and whether the KPI remains appropriate.
- 29 To strengthen our quality assurance oversight, we have developed an interim quality dashboard whilst the longer term quality framework work continues. It provides an interactive overview of decision outcomes, appeals, themes, and actions. The next step will be embedding this within regular monitoring and review by leaders and this will help us identify learning on an ongoing basis.

Outcome 3: Person centred, proportionate service

- 30 The most person-centred aspect of our plans is to keep casework progressing and thus reducing delays for people involved in our processes. Our FtP plan involves activity to also ensure that we improve the experience for people involved in our FtP process. For example, our safeguarding work, as mentioned above. Other key updates are below.
- 31 We have invested in the recruitment of three new Professional Liaison Officer roles to support professionals involved in our process, this is in addition to the other support services we offer.

For NMC colleagues

- 32 The independent culture review report highlighted areas within our culture that we need to address across the NMC. Our people are central to delivery of the FtP plan. Following the report, we are continuing to invest in the development of our leaders and managers and in the psychological safety of our teams, to improve the wellbeing and satisfaction of our people and the performance of our teams.
- 33 Support is continuing to be rolled out to FtP colleagues who might often face sensitive and difficult situations in their work. We are able to provide support for up to 25 colleagues at any one time, however at this point take-up is low. We will continue to raise awareness of the decompression service and its availability for those who need it.

Outcome 4: Cost efficiencies

- 34 Hearings are costly and a key driver to achieving this outcome is reducing the average length of hearings. This is a focus for the next few months, with the Adjudications team already implementing operational efficiencies towards this goal.
- 35 As part of the current business planning and budgeting round, we are re-visiting our modelling and our planned activity for this outcome, given some current factors which are:- our work to review the FtP plan and how we will deliver the recommendations of the independent culture review report, and re-looking at our

year to date performance and forecasted demand across different parts of the FtP process.

- 36 With regard to other efficiencies, in October 2024 the Council agreed the implementation approach for a new case management system to replace our current legacy system. This work will be implemented in a phased way. As outlined to the Council as part of that discussion, we expect financial and non-financial benefits once embedded as the new systems will streamline workflow and reporting.

Enablers

- 37 We previously reported on the roll out of a new case weighting tool, which will support us to allocate cases in a way that supports more equitable and manageable workloads. This work has been continuing with the Investigations teams completing a form for each of their cases so that we build up a summary of the needs for each case and over 1,200 cases have been weighted so far. Screening decision-makers are also currently assessing their cases, and this will help the Investigations team allocating any of these cases which progress to this stage from Screening. Rollout will start soon with the CPP team. Our people have welcomed this and it is an important element of our response to findings in the independent culture review report.
- 38 There is some indication that we are seeing some impact from our approach to move around 140 colleagues on fixed term contracts onto permanent contracts, to create more stability for those colleagues and within teams. Turnover in September was 10.1 percent for FtP teams and decreased to 8.8 percent for October.

Next Steps

- 39 We will continue to update the Council on our FtP plan work and our casework progress at every Open Council meeting and also include updates on the anticipated impacts from Ijeoma Omambala KC's report on our FtP work.
- 40 Our stakeholder engagement activity will continue. This is vital work as it provides much valued test and challenge on our plans, to ensure the change we deliver makes a meaningful impact to the people involved in our FtP process.

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 1	
Safeguarding considerations	Yes	Para 26	

The four country factors and considerations.	Yes	Para 5	Our engagement work on the plan includes engagement with the Chief Nursing and Chief Midwifery Officers of the four nations.
Resource implications including information on the actual and expected costs involved.	Yes	Para 35, 36	Our work to review the plan has taken into account resource implications.
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 12	
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 5	

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16

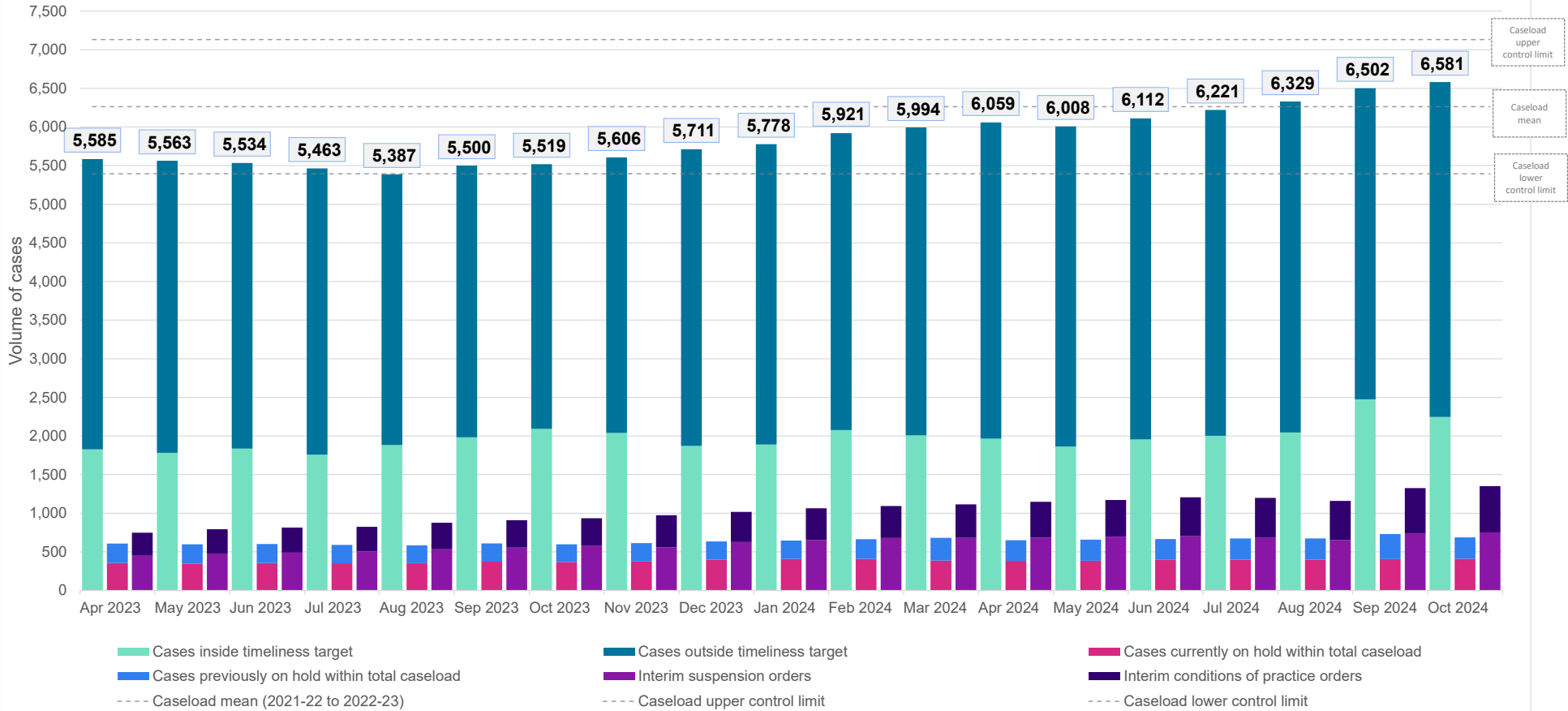
Regulatory Reform.	Yes		Swift and fair decisions in FtP are a prerequisite for effective delivery of regulatory reform and will ensure the teams are well placed to adjust to significant changes in ways of working.
--------------------	-----	--	---

Fitness to Practise Council performance dashboard October 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 FfP caseload based on operating assumptions for the current and previous financial year.

A1

Fitness to practise caseload



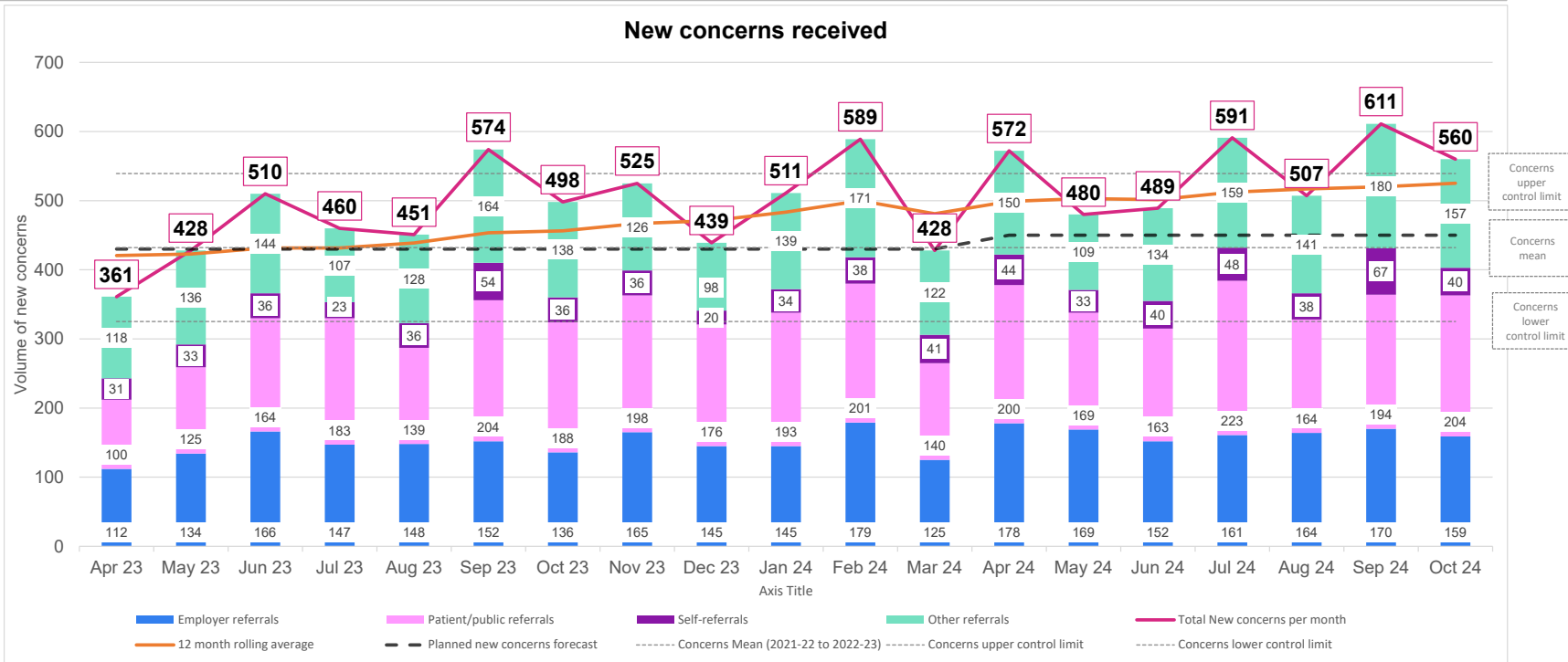
Commentary October 2024

Caseload increases in recent months have mainly been driven by the sustained high level of referrals, above our planned assumptions.

Fitness to Practise Council performance dashboard October 2024

The chart below shows the total number of new concerns we have received into fitness to practise on a monthly basis, our rolling 12 month average for the concerns we have received and our planned forecast for referrals for the period. We have provided a breakdown of the new concerns by referrer type: employer; patient/public; self-referrals and other. The 'other' cohort includes the following: colleagues (nursing or midwifery), other health professionals, police, anonymous referrers, local authorities, educational institutes, the NMC and unknown referrers.

B1



C1 Monitoring and Compliance

Substantive order review caseload: 420
Undertakings caseload: 135

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.

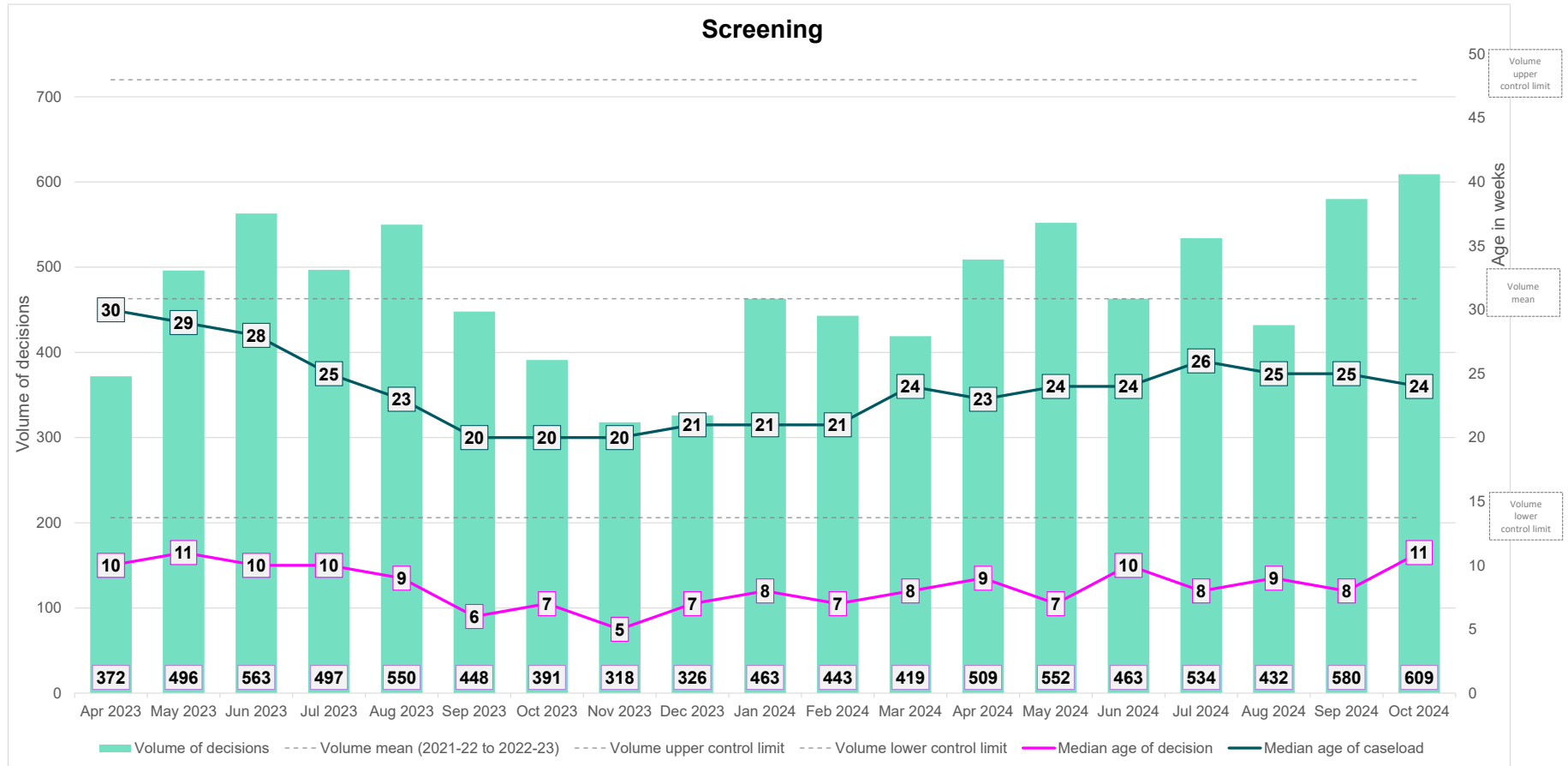
Commentary October 2024
 The number of concerns received in September and October continued to be high, with a high number of 611 referrals for September.

1
2
3
4
5
6
7
8
9
10
11
12
13
..

Fitness to Practise Council performance dashboard October 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 October 2024

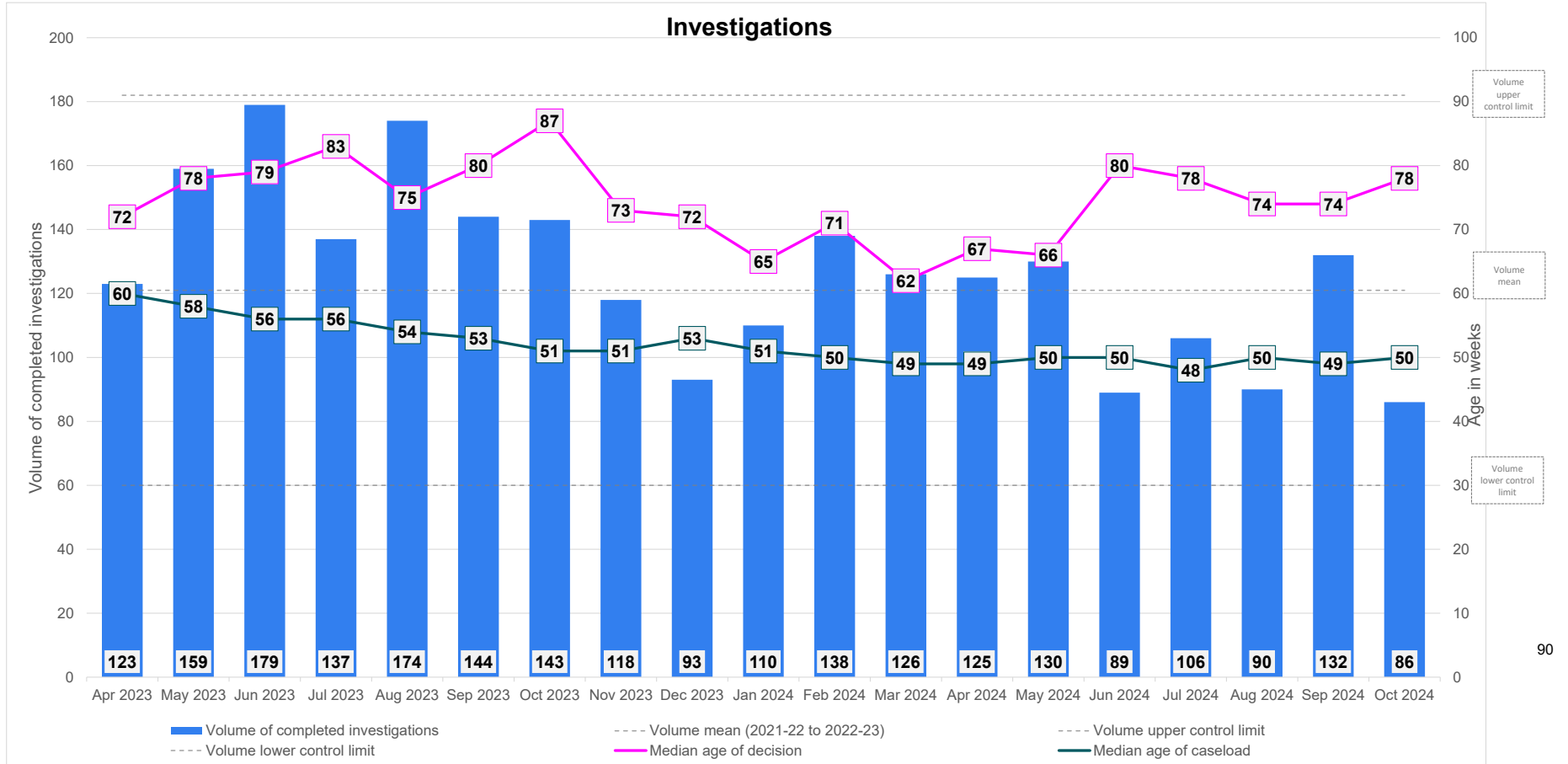
September and October saw a notable improvement in the number of Screening decisions made, following a summer of recruiting and onboarding additional colleagues. 609 decisions in October was a high number of decisions in one month. We expect to maintain the higher number of decisions being made, further boosted by 5 Case Examiners temporarily working in the Screening team now.

1
2
3
4
5
6
7
8
9
10
11
12
13
...

Fitness to Practise Council performance dashboard October 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 October 2024

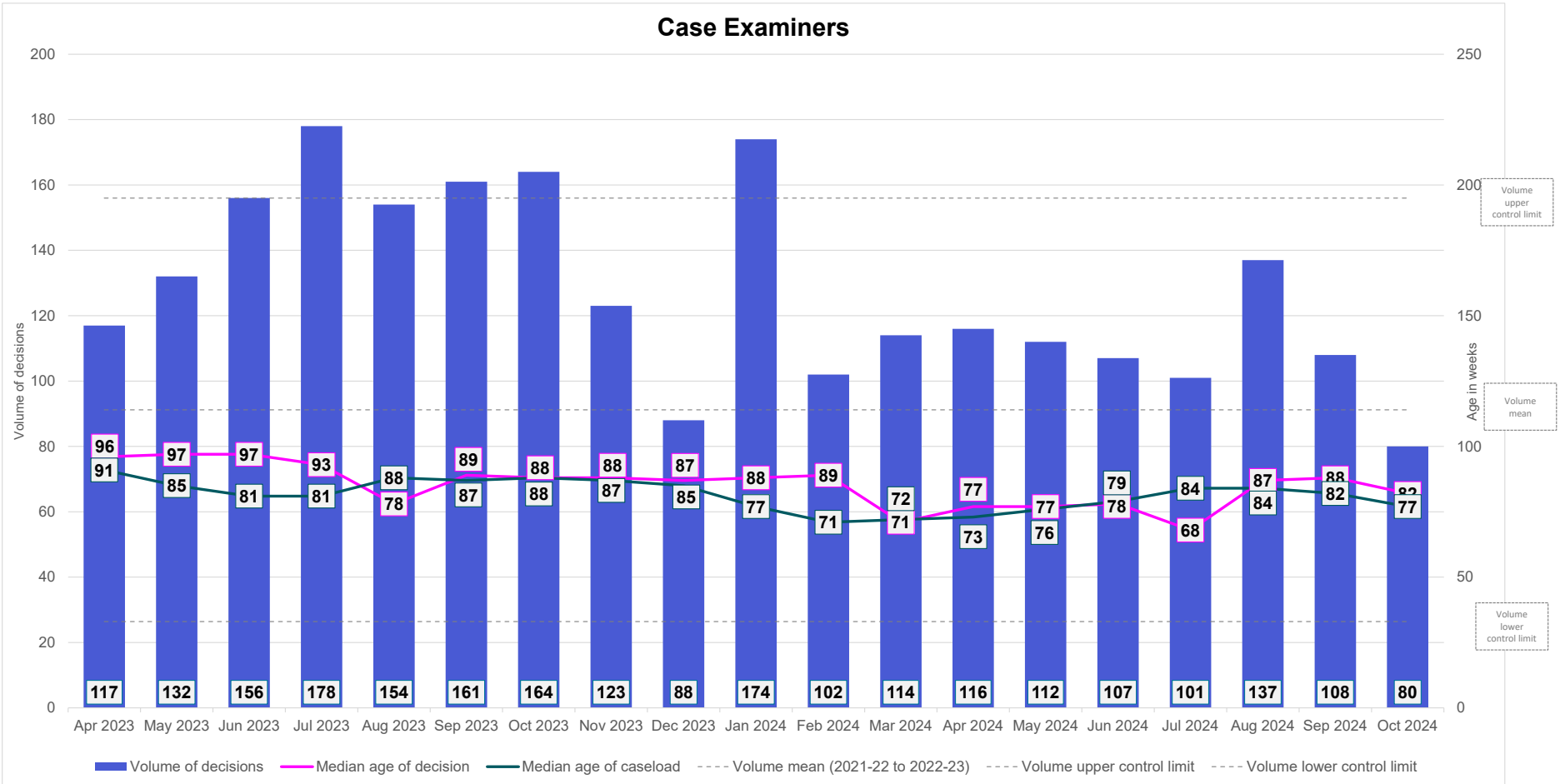
The number of investigations being completed and progressing to the Case Examiners, is not keeping pace with the number of cases progressing to this stage from Screening (which is showing an increasing trend because of the improvements in Screening decision numbers). This is mainly due to ongoing recruitment, retention and onboarding challenges. We expect performance to improve as colleagues become more comfortable in role and the volume of cases returned by our external firms increases.

1
2
3
4
5
6
7
8
9
10
11
12
13
...

Fitness to Practise Council performance dashboard October 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 October 2024

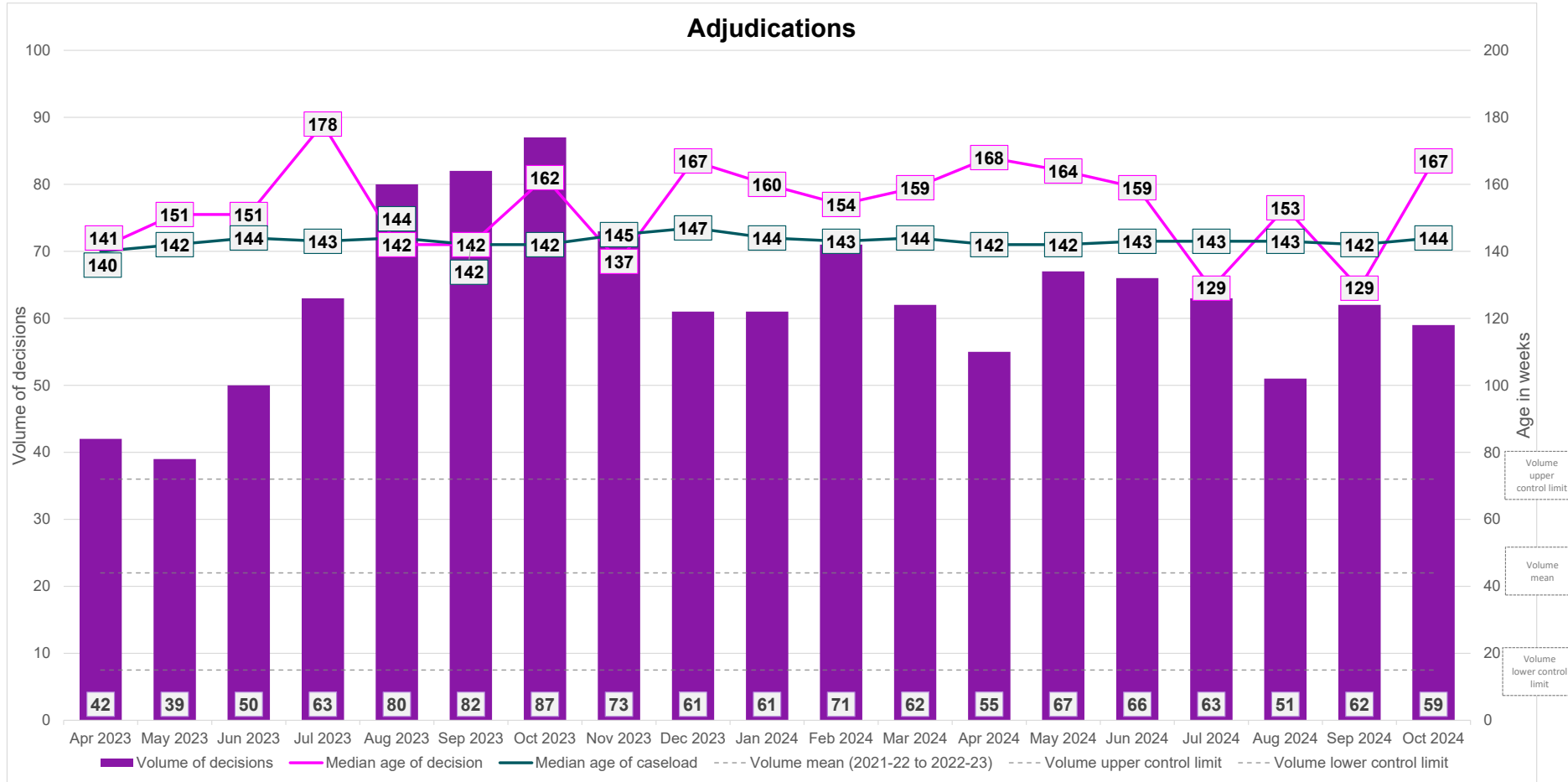
The Case Examiners continue to progress cases quickly through the stage, with a lower caseholding compared to other stages. Decision numbers are lower than planned but this reflects the volume of cases available for the team to work on, rather than any capacity issues within the team.

1
2
3
4
5
6
7
8
9
10
11
12
13
...

Fitness to Practise Council performance dashboard October 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 October 2024

Decisions made each month had remained steady for September and October.

1
2
3
4
5
6
7
8
9
10
11
12
13
...

Council

NMC’s response to Care Quality Commission’s (CQC) National Review of Maternity Services 2022-2024

Action requested:	<p>A review of the CQC’s National review of Maternity Services 2022-2024 and our response to the aspects of the report requesting our attention.</p> <p>The Council is asked to note the report.</p>
Key background and decision trail:	<p>Background</p> <ul style="list-style-type: none"> • The CQC published the report on 19 September 2024 following inspections of the 131 maternity locations across England between August 2022 and December 2023. • Of the locations inspected, 36% were rated as requires improvement and 12% were inadequate. Only 4% of services were rated as outstanding and 48% were rated as good. • At 12 locations, ratings for being well-led dropped by 2 ratings levels and at 11 locations, ratings for being safe dropped by 2 levels, with 47 % of locations rated as requires improvement for key safety questions. • Whilst pockets of excellent practice were identified, the CQC has raised concerns that too many women and babies are not receiving the high-quality maternity care they deserve. • The document has set out recommendations to address the safety concerns within maternity. • There were two specific recommendations for the NMC namely: <ul style="list-style-type: none"> The report recommends NHS England <ul style="list-style-type: none"> • <i>Works with the Nursing and Midwifery Council and Royal College of Obstetricians and Gynaecologists to establish a minimum national standard for midwives delivering high dependency maternity care.</i>

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16

	<ul style="list-style-type: none"> • <i>That the Nursing and Midwifery Council uses the findings to review its proficiency standards for midwives.</i> 	
Key questions:	Are Council content that: <ul style="list-style-type: none"> • we continue to work with stakeholders and keep standards of proficiency under review to take account of new evidence? 	
Annexes:	The following annexe is attached to this paper: Annexe 1: Care Quality Commission National Review of Maternity Services In England 2022 to 2024 September 2024	
Further information:	If you require clarification about any point in the paper or would like further information, please contact the author or the director named below.	
	Author: Dr Jacqui Williams jacqui.williams@nmc-uk.org	Executive Director, Professional Practice: Sam Foster sam.foster@nmc-uk.org

NMC's Response to Care Quality Commission's (CQC) National Review of Maternity Services 2022-2024

Discussion

Our response

- 1 As we do not set national standards for post registration, the request that we work with the RCOG to establish minimum national standard for midwives delivering high dependency maternity care would be the role of the RCM. We would support this work in our role as the regulator of midwives.
- 2 We have mapped the Code and the Standards of proficiency for midwives to the whole report (see mapping document attached). This demonstrates that at the point of registration, midwives have the skills to detect and escalate to an appropriate healthcare practitioner when a woman or newborn infant has complex needs or complexities. They are also able to observe any deterioration in their condition.
- 3 As a result of mapping our Standards of proficiency for midwives to the CQC report, we are clear that the skills for high dependency are gained after initial registration, if required for a midwife's scope of practice.
- 4 Whilst the NMC collects and publishes equality and diversity data, this exercise has shown that the application of this should be strengthened within our standards of proficiency and the code.

Next Steps

- 5 We have met with the CQC to express our support for the tenet of this report. We discussed and have shared the mapping document detailing our position in relation to skills to be met at the point of initial registration.
- 6 We will support the RCOG/RCM in this work as required.
- 7 We will share the findings in this mapping exercise with the CQC.
- 8 We will continue to keep our standards of education under review collaborating with our key stakeholders to remain agile to the changing needs of our population.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16

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 9	For RCM/RCOG
Safeguarding considerations	Not Applicable		
The four country factors and considerations.	Not Applicable		England only report
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		
Legal considerations.	Not Applicable		
Midwives and/or nursing associates.	Yes		The report was maternity specific and there are recommendations that are relevant for midwifery regulation
Equality, diversity, and inclusion and Welsh Language impact.	Not Applicable		
Stakeholder implications and any external stakeholders consulted.	Not Applicable		Working with the CQC
Regulatory Reform.	Not Applicable		

Annexe 1

Care Quality Commission National Review of Maternity Services in England 2022 to 2024 September 2024

The Code Professional standards of practice and behaviour for nurses, midwives and nursing associates and the Standards of proficiency for midwives have been mapped to recommendations and themes in the report. Most of the recommendations of the report are not within the scope of our standards for entry to the register but will align with the continuing development of the midwife following registration as they progress in their scope and role in midwifery practice.

Key Recommendations	Standards of proficiency for midwives	The Code	Comment
<p>For NHS trusts:</p> <ul style="list-style-type: none"> All women leave hospital with the information they need to process the experience Opportunity to co-produce improvements in future 	<p>1.10 demonstrate understanding of women’s relationships and individual family circumstances and the ability to communicate and involve her partner and family in discussions and decisions about her care and the care of the newborn infant, always respect the woman’s preferences and decisions about who to involve and the extend of involvement and communication</p> <p>1.11 use effective, authentic and meaningful communication skills and strategies with women, newborn infants, partners and families, and colleagues</p>	<p>2.1 working in partnership with people to make sure you deliver care effectively</p> <p>3.3 work in partnership with those receiving care, helping them to access relevant health and social care, information and support when they need it</p> <p>14.2 explain fully and promptly what happened, including the likely effects and apologise to the person affected and, where appropriate, their advocate, family or carers</p>	<p>Aligns to our standards</p>

1
2
3
4
5
6
7
8
9
10
11
12
13
..

	<p>1.13 demonstrate the ability to always work in partnership with women, basing care on individual women's needs, views, preference and decisions, and working to strengthen women's own capabilities to care for themselves and their newborn infant</p> <p>1.24 understand the importance of effective record keeping and maintain consistent complete, clear, accurate, secure and timely records to ensure an account of all care given is available for review by the woman and by all professionals involved in care</p> <p>5.3 demonstrate knowledge and understanding of how to work with women, partners, families, advocacy groups and colleagues to develop effective improvement strategies for quality and safety, sharing feedback and learning from positive and adverse outcomes and experiences.</p>		
--	--	--	--

1
2
3
4
5
6
7
8
9
10
11
12
13
..

<p>NHS Trusts and ICBs</p> <ul style="list-style-type: none"> • Collection of data • Demographic data includes ethnicity data • Importance of staff knowing how to use this data to improve outcomes for women 	<p>4.2 identify and use reports and data on local, national and international preference and risk to develop knowledge and awareness of complications and additional care needs that may affect women, newborn infants and families.</p> <p>5.12 effectively and responsibly use a range of digital and other technologies to access, record, share and apply data within teams and between agencies.</p>	<p>10.6 collect, treat and store all data and research finding appropriately.</p>	<p>The NMC collects its own data on demographics and ethnicity in relation to the make-up of the register.</p>
<p>NHS England</p> <ul style="list-style-type: none"> • Develop guidance and definitions of a patient safety event, ensure reporting in line with Learn for Patient Safety Events • Oversee performance of maternity triage services • Works with Nursing and Midwifery Council and Royal College of Obstetricians and Gynaecologists to establishing minimum national standard for midwives delivering high 	<p>5.1 demonstrate knowledge of quality improvement methodologies and the skills required to actively engage in evidence-informed quality improvement processes to promote quality care for all</p> <p>5.2 demonstrate an understanding of how to identify, report and critically reflect on near misses, critical incidents, major incidents and serious adverse events</p>	<p>6.2 maintain the knowledge and skills you need for safe and effective practice</p> <p>13.3 ask for help from a suitably qualified and experienced professional to carry out any action or procedure that is beyond the limits of your competence.</p> <p>13.5 complete necessary training before carrying out a new role</p> <p>15.1 only act in an emergency within the limits of your knowledge and competence</p>	<p>This is not a recommendation for the Nursing and Midwifery Council.</p> <p>Suggest the development for the minimum standards for midwives delivering high dependency care led by Royal College of Obstetricians and Gynaecologists (RCOG) and Royal College of Midwives (RCM).</p>

1
2
3
4
5
6
7
8
9
10
11
12
13
..

dependency maternity care		16.2 raise your concerns immediately if you are being asked to practise beyond your role, experience and training	
<p>For the Department of Health and Social Care (DHSC)</p> <ul style="list-style-type: none"> • Provide additional capital investment in maternity to ensure that women receive safe, timely care in an environment that protects their dignity and promotes recovery • Works with NHS England that this additional investment is ring-fenced and receive investment they need. 	Not applicable	No applicable	This is not a recommendation for the Nursing and Midwifery Council

1
2
3
4
5
6
7
8
9
10
11
12
13
..

<p>For the Nursing and Midwifery Council</p> <ul style="list-style-type: none"> Review the proficiency standards for midwives 			<p>Please see sections above and below that have reviewed the Standards of proficiency for midwives and the Code.</p>
<p>Themes</p>			
<p>Responding and learning from incidents</p>	<p>5.2 demonstrate an understanding of how to identify, report and critically reflect on near misses, critical incidents, major incidents and serious adverse events</p> <p>5.3 demonstrate knowledge and understanding of how to work with women, partners, families, advocacy groups and colleagues to develop effective improvement strategies for quality and safety, sharing feedback and learning from positive and adverse outcomes and experiences.</p> <p>5.6 recognise risks to public protection and quality of care and know how to escalate concern in line with local/national escalation guidance and policies</p>	<p>8.4 work with colleagues to evaluate the quality of your work and that of the team</p> <p>9.1 provide honest, accurate and constructive feedback to colleagues</p> <p>9.2 gather and reflect on feedback from a variety of sources, using it to improve your practice and performance</p>	<p>Aligned to standards and Code.</p>

1
2
3
4
5
6
7
8
9
10
11
12
13
..

	5.9 contribute to team reflection activities to promote improvements in practice and service		
Risk assessment and triage	3.26 understand when additional care or support is needed and demonstrate how to consult and make referrals for additional care or support needs when necessary	<p>8.6 share information to identify and reduce risk</p> <p>8.7 be supportive of colleagues who are encountering health or performance problems, However, this support must never compromise or be at the expense of patient or public safety</p> <p>10.2 identify any risks or problems that have arisen and the steps taken to deal with them, so that colleagues who use the records have all the information they need.</p> <p>11.1 only delegate tasks and duties that are within the other person's scope of competence, making sure that they fully understand your instructions</p> <p>11.3 confirm the outcome of any task you have delegated to someone else meets the required standard</p>	Aligned to standards and Code.

1
2
3
4
5
6
7
8
9
10
11
12
13
..

<p>Recruitment and retention of staff</p>	<p>1.7 demonstrate knowledge and understanding of the role and scope of the midwife in the 21st century</p> <p>5.18 demonstrate the ability and commitment to develop as a midwife to understand career pathways that may include practice, management, leadership, education, research and policy, and to recognise the need to take responsibility for engaging in ongoing education and professional development opportunities</p>		<p>This is not a recommendation for the Nursing and Midwifery Council.</p>
<p>Estates and environment</p>	<p>3.21 demonstrate knowledge and understanding of the importance of optimising normal physiological processes, supporting safe, physical, psychological, social, cultural and spiritual situations and working to promote positive outcomes and to anticipate and prevent complications</p> <p>3.2.4 identify how factors in the care environment can impact on normal physiological</p>	<p>16.1 raise and, if necessary, escalate any concerns you may have about patient or public safety, or the level of care people are receiving in your workplace or any other health and care setting and use the channels available to you in line with our guidance and your local working practices</p> <p>16.3 tell someone in authority at the first reasonable opportunity if you experience problems that may prevent you working within</p>	<p>This is not a recommendation for the Nursing and Midwifery Council.</p>

1
2
3
4
5
6
7
8
9
10
11
12
13
..

	processes and how the midwife can work to promote and protect a positive environment both physical and emotional	the Code or other national standards, taking prompt action to tackle the causes of concern you have	
Inequalities and racism	<p>1.9 provide and promote non-discriminatory, respectful, compassionate and kind care and take account of any need for adjustments</p> <p>1.17 demonstrate knowledge and understanding of the range of factors affecting women, newborn infants, partners and families and the impact these factors may have, including but not limited to</p> <p>1.17.1 health and social inequalities and their determinants</p> <p>1.17.2 Historical and social developments and trends</p> <p>1.17.3 cultural and media influences on public and professional understanding</p>	<p>17.1 take all reasonable steps to protect people who are vulnerable or at risk from harm, neglect or abuse</p> <p>20.3 be aware at all times of how your behaviour can affect and influence the behaviour of other people</p> <p>20.5 treat people in a way that does not take advantage or cause them upset or distress</p>	Aligned to standards and Code.

1
2
3
4
5
6
7
8
9
10
11
12
13
..

<p>Communication with women and families</p>	<p>1.10 demonstrate understanding of women’s relationships and individual circumstances and the ability to communicate and involve her partner and family in discussions and decisions about her and the care of the newborn infant respecting the woman’s preferences and decisions about who to involve and the extent of the involvement and communication</p> <p>1.11 use effective, authentic and meaningful communication skills and strategies with women, newborn infants, partners, families and with colleagues</p>	<p>7.2 take reasonable steps to meet people’s language and communication needs, providing, wherever possible assistance to those who need help to communicate their or other people’s needs</p> <p>7.3 use a range of verbal and non-verbal communications methods, and consider cultural sensitivities, to better understand and respond to people’s personal and health needs.</p> <p>7.4 check people’s understanding from time to time to keep misunderstanding to a minimum</p>	<p>Aligned to standards and Code.</p>
---	---	--	---------------------------------------

1
2
3
4
5
6
7
8
9
10
11
12
13
..

Council

Midwifery Panel – name change and updated Terms of Reference

<p>Action requested:</p>	<p>To ensure the voice of midwifery is heard across the NMC, there is a refreshed governance structure linking MSAG (external stakeholder group) with the internal Midwifery Regulation Oversight Group (MROG), the Executive Board (EB) and Council.</p> <p>Following the appointment of an Assistant Director for Midwifery in Professional Practice and reconsideration of the various stakeholder groups advising the Executive, the Midwifery Team in Professional Practice is taking the lead for Midwifery Panel.</p> <p>The terms of reference and new name for the group (the Midwifery Strategic Advisory Group or MSAG) have been developed with input from current members of Midwifery Panel.</p> <p>Colleagues in Strategy and Insight and other directorates will continue to contribute along with professional members from around the UK and more diverse public voice members.</p> <p>For noting</p> <p>The Council is asked to note the paper and recommendation</p>
<p>Key background and decision trail:</p>	<p>This paper is about the proposed governance structure, new terms of reference of a renamed and refreshed Midwifery Panel. Prior to this paper to Council Seminar, this was discussed at:</p> <p>Council Seminar: 21st May 2024</p> <p>Midwifery Regulation Oversight Group (MROG; internal to NMC): 23 August 2024; Slide 17</p> <p>Midwifery Panel: 11th September 2024: Discussion</p> <p>After September’s midwifery panel, members were sent the draft terms of reference (ToR). They responded with suggestions for a new name and refinements of the ToR.</p>

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16

Key questions:	This paper addresses: <ul style="list-style-type: none"> Increased diversity of NMC’s external stakeholder group (MSAG) The governance of midwifery at the NMC; connects to Council as well as executive board Amplifying the voice of midwifery at the NMC 	
Annexes:	The following annexes are attached to this paper: <ul style="list-style-type: none"> Annexe 1: Final draft terms of reference for Midwifery Panel (to be renamed Midwifery Strategic Advisory group (MSAG). Amended following stakeholder feedback. Annexe 2: Governance structure 	
Further information:	If you require clarification about any point in the paper or would like further information, please contact the author or the director named below.	
	Author: Verena Wallace E: verena.wallace@nmc-uk.org	Executive Director: Sam Foster E: Sam.Foster@nmc-uk.org

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16

Midwifery Panel – name change and updated Terms of Reference

Discussion

The Council is asked to note the changes to Midwifery Panel’s name, the new terms of reference for Midwifery Strategic Advisory Group and the proposed governance structure.

Next Steps

The terms of reference will be finalised and the governance structure amended to reflect the new name of Midwifery Panel

An annual report on Midwifery activity at the NMC will be brought to Council in January 2025

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	Annex 1; para 2	
Safeguarding considerations	Yes		Interview campaign for new independent Chair
The four country factors and considerations.	Yes	Reflected in the ToRs (Annex 1; para 4.3)	
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		
Legal considerations.	Not Applicable		

Midwives and/or nursing associates.	Yes	Paper is about midwifery at the NMC	
Equality, diversity, and inclusion and Welsh Language impact.	Yes		
Stakeholder implications and any external stakeholders consulted.	Yes		
Regulatory Reform.	Not Applicable		

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16

Annexe 1

Terms of Reference Midwifery Strategic Advisory Group

The Midwifery Strategic Advisory Group (formerly Midwifery Panel) was established to advise the Executive Board of the Nursing and Midwifery Council about midwifery in the UK following the cessation of the NMC's statutory Midwifery Committee.

1 Remit

The remit of the Midwifery Strategic Advisory Group (MSAG) is to:

- 1.1 Ensure that the expertise, evidence, experience and knowledge from midwifery stakeholders informs and challenges all that we do as we regulate, support and influence.
- 1.2 Actively involve midwifery stakeholders in co-producing the NMC's strategic work about future midwifery regulation in the UK.
- 1.3 Enable the NMC to utilise a collaborative, consultative space for discussion to work together with our midwifery stakeholders, including professionals, partners and the public, to develop NMC strategic policy and operational decisions, helping us support safe, effective and kind midwifery.

2 Responsibilities

- 2.1 The Midwifery Strategic Advisory Group will inform and advise the Midwifery Team (the Professional Practice directorate's Assistant Director for Midwifery and two Senior Midwifery Advisers for Policy and Education), the Executive Board (EB) and Council at the NMC on midwifery matters across the UK.
- 2.2 Members will use their knowledge, skills and expertise to contribute to the maintenance and development of midwifery regulation within the organisation.
- 2.3 The Council may also co-opt the panel to directly contribute, oversee and report on midwifery matters, policy or standards as required.

3 Membership

- 3.1 The independent Chair and the members of the Panel are appointed by the responsible NMC Executive Director (the Executive Nurse Director of Professional Practice).
- 3.2 The Chair will be independently appointed and will have an initial 3-year tenure which can be extended once.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16

- | |
|----|
| 1 |
| 2 |
| 3 |
| 4 |
| 5 |
| 6 |
| 7 |
| 8 |
| 9 |
| 10 |
| 11 |
| 12 |
| 13 |
| 14 |
| 15 |
| 16 |
- 3.3 The Chair of the Midwifery Strategic Advisory Group will work with the Midwifery Team on any recruitment of members to MSAG.
- 3.4 The Midwifery Strategic Advisory Group will consist of 70% registrant and 30% people with lived experience whose experiences will inform the work of the NMC. The membership will not exceed 24 members from all parts of the UK.
- 3.5 In appointing members, the following will be observed:
- 3.5.1 Each member will bring their own expertise and experience, seeking wider views as required to input to the panel.
- 3.5.2 Each member should fall within the four membership types as outlined below.
- 3.5.2.1 **People invited due to their professional position whilst in a particular role.** Should a member leave this position, their successor will be entitled to take up the place on our engagement groups.
- a) They are expected to speak on behalf of their organisation or employer when in the group.
- b) They are expected to send a deputy if unable to attend a meeting.
- 3.5.2.2 **People invited due to their professional expertise, experience, background and/or training (including students).**
- a) They contribute based on their individual experience and expertise.
- b) They may occasionally send a deputy if unable to attend a meeting
- 3.5.2.3 **People invited due to their connection to a particular community to reflect their views and experiences.** This connection may be through employment or membership of a particular network or group.
- a) They may send a deputy if unable to attend a meeting.
- 3.5.2.4 **People invited due to their background or lived experience to provide input based on their personal experience only.**
- a) There is no obligation to send a deputy if unable to attend a meeting
- 3.5.3 Ensuring that the Midwifery Strategic Advisory Group’s membership reflects the midwifery profession across the four countries of the UK, and the women and families midwives care for is a key priority. We will consider and review a group’s membership, seeking members with diverse experiences, backgrounds and opinions. We do not expect members to be responsible for reflecting the entire community (or communities) they identify with.
- 3.5.4 We expect all members to consider equality, diversity and inclusion during discussion, regardless of their background or experience.

4 Quorum

- 4.1 The quorum for this Committee is no less than two-thirds of the membership
- 4.2 The Chair may invite such other persons to its meetings as deemed appropriate to observe or to present on a specific agenda item.

5 Frequency of meetings

- 5.1 Meetings will meet no less than four times a year
- 5.2 Meetings may be held in-person or by video/teleconference as agreed by the Chair of the Midwifery Strategic Advisory Group.

6 Servicing

- 6.1 The secretariat support will be provided by the midwifery team in Professional Practice.
- 6.2 The agenda items will be agreed by the Chair in consultation with the Professional Practice directorate's Executive Nurse Director and the Assistant Director (AD) for Midwifery.
- 6.3 The secretariat shall ordinarily circulate draft notes within two weeks of that meeting to the members, with that summary to be placed on the website once notes are agreed following the next meeting.

7 Review

- 7.1 These terms of reference will be reviewed each year as part of an effectiveness review.
- 7.2 This review will include the attendance of Midwifery Strategic Advisory Group members.

8 Reporting

- 8.1 An annual midwifery report will be presented to Council by the responsible Executive Director.

9 Members

(A) Public voice members

- 2 Black and Brown midwifery network representatives
- 1 Mental health in childbirth support representative
- 1 Vulnerable women's advocates representative
- 1 Human rights in childbirth representative

1 Pregnancy complications, miscarriage, stillbirth and premature birth representative

1 Supporting people as they become parents representative

4 Country Maternity and Neonatal Voices Partnerships (MNVP), or equivalents such as Maternity Services Liaison Committee (MSLC), representatives

(= 11)

(B) Professional members

4 UK Chief Midwifery Officers

2 higher education representatives (LME and Council of Deans)

1 UK Midwifery Professors representative

1 RCM representative

1 RCN representative

1 UK DoM/HoM representative (for the 4 countries)

1 EDI representative from either Wales, Scotland or Northern Ireland

1 student midwife representative

(= 12)

(C) Other members

1 CEO and Registrar of NMC

1 Executive Nurse Director for Professional Practice

3 Midwifery team, Professional Practice

1 Strategy and Insight stakeholder representative

(D) Standard invitation

Executive Director of Communications and Engagement

Executive Director for Strategy and Insight

Executive Director for Professional Regulation

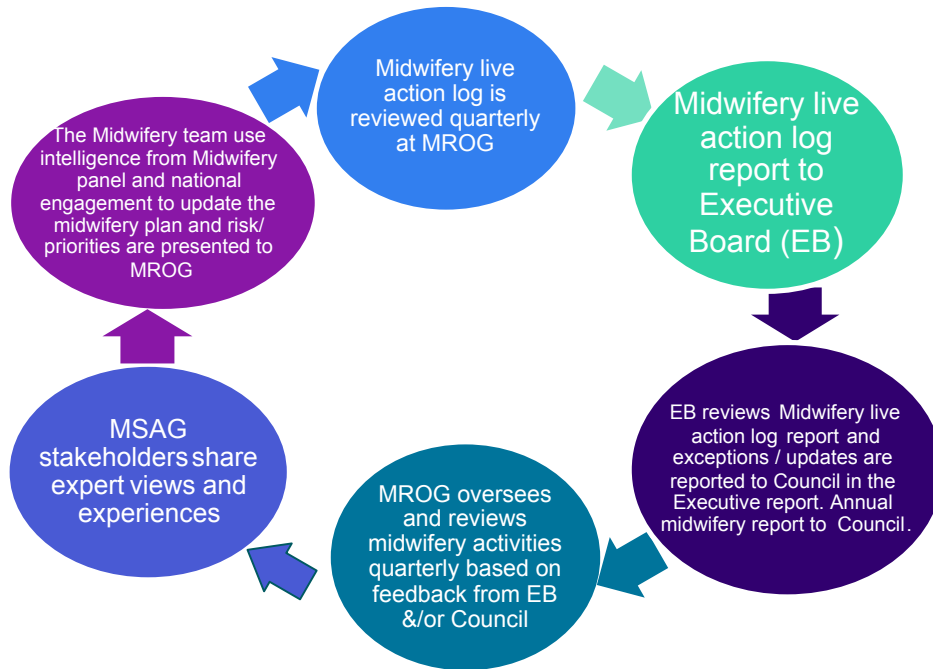
(E) Observers (limited to 5)

Midwife Council member or associate

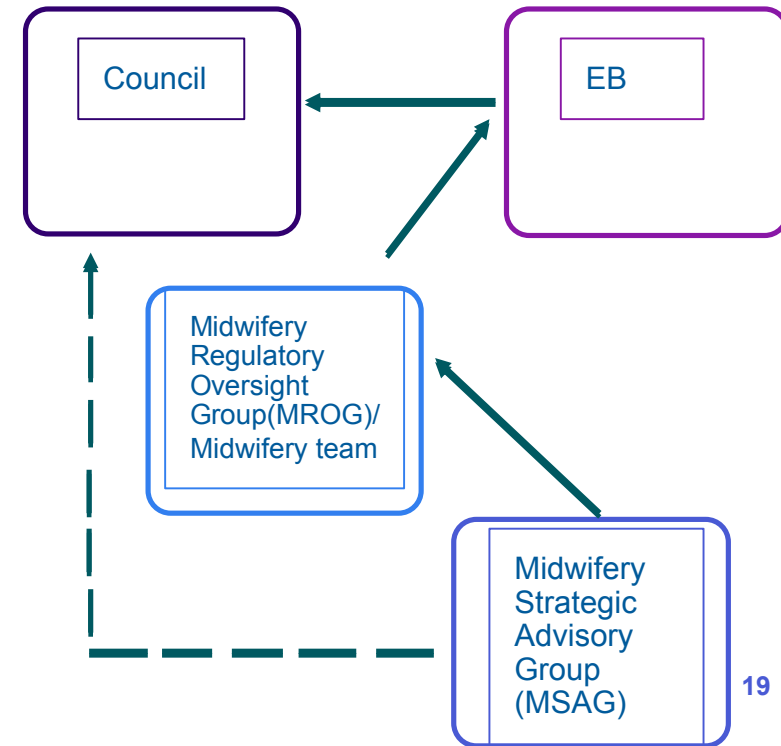
Midwifery students as agreed with the Chair

Proposed governance and reporting structure

Governance structure



Reporting and oversight framework



19

1
2
3
4
5
6
7
8
9
10
11
12
13
...

Council

Appointment of Interim Chief Executive and Registrar

Action requested:	Provides Council with the background to the process to identify the interim Chief Executive and Registrar and seeks approval for their appointment. For decision The Council is recommended to approve the appointment of the Interim Chief Executive and Registrar (paragraph 9).
Key background and decision trail:	At its 3 July 2024 meeting, the Council approved Helen Herniman as Acting Chief Executive and Registrar and confirmed that recruitment would shortly begin to appoint an interim Chief Executive and Registrar (Interim CER). This paper provides the background to that process and recommends that Council confirms the appointment of Paul Rees MBE.
Key questions:	<ul style="list-style-type: none">• What was the process for recruiting the Interim Chief Executive and Registrar?
Annexes:	None.
Further information:	If you require clarification about any point in the paper or would like further information, please contact the author or the director named below.
	Author: Matt Hayday Phone: 020 7681 5516 matthew.hayday@nmc-uk.org Chair: David Warren

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16

Appointment of Interim Chief Executive and Registrar

Discussion

- 1 At its 3 July 2024 meeting, the Council approved Helen Herniman as Acting Chief Executive and Registrar and confirmed that recruitment would shortly begin to appoint an interim Chief Executive and Registrar (Interim CER).
- 2 Inclusive Boards were appointed to support the process as recruitment consultants and they undertook search and advertising for the role.
- 3 The recruitment panel included David Warren, Chair, Anna Walker, Vice Chair, Deborah Harris, Audit Committee Chair and Kay Hampton and Marie Gabriel as independent members.
- 4 The recruitment process consisted of the following stages: longlisting, preliminary interviews undertaken by Inclusive Boards, shortlisting, stakeholder and staff engagement panels and then final interviews by the panel.
- 5 The external stakeholders who took part in the panels included a Chief Nursing Office, a Chief Midwifery Officer, the Unison national nursing officer and Public Voice Forum members.
- 6 The panel was unanimous in appointing Paul Rees MBE. He has a track record in driving culture change and performance and was awarded an MBE in 2022 for his contributions to equality, diversity, and inclusion. As Chief Executive at the Royal College of Psychiatrists (RCPsych), he implemented a values-driven approach, reducing the gender pay gap from 17 percent to 2.13 percent and the ethnicity pay gap to 2.02 percent. During his tenure, RCPsych launched multiple initiatives to improve equity in the NHS, which were recognised by the Equality and Human Rights Commission as best practice.
- 7 The appointment as interim CER is for 12 months. During his six month probation, Paul Rees' notice period is one month, and, following successful completion of probation, his notice period will then be three months.
- 8 Council has responsibility for appointing the CER, in line with the Nursing and Midwifery Order 2001, article 4(1) and under Standing Order 6.3.1.
- 9 **Recommendation: The Council is recommended to approve the appointment of the Interim Chief Executive and Registrar.**

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16

Next Steps

- 10 Subject to confirmation by Council, Paul Rees will join the NMC on 20 January 2025, formally taking up the responsibilities of interim CER and Accounting Officer.
- 11 The permanent CER recruitment process is likely to commence in quarter one 2025-2026, once the new Chair of Council has been appointed.

Report from Audit Committee to Council

Name of committee	Audit Committee
Date of meeting/s	7 October 2024 and 4 November 2024
Committee chair / report author	Committee Chair: Deborah Harris-Ugbomah Author: Peter Clapp
Date of report	15 November 2024

Key discussions

Through its discussion the following overarching themes emerged, which the Committee asks Council to reflect on:

- a) Supporting the Executive to create the headroom to prioritise remains a concern, but what has been highlighted is the challenge of sequencing effectively.
- b) Quality Standards - Council can take assurance from the Committee that this has been a focus of discussions with the Executive.
- c) The importance of working effectively with employers – as discussed as part of the international registration fraud policy. This is an area the Committee will explore further.
- d) Collaboration: Discussion on international registration fraud, drew out the importance of effective collaboration – recognising the strengths and expertise in our stakeholders and working together to improve outcomes - in this case collaborating with other regulators.
- e) The value of embedding principles at the start of our policies, as seen in International Registration Fraud policy for principles around avoiding bias and discrimination.

Assurance on the NMC's response to Independent Culture Review

- 1 A key focus of the Committee is to provide evidenced assurances on the systems around process, governance and implementation of the culture transformation work. This includes looking at culture implementation work not only through the lens of risk but also through seeking and testing assurances.
- 2 To aid discussion on how to provide this, the Executive provided reflections on key areas of risk within their directorates, and the challenge within delivery as a result. The following key areas arose from that discussion, which Council is asked to consider:

- | |
|----|
| 1 |
| 2 |
| 3 |
| 4 |
| 5 |
| 6 |
| 7 |
| 8 |
| 9 |
| 10 |
| 11 |
| 12 |
| 13 |
| 14 |
| 15 |
| 16 |
- 2.1 Effective prioritisation and, in particular, sequencing of work will be critical in ensuring the NMC is able to take both urgent, timely action whilst also ensuring sustainable long-term change. It is important that colleagues, particularly Executive colleagues, have the headroom and capacity to achieve this.
 - 2.2 The importance of ensuring the risks around changes in leadership are managed effectively to ensure a cohesive leadership group. The Committee received updates on progress in recruitment and whilst progress was being made, the Committee recognises this remains an area of risk, and recommends that the Council consider assurances received from the People and Culture Committee.
 - 2.3 Given culture transformation, by its nature, takes time, the importance of ensuring we continue to clearly and effectively communicate our plans with our stakeholders.
 - 2.4 The governance arrangements for overseeing this work need to be developed, and in doing so must provide clarity on the roles of People and Culture Committee and Audit Committee and must be based on form following function.
- 3 The Committee is grateful to the Executive for open manner in which they approached this conversation. The Committee will take forward these areas in future discussions.

Assurance on the NMC’s response to concerns with AElS

- 4 Following Council’s discussion on 24 September 2024, the Committee considered an update and assurance on exceptional mandatory reporting as part of the NMC’s education quality assurance work.
- 5 In assessing the assurances provided, the Committee noted the following which Council is asked to reflect on:
 - 5.1 The direction of travel for this work appeared to reflect a move to more proactive monitoring and it would be useful for Council to consider the strategy for this.
 - 5.2 A lessons learned review would be undertaken and once completed it would be considered by Audit Committee. The Executive noted that core lessons were being implemented in the meantime.
 - 5.3 There appeared to be some learning for the NMC around the speed of risk assessments and balance when reporting risk assessments to Council. The Executive noted that work was needed to improve rapid risk assessment more widely. Given limited resources, it was important for the NMC to assess and compare different risks through the public protection lens and deploy resources accordingly.

- 6 The Committee asked for some points of clarification on specific details of these issues, which will be provided to both Council and the Committee.

Assurance on fitness to practice quality framework

- 7 An area of focus for the Committee is ensuring effective quality standards are consistently embedded across the NMC. To provide assurance on the quality framework in place for fitness to practice the Committee will commission an external review. This will provide external insight, evidenced assurance and suggestions to enhance existing activity and value on the use to date and effectiveness of quality standards in fitness to practice.
- 8 The Committee will consider the findings of the review with Executive and report outcomes to Council in due course.

Learning from incidents and near misses

- 9 **New Log and Learn system:** The new Log and Learn system is planned to be a key enabler in developing an effective learning culture at the NMC. The system was due to be launched in October 2024 and the Committee was disappointed this is now delayed until Q4 of 2024-2025 due to delays to the planned build for the IT application and due to other work pressures for the team. A key reason for the delays was due to miscommunication between the project team and the IT team on the requirements for the project. This had been resolved and mitigations put in place to keep the project on track, with a range of weekly and monthly meetings for regular oversight of project progress.
- 10 Executive noted the importance of ensuring Audit Committee and Council were informed of any emerging major incidents and actions were being taken forward to formalise the approach.
- 11 **Six month report on Serious Event Reviews (SER):** The Committee considered the six month report on SERs, in discussion the following key points arose:
- 11.1 **Safeguarding:** The Committee noted that the safeguarding hub is operational and is considering all new referrals and those received since the start of the financial year. The Executive was considering how to best risk assess the wider existing caseload and will update the Committee in due course.
- 11.2 **Reduction in adverse incidents:** The report noted that the number of lower graded incidents reported in the last six months was lower than in the previous six months. The Committee noted that an indicator of an effective learning culture would be to see a higher number of these sorts of incidents and it was concerning that this number was reducing. The Executive agreed and noted that the best mitigation was the implementation of the Log and Learn system.

Single tender actions

- 12 The Committee considered the six month report on single tender actions, which provided the single tender actions in the first six months of 2024-2025 and an update on the new procurement legislation, which was now due to go live at the end of February 2025.
- 13 The NMC has previously set a KPI of having no more than 12 STAs in a financial year. Having scrutinised the STA log, with eight already seen in the first half of 2024-2025 - which reflects the wider pressures now faced by the organisation - it is likely this will not be achieved. The Executive are comfortable this does not indicate a significant underlying problem with adherence to procurement processes. The Committee accepts this assessment, noting that the KPI is an internal measure.

Statutory/ Regulatory assurance: Bribery, Counter fraud, Whistleblowing, and complaints handling

- 14 Council should note Executive confirmation of no incidents or reports of bribery as at the date of the Audit Committee meeting, 4 November 2024.
- 15 **Whistleblowing:**
- 15.1 Updates on cases: The Committee noted the recent NMC training delivered by Protect and also received updates on progress of the two ongoing whistleblowing cases.
- 15.2 Policy: The whistleblowing policy will be revised in line with any learning from Ijeoma Omambala's report. The Committee received assurances that wider learning would also be fed into this review and that a benchmarking exercise would be undertaken on the revised policy by the end of 2024-2025.
- 16 **Counter Fraud:** There had been one instance of bank mandate fraud since the Committee's meeting in June 2024. A detailed note outlining what had occurred, the NMC's response, changes in processing being implemented by the banking sector, plus the strengthening of controls put in place by colleagues to eliminate recurrence was received, providing assurances of the robust action taken by Executive.
- 17 **Review of anti-fraud and bribery policy:** The policy had been benchmarked against the Government Functional Standards. The policy generally aligned well with the standard but some amendments had been made to the policy to further enhance it.
- 18 **Review of International registration fraud policy:** Following recent incidents of widespread fraud in testing systems used by NMC applicants, the Executive had formalised the approach to fraud prevention within international registrations, including the establishment of an international registrations fraud policy. The following key areas arose from the discussion:

18.1 The thoughtful work undertaken by teams to ensure mitigations were in place to avoid bias and discrimination in this process.

18.2 The importance of effective collaboration with other regulators and employers in preventing such fraud. The Committee will explore how the NMC is working with employers as part of its future discussions.

19 **Corporate Complaints handling** (NB: This excludes any and all Fitness to Practice related activity): The Committee received assurances that the systems and processes to triage and respond to corporate complaints was being revised and consolidated in line with due process

Internal Audit Update

20 Committee received the following internal audit reports:

21 **Panel Members – Recruitment and EDI:** The Committee accepted the opinion of **reasonable assurance**. The audit had found a relatively strong process in place and adhered to for appointing Panel members and Legal Assessors, whilst acknowledging that there was still some improvement required around enhancing EDI arrangements.

22 The Committee was pleased with the work undertaken to amend recruitment processes to widen the talent pool attracted to apply for these roles. The Committee also recognised that it was just as important for the NMC to have effective scheduling plans in place to effectively utilise not only the time but also the diverse skills and characteristics of Panel Members and Legal Assessors effectively.

23 **Business Continuity:** The Committee accepted the opinion of **reasonable assurance**. RSM's review of the plans, policies and governance arrangements relating to Business Continuity arrangements suggested a comprehensive approach to maintaining continuity of critical services had been established. However, RSM identified a few areas for improvement, primarily relating to training and exercises.

24 **Contract Management and Outsourced Arrangements and Assurance Mechanisms:** The Committee accepted the opinion of **reasonable assurance**. RSM's review identified areas of good practice across the contract management processes at the NMC, noting that there had been significant improvements in this area in recent years. However, it noted that greater consistency in the application of these processes is required across the NMC.

25 The Committee was pleased with the outcome of the review and noted that the need for greater consistency and standardisation echoed concerns that colleagues in other business areas did not have a clear understanding or application of quality standards. This was an area of focus for the Committee.

Mid-year review of internal audit work plan

- 26 In line with good practice, following discussion with the Executive and Audit Committee members, RSM had proposed reprioritisation of audits for 2024-2025 to include a review on Data Quality, which the Committee agreed. The review would replace the originally planned Strategy – Customer Satisfaction and Experience and Fitness to Practise audits.

Corporate governance

- 27 Change in auditors: Following Council's decision on 23 September 2024 to appoint the NAO as first tier auditors, work was underway to ensure a smooth handover. Given the NAO's existing relationship with the NMC, the Committee received assurances that the handover would progress smoothly. The Committee also approved the accounting policies for 2024-2025.

Assurance on Audit Committee Effectiveness

- 28 In line with good practice, the Committee undertook an annual 360⁰ review of its effectiveness with a key focus on how it could upgrade its approach (in line with commitments made to Council). As in previous years, the results identified many strengths already in place, including how members model the NMC values, with feedback offering ways to further enhance its work. The Committee agreed actions to take this forward, including recommending some changes to its Terms of Reference which are attached at annexe 1 for decision.

Risk

- 29 Risk Register: The Committee discussed the strategic risk register and recommends Council reflects on the following areas and amendments:
- 29.1 GOV 24/01 (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). It is the Committees view that it is critical for the NMC to manage this risk effectively, in particular ensuring that the NMC is able to sequence its work effectively.
- 29.2 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 instability at the Executive level of the organisation): This risk refers to "instability at the Executive level of the organisation" but should be amended to reflect the impact of change at both Executive and Council level.
- 30 Comprehensive assurance reviews: At the request of the Committee, the Executive had refined the approach to these reviews which the Committee was supportive of. A revised schedule for these reviews will be provided ahead of the next meeting. The Committee had been scheduled to consider a CAR on technology, but that will now take place during a separate session.

Audit Committee

Terms of reference of the Audit Committee

- 1 The Audit Committee is established by the Council under Article 3 (12) of the Nursing and Midwifery Order 2001.

Remit

- 2 The remit of the Audit Committee is to support the Council and management by reviewing the comprehensiveness and reliability of assurances on governance, risk management, the control environment and the integrity of financial statements and the annual report, ~~advising-recommending to~~ Council ~~of any potential~~ amendments to the strategic risk register identified through the course of the Committee's work.

Responsibilities

- ~~3~~ Oversee the organisation's policies on fraud, bribery, irregularity, Charity Commission serious incident reports and other serious incidents and public interest disclosures (whistleblowing), receiving notification of any action taken under these policies.
- ~~4~~ Satisfy itself that suitable arrangements are in place to ensure that the organisation remains a going concern.
- ~~5~~ To assess effectiveness of safeguarding the assets of the NMC through our risk management and internal control arrangements
- ~~6~~ Receive any relevant reports from the National Audit Office, and other organisations as relevant.
- ~~7~~ The committee will monitor annually the performance and effectiveness of external and internal auditors, including any matters affecting their objectivity, and to make recommendations to the governing body concerning their re-appointment, where appropriate.

~~Integrity of financial statements~~

- ~~3~~ Review the annual report and accounts before they are submitted to the Council for approval, focussing in particular on:
 - ~~3.1~~ Consistency of, and compliance with, accounting policies.
 - ~~3.2~~ Compliance with appropriate accounting standards.
 - ~~3.3~~ Significant adjustments arising from audit and any unadjusted mis-statements.
 - ~~3.4~~ Major accounting judgements.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16

~~3.5 — Clarity of the annual governance statement and other disclosures in the annual report relating to internal control, risk management, audit, and other matters falling within the Committee's remit.~~

~~4 — Ensure that the systems for financial reporting to the Council are reviewed to ensure clarity, completeness, and accuracy.~~

Internal controls and risk management

58 Review the adequacy of internal controls and monitor sources of assurance relating to them.

69 Review the risk management system, including the scope and effectiveness of the processes employed by management to identify, evaluate, manage, and monitor significant risks.

710 Review the financial regulations, including the scheme of financial delegations and the anti-fraud, anti-bribery and corruption policy.

811 Review the NMC's public interest disclosure (whistleblowing) procedure and the serious event review policy.

912 Review the risk register and advise Council on any potential amendments that have been identified through the course of the Committee's work.

Internal audit

~~4013~~ Advise the Chief Executive on the appointment of the internal auditors.

~~4114~~ Consider and approve the internal audit charter, ensuring that the internal auditors have sufficient standing in the NMC, have appropriate access to information, and are free from management influence or other restrictions, in order to allow them to perform their function effectively and in accordance with the relevant standards.

~~4215~~ Consider and approve the high level annual internal audit programme.

~~4316~~ Receive reports on the internal audit programme, reviewing and monitoring management's responsiveness to the findings and recommendations of the internal auditors.

17 Meet with the internal auditors at least once a year, without NMC management being present, to discuss their remit and any issues arising from the internal audits carried out.

Integrity of financial statements

18 Review the annual report and accounts before they are submitted to the Council for approval, focussing in particular on:

18.1 Consistency of, and compliance with, accounting policies.

18.2 Compliance with appropriate accounting standards.

18.3 Significant adjustments arising from audit and any unadjusted mis-statements.

18.4 Major accounting judgements.

18.5 Clarity of the annual governance statement and other disclosures in the annual report relating to internal control, risk management, audit, and other matters falling within the Committee's remit.

1419 Ensure that the systems for financial reporting to the Council are reviewed to ensure clarity, completeness, and accuracy.

External audit/National Audit Office (NAO)

1520 Consider and make recommendations to the Council regarding the appointment, re-appointment and removal of the external auditors.

1621 Oversee the relationship with the external auditors/National Audit Office, including:

16.121.1 Approving their remuneration, terms of engagement, and the audit scope.

16.221.2 Assessing their independence and objectivity in accordance with relevant audit standards.

16.321.3 Agreeing proposals for them to undertake non-audit services.

1722 Consider and approve the annual external audit plan.

1823 Review the letter of representation requested by the external auditor before it is signed by the Trustees.

1924 Review the findings of external audit work, including:

24.1 Reviewing the NAO audit completion report and the management responses.

19.124.2 Reviewing the NAO audit completion report, external audit management letter and the management responses.

19.224.3 Discussing any significant issues that arose during the audit.

19.324.4 Any accounting and audit judgements.

19.424.5 Levels of errors identified during the audit.

~~National Audit Office (NAO)~~

~~20—Oversee the relationship with the NAO.~~

~~21— Consider and approve the annual NAO audit plan.~~

~~22— Review the findings of the NAO’s work, including:~~

~~22.1— Reviewing the NAO audit completion report and the management responses.~~

~~22.2— Discussing any significant issues that arose during the audit.~~

~~22.3— Any accounting and audit judgements.~~

~~22.4 Levels of errors identified during the audit.~~

Membership

~~2325~~ The Chair and the members of Discretionary Committees are appointed by the Chair of the Council from amongst the members of the Council. In line with standing orders, Partner members may be appointed at the discretion of the Council.

~~2426~~ The Executive lead is the Executive Director of Resources and Technology Services.

Quorum

~~2527~~ The quorum for this Committee is a majority of the members of the committee.

~~2628~~ The Chair may invite such other persons to its meetings as it deems appropriate to observe or to be present on a specific agenda item.

~~2729~~ The executive lead must send a deputy in their absence.

Frequency of meeting

~~2830~~ Meetings will ordinarily take place no fewer than four times a year, subject to the operational needs of NMC.

~~2931~~ Meetings may be held in-person, by video- or teleconference or hybrid as agreed by the Chair of the Committee.

Servicing

~~3032~~ The secretariat support will be provided by the Governance team.

~~3133~~ The agenda items will be agreed by the Chair in consultation with the Executive and Governance lead.

~~34~~ The Secretariat shall ordinarily circulate draft minutes within two weeks of that meeting to the members.

~~3235~~ The Secretariat shall ordinarily circulate a summary report to the next available Council, and a summary to the Council.

Review

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16

3336 These terms of reference will be reviewed each year during the committee effectiveness review.

3437 As part of Council member and partner member appraisal, performance as committee members and partner members will be reviewed.

3538 There will be an annual review of the effectiveness of Council and its committees, with an external review taking place every three years.

Approved by the Council 18 July 2013 (amended 25 November 2015; 24 May 2017; and 28 March 2018, 27 March 2024).

Council

Report from Committee to Council

Name of committee	Appointments Board
Dates of meetings	11 September 2024 and 1 November 2024
Committee chair / report author	Committee Chair: Surinder Birdi Author: Mary Anne Poxton
Date of report	27 November 2024

Key discussions

Board membership

- 1 The Board's membership is made up entirely of non-Council (partner) members to ensure an appropriate separation of the Board's work from that of the Council.
- 2 The Board's current membership is four. In agreement with the Chair of Council, consideration of the recruitment of a fifth Board member has been deferred until Spring 2025. The Board is able to operate with up to five members, in accordance with its terms of reference.
- 3 Following an open, competitive selection exercise, Surinder Birdi assumed the role of Chair of the Appointments Board from 6 August 2024, following the departure of Jane Slatter whose final term ended on 5 August 2024. Surinder had been in membership of the Board since 1 July 2023.
- 4 Rob Allan left the Appointments Board when his final term ended on 30 September 2024.
- 5 Following the resignation of Amanda Rawlings on 10 July, Ken Batty's appointment was brought forward to 1 August 2024 and Susan Young was appointed as planned from 6 August 2024.

Integration with the wider work of Council

- 6 The Board remains committed to ensuring that its work is aligned with the Council's strategic aims and continues to receive updates on organisational developments, including the plans for addressing the findings of the Independent Culture Review and the wider need for culture change across the organisation. The Board is mindful of the findings of the review when considering all its work.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16

Panel Member transfer, resignations, and termination of Legal Assessor appointment

- 7 At its meeting on 11 September, the Board agreed the following recommendations, all of which were accepted by the Council at its September 2024 meeting:
- 7.1 the transfer of a Panel Member from the Fitness to Practise Committee to the Investigating Committee
 - 7.2 removal of three Panel Members who had resigned
 - 7.3 the termination of a Legal Assessor's appointment.

Panel Member and Chair appointments 2024

- 8 A key focus for the Board is continuing to ensure sufficient Panel Chairs, Panel Members and Legal Assessors are in place to enable fitness to practise decisions to be progressed in a timely and sustainable way that keeps people safe.
- 9 The Board is overseeing a process to appoint a minimum of 140 additional Panel Members, including Panel Chairs, to replace 90 Panel Members whose terms are due to end and to address requirements for increased hearing capacity.
- 10 The Board also supported plans to create a reserve list of potential Panel Members from this selection process to help mitigate risks around capacity and to build flexibility. The Board will ensure that any such arrangements are managed properly in terms of engagement, due diligence checks, appointment and training.
- 11 The Board will consider recommendations for appointment in December 2024 and the aim is to recommend appointments to the Council in early 2025.
- 12 The Board has an objective in its three year plan for delivering high quality panels to move to a position where our Panel Member pool reflects more closely the diversity of the professionals we regulate and the wider UK population.
- 13 The Board's objective aligns with recommendation 36 of the Independent Culture Review:
- The pool of registrant panel members is not sufficiently diverse and is significantly below that of the register. The NMC should target increasing the ethnic diversity among the registrant panel members pool, from under-represented groups, to proportionately reflect the ethnic diversity of the profession.*
- 14 Increasing diversity is a key focus of the current campaign which attracted a strong response. The selection process is being monitored closely by the Board, including any adverse impact, and the Council will receive further detail alongside the recommendations for appointment in January 2025.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16

Panel Member Services Agreement

15 The ongoing review of the Panel Member Services Agreement and our ongoing relationship with Panel Members remains a significant focus for the Board. The Board has been providing comments on draft revised documentation as well as overseeing plans for future communication arrangements. The Board is mindful of the recommendations of the Independent Culture Review in its approach.

Annual training programme

16 The Board considered an evaluation of the Panel Member annual training programme for 2024, based on feedback from Panel Members who had completed a survey. The Board noted that 94 percent of Panel Members had completed the training. Those who had not completed the training would not be allocated sitting days until they had.

17 Whilst it was good to see positive feedback from those who had undertaken the training and completed the survey, the Board has asked that consideration be given as to how future training programmes can be assessed in terms of whether training delivered has improved performance or addressed any previous learning points identified. The training programme for 2025 will be considered by the Board in December 2024.

Key decisions

- **Panel Member transfer, resignations, and termination of Legal Assessor appointment: The Board approved recommendations which were accepted by the Council in September 2024.**

Council

Council Chair Selection Process

Action requested:	<p>This paper sets out the activity undertaken to approve the Council Chair Selection Process.</p> <p>For noting</p> <p>The Council is asked to note the report.</p>	
Key background and decision trail:	<p>On 27 September 2024, the NMC announced that we would shortly launch the process to appoint the next Chair of Council, and that Sir David Warren would end his term as Chair at the point that a successor was ready to take up the post.</p> <p>Following this announcement, the Governance Team worked quickly to prepare the documentation to support the selection process. An Extraordinary meeting of the People and Culture Committee was held on 3 October 2024 to review relevant documentation and consider recommendations made by the Governance Team.</p> <p>The Chair role and person specification was then shared with some key stakeholders and the wider Council before being approved and included within the candidate pack.</p> <p>The Chair Selection process went live on 24 October 2024.</p>	
Key questions:	<ul style="list-style-type: none"> • What is the process for appointing the new Chair of Council? • How was the selection process approved? • What stakeholders were involved in the process? 	
Annexes:	<p>None.</p>	
Further information:	<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: Matt Hayday Phone: 020 7681 5516 matthew.hayday@nmc-uk.org</p>	<p>Executive Director: Ruth Bailey/Lise-Anne Boissiere bailey.boissiere@nmc-uk.org</p>

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16

Council Chair Selection Process

Discussion

- 1 The Council Chair selection process went live on 24 October 2024. This followed the announcement on 27 September that we will shortly launch the process to appoint the next Chair of Council, and that Sir David Warren will end his term as Chair at the point that a successor is ready to take up the post.
- 2 In line with its Terms of Reference, the People and Culture Committee has delegated authority to “approve and oversee the process for the recruitment or reappointment of the Chair and Council members, in accordance with the Professional Standards Authority (PSA) guidance and the requirements of the Privy Council.”
- 3 An Extraordinary meeting of the Committee was convened on 3 October 2024 to consider the process and documentation that required approval as part of the Chair selection process. The Governance Team had prepared the papers for the Committee in line with the PSA’s guidance and the topics for consideration included:
 - 3.1 the appointment of a recruitment partner
 - 3.2 panel composition
 - 3.3 approval of the Chair role and person specification
 - 3.4 terms and conditions for the Chair role
 - 3.5 the selection process itself
- 4 The Committee agreed to the appointment of Hunter Healthcare via a direct award as the recruitment partner for the campaign. Hunter Healthcare had been supporting the selection process for a registrant Council member vacancy that would arise in Spring 2025 but this role had been paused to reflect PSA guidance that the Chair vacancy should be open to lay and registrant candidates. The existing contract for Hunter Healthcare was extended to include this work. Hunter Healthcare are well versed in the NMC, understand our challenges and are aware of the Council’s ambition to continue to increase the diversity of the Council to better reflect the population we serve and the professionals on our register.
- 5 The Committee accepted the recommendation for the selection panel to be made up of:
 - 5.1 Sir David Behan as the independent panel chair (who has since confirmed that he will undertake this role)
 - 5.2 Lynne Wogens, registrant Council member and Vice Chair
 - 5.3 Anna Walker, lay Council member and Vice Chair

5.4 Eileen McEaney, registrant Council member from Northern Ireland (reflecting that the NMC is a UK, four country regulator)

5.5 Radhika Seth, independent panel member

- 6 The terms and conditions for the Chair role were unchanged by the Committee from those currently in place, namely that the role would be three days per week with an annual allowance of £78,000.
- 7 The Committee also agreed that the selection process would be undertaken in line with recent Council member processes as these had been commended by the PSA, the key points of which are as follows:
 - 7.1 applications would remain anonymous until the shortlist stage was complete
 - 7.2 search activity and advertising would continue for four weeks
 - 7.3 the selection process would include application, longlist, preliminary interview, shortlist and final interview stages
 - 7.4 Engagement sessions would take place internally
 - 7.5 Due diligence would be undertaken on all shortlisted candidates
- 8 For the Chair role and person specification, the Committee requested more time to provide specific comments and agreed that following this, the specification should be shared with the four Chief Nursing Officers (CNOs) and officials in the Devolved Administrations. The final draft including any comments should be then shared with the wider Council for comment. The Chair of the Committee was given delegated authority to approve final version.
- 9 Feedback was received from Committee members, two CNOs and Council members. We also sought feedback from Mac Alonge, the NMC's EDI adviser. This feedback was combined into a final version which the Chair of People and Culture Committee approved via email.
- 10 In accordance with their requirements, we submitted our Advance Notice to the PSA on 18 October. The PSA confirmed on 22 October that it had concluded its scrutiny and did not have any questions for us, commenting that the process seemed very well planned.
- 11 The specification was added to the candidate pack and the role went live on 24 October 2024 with formal communications to stakeholders following shortly thereafter. The role closes for applications on 25 November 2024.
- 12 **Recommendation: The Council is recommended to note the report.**

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16

Next Steps

13 The outcome of the Chair selection process will be reported to Council once the appointment has been made by the Privy 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		The role of Chair is key to leading the NMC to deliver its regulatory functions, particularly in light of the independent culture report.
Safeguarding considerations	Yes		The 'welcome statement' in the candidate pack includes reference to our work on strengthening our safeguarding approach.
The four country factors and considerations.	Yes	Para. 5	The role is open to applicants from across the four countries.
Resource implications including information on the actual and expected costs involved.	Yes		The cost of the selection process will be met from existing budgets, but this work is a cost pressure so may lead to an overspend.
Risk implications associated with the work and the controls proposed/ in place.	Yes		If the NMC does not follow the process as per its Advance Notice,

			there is a risk that the PSA will not recommend to the PCO that it can have confidence in the process, resulting in a failed appointment.
Legal considerations.	Yes		The appointment of the Chair must meet the criteria set out in the NMC's legislation.
Midwives and/or nursing associates.	Yes		The role of Chair is open to all registrants (and lay people).
Equality, diversity, and inclusion.	Yes	Para. 4	We refreshed our selection process equality impact assessment for this campaign. This was shared with the PSA and has informed our approach. In line with our commitment to the Welsh Language Standards, the selection process materials are available in Welsh.
Stakeholder implications and any external stakeholders consulted.	Yes	Paras 8 and 10	
Regulatory Reform.	Not Applicable		

Council

Agreed Removal Guidance Evaluation

Action requested:	<p>Our guidance in respect of the process relating to how professionals could be removed from the register whilst subject to Fitness to Practise (FtP) proceedings was updated in April 2023. We were asked to conduct an internal evaluation of the guidance in order to assess the broad impact of the change and consider if any amendments needed to be made. This evaluation was completed between January and April 2024. We are sharing the outcome of this evaluation for information purposes.</p> <p>The Council is asked to note the report.</p>
Key background and decision trail:	<p>The purpose of this report is to provide information to the Council. It was discussed at the Executive Board on 14 May which recommended it.</p>
Key questions:	<p>The evaluation addressed the following key questions or considerations:</p> <ol style="list-style-type: none">1. What was the broad impact of the guidance changes2. Are there any areas for further improvement in the guidance
Annexes:	<p>The following annexe is attached to this paper:</p> <ul style="list-style-type: none">• Annexe 1: Agreed Removals Guidance Evaluation slides

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16

Further information:	If you require clarification about any point in the paper or would like further information, please contact the author or the director named below.	
	Author: John Bentley Phone: 020 7681 5798 JohnRichard.Bentley@nmc-uk.org Author: Rupert Eastman Phone: 020 7681 5986 Rupert.Eastman@nmc-uk.org	Executive Director: Kuljit Dhillon Phone: 020 7681 5202 Kuljit.Dhillon@nmc-uk.org

Agreed Removal Guidance Evaluation slides

January – April 2024

1
2
3
4
5
6
7
8
9
10
11
...

Background:

In April 2023, the Policy and Legislation team published new guidance in respect of the process by which professionals subject to Fitness to Practise (FtP) proceedings could apply to come off the register.

This guidance replaced the previous guidance for Voluntary Removal (or “VR”) and the process was renamed “Agreed Removal” (or “AgR”)



New guidance – key changes

The new guidance introduced two key changes to the process:

- Removal is now permitted at ANY stage of the FtP process (VR was only permitted after a Case Examiner (CE) decision)
- Removal is permitted whether or not the professional accepts the FtP concerns and current impairment (VR was only permitted with full acceptance of both)

Our evaluation

The Policy and Legislation team in collaboration with the Change Management team undertook an evaluation of the AgR guidance and produced a report on their findings in April 2024.

The purpose of the evaluation was:

- To try and assess the broad impact of the policy
- To ensure that the guidance is clear and helpful for decision makers, and to identify any areas where it could be improved

What we did:

- Obtained data in respect of the number of Agreed Removals for the period 24 April 2023 - 24 January 2024 and compared this with data for VR for the 3 years preceding the guidance change
- Interviewed five of the Assistant Registrars, who currently make AgR decisions, and the senior lawyer in the Quality of Decision Making (QDM) team
- Conducted a review of approximately 10 percent of AgR cases (24 cases) decided between 24 April 2023 – 24 January 2024. This included an even split of cases where:
 - AgR had been agreed and where it had been refused
 - A decision on AgR had been made before and where it had been made after a decision by the CEs

Conclusions and learning from the evaluation:

The new guidance had had a real impact on registrants whose cases could be dealt with more quickly in the process and on the FtP caseload:

- Decisions on removal were being made earlier in the FtP process
- Removal applications were being made without full admissions to the concerns

The feedback we received generally on the guidance was positive in respect of it being:

- Clear, easy to understand and to apply
- An improvement to the regime it replaced. There was specific feedback in this regard to the two key changes being a positive step.

We received feedback on specific parts of the guidance that we thought may benefit from a review and possible revision.

We identified that the governance behind decision-making needed to be tightened up. In some cases we looked at it was not clear precisely which documents had been seen by the decision maker.

This could present difficulties for the NMC if the decision were ever challenged.

Concerns were raised by decision-makers about the NMC's "proactive" approach towards encouraging professionals to consider applying for AgR, and potentially insensitive communications with the professional.

1
2
3
4
5
6
7
8
9
10
11
⋮

What's happened since?

- We have completed a review of our guidance and made amendments which are due to be published on 1 December 2024.
- We shared the report with the QDM (Quality of Decision Making) team and FtP Heads in Professional Regulation so that they could consider what action they needed to take in light of our conclusions.
- We shared the concerns about governance and the “proactive” approach of operational colleagues with NMC colleagues who are working on the FtP Plan. As part of the FtP Plan, the Regulatory Reform Policy Team have undertaken and produced a review and analysis of the end-to-end agreed removals process. The recommendations from this have been shared with the Deputy Director, the Assistant Director and Head of QDM. They will be taking forward the recommendations including resolving these two specific concerns.