

Open Council 29 January 2025

MEETING
29 January 2025 10:00 GMT

PUBLISHED
31 January 2025

Meeting of the Council

To be held by videoconference from 10:00 on Wednesday 29 January 2025

Agenda

Sir David Warren
Chair of the Council

Matthew Hayday
Council Secretary

- | | | | |
|-----------------------------------|--|-----------|--|
| 1 | Welcome and Chair's opening remarks | NMC/25/01 | 10:00 |
| 2 | Apologies for absence | NMC/25/02 | |
| 3 | Declarations of interest | NMC/25/03 | |
| 4 | Minutes of the previous meeting

Chair of the Council | NMC/25/04 | |
| 5 | Summary of actions

Secretary | NMC/25/05 | |
|
Matters for discussion | | | |
| 6 | Quarterly corporate performance report

Interim Chief Executive and Registrar / Executive Director, Resources and Technology Services | NMC/25/06 | 10:10 -
10:55
<i>(45 mins)</i> |
| 7 | Culture Transformation Programme update

Interim Executive Director, Strategy and Insight | NMC/25/07 | 10:55 -
11:15
<i>(20 mins)</i> |
| 8 | Review of the quality of nursing and midwifery practice learning: Outcome of the discovery phase and next steps

Acting Executive Director, Professional Practice | NMC/25/08 | 11:15 -
11:55
<i>(40 mins)</i> |

Refreshment break (15 mins)

**11:55-
12:15**

- 9 Fitness to Practise Plan: Realignment update and update on our casework performance**

NMC/25/09

**12:15-
12:35**
(20 mins)

Executive Director, Professional Regulation

Matters for decision

- 10 Investment Policy annual review**

NMC/25/10

**12:35-
12:55**
(20 mins)

Executive Director, Resources and Technology Services

- 11 Panel Member and Chair appointments**

NMC/25/11

**12:55-
13:05**
(10 mins)

Secretary

Matter for discussion

- 12 Questions from observers**

NMC/25/12

**13:05-
13:20**
(15 mins)

Chair

(Oral)

Matters for information

- 13 People and Culture Committee report**

NMC/25/13

Secretary

- 14 Chair's actions taken since the last meeting**

NMC/25/14

Chair

CLOSE

13:20

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Meeting of the Council
Held on Wednesday 27 November 2024 by videoconference

Minutes

Council

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

NMC Officers

Helen Herniman	Acting Chief Executive and Registrar
Tom Moore	Interim Executive Director, Resources and Technology Services
Lise-Anne Boissiere	Executive Director, People and Organisational Effectiveness
Sam Foster	Executive Director, Professional Practice
Edward Welsh	Executive Director, Communications and Engagement
Kuljit Dhillon	Interim Executive Director, Strategy and Insight
Alice Hilken	General Counsel
Lesley Maslen	Deputy Director, Professional Regulation
Anthony Omo	Executive Advisor, Professional Regulation
Matthew Hayday	Secretary to the Council
Alice Horsley	Senior Governance Manager

Joining for item 9 (NMC/24/100):

Tracey MacCormack	Assistance Director, Midwifery
Verena Wallace	Senior Midwifery Advisor (Policy)

A list of observers is at Annexe A.

Minutes

NMC/24/92 Welcome and Chair's opening remarks

1. The Chair welcomed all attendees and observers to the meeting.
2. The Chair extended a special welcome to Anthony Omo, Executive Adviser to Professional Regulation on secondment from the General Medical Council (GMC).

NMC/24/93 Apologies for absence

1. No apologies were received.

NMC/24/94 Declarations of interest

1. The following declarations of interest were recorded:
 - a) **NMC/24/99: Fitness to Practise caseload update** All registrant Council members, and the Executive Director, Professional Practice, declared an interest.
2. These interests were not considered material such as to require the individuals concerned to withdraw from the discussion.

NMC/24/95 Minutes of the previous meeting

1. The minutes of the meeting on 24 September 2024 were agreed as an accurate record, subject to the following amendments:
 - a) Relating to Welsh Language Standards Regulations Annual Monitoring Report 2023-2024 (item **NMC24/87**), the minutes captured the commitment to engage with Council members for Wales or based in Wales annually regarding the Welsh Language Monitoring Report, but this needed to be added as an action point.
 - b) Relating to the update on progressing the Fitness to Practise (FtP) casework (item **NMC/24/85** at 2(c)), the minutes should be amended to note that *'The Council was clear that improvements in the management of quality within FtP must be delivered across the same timeframe as improvement in timeliness'*.
 - c) Relating to Observer Questions at Annexe B (question 8), a correction as indicated: 'There needed to be some time to embed the referees reverse mentoring scheme...'
2. The draft minutes would be amended accordingly and submitted to the Chair for signature.

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Action: Amend the minutes of the meeting on 24 September 2024 according to the comments raised and submit to the Chair for signature.
For: Secretary to the Council.
By: 31 December 2024.

NMC/24/96 Summary of actions

1. The Council noted progress on actions arising from previous meetings.
2. Arising from **NMC/24/81**: Transforming NMC Culture: responding to the Independent Culture Review – in addition to training relating to cultural competence for the Council and Executive, a discussion about Equality, Diversity and Inclusion (EDI) should be scheduled for an Open Council meeting to agree a framework for inclusive language to be used consistently by the NMC.
3. Arising from **NMC/24/84**: Report from People and Culture Committee (Council Skills Matrix) - It was not accurate to mark this action as complete, as whilst a discussion about the Council Skills Matrix had been scheduled for Council Seminar in February 2025, this had not yet taken place.

Action: Schedule a discussion about EDI at an Open Council meeting to agree a framework for inclusive language to be used consistently by the NMC.
For: Secretary / Executive Director, People and Organisational Effectiveness
By: 29 January 2025

Action: Amend the summary of actions to acknowledge NMC/24/84 was in progress rather than closed, as whilst a discussion about the Council Skills Matrix had been scheduled for Council Seminar in February 2025, this had not yet taken place.
For: Secretary
By: 29 January 2025

NMC/24/97 Quarterly corporate performance report

1. The Interim Executive Director, Resources and Technology Services introduced the report and noted that:
 - a) The Corporate Plan would be reviewed and revised in January 2025, to account for learnings in the year-to-date as well as the impact of the Independent Culture Review.
 - b) Overall, good progress had been made in all areas against the NMC’s Corporate Plan, but the highest priority outcomes - Priority Outcome 1 (progress FtP referrals in a safe and timely way) and

- Priority Outcome 2 (build an inclusive, high performance, learning culture) - were rated 'red'.
- c) The overall financial position remained robust at the mid-point of the financial year, with free reserves of nearly £37 million and cash and investments totalling over £96 million.
 - d) The NMC expected to end the year with a deficit around the planned figure of £7 million. This reflected planned acceleration in core spend in the second half of the year, particularly in FtP and relating to activities in response to the Independent Culture Review.
 - e) It also reflected the sharp drop in applications from overseas professionals, which was expected to impact income by £1.1 million in the year, as well as an increase in provisions related to the worker status of panellists.
 - f) The annual planning exercise was underway. Whilst the aim was to stay within the indicative future year budgets set out in March 2024, there were significant additional financial pressures, both internal and external, including initiatives to improve key regulatory processes, inflation, the increase in employer's national insurance contributions, the sharp drop in overseas applicants joining the register, and the impact of legal decisions around the worker status of panellists.
 - g) It was looking increasingly difficult to absorb these additional pressures while keeping the annual registration fee at the level it had been since 2015.

2.

In discussion, the following points were noted:

- a) There had been several prioritisation exercises over the last three years, accounting for risk, finances and workload.
- b) A review of the Financial Strategy was underway, including a consideration of priorities for the NMC given the significant volume of activity.
- c) A robust approach to prioritisation was required and the Executive would welcome the Council's input.
- d) As part of the annual corporate planning process, all directorates had been asked to identify financial savings, and this discipline was commended by the Council.
- e) It was agreed that detail would be added to the Financial Report to show the year-end budget versus variance during the year.
- f) The draft Corporate Plan and Budget for 2025-2026 would be presented to the Council in February 2025.
- g) Relating to the Thirlwall Inquiry, recommendations for the NMC which had been provided from previous inquiries were being

reviewed to ensure these were embedded and to identify any actions.

- h) The Wiser solution IT system which had supported the Register for over 22 years had been switched off. This milestone in the Modernisation of Technology Services programme had allowed the NMC to improve its IT security and resilience.
- i) Following an internal audit, a desk-based exercise had been undertaken to establish how the NMC would run the register safely in the event of a cyber security incident, which would be examined in further detail by the Audit Committee.
- j) Relating to the People Plan, key progress included the development of the Behavioural Framework, 360-degree feedback and a review of the management training programme.
- k) Management briefings and a pilot scheme were planned to embed the Behavioural Framework.

3. The Interim Executive Director, Resources and Technology Services introduced the Strategic Risk Exposure Report and highlighted the following points:

- a) **REG24/01** (failure to meet our statutory safeguarding responsibilities): the risk impact score had been increased.
- b) **PEO24/05** (low morale and engagement, contributing to a loss of talent, expertise, corporate knowledge): the risk likelihood score had increased.
- c) **SRT24/07** (failure to mature our process and culture around data and insights): the risk had been escalated from the Resources and Technology Services operational risk register to the strategic risk register.
- d) **PEO24/10** (failure to effectively respond to the recommendations from learning reviews and deliver the culture change required): had been added as a new risk to the register.

4. In discussion, the following points were noted:

- a) Relating to **GOV24/05** (failure to manage contracts appropriately), new procurement legislation was due to go live on 24 February 2025. Whilst the changes to ways of working this would necessitate should not be underestimated, the changes would be beneficial for the NMC.
- b) Relating to **SRT24/07**, data and insight systems were being replaced to improve data and the ability to gain insights.
- c) The current case management system captured sufficient data to allow the NMC to perform its regulatory duties, but not in a way that met all the needs of stakeholders.

- d) The NMC was working with the Chief Nursing Officer teams from the four countries to address current gaps in the data provided to stakeholders, with a view to helping to address common challenges, such as the quality and appropriateness of referrals.
- e) Considering and understanding the full suite of data required by the NMC and ensuring the data used across the organisation was consistent was important.
- f) It was agreed that a more detailed Council discussion about data and insight systems would be scheduled.
- g) People risks were significant but there were a range of mitigating interventions in place, with Ambitious Appraisals among the most positive.
- h) In the latest round of Ambitious Appraisals 98.9 percent of colleagues had a quarterly performance and development conversation with their manager, which included discussions about workload and wellbeing.
- i) There had been significant investment in engaging with colleagues, including awayday events, the all-staff conference and investment in leadership.
- j) Additional HR resource would support the implementation of recommendations from the Independent Culture Review and strengthen the handling of casework.
- k) It was essential to prioritise activity and ensure colleagues' workloads remained manageable in order to achieve sustainable change.

5. Summing up, the Chair emphasised the importance the Council attached to the issue of prioritisation. A rigorous and robust approach to prioritisation was required to ensure people had the capacity to fulfil the NMC's regulatory purpose and to deliver the necessary culture transformation work. On behalf of the Council, the Chair thanked the Executive for the level of detail provided in the report.

Action: Add detail to the quarterly Financial Report to show the year-end budget versus variance during the year.
For: Interim Executive Director, Resources and Technology Services
By: 29 January 2025

Action: Schedule a more detailed Council discussion about data and insight systems.
For: Secretary to the Council
By: 29 January 2025

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NMC/24/98 Independent Culture Review report update (Oral)

1. The Interim Executive Director, Strategy and Insight provided an oral update on the culture transformation work. The following points were highlighted:
- a) There were four overarching pieces of work: i) the implementation of 15 immediate commitments made by the Executive and the Chair of Council ii) the implementation of the 36 recommendations in the Independent Culture Review report iii) implementing wider culture change and iv) improving the FtP experience.
 - b) There had been good progress on implementing the immediate commitments, which were important as they formed the foundational actions for the NMC to achieve culture transformation.
 - c) Three out of four of the Chair of Council’s commitments had been implemented. These included the appointment of an Interim Chief Executive and Registrar, with Paul Rees due to join the NMC on 20 January 2025, as well as the appointment of Anthony Omo as a senior advisor for FtP, who was acting as a critical friend to support the NMC to implement improvements. Thirdly, there had been several meetings with the Independent Oversight Group chaired by the Professional Standards Authority (PSA).
 - d) The fourth outstanding commitment related to the appointment of independent senior advisors to the Council. It was anticipated that a first appointment would be made by the end of spring 2025.
 - e) Four out of the 11 immediate commitments made by the Executive had been delivered, five were in progress and on track, one was in the scoping stage, and one was in progress but the timeline for full delivery had been extended.
 - f) The commitment with extended delivery related to the Safeguarding Hub. Whilst the Hub was operational and already making a difference, with all new FtP referrals being considered through a safeguarding lens at the earliest stage, there was more work relating to this commitment to be delivered.
 - g) Relating to the implementation of the 36 recommendations in the Independent Culture Review report, there were four core plans: FtP, Safeguarding, Equality, Diversity and Inclusion (EDI) and People.
 - h) Several recommendations did not fit appropriately into these plans and were being managed by different teams across the NMC.

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- i) Assurance that all recommendations had a Senior Responsible Officer who was a member of the Executive and was accountable for the implementation of the recommendation, with some being owned jointly by the Executive.
- j) Recruitment was underway to appoint an Assistant Director, Culture Transformation, who would be responsible for overseeing the culture transformation programme and taking a holistic view.
- k) The FtP Plan was being realigned to take account of the recommendations from the Independent Culture Review report.
- l) The outcome of Ijeoma Omambala KC's report and the Ambitious for Change research was awaited and would need to be taken into account when revising the FtP Plan.
- m) Paul Rees, the incoming Interim Chief Executive and Registrar, would be the senior sponsor for culture transformation, and had significant experience in delivering cultural change. It was essential that his views and priorities were taken into account.
- n) A more detailed update on culture transformation would be provided to the Council in the new year, once Paul Rees was in post.
- o) The Independent Oversight Group was meeting the following day on Thursday 29 November 2024, and the NMC had prepared a comprehensive update for this meeting, which was required on a 6-weekly basis.

2. The Chair noted that there had been positive interest in the roles of independent senior advisor to the Council. The main issue affecting interest levels was the time commitment involved, but the Chair was hopeful that a first appointment would be made by Spring 2025.

3. In discussion, the following points were noted:
- a) The Council requested that in future there be a paper for this important item to allow colleagues time to consider and scrutinise the issues in advance of the meeting
 - b) Assurance that updates for the PSA Oversight Group meetings would be provided to the Council in advance of submission to the Group in future.
 - c) Acknowledgment that colleagues remained under extreme time pressure to prepare papers for the Independent Oversight Group meetings which were held every six weeks.
 - d) The Council was responsible for providing overarching oversight of culture transformation at the NMC.
 - e) It was important that the outcomes of the culture transformation work were clearly understood and that there was focus on achieving these.

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- f) A detailed and helpful update on the People Plan and the EDI Plan had been provided to the People and Culture Committee at its meeting on 26 November 2024. Mac Alonge, Chief Executive Officer, the Equal Group, also reported to the Committee on his initial reflections and priorities in his capacity as EDI Advisor to the NMC.
- g) The NMC should request a qualitative as well as a quantitative report monthly from the Freedom to Speak Up Guardian. This qualitative information would be central to understanding whether there had been effective culture change with respect to speaking up, which the quantitative data alone could not provide.
- h) Executive colleagues were engaging with the Staff Networks and Rising Higher scheme participants to improve the diversity of the internal Empowered to Speak Up Ambassadors.
- i) Council members would welcome the opportunity to meet with the chairs of Staff Networks and Union members to foster their understanding of cultural issues and culture change at the NMC.
- j) The suggestion that there be consideration about any gaps in the Council's knowledge with respect to cultural competence and psychological safety.

Action:	Consider opportunities for Council members to meet with the chairs of Staff Networks and Union members to foster their understanding of cultural issues and culture change at the NMC.
For:	Secretary to the Council
By:	29 January 2025
Action:	Request a qualitative as well as a quantitative report monthly from the Freedom to Speak Up Guardian
For:	Executive Director, People and Organisational Effectiveness
By:	29 January 2025

NMC/24/99 Fitness to Practise caseload update

1. The Deputy Director, Professional Regulation introduced the update report. The following points were highlighted:
 - a) Reducing the overall caseload continued to be challenging due to the sustained high numbers of referrals and decision numbers not keeping pace.
 - b) Improving the quality and appropriateness of referrals was challenging.
 - c) The investment and interventions at the Screening stage of the FtP process were proving effective. Despite the higher than planned referral numbers, the team made 580 decisions in

September and 609 in October, the highest monthly number of decisions in recent years.

- d) There continued to be positive steps made to address the queue of cases awaiting allocation. On 12 April 2024 there were 949 cases awaiting allocation to a dedicated case officer and as at 30 October the pot had reduced to 103. It was projected that all 949 cases would be allocated by early December 2024.
- e) The new case weighting tool supported the allocation of cases to allow for more equitable and manageable workloads. This had been well-received by colleagues and was an important part of the NMC's response to the findings in the Independent Culture Review report.
- f) There had been a high-level of engagement recently with Unison, which was a valuable way to gather and monitor feedback regarding cultural issues.
- g) Anthony Omo, General Counsel and Director of Fitness to Practise at the General Medical Council (GMC) had joined the NMC on a secondment for three months. Anthony had provided excellent support to the Executive Director, Professional Regulation in the first four weeks of his secondment.

2.

The Executive Advisor, Professional Regulation reported to the Council on his initial reflections in his capacity as Seconded Executive Advisor to the Professional Regulation directorate at the NMC. The following points were noted:

- a) The hard work and dedication of the Executive Director, Professional Regulation and her team in delivering the FtP Plan was impressive.
- b) The significant impact the FtP process had on members of the public, the professionals and NMC colleagues involved was acknowledged.
- c) The challenges and issues faced in FtP were longstanding and had been compounded by recent events and the increased number of referrals.
- d) Most healthcare regulators were also experiencing an increase in referrals, although the reason for this was not clear.
- e) Whilst progress was being made under the FtP Plan, it was recognised that it would take time for new processes to be fully embedded and for improvements to be impactful.
- f) An initial area for consideration was whether certain aspects of the FtP process could be streamlined.
- g) Colleagues should be mindful that certain risks were not the NMC's responsibility. It also needed to be recognised that

healthcare and medicine was inherently risky, and there was a certain amount of risk that needed to be tolerated.

- h) It was important for the NMC to focus on clearing the backlog of cases; focusing both on addressing high-risk cases and releasing cases from the process where they do not require further consideration as quickly as possible.
- i) The FtP Plan needed to be more focused, with key areas prioritised and progressed at pace.
- j) There had been a number of reviews about the FtP process in recent years, but there should be caution to avoid additional recommendations and improvement initiatives distracting from previously agreed priorities.

3.

In discussion the following points were noted:

- a) The Council thanked the seconded Executive Advisor for his valuable observations.
- b) The Executive Director, Professional Practice was leading the workstream to improve the quality of FtP referrals and reduce the number of inappropriate referrals.
- c) Consideration should be given to whether the NMC was being sufficiently assertive with stakeholders about the shared responsibility to improve the quality and appropriateness of referrals, given the high proportion of referrals which were closed at Screening.
- d) There was work underway to improve the information available to the public and employers regarding referrals on the NMC's website.
- e) A new member of the public referral form was being developed with input from the Public Voice Forum. The form would be launched early in the new year.
- f) The good progress made in reducing the median case age was commended.
- g) The way median case age was presented to the Council would be reviewed to ensure it was clear.
- h) The NMC was considering the opportunities presented by Artificial Intelligence (AI) for each stage of the FtP process, which included engaging with other similar organisations on how it could be usefully deployed. A discussion on AI was scheduled for the Council Seminar in February 2025.

4.

Summing up, the Chair highlighted that addressing the cultural issues reported by the Independent Culture Review was central to the FtP Plan, alongside improvements to processes. The Chair also welcomed the exploration of the benefits of AI and the opportunity to discuss this

further at a Council Seminar session. In particular, the Council would want to discuss the use of AI in the context of quality assurance.

5. The Chair noted that the distressing impact FtP had on all those involved was understood, with FtP cases taking too long to resolve. On behalf of the Council, he thanked the Executive Director, Professional Regulation and her team for all their work to implement the FtP improvement plan, while acknowledging that there was significant work still required.

Action: Review the way median case age was presented to the Council to ensure it was clear.
For: Executive Director, Professional Regulation
By: 29 January 2025

NMC/24/100 Midwifery activity update

9.1 Response to Care Quality Commission’s National Review of Maternity Services

1. The Executive Director, Professional Practice introduced the item.
2. In discussion the following points were noted:
- a) The Council commended the thorough and important work to map the Code of Professional Standards and Standards of proficiency to the recommendations and themes in the Care Quality Commission (CQC) National Review of Maternity Services in England 2022-2024 report.
 - b) The CQC had also made a recommendation for NHS England (NHSE) ‘to work with the NMC and Royal College of Obstetricians and Gynaecologists to establish a minimum national standard for midwives delivering high dependency maternity care’.
 - c) The type of standard is post-registration for midwives. Currently, it is often a post registration university level module or short course relating to high dependency or critical care. This goes beyond the additional midwifery knowledge and skills expected around immediate emergency response and first line management for women and newborn infants with complications which the NMC has set in the Standards of proficiency for midwives.
 - d) The NMC would work with NHSE and the appropriate Royal Colleges to address this CQC recommendation to NHSE around high dependency maternity care.

- e) The NMC and the CQC had not spoken about the report prior to its publication, but the NMC had now made clear that it did not regulate post-registration standards.
- f) There was an opportunity now to strengthen and develop the relationship between the NMC and the CQC. The stakeholder team was working to develop this and maintain regular communications.
- g) Relating to recruitment and retention, it should be acknowledged that the NMC's work relating to the regulation of Advanced Practice would provide career pathways for midwives.

9.2 Midwifery Panel – name change and updated Terms of Reference

3. The Senior Midwifery Advisor introduced the item.
4. In discussion the following points were noted:
 - a) It was agreed that the Terms of Reference for the Midwifery Strategic Advisory Group would be amended to allow a mechanism for exception reporting to the Council as required throughout the year, in addition to the annual reporting. This was considered particularly important currently given the significance of issues relating to midwifery and maternity services.
 - b) Margaret McGuire, registrant Council member, dual registered as both a nurse and a midwife, had attended the Midwifery Strategic Advisory Group meetings as an observer.
 - c) The recruitment process for the independent Chair of the Midwifery Strategic Advisory Group was a full and open process.
 - d) The NMC was also recruiting an independent chair for the Advance Practice Steering Group and the Practice Learning Steering Group. There would be a Council member on the recruitment panel, which would be chaired by the Interim Chief Executive and Registrar.
 - e) The Council would be asked to support the NMC in seeking expressions of interest for these roles.
 - f) Relating to queries about whether there was the equivalent forum for Nurses at the NMC, the Professional Strategic Advisory Group held this function.
5. Summing up, the Chair thanked the Executive Director, Professional Practice and her team for the midwifery activity update and the important work in this area. Midwifery and maternity services activity was a subject to which the Council would wish to regularly review.

Action: Amend the Terms of Reference for the Midwifery Strategic Advisory Group to allow a mechanism for exception reporting to the Council as required throughout the year, in addition to the annual reporting.
For: Executive Director, Professional Practice
By: 29 January 2025

NMC/24/101 Appointment of Interim Chief Executive and Registrar

1. The Secretary to the Council introduced the paper, which provided details of the process to identify the Interim Chief Executive and Registrar and sought approval for their appointment. Subject to approval, Paul Rees MBE was due to take up his appointment to the role on 20 January 2025.
2. **Decision: The Council approved the appointment of Paul Rees as the Interim Chief Executive and Registrar.**

NMC/24/102 Audit Committee Report

1. The Chair of the Audit Committee introduced the report. The following points were highlighted:
 - a) The Audit Committee Report had been reformatted, with a sharper focus on risk management.
 - b) An aim of the Report was to provide a sense of the overarching themes which emerged from discussions with the Executive at the meeting.
 - c) The Committee was grateful to the Executive for the open manner in which it approached conversations at the meeting, particularly relating to the NMC's response to the Independent Culture Review.
 - d) The change in the way colleagues were engaging with psychological safety was welcomed.
2. On behalf of the Council, the Chair thanked the Chair of the Audit Committee for the Report in its revised format and the clarification of the guidance for managing corporate risks and other areas of policy and processes.
3. **Decision: The Council approved the revised terms of reference for the Audit Committee.**

NMC/24/103 Questions from observers

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

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NMC/24/104 Appointments Board report

- 1. The Council noted the Appointments Board report

NMC/24/105 Council Chair selection process

- 1. The Council noted the update on the Council Chair selection process.

NMC/24/106 Agreed Removal Guidance Evaluation

- 1. The Council noted the agreed removal guidance evaluation.

NMC/24/107 Chair’s actions taken since the last meeting

- 1. There had been no Chair’s actions since the last meeting:

Closing remarks

- 1. The Chair thanked all attendees and observers for joining the meeting.

Confirmed by the Council as a correct record:

SIGNATURE:

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Annexe A: Observers registered to attend

External Observers

Nasreen Anderson	Senior Associate, Financial Conduct Authority
Lucy Catterall	Head of Legal, Royal College of Nursing
Swizzle Dias	Programme Manager Nursing Workforce Governance, Barts Health NHS
Georgia Dollar	Commercial Director, Higher Ed Partners Health
Aisling Fox	Deputy Branch Head, DHSC
Grace Jones	Policy Advisor, DHSC
Melanie Kelly	Senior Associate, Capsticks LLP
Felicia Kwaku	Associate Director of Nursing, Kings College Hospital
Rhys McCarthy	Scrutiny Officer, PSA
Gillian Meldrum	Retired midwife
Clare Minchington	Senior Council Member, GOC
David Munday	Lead professional officer, Unite the Union
Katherine Mutsvangwa	Quality and Safety Manager, NEL ICB
Jess Redman	Student nurse, Kingston University
Cathryn Watters	Director and nurse, NMCWatch registrant care CIC
Claire McGuinness	Professional Advisor, Nursing and Midwifery Education
Peter Bates	Director, NMC Watch: Registrant Care CIC
Gillian Knight	Nursing Officer, Welsh Government
Ian Vaughan	Head of Governance, General Dental Council

Press

Ella Devereux	Senior Reporter, Nursing Times
Alison Stacey	Senior Reporter, Nursing Standard
Madeleine Anderson	News and Features Writer, Nursing in Practice

NMC staff observing

Julie Bliss	Senior Nursing Education Advisor
Ramona Borto	Senior Finance Business Partner
Rory Byrne	Investigation Team Manager
Janice Cheong	Senior Executive Business Manager
Liz Fraser	Research officer
Carole Haynes	Senior Policy Officer
Tracey MacCormack	Assistant Director for Midwifery
Gregory Smith	Complaints and Enquiries Officer
M Takolia	Panel Chair FtPC
Verena Wallace	Senior Midwifery Advisor (Policy)
Jennifer Daniel	Governance Officers and Assistant
Renée Caffyn	Executive Assistant
Sharon Dawson	Governance Manager

Annexe B

Questions submitted in advance and answered in writing
<p>Question: Does the Board appreciate concerns arising from the statement by Paul Rees that he is 'looking forward enormously to joining the brilliant team at the NMC' when the RISE report indicated that the NMC is hardly a 'brilliant team' and it is imperative that the seriousness of the negative findings of the report are publicly acknowledged? - Gillian Meldrum, retired midwife</p> <p>Response: <i>The Rise report acknowledged that there are a lot of talented, committed and purpose-driven staff at the NMC –and a frustration that this is not being properly harnessed because of an unhealthy and excessively process-driven culture. Paul is excited to join the NMC but understands the significant issues we face.</i></p>
<p>Question: “Published information on the Gov website shows that Capsticks have been awarded a contract worth £14,949 over the next 3 years. Capsticks have also been given work amounting to . We know from the Government Contracts website that the NMC paid Capsticks an additional £76,500 for work between 3 June 2024 and 2 October 2024 for “Specialist HR support required to manage all casework and associated systems, complex whistleblower cases and coordination of any long-standing complex cases and associated cases.”</p> <p>Is council really happy that this is a good use of registrant's fees both in terms of proportionality and reasonableness consider Capsticks are heavily involved in defending NHS Trusts against whistleblower claims" - Cathryn Watters, Director and nurse, NMCWatch registrant care CIC</p> <p>Response: <i>This question was raised at the Open Council meeting on 3 July and responded to at the time Details below:</i></p> <p><i>The £14,949,000 figure covered two separate three-year contracts with Capsticks and Weightmans. The sum represented the maximum value of these contracts but there was an annual process where business planning and budgets are reviewed and approved by the Council. The £14.9m did not represent half of the £30 million additional investment in support the Fitness to Practise improvement plan. Only the difference between the value of previous legal service contracts and the maximum value of the new contracts was included within the £30 million, which represents under 20 percent of the £30 million additional investment. The majority of the £30 million additional investment in Fitness to Practise would increase the NMC’s internal people resources and enable it to increase the number of hearings held each month. The previous legal service contracts were for investigation casework only. The new, more dynamic approach sought to ensure that the NMC’s external legal partners could provide a more flexible range of legal services. This would enable the NMC to more quickly progress its Fitness to Practise improvement plan, benefitting members of the public and registrants impacted by its cases. This explains the increase in the total value of the new legal service contracts, which the NMC may or may not fully utilise.</i></p>

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Question: We know that serious misconduct cannot always be addressed through learning alone because, if it could, the NMC would never need to strike nurses off the register. With this in mind, what steps have been taken by the NMC's senior leadership team to proactively identify and take action against the leaders who have created and fostered the toxic culture at the NMC, and 'root out the bad apples/those described in the Independent Culture Review as having a "God-like status"? - Nasreen Anderson, Senior Associate, Financial Conduct Authority

Response: *Where issues are raised about specific individuals, action is taken to investigate any alleged misconduct.*

Question: As the NMC's senior leadership failed to transparently disclose the serious concerns that were identified in the Neutral Assessment in Council papers and reports, and it took a whistleblower for this to come to light, what checks have Council members put in place to ensure that information being reported to them is an accurate representation of what is happening within the NMC? - Nasreen Anderson, Senior Associate, Financial Conduct Authority

Response: *The Council has commissioned three independent investigations into the concerns raised to ensure it understands the necessary action in response to them. The Council holds the Executive to account through Council as well as Council Committee meetings.*

Question: In keeping with the spirit of the DHSC (Department of Health and Social Care) public consultation launched on 26 November 2024 on whether NHS managers who silence whistleblowers or endanger patients through misconduct should be barred from working in the NHS, what steps will Council and the NMC senior leadership team take to ensure that any members of staff who have left the NMC, but are identified as being involved in misconduct in Ijeoma Omambala KC's investigation reports, will be held accountable, and that their future employers will be made aware, to prevent them from repeating the same misconduct in another setting and endangering the public further? - Nasreen Anderson, Senior Associate, Financial Conduct Authority

Response: *It is inappropriate to pre-empt the findings of the independent Omambala report.*

Question: Recently published research from NMCWatch has shown that neither NMC (nor in many cases employers themselves) have clear data available about the comparative rates at which Registrants are referred to the Council. The statistics appear at first sight to show big variations between different NHS Trusts. Examining this basic data may indicate that employers are adopting different standards when deciding whether to make a referral. Varying standards could affect the numbers of cases being added to the NMC backlog. They would certainly affect the fairness with which Registrants are being treated. What steps is NMC taking to systematically collect and analyse the

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referral rates for different employers? - Peter Bates Director, NMC Watch:
Registrant Care CIC

Response: *We collect employer data for fitness to practise cases but there is more we can do and with the right systems and processes, we should be able to use the data we have more impactfully. One of the benefits of the significant investment we're making in our new case management system is improvement in the way we can collect, analyse and share data.*

We have ways of sharing intelligence and escalating issues, both within our organisation and together with our partners. This includes our internal intelligence sharing hub, where we look carefully at concerns which may have a broader impact than an individual FtP concern. We're also part of the emerging concerns protocol which brings together different healthcare regulators, including the CQC, to share information and take the actions we all need to as different parts of the system.

Question: What percentage of registrants in the FtP process just stop responding and disengage with the process before its conclusion?

Response: *We do not currently capture this data, however we are working with stakeholders to improve our data and insight capabilities.*

We actively encourage professionals to engage with the FtP process including signposting to organisations that can provide support and advice

Question: In the recruitment process for the new Chair, would the Board invite participation from 'ordinary' registrants who do not have executive level jobs and have a good understanding of the lived experiences of NMC registrants & some of the problems within the NMC organisation - such as:

- <https://www.equality4blacknurses.com/>
- <https://nmcwatch.org.uk/>
- <https://www.midwifery.org.uk/the-midwives-haven/>

These organisations all have a desire to help the NMC work better.

Response: *The current campaign for the Chair is now closed. As the campaign went live, we wrote to a wide range of stakeholders asking them to share the details of the search within their networks. We can consider widening this list further in future campaigns.*

Question: What percentage of registrants referred for FtP are unrepresented?

Response: *As at 31 October 2024, 53 percent of cases involved a professional with no representation. This is not counting referrals at Screening where we hadn't yet confirmed if the concern is about someone on our Register.*

[Note: the figure is 41 percent unrepresented if only looking at cases after the Screening stage. At this point in the process, all professionals have been identified and notified that we are investigating their case and will have the opportunity to give us their representative]

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Question: What percentage of registrants referred for FtP are unemployed at the point of referral, or become unemployed during the process?

Response: *We wouldn't necessarily know someone's employment status at the point of a referral. Also, we don't routinely collect employer data as part of registration, although we do collect some data at revalidation. We have a longer-term piece of work which includes better collection of this type of data.*

Questions submitted and answered at the meeting

Question: Where is the quarterly safeguarding report? - Catheryn Watters, NMC Watch

Response: *The quarterly Safeguarding report will be made available on the NMC's website in December 2024.*

Question: What do the 853 cases without a PIN in screening refer to? - Catheryn Watters, NMC Watch

Response: *Cases which are referred where the name and PIN of the registrant is unknown. The NMC uses its best endeavours to determine the PIN at Screening, although this is not always possible.*

Question: How old were the 949 cases you ring fenced? – Alison Stacey, Senior Reporter, Nursing Standard

Response: *231 of the cases had been referred to the NMC more than a year ago, and the rest were referred less than a year ago.*

Question: What is the quality assurance process for closure of screening cases from a clinical and safeguarding perspective currently? – Catheryn Watters, NMC Watch

Response: *Colleagues working in Screening had access to clinical advisors to enhance their understanding of issues from a clinical perspective. A safeguarding hub had been established to ensure that all referrals received in Screening were looked at through a safeguarding lens. Contact was made with the Safeguarding Lead where there were any concerns about a case. Quality assurance exercises ensured learnings and best practice were identified.*

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Question: The Council Papers say ‘We [the NMC] fail to take appropriate or timely action to address a regulatory concern regarding the quality of nursing or midwifery education.’ How will you improve regulation for the next cohort of nursing students? – Madeliene Anderson, Nursing in Practice

Response: *We work closely with our Approved Education Institutions (AEIs) in a number of different ways. When situations of concern come to our attention it is important that we seek clarification from our partners, and as part of our approach to education quality assurance sometimes this will result in a review of the specific concern and how this is impacting on the programme we have previously approved, the students on these programmes, and in ensuring that our regulatory standards continue to be met.*

This is in addition to monitoring that takes place routinely with all AEIs including the completion of individual Annual Self Reports and in supporting AEIs and their practice learning partners to raise any concerns they have with us at an early stage so we can be in a position to actively support students and educators to resolve any challenges they may face. AEIs and their practice learning partners work closely and we have a shared commitment to uphold our standards as they support graduates who are safe, kind and effective to join their chosen professions.

Further information on our approach to education quality assurance can be found [here](#).

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

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Minute	Meeting date	Title / theme	Status	Action	Action owner	Update	Due date
NMC/24/70	24 July 2024	English Language changes evaluation	Complete	Consider incorporating evaluation information about the impact of the English language changes to the NMC's quarterly performance reporting.	Interim Executive Director, Strategy and Insight	We propose to report on Supporting Information for Employers (SIFE) data for the next couple of years to monitor the impact of this change to our English language policy. We are determining whether to incorporate SIFE data into one of our insight reports, or publish it separately.	24 September 2024 27 November 2024 29 January 2025
NMC/24/81 And NMC/24/96*	24 September 2024 And 27 November 2024	Transforming NMC culture: responding to the Independent Culture Review	Rescheduled	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. *Schedule a discussion about Equality, Diversity and	Secretary to the Council / Executive Director, People and Organisational Effectiveness	Cultural competence training facilitated by The Equal Group has been scheduled for the Council and the Executive for 25 February 2025. An opportunity to discuss EDI at an Open Council meeting is being scheduled for Q1 2025-2026.	27 November 2024 29 January 2025 26 March 2025

				Inclusion (EDI) at an Open Council meeting to agree a framework for inclusive language to be used consistently by the NMC.			
NMC/24/84 And NMC/24/96*	24 September 2024 And 27 November 2024	Report from People and Culture Committee	In progress	The finalised skills matrix and a summary of the outcomes would be discussed at a Council Seminar session. *Amend the summary of actions to acknowledge NMC/24/84 was in progress rather than closed, as whilst a discussion about the Council Skills Matrix had been scheduled for Council Seminar in February 2025, this had not yet taken place.	Secretary to the Council	Not yet due. A discussion regarding the finalised Council skills matrix and a summary of the outcomes has been scheduled for Council Seminar in February 2025. This action was re-opened as whilst the discussion has been scheduled for Council Seminar in February, it has not yet taken place.	27 November 2024 26 March 2025

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 provide a fuller update on our oldest cases and progress made at the March 2025 meeting of Council.	27 November 2024 29 January 2025 26 March 2025
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
NMC/24/95	27 November 2024	Minutes of the previous meeting	Complete	Amend the minutes of the meeting on 24 September 2024 according to the comments raised and submit to the Chair for signature.	Secretary to the Council	Minutes of the meeting on 24 September 2024 amended according to the comments raised and submitted to the Chair for signature.	31 December 2024
NMC/24/97	27 November 2024	Quarterly corporate performance report	Complete	Add detail to the quarterly Financial Report to show the year-end budget	Interim Executive Director, Resources and	We have provided more detail in the quarterly corporate performance report at Item 6,	29 January 2025

				versus variance during the year.	Technology Services		
NMC/24/97	27 November 2024	Quarterly corporate performance report	In progress	Schedule a more detailed Council discussion about data and insight systems.	Interim Executive Director, Resources and Technology Services	Not yet due. A session on Data Strategy has been scheduled for Council Seminar in March 2025. This will be a follow up to the data strategy session held at Seminar on 11 June 2024.	26 March 2025
NMC/24/98	27 November 2024	Independent Culture Review report update (Oral)	Rescheduled	Consider opportunities for Council members to meet with the chairs of Staff Networks and Union members to foster their understanding of cultural issues and culture change at the NMC.	Secretary	The Deputy Director, Chief of Staff will be meeting with the network chairs as part of establishing his new role. Discussions will include booking a time after an in person Council event to meet with Council members. We plan to do this before the end of the financial year (2024-2025).	29 January 2025 26 March 2025
NMC/24/98	27 November 2024	Independent Culture Review report update	Complete	Request a qualitative as well as a quantitative report monthly	Executive Director, People and Organisational	The Freedom to Speak Up Guardian has agreed to provide a monthly update report for the NMC, including	29 January 2025

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		(Oral)		from the Empowered to Speak Up Guardian.	Effectiveness	qualitative as well as quantitative data.	
NMC/24/99	27 November 2024	Fitness to Practise caseload update	Complete	Review the way median case age was presented to the Council to ensure it was clear.	Executive Director, Professional Regulation	This data is provided in the Fitness to Practise Plan: Realignment update and update on our casework performance, which is an agenda item.	29 January 2025
NMC/24/100	27 November 2024	Midwifery activity update: Midwifery Panel - Terms of Reference	Rescheduled	Amend the Terms of Reference for the Midwifery Strategic Advisory Group to allow a mechanism for exception reporting to the Council as required throughout the year, in addition to the annual reporting.	Executive Director, Professional Practice	Amendments to the Terms of Reference for the Midwifery Strategic Advisory Group regarding exception reporting to the Council are being considered and an update will be provided at the next Open Council meeting.	29 January 2025 26 March 2025

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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

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 at item 9 on the agenda. • The cover paper also includes updates from the Executive team on significant changes since they last reported to Council on 27 November 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 30 January 2025. • Due to the level of overlap, content usually included within the regular Executive Report has been captured here.

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Key questions:	<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? 3. How are we performing against our key performance indicators (KPIs) and are there any exceptions to consider addressing? 4. Are we managing strategic risks appropriately, or are there any exceptions to consider addressing? 						
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 report • Annexe 4: 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 1081 1402 1554"> <tr> <td data-bbox="379 1081 858 1182"> Author: Richard Wilkinson Richard.Wilkinson@nmc-uk.org </td> <td data-bbox="858 1081 1402 1182"> Chief Information Officer (<i>previous interim Executive Director</i>): Tom Moore Tom.Moore@nmc-uk.org </td> </tr> <tr> <td data-bbox="379 1182 858 1283"> Author: Rebecca Calver Rebecca.Calver@nmc-uk.org </td> <td data-bbox="858 1182 1402 1283"> Executive Director of Resources and Technology Services (<i>previous Acting Chief Executive and Registrar</i>): Helen Herniman Helen.Herniman@nmc-uk.org </td> </tr> <tr> <td data-bbox="379 1283 858 1384"> Author: Sevinj Essien Sevinj.Essien@nmc-uk.org </td> <td data-bbox="858 1283 1402 1384"></td> </tr> </table>	Author: Richard Wilkinson Richard.Wilkinson@nmc-uk.org	Chief Information Officer (<i>previous interim Executive Director</i>): Tom Moore Tom.Moore@nmc-uk.org	Author: Rebecca Calver Rebecca.Calver@nmc-uk.org	Executive Director of Resources and Technology Services (<i>previous Acting Chief Executive and Registrar</i>): Helen Herniman Helen.Herniman@nmc-uk.org	Author: Sevinj Essien Sevinj.Essien@nmc-uk.org	
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Quarterly corporate performance report

Discussion

Leadership

1. We have appointed Gavin Kennedy as our Interim Director of People and Organisational Effectiveness. Gavin was previously Deputy Director of the directorate. We have also appointed Miles Wallace, previously Deputy Director, as Interim Director of Communications and Engagement.
2. The selection process for our new Chair of Council continues in line with the planned timetable. The Selection Panel has identified a shortlist of candidates following an open and competitive process which included an application stage and preliminary interview with our search partner, Hunter Healthcare. Our process is designed to meet the Professional Standards Authority's (PSA's) *Good practice in making council appointments* and is carried out in line with our values.
3. Internal colleague engagement sessions will have taken place on 24 January 2025 with chairs of the colleague networks, members of the employee forum and unison staff representatives invited, as well as sessions with the Executive and Council members. Final interviews are scheduled for 31 January 2025.
4. Subject to the outcome of the interviews, we would then submit our recommendation to the Privy Council for appointment and report on compliance with our process to the PSA; the PSA provides assurance to the Privy Council Office (PCO) before it makes the appointment. We would then expect to make an announcement, at the earliest in March 2025.

Political landscape

5. On 6 January 2025, Prime Minister Keir Starmer delivered a speech setting out the measures the Government will take to cut the number of patients waiting more than 18 weeks for NHS treatment in England by nearly half a million over the next year. The measures set out in the Elective Reform Plan include upgrades to the NHS App, a network of Community Diagnostic Centres, more surgical hubs and other measures such as Artificial Intelligence (AI). There was no explicit mention of anything that would impact the Nursing and Midwifery Council, but we will continue monitoring for potential impacts for professionals on our register.

Financial position

6. At end of the third quarter, our financial position remains secure in the short term, with free reserves of £33 million and cash and investments totaling over £92 million. As a result we have been able to continue to fund a planned reduction in free reserves and cash. Free reserves are lower by almost £9 million since start of the year and our cash down by £11 million, reflecting our additional investment, particularly to support Fitness to Practise (FtP) improvement and the cost of immediate actions post Independent Culture Review (ICR) publication. More details are provided at **Annexe 4**.

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7. Our net income in the first nine months of the year, before the positive movement on our investments, shows a deficit of £8 million compared to the £12 million deficit budgeted. This lower than planned deficit is due to some slippages and underspends on our core regulatory activities and programmes. For the full year we are expecting our deficit to be up to £21 million in total with an acceleration in spend for the last quarter of the year. Although there is some uncertainty around the pace of activity that can be delivered, this reflects additional activities in response to the ICR, an increased provision for panel member and other holiday pay and provision for additional specialist support. We are also expecting that the recent sharp drop in applications from overseas professionals will impact on income by about £1.1 million over the year as a whole.
8. Looking ahead, 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 set in 2015 is looking increasingly difficult. The impact of ten years of inflation, additional costs as we improve our key regulatory processes, external factors such as the increase in employer national insurance contributions costing about £1.4 million a year, the sharp drop in applications to join our register from overseas professionals, and the impact of legal decisions around the worker status of our panellists, together with the ongoing investment in our regulatory processes and culture, is significant.

Progress against our corporate plan

9. A summary of progress to date against four of our five priority outcomes is at **Annexe 1**. A separate, more detailed progress report on FtP is at **item 9**.
10. 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.
11. The overall picture of the portfolio (which includes our projects and programmes) for Q3 shows that we have largely met our deliverables, even within a difficult operating environment.

Priority Outcome 1: Progress FtP decisions in a timely and sustainable way that keeps people safe

12. Please see **item 9** for an update on our FtP improvement plan. The item outlines current performance, key developments, challenges, and our strategy for realigning the plan activity to address delivery challenges and achieve outcomes in a timelier way that meets stakeholder expectations.
13. Our first “Insight into Fitness to Practise” report was published in December 2024 and it includes analysis of our findings on FtP concerns we received between 2019 and 2024. The purpose of the report is to provide insights which can help our partners

across the health and social care sector to better understand and address the issues of greatest concern to patients and employers.

14. Donna O'Boyle, previously the Professional Regulatory Adviser at the Scottish Government, joined the NMC as a Seconded Executive Adviser to the Executive Director for Professional Regulation from 6 January 2025 for a period of 12 months. She brings a wealth of clinical, legal and policy expertise and her focus with us will be clinical expert input into our regulatory casework.

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

15. Overall, this outcome is red. Whilst we can see the delivery happening at pace, including the new Equality Diversity and Inclusion (EDI) learning approach, pilots of the behaviour framework and 360 degree feedback and policy refresh, we are some way off seeing tangible results that demonstrate a high performing culture that has EDI embedded in its thinking.

Independent culture review

16. Please see item 7 for an update on progress we have made in response to the findings of the ICR, within our Culture Transformation Programme.
17. In Q3 we launched the Behaviour framework which applies across all roles in NMC and will be fundamental in supporting standards across our workforce and was one of the key recommendations from the ICR. We will now start to link that to the design of job descriptions and recruitment at NMC in 2025, so we are linking skills to behaviours and culture. The framework development was also the first 'deep dive' by the People and Culture Committee on behalf of the Council and useful in the development of the framework.
18. In November 2024, the PSA Independent Oversight Group received an update on Culture and Governance work setting out progress in relation to the ICR. Broadly it was a productive meeting, and we will update it further in the year with progress. Balancing delivery with reporting to various governance committees and groups is an issue across some teams.
19. The Equality Diversity and Inclusion (EDI) team has been working through Networks Refresh, Learning Reviews, Cultural Competence learning, Reasonable Adjustments and Agenda for Change work. Mac Alonge, The Equal Group, has undertaken a review of the capabilities and capacity of the team and will be sharing this with the Executive Board and making recommendations in January 2025. This will help build the EDI infrastructure needed to support the EDI plan.
20. Colleagues have given evidence in December 2024 and January 2025, including the Acting Chief Executive & Registrar who gave oral evidence on 8 January 2025. During that evidence session, further information was requested about our current approaches which we will need to provide via Rule 9 requests from the Inquiry and subsequently consider whether there are any immediate actions we can take and what impact that might have on our reprioritisation. We will be providing a closing statement by 28 February 2025 and a closing oral statement in March 2025.

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

Modernisation of Technology Services

21. The NMC Online replacement project within Modernisation of Technology Services (MoTS) Programme has experienced sustained delays within the NMC Online project, which in turn has the potential to impact costs and timings. This project has limited windows when the solution can be implemented, so missing the delivery date can result in an extended delay to implementation. The underlying issues have been driven by a challenging marketplace for technical resources which has impacted our supplier's ability to deliver the highly complex project. Work is underway to address the challenges, whilst ensuring we do not add unnecessary risk to the peak registration period which will be reported back to Council once complete.
22. The MoTS programme change request workstream is on track to complete this quarter as is the first release of the Case Management System project. Both have been impacted by the challenges in the NMC Online project, but this is currently manageable.

Regulatory Reform

23. There remains ambiguity around the Department of Health and Social Care (DHSC) timeframes relating to Regulatory Reform and this is impacting our ability to plan and deliver within our current timescales. We are still awaiting formal confirmation from DHSC as to which regulator will be next and their timeline for reform. We had expected DHSC to confirm timescales and approach by the end of October 2024, but this has not happened. We have been informed that they are expecting to confirm plans soon.

New Corporate Intranet

24. We launched our new intranet named "Pulse" in early January. It has been designed to help with the flow of information throughout the organisation, from the day colleagues join and throughout their career at the NMC. It is a central location and first port of call for key policies, guidance, and trusted news and essential NMC information and is designed with accessibility at its core.

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

Mid-year data report

25. Our mid-year data report was published on 2 December 2024. We shared that there are a record 841,367 nurses, midwives and nursing associates eligible to practise in the UK. That's 14,949 (1.8 percent) more than just six months ago. However, we also revealed that we have seen a fall in internationally educated joiners, which has been a pillar of workforce growth in recent years. And we have seen an even higher proportional rise in leavers, although it is important to view leavers' data through the lens of a growing register. We shared our data and insights with the aim that they will support workforce planning and research in the UK.

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Joint letter to professionals for winter

26. On 19 December 2024, we published a joint letter with NHS England, the Care Quality Commission (CQC), the General Medical Council (GMC), the Chief Nursing Officer (CNO) for England, the General Pharmaceutical Council (GPC) and the Health and Care Professions Council (HCPC) thanking professionals and reminding them of the support available during the pressured winter period.

Using prescribing responsibilities obtained through a NMC prescribing qualification while working as a Physician Associate or Anaesthesia Associate

27. In December 2024, Physician Associate (PA) and Anaesthesia Associate (AA) roles became regulated by the GMC. The DHSC confirmed that professionals working in these roles should not prescribe medicines, even if they hold prescribing rights from another profession or have previously been authorised to prescribe by their employer. We wrote to the 88,714 professionals on our register who have a prescribing qualification to make them aware that they should not prescribe medicines if employed in PA or AA roles.

28. *Practice learning review - see item 8 for discussion on this.*

Priority Outcome 5: Strengthen the integrity of the register

Strengthening International registration processes

29. All deliverables are complete or on track for strengthening international registration processes with the exception of the development of the Memorandum of Understanding which is proving challenging due to external dependencies with the test providers.

30. Implementation of the Swiss Free Trade Agreement is complete and we have made necessary process and comms changes to reflect the changes and new approach.

Education quality assurance (EdQA)

31. Our work on reviewing and strengthening of education quality assurance is at the development stage. We are finalising the programme of work, its timelines, milestones plus confirming resource needed to deliver.

32. We have now received feedback on our response to concerns at Canterbury Christ Church University (CCCU). Once the report has been reviewed to maintain confidentiality, we will aim to publish in Q4.

33. We are at an early stage in investigating two new and unconnected emerging concerns with two Approved Education Institutes. We will update once we know more.

Looking ahead

29. Risks and issues remain for delivery in Q4 and into Q1 of 2025-2026. However, there is active management to mitigate and treat them.

30. We continue to experience high level Approved Education Institution (AEI) demand for programme approval and programme modification EdQA activity. We are closely monitoring both our and the Quality Assurance Agency's capacity to meet that demand in line with our QA framework.

Next Steps

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

Implications

The following were considered when preparing this paper:

Implication:		Location if in paper:	Content if not in paper:
Public protection/impact for people.	Yes	Throughout	
Safeguarding considerations	Yes	Within Priority Outcome 3	
The four country factors and considerations.	Yes	Throughout	
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	
Legal considerations.	Yes	Throughout	
Midwives and/or nursing associates.	Yes	Throughout	
Equality, diversity, and inclusion.	Yes	Throughout	
Stakeholder implications and any external stakeholders consulted.	Yes	Throughout	
Regulatory Reform.	Yes	Within Priority Outcome 3	

Item 6
NMC/25/06
29 January 2025

Annexe 1: Priority outcome performance dashboards



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Priority outcome assessment dashboard

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

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Priority Outcome Assessment

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

Priority outcome owner: Gavin Kennedy
 Sign off date: 16/01/25

Performance summary		PO status:	RAG	Q1 2024 / 2025 overall rating:	R	1
Overall delivery is green or amber as key deliverables under this outcome were delivered to timelines i.e. People Plan, PSA reporting, Thirlwall, and some EDI deliverables. We also know that the speak up work and improved reporting of issues raised by colleagues and acting on the issues raised is improving. However, we have a long way to go before these changes have a meaningful impact and most colleagues see a positive affect on our culture. We also have inquiries and reports that will conclude in coming months and changes to senior leadership, all of which is positive for delivering change but will mean that we are in a period of settling the vision for the culture we want and the things that will help to realise it.				Q2 2024 / 2025 overall rating:	R	2
				Q3 2024 / 2025 overall rating:	R	3

Key achievements in the last quarter	Critical deliverables for next quarter			
	Description	Due date	RAG	Commentary
Activity name				
Thirlwall public hearings - one of our colleagues gave oral evidence in December 2024 and our CER gave evidence on 8 January 2025.	PSA Periodic Review	Q4	Green	The PSA have adapted the timing for the NMC report publication. They've extended the reporting period to the end of December 2024 and are proposing to publish a report on the functional areas unaffected by the outstanding Omambala reviews by the end of March 2025 (with a supplementary report to cover the rest of the Standards in due course).
Ambitious for Change emerging findings	Ambitious for Change	Q4	Green	Follow-up sessions on the findings due in February 25. Note links to Omambala Report so some risk of delay.
Behaviour Framework and 99% of Ambitious Appraisals	Log and Learn 'Go live' date	Q4	Green	We are still working to a Q4 24/25 go live and that is on track.
	Omambala report	March 25	Yellow	The draft Omambala reports are due to be delivered Q4 2024/25. On track with newly communicated timelines however this report has been delayed several times and is dependent on other reports and work being completed so remains a risk.

Assessment of key risks / issues associated with delivery (to come from activity within this PO)					
Risk / Issue	Activity	Description	RAG Q1	RAG Q2	RAG Q3
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 have to prioritise this over wider performance/ KPIs.	A	R	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	R

Indicator	RAG Q1	RAG Q2	RAG Q3	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	20	<ul style="list-style-type: none"> Likelihood score increased from 4 to 5 for Q2. (Red 20). Agreed at EB June 2024. Rationale: Risk has materialised, with the outcomes of the People and Culture review and ljeoma Omambala KC's investigation expected to further impact on performance and morale.
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	20	<ul style="list-style-type: none"> Likelihood score increased from 4 to 5 for Q2 (Red 20). Agreed at EB June 2024. Rationale: Increasing pressures on the delivery of Priority Outcomes 1 (fitness to practice), 2 (Learning Culture), and 5 (Integrity of the Register).
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.	16	16	20	<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 Rationale: The number of recruitment campaigns completing over the next few months and leavers within the Executive team and Council leading to further instability across teams.
Outcome indicators and KPI's				
Inclusive				
Gap in hire rate between white (all) and Black and Minority Ethnic applicants (target +/- 0.5%)			+0.7%	For Q3 the rolling difference (April-December) is +0.7%, in favour of white applicants, compared to +0.1% for Q2 (April – September)
% 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%	26.5%	
High performing				
Turnover (target 0.1%-12.5%)	A	A	A	
A. All NMC				
Fitness to practise:	B	B	B	
B. Screening				
C. Investigators	C – 12.9%	C- 12.9%	C	
D. Case Examiners				
E. Adjudications	D	D	D	
	E - 13.5%	E- 12.9%	E	
Average number of days of sickness absence per person (target 6.8)	10.8	9.2	9.2	Sickness absence remains high, most relates to long term illnesses and reflects general trends post pandemic. We are reviewing our approach to wellbeing in 2025 including health.

Indicator	RAG Q1	RAG Q2	RAG Q3	Commentary
Customer experience:	A	A	A	
A. Complaints responded to in 20 days (%) (target – 90%)	B	B	B	
B. Enquiries responded to in 20 days (%) (target – 92%)	C	C	C-- 87.5%	Numbers were low – the reason for the dip was due to the complexity of the issues raised (which meant colleagues needed a greater length of time to respond) and staff absence.
C. MP enquiries responded to in 20 days (%) (target – 90%)	D	D	D – 75%	This does not present any concern as numbers were very low
D. MP enquiries responded outside 20 days with agreed extension period (target – 90%)	E	E	E	
E. Information requests responded to on time (%) (target – 90%)				
Learning				
% of SER incident reports completed within 8 weeks (target 100%)	58.7%	55%	72%	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.
% Overall eligible colleagues completed Ambitious Appraisals quarterly check-ins (target 100%)	91.7%	94.9%	95.9%	Overall, we are pleased with how Ambitious Appraisals has been embedded and the most recent window was over 99%. We now also include wellbeing and workload scores and analysis for the People and Culture Committee to ensure oversight of the overall information
% Completion of mandatory training (target 100%)	83%	82%	83%	Completion on mandatory learning will be communicated further

Activity	Status	RAG Q1	RAG Q2	RAG Q3	Summary
Thirlwall inquiry and lessons learned	Live	Amber	Amber	Green	We have continued to provide evidence to the Inquiry and submitted a supplementary statement in November 2024. A colleague gave evidence in December and the CE&R gave oral evidence on 8 January 2025. During that evidence session, additional queries were raised about our current approaches which we will need to consider and agree whether there any immediate actions we can take and what impact that might have on our reprioritisation. We will be providing a closing statement by 28 February.
Whistleblowing investigations: People and Culture / Ijeoma Omambala KC	Live	Amber	Amber	Amber	The draft Omambala reports are due to be delivered Q4 2024/25. On track with newly communicated timelines. We have now had 4 meetings with the PSA oversight Group, with the last meeting focusing on governance and people and culture recommendations. All other meetings were a deep dive into FtP and safeguarding. The People and Culture Advisory Group was stood down from November 2024. Of the immediate commitments: 7 are delivered, 5 are I progress and on track, 1 has had the timeline extended to achieve better outcomes and one is still in the scoping/planning stage. Of the 36 recommendations, 1 is considered delivered, 12 are in progress and on track, 10 are being scoped/planned, and 9 are in progress, but have had the timeline extended to improve the outcome.
People Plan	Live	Amber	Amber	Amber	The People Plan has been revised in line with our Culture work and response to the ICR. Good progress to date and key highlights includes; Behaviour framework has been launched and 360 feedback is on track to be piloted by the Executive Board in January and the good progress has been achieved on the EDI learning review and pilot, Management essentials will be updated to include leadership essentials (the aims, list of options and plan for engagement will be ready by the end of Oct). The following activities that were previously paused will commence from April 2025; Invest in professions; introduce ticketing workflows and SLAs; Review of hybrid working benefits and wellbeing strategy. Casework continues to consume significant resource in the team.
EDI Plan	Live	Amber	Amber	Amber	The EDI Team is actively engaged in the scoping the next EDI Plan. The project status remains amber as we are still delivering against our current EDI plan whilst planning for the new one which is impacting the team's capacity; the team are continuing to mitigate this through continued prioritisation. 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. Mac Alonge has undertaken a review of the capabilities and capacity of the team and will be sharing this with the Executive Board and making recommendations in January. This will help build the EDI infrastructure needed to support the new plan.
Ambitious for Change fitness to practise case review	Live	Green	Amber	Green	Emerging findings have been shared with us and a workshop was held with colleagues to discuss them in December. Feedback from this workshop has been shared back with the supplier to inform the final draft. We are organizing follow-up sessions in Feb/Mar when the final findings will be available.
PSA periodic review	Live	Amber	Amber	Amber	The PSA have adapted the timing for the NMC report publication. They've extended the reporting period to the end of December 2024 and are proposing to publish a report on the functional areas unaffected by the outstanding Omambala reviews by the end of March 2025 (with a supplementary report to cover the rest of the Standards in due course). The PSA will convene a panel in late January/early February and before the panel meets, they'll send us a copy of the recommendations that they'll submit to the panel. We'll then have some time to do any fact-checking. The PSA will share our response with the panel and will subsequently confirm panel decision.

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Activity	Status	RAG Q1	RAG Q2	RAG Q3	Summary
Engage our employees on culture change	Live	Green	Amber	Amber	In December we appointed an AD for Culture who will be in post in January. The incoming CER was developing his thinking about how he wants to approach culture change and has been working with comms and engagement to develop his engagement plans. We have built on the foundations of Ambitious Appraisals and our values and behaviours set by engaging colleagues in the shaping of the Behaviours framework which was launched in Q3. These will be essential in helping to develop our culture and ensure we have the infrastructure to improve our culture. We have just rolled out the first round of 360 feedback with the EB in January, which will then cascade to leadership colleagues in 2025. We now have an Executive Board dedicated to learning whereby a learning landscape paper is presented which details the learning from key data points across the organisation such as public inquiries, Ambitious for Change, the PSA, and the ETSU initiative. The paper also provides timelines, the how, the opportunities and the blockers to creating a learning organisation culture.
Improve handling of Corporate Complaints	Live	Amber	Amber	Amber	The Customer Enquiries and Complaints Team continues to meet its target of responding to 90% of corporate complaints within 20 working days, despite an increasing volume of complaints. However, progress on enhancing the team's Customer Relationship Management (CRM) system has not advanced as quickly as required, which may impact long-term efficiency. The review of complex FtP complaints is ongoing and is expected to provide valuable insights and recommendations for improvement. This review should support further enhancements to our processes and help drive better outcomes in the future.
Learning from statutory inquiries	Live	Green	Green	Green	We have signed an information sharing agreement with the Nottingham review team and will share FtP data when required. We have published our culture of curiosity, and it is being implemented across FtP and ELS. We are continuing to engage with the families through the Review Chair and will progress any additional learning. With the Lampard Inquiry, we are reviewing transcripts and developing a timeline of our regulatory activities to help identify any lessons learned and to help prepare for a Rule 9 request for information. We continue to monitor the Muckamore Abbey and Covid inquiries for any updates.
Corporate Learning Approach - SER Policy & Process Refresh	Live	Amber	Amber	Amber	The Log and Learn project platform build was paused during November. This was due to the platform having issues with usability and functionality that were picked up in user testing. These amended platform specs are being reviewed and updated to start work on in January. We are still working to an end of Q4 24/25 go live.

Priority outcome assessment dashboard

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

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Priority Outcome Assessment

Priority outcome owner: Tom Moore

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

Sign off date: 17/01/2025

Performance summary				PO status:	RAG	Q1 2024 / 2025 overall rating:	A
Delivery within our gift is going well, and we are taking action against external factors to support to Regulation Reform. Significant challenges have emerged in the Modernisation of Technology Services programme, which are currently under review and may impact delivery timescales. We will be proactive in reviewing deployment of resource in the event of continued delay and uncertainty related to external developments. While overall progress is good against most objectives the rag rating is heavily impacted by the challenges in the MoTS programme and the focus on Regulation Reform.						Q2 2024 / 2025 overall rating:	A
						Q3 2024 / 2025 overall rating:	R

Key achievements in the last quarter	Critical deliverables for next quarter						
	Description	Due date	RAG Q1	RAG Q2	RAG Q3	Commentary	
<p>New procurement policy to support incoming regulations completed.</p> <p>New intranet launched to pilot group in December, with full launch in January</p>	Modernisation of Technology Services						
	NMC Online	May 2024	G	A	R	Sustained vendor resource gaps plus below anticipated quality delivery by vendor has materially impacted timescales and costs, putting delivery date (and fall-back date) at severe risk. Work underway to address and determine options and way forward	
	Case management system Release 1	March 2024	A	A	A	Delivery date delayed by one month to help support NMC Online delivery	
	Final change request release	Nov 2024	G	G	A	Delayed from Q3 to support focus on NMC Online	
	Changes in Procurement Legislation						
	Procurement Policy development and launch	Dec 2024	A	A	A	Policy completed, but significant work still required to be fully compliant with legislation. Some guidance still to be shared by central government	
	Intranet						
	Launch	January 2025	A	G	G	Launch brought forward to start of January 2025	
	Data Vision						
	Data cleansing of CMS	March 2025	n/a	n/a	G	On track to complete by end of January with first set of reports built on new datasets due March	

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

Risk / Issue	Activity	Description	RAG Q1	RAG Q2	RAG Q3
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	G
Issue	MoTS	Third-party developer experiencing resourcing challenges which could ultimately impact delivery in 2025	N/A	R	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	R	R

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Indicator	RAG Q1	RAG Q2	RAG Q3	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	25	<ul style="list-style-type: none"> Current risk impact score increased from 4 to 5 for Q3 (Red 25) Rationale: 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. 	6
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	16	<ul style="list-style-type: none"> Current risk score increased from Amber (15) to Red (16) in June 2024 for Q2. 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. 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. 	6
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	16	<ul style="list-style-type: none"> Newly escalated risk to the strategic risk register from the RTS operational risk register Rationale: 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. 	7
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	12	<ul style="list-style-type: none"> No change to risk score but we continue to monitor our financial performance 	6
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	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	N/A	Work in this area began in Jan 25, so no data recorded.	7
DBS Vetting checks review					
A. Volume of DBS vetting checks required – 900 checks required over the next 12 months	183	197	206	Good progress made on rolling out DBS vetting	8
B. Volume of DBS checks completed	B	137	B		
C. Volume of DBS checks returned with alerts requiring risk assessment	2	0	0		
Technology and data					
Is our technology performing within expectations?	N/A	N/A	N/A		:
A. Cybersecurity – Major threats blocked %	N/A	N/A	N/A		
B. – Minor threats blocked %	N/A	N/A	N/A		
C. Unplanned downtime of service availability for NMC website and NMC online	C	C	C		
D. * Top desk tickets completed in 50 working hours	D	D	D		

High level summary of progress against delivery milestones for each activity within PO #3						1
Activity	Status	RAG Q1	RAG Q2	RAG Q3	Summary	2
MoTS: NMC Online	Live	Amber	Green	Red	Since we went to Council end of September our delivery partner has experienced significant resourcing challenges and their delivery velocity has decreased substantially as a result. Currently, we are re-evaluating the plan and re-prioritising available resources to ensure we meet all our deliverables. We are considering a change request to extend the delivery date for NMC Online Replacement project from May 2025 to June 2025. There will be an additional cost if we extend the delivery by a month, but we are in negotiation with the delivery partner to help offset that cost as many of the issues driving the delay are due to their resourcing challenges and stakeholders have confirmed the impact would be minimal.	3
MoTS: Change request workstream	Live	Green	Green	Amber	The plan is to present the revised plan to Programme Board early February and then if required raise a change request through the governance process up to and including Council.	4
MoTS: Implementation of Case Management System	Live	Amber	Green	Amber	EDW migration testing for initial phase successfully completed and go live anticipated for January 2025. Plan for second phase shared with Architecture team and agreed – to go to Technical Design Authority (TDA) for approval. PM Appointed, EQIA commenced. Reference Data Management – Recruitment on going. New Analyst Lead joins in January 2025, PM appointed, model design work in progress.	5
Data Vision <ul style="list-style-type: none"> Data warehouse migration Performance analytics and regulatory insights 	Live	Amber	Green	Green	This activity is rated red due to external delays. The ambiguity around DHSC timeframes is impacting our ability to plan and deliver regulatory reform within our current timescales. We are still awaiting formal confirmation from DHSC as to which regulator will be next and their timeline for reform. We had expected DHSC to confirm timescales and approach by the end of October 24, but this has not happened. We have been informed that they are expecting to confirm plans soon. While the existing plan is built on planning assumptions, this delay from DHSC is impacting our ability to carry out long term planning and consider how we implement regulatory reform to our current timescales. Once we gain clarity from DHSC we will submit a revised programme plan for Programme Board approval. Note: DHSC timelines on regulatory reform also have potential to impact activity around regulating Nursing Associates in Wales.	6
Regulatory Reform Programme <ul style="list-style-type: none"> Policy and legislative design / implementation 	Live	Amber	Green	Red	DBS: Although PaC team capacity to issue and checks where required is a challenge, we remain on track to have rolled out increased DBS checks to all current staff by the end of March and, where concerns are raised, defined approach is working effectively.	7
Delivery of safeguarding workplan <ul style="list-style-type: none"> Implementation of DBS checks 	Live	Amber	Amber	Amber	The Safeguarding team has recently expanded with all but two roles having started in the team. These roles are currently in the induction period, and will be prioritising the delivery of our operational priorities and development of the organisational training needs analysis and refresh of the safeguarding e-learning. A new referral pathway for all safeguarding concerns has been developed and will be launched w/c 20 Jan in line with refreshed communications around safeguarding. Work is on-going around management of highly sensitive data and the new process is due to be launched shortly, once an awareness raising campaign has been developed. Initial comms will start circulating around this w/c 27 January. The safeguarding hub continues to run with approximately 500 cases being reviewed. We are pulling off outcome data to understand the impact of our work. The next month will focus on the following areas: 1) developing the safeguarding strategy, 2) finalising our ways of working document and 3) transferring our data onto our new concerns log. General Counsel are undertaking their own work in relation to our legal duties with regards to safeguarding.	8
Environmental Sustainability plan	Live	Green	Green	Green	This activity is now largely regarded as being integrated into our 'core business'. eg moving our electricity to net zero suppliers, reflected in estates strategy so that any major changes to our estate (such as refurbishment) are implemented sustainably, sustainable practise reflected as part of wider reviews of standards and the Code, building into procurement practice as part of our revised procurement policy, carbon impact of our investments is now built more explicitly into our investment policy. We have also moved the staff pension scheme to a provider that provides strong environmental credentials and options to members. The annual measurement of our carbon impact is in place to take place	9

High level summary of progress against delivery milestones for each activity within PO #3					
Activity	Status	RAG Q1	RAG Q2	RAG Q3	Summary
Launch new intranet	Live	Amber	Green	Green	We had a successful soft launch with a diverse group of 20 colleagues between 16 –31 December. Feedback was mainly content focused, there were suggestions for improvements to placement of content and labeling – which we have taken into consideration and made some changes. All feedback had been logged and will be worked through as part of the ongoing road map of development. Go/no go live meeting meet was on 3 Jan and we have the green light to go live on 15 January for all NMC colleagues. We're working with IT to put in place early support and escalation processes, for queries coming to service desk. Will set up a governance group to view issues after launch.
Changes in procurement legislation	Live	Amber	Amber	Amber	Since the publication of the Independent Culture Review, other priorities have led to significant increased demand on the Procurement team, limiting their capacity to prepare for the changes. However, the team have been reviewing the NMC's existing contracts to avoid non-compliant contract awards, to minimise the risk of challenge now and into the near future. Greater colleague is required to ensure we are compliant when the legislation goes live, so the team are delivering briefings - particularly to the leadership team. We hope to be able to steer the project on course between now and go-live.
Cyber Security	Live	Green	Green	Green	Implementation of cyber roadmap plan: The plan is on track with the following exceptions: Implementation of additional cyber security training for specific groups in the organisation is dependent on procuring additional external resources. Initial exploratory discussions with suppliers underway to gather information about likely costs. Implementation of third-party risk management process: A third party risk management process is in place. Enhancements to the cyber security questions asked of suppliers at the procurement stage have been drafted. It has been agreed with the procurement team that these will be incorporated into the new tender documentation as part of the preparation for the new procurement legislation.
Refreshed financial strategy	Live	Green	Amber	Green	Following review, key changes to our reserves and investment policies agreed in principle. These will come to open Council for discussion and approval shortly but will allow greater access to funds for investment in improving our service to the public, and better management of our investments to reduce risk and maximise returns.
Technology services delivery pipeline	Live	Amber	Amber	Amber	The key deliverables planned for Q3 have been progressed to a state that has enabled support of business initiatives planned for implementation in 2024/25 to be on track and for IT to be able to provide support for 2025/26 initiatives that are prioritised against IT resources. The key achievement is the successful recruitment of the three senior development roles to stand up the internal development capability in the NMC of Microsoft products.

Priority outcome assessment dashboard

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

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Priority Outcome Assessment

Priority outcome owner: Sam Donohue

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

Sign off date: 15/01/2025

Performance summary

PO status:

Good overall delivery and completion of work to amended timelines. Some uncertainties and decisions pending corporate prioritisation decisions to progress further with achieving priority outcome.

Q1 2024 / 2025 overall rating:	A
Q2 2024 / 2025 overall rating:	A
Q3 2024 / 2025 overall rating:	A
Year End forecast rating:	A

Key achievements in the last quarter

Annual Fitness to Practice Report: Delivered, along with the enhanced data tables for stakeholder use

The Mid-yearly Registration report delivered

Revalidation report: professionals with disabilities delivered

"Impact of additional regulation of advanced practice on internationally educated nurses and midwives" final report published

Critical deliverables for next quarter

Description	Due date	Q1 RAG	Q2 RAG	Q3 RAG	Commentary
Spotlight reports, data reports, and use of insight					
Launching registrant and public surveys to carryout temp checks on hot topics within the sector/experience of care	March 2025	N/A	N/A	G	
Review of Practice Learning					
Overview of the discovery work with recommendations for next steps, including key lines of inquiry to be presented to Council	Jan 2025	G	G	G	On track
Revalidation review					
EB decision on revalidation and Code review	Jan 2025	N/A	N/A	A	

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

Risk / Issue	Activity	Description	Q1 RAG	Q2 RAG	Q3 RAG
Risk	Advanced Practice	Capacity - colleagues within Professional Practice are stretched across several projects simultaneously.	R	G	A
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	A
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	A

Indicator	Q1 RAG	Q2 RAG	Q3 RAG	Commentary		
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	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	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?	A	A	A			
A. UK initial registrations applications with no concerns completed within 1 day (%) (target – 97%)	B	B	B		4	
B. UK registrations requiring additional scrutiny completed within 60 days (%) (target – 90%)	C	C	C			
C. Overseas registration applications assess within 30 days (%) (target – 95%)	D	D	D			
D. Readmissions applications completed within 21 days (target – 95%)	A	2724	2301		5	
Are we meeting the level of expectations for OSCE testing?	A	B	B			
A. Total OSCE tests offered per month across our 5 test centres (volume) (target - >3000)	C	C	C			
B. Number of test takers (volume)	86.5	A	A			
C. Customers who agreed that the OSCE test centre treated them with 'Respect and Dignity' throughout the examination process (%) (target – 95%)	7	5.9	B	Kindness score for the contact centre (3) can be very subjective. The calls are listened to if a customer gives a low score but usually the reason for that result is because the agent was not able to provide the answer that the caller wanted rather than the fact that they were 'unkind'.	6	
Is our contact centre operating within expected performance targets?	94.3	94.2	93			
A. Contact centre call attempts handled (%) (target – 90%)						
B. Email response rate (days) (target - ≤ 5 working days)						
C. Customers reporting that the contact centre handled their calls with kindness (target – 95%)						
Our influencing activity, key highlights:						
In what ways have we contributed to or supported workforce strategies in the four nations over the last quarter?	There has been engagement with each of the 4 countries regarding their workforce strategies. This includes being core members of the Scottish government Nursing and Midwifery taskforce, the Social care workforce strategic advisory group (England), the development of the Band 4/nursing associate workforce in Wales and the development of advanced practice across the 4 countries with specific work with NI.					7
In what ways have we supported professionals over the last quarter?	<ul style="list-style-type: none"> We wrote to registrants who have a prescribing qualification to make them aware that if they are employed in Physician Associate (PA) and Anaesthesia Associate (AA) roles they should not prescribe medicines even if they hold prescribing rights gained as nurses or midwives – as confirmed by DHSC. We published a joint letter with NHS England, the CNO for England, on other regulators reminding them of the support available during the pressured winter period. We published a statement welcoming and amplifying the Patient Safety Commissioner's Patient Safety Principles, connecting this to our leadership resources for professionals. 					8
In what ways have we used our data or insight to influence the development of health and social care over the last quarter?	<ul style="list-style-type: none"> We briefed the four CNOs on the mid year data report to inform their workforce planning and provide reassurance to ministers and cabinet secretaries about the growth of the profession We shared our new fitness to practise insight publication with stakeholders, showing trends in concerns that are being raised to support system-wide learning and improvement and to increase understanding of the FIP process We proactively engaged with the four CNOs and CMidOs on the FIP improvement plan to get their support for the plan and encourage their Chief Nurses to engage with us. We worked with the four CNOs and CMidOs on our data capabilities to find a solution to their data needs so they can provide reassurance to their ministers and cabinet secretaries and support professionals going through the process. We shared a review of FIP cases involving alleged ID fraud with employers to remind them of the importance of having robust identity checks in place to protect the public. We published an Education Quality Assurance (EdQa) review of 2024 mandatory exceptional reports to transparently explain how we supported education institutions to ensure our standards are met in key areas 					9

High level summary of progress against delivery milestones for each activity within PO #4					
Activity	Status	Q1 RAG	Q2 RAG	Q3 RAG	Summary of progress of activity and how this work has either contributed to workforce strategies or strengthened support for professionals
A review of nursing and midwifery practice learning	Live	Green	Green	Green	The Project is progressing well with continued significant engagement with Public Advisory Group, Student Advisory Group and Steering Group. The Nuffield Trust independent research report was published 4 December 2024 to allow for stakeholder engagement. The findings of the discovery work and recommendations for next steps are being presented to Council in January 2025.
Regulation of nursing associates in Wales	Paused	Amber	Amber	Paused	NAWs is still on pause pending confirmation from DHSC about the legislative vehicle for making the necessary changes to our legislation (Order), so the NMC becomes regulator of nursing associates in Wales. The Welsh government indicated that if the Reg Reform s.60 timeline does not align, it will ask DHSC for vehicle for legislative change, which could be a standalone s60 or inclusion in another s60 in prospect. In the meantime 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.
Advanced Practice Project	Live – slowed down	Amber	Amber	Green	<p>The project is progressing to meet proposed Q3 milestones and timelines.</p> <p>There are five workstreams that form part of this project (with milestones highlighted below):</p> <p>Workstream 1: Develop and finalise a set of principles for advanced practice which includes a definition of advanced practice that is clear to the public. The principles will be presented to the Council in March 2025 with plans to launch the principles in Q1 2025/26.</p> <p>Workstream 2a: Draft and finalise standards of proficiency for advanced practice nurses and midwives (including public consultation). Preliminary mapping work has started. Preliminary mapping work has started and plan is to begin engagement in Q1 2025/26.</p> <p>Workstream 2b: Draft and finalise associated education programme standards for advanced practice (including public consultation). Preliminary mapping work has started and plan is to begin engagement in Q1 2025/26.</p> <p>Workstream 2c: Ensure quality assurance processes in place to support standards implementation. This workstream will proceed in parallel with 2a and 2b.</p> <p>Workstream 3: Draft and finalise proportionate transition arrangements for existing/current advanced practice nurses and midwives, and those in training. Evidence mapping of potential approaches is underway with a paper being presented to project board in Q1 2025/26.</p> <p>Workstream 4: Ensure advanced practice is considered in the NMC’s review of the Code and revalidation requirements planned for 2025/26. Engagement with advanced practice stakeholders has been undertaken and we continue to work with colleagues to progress this workstream.</p>
Spotlight report, data reports and use of insight	Live	Green	Green	Green	Annual Registration Data Report and Annual Fitness to Practice Insight Publication both delivered in Q3
Lay the groundwork for a refresh of the NMC Code and revalidation	Live – slowed down	Amber	Amber	Green	<p>Revalidation: Internal agreement on vision and principles for revalidation and issues to be addressed – completed</p> <p>Revalidation: Proposal for approach and communications – went to EB in Dec 24, awaiting final decision based on capacity</p> <p>Code: Produce overview paper for use in initial discussions - delivered</p> <p>Code: Hold internal stakeholder roundtable(s) and capture key points. Revise scoping paper in response – delivered</p> <p>Code and reval: Decision required in Q3/4 about whether we will undertake these reviews in 2024/25 - EB discussion in Q3 did not conclude in decisions. Request for further information. Going back to EB in Q4.</p>

Priority outcome assessment dashboard

5. Strengthen the integrity
of the register

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Priority Outcome Assessment

#5. Strengthen the integrity of the register

Priority outcome owner: Kuljit Dhillon

Sign off date: 21/01/2025

Performance summary	PO status:	RAG	Q1 2024 / 2025 overall rating:	Amber
<p>Overall performance is Amber. We are continuing to manage risks to delivery including capacity and resourcing challenges. We are delivering well in international registration on activity within our remit, there are external dependencies which are impacting overall delivery which we are actively managing. The PSA have extended the period covered by the current performance report to end December 2025 that includes EdQA. We anticipate they will report their recommendations in Q4, pending the delivery of associated investigations commissioned by the NMC. The EdQA improvement programme of work is due to go live in Q4.</p>			Q2 2024 / 2025 overall rating:	Amber
			Q3 2024 / 2025 overall rating:	Amber
			Year End forecast rating:	Amber

Key achievements in the last quarter	Critical deliverables for next quarter					
	Description	Due date	Q1 RAG	Q2 RAG	Q3 RAG	Commentary
Strengthening international registration processes	Strengthening international registration processes					
Implementation of Swiss Free Trade Agreement - completed	Partner contract and MoU review and confirmation for OET	Dec 2024	A	A	A	Delayed to Jan 2025
	First horizon scanning report	Q3	N/A	A	A	Delayed to March 2025
Develop an internal policy on Fraud and Bribery - completed	Review and strengthening of education quality assurance					
	Outcome of assessment of mandatory exceptional self-reporting	March 2025	N/A	N/A	N/A	This report was published on December 2024. The recommendations are being embedded into the EdQA improvement programme so will be reported accordingly. This stream is now closed.
Review and strengthening of education quality assurance	External feedback on our response to concerns at CCCU	Oct 2024	G	A	A	Feedback received, we are currently preparing a publication ready version of the report to ensure we maintain confidentiality. Aim to publish in Q4.
Outcome of assessment of mandatory exceptional self-reporting - Delivered	Contract transition to new QA provider and contract management	Ongoing	G	A	A	February signals the end of 6 months into the first year of the contract. A report will go to Council. The team have prioritised QA activity to meet demand, which is significantly higher than expected, although the

Assessment of key risks / issues associated with delivery (to come from activity within this PO)						
Risk / Issue	Activity	Description	Q1 RAG	Q2 RAG	Q3 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. Following successful business case additional QA officers are being recruited but awaiting decisions on other EdQA roles. The scope of the EdQA improvement programme is being finalised and will incorporate our ambition to progress our ambition to move to a data driven approach to EdQA.	R	A	A	
Issue	Fraud policy - MoU	Reluctance of test providers to engage with us and share information.	A	G	A	57

Indicator		Q1 RAG	Q2 RAG	Q3 RAG	Commentary
Outcome indicators and KPI's					
Review and strengthening of education quality assurance					
Context	Number of AEIs Number of approved programmes	98 1,944	99	99 2127	There are many reports from students regarding poor care. In addition, a large volume of media reports in November 2024 and December 2024. Given the winter pressures / flu outbreaks we would expect to see an increase. The team will continue to monitor the situation.
	Number of monitoring events completed in last quarter	2 (Apr – Jun)	1 (Jul-Sep)	0 (Oct – Dec)	
	Number of concerns	Minor: 173 Major: 109 Critical: 11	Minor: 108 Major: 73 Critical: 9	Minor: 114 Major: 108 Critical: 4	
Measure	Proportion of critical concerns with QA Board ratified action plans	11/12	1/1	1/1	
	Proactive monitoring events (TBC)	Planned: N/A Completed: N/A	1/1	Planned: 1 Completed: 0	
Strengthening international registrations processes [International Registration cases only]					
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	20	This quarter has seen an increase in the number of fraudulent applications identified by our processes, with the drivers/ themes for these Assistant Registrar cases remaining consistent with those seen in the previous quarters. Work is underway to explore recent intelligence regarding fraudulent Nigerian Police Clearance certificates, with pending discussions with external stakeholders. We will continue to monitor volumes in this area and any resulting themes.
	Volume of incorrect and fraudulent cases in progress.	31	46	13	
	Significant themes/types of fraudulent entries attempted	IELTS OSCE Nigerian Police Certificate	IELTS OSCE Nigerian Police Certificate	IELTS OET OSCE Nigerian Police Certificate	
Core business:	Volume of registration concerns under Assistant Registrar and/or RIT review (<i>Individual fraud concerns, non-fraud concerns, large-scale fraud concerns (e.g.CBT/OET)</i>)	Volume: 110 Individual: 109 Non fraud: 1	Volume: 138 Individual: 118 Non fraud: 20	Volume: 108 Individual: 86 Non Fraud: 22	
	Median age of caseload for applications under review with AR and/or RIT <i>*adjusted from mean age in Q1</i>	86 days*	75 days	57 days	
	% of decisions overturned at appeal	72%	44.3%	33%	
	Volume of cases removed/broken down between registration fraud, and those removed from the register due to failing to meet revalidation requirements.	4	24	0	
					Decision overturned Q1 – 15 Appeals Concluded – 5 Withdrawn, 8 Accepted, 1 Conceded, 1 Dismissed Q2 – 13 Appeals Concluded – 6 Withdrawn, 3 Accepted, 2 Conceded, 2 Dismissed Q3 – 12 Appeal Concluded - 4 Withdrawn, 4 Accepted 1 Conceded ,3 Dismissed

Indicator	Q1 RAG	Q2 RAG	Q3 RAG	Commentary
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	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 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.
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	20	Inherent risk assessed, and current likelihood score increased from 4 to 5 new total score of 20 for Q2. Lack of resource to manage new contract transition and manage core business due to senior staff sickness (education QA). Agreed at EB June 2024.

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

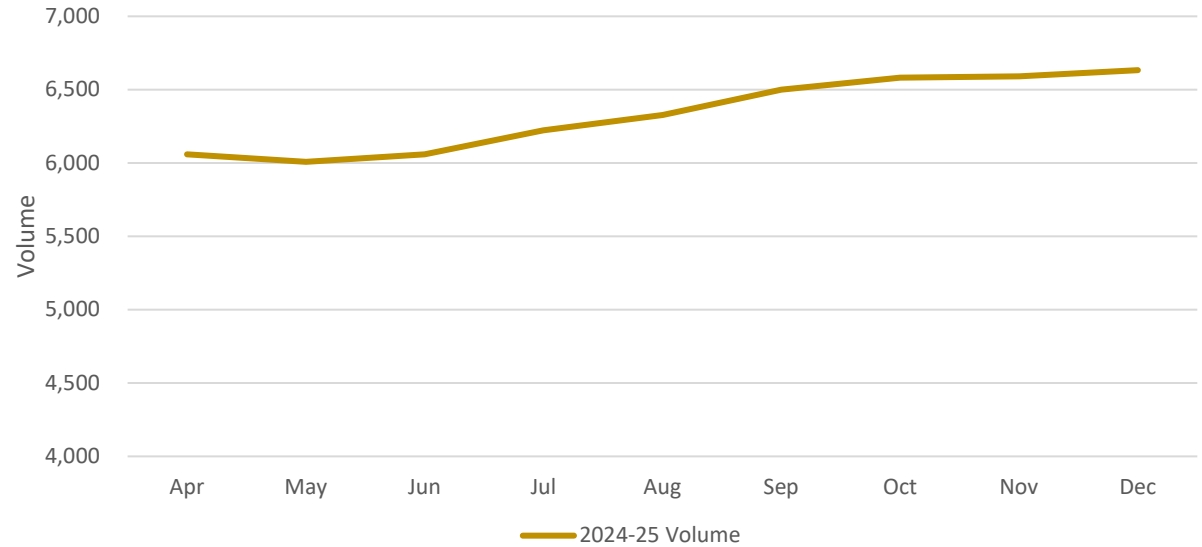
Activity	Status	Q1 RAG	Q2 RAG	Q3 RAG	Summary of progress of activity
Strengthening international registration processes	Live	Green	Amber	Amber	<p>All complete or on target except the development of MOU. This is proving very challenging as we are having to follow the timetable dictated by the test providers.</p> <ul style="list-style-type: none"> Ambitious for change (rerun) - <i>Draft version of the analysis is complete and is currently being reviewed</i> Partner contract and MoU review and confirmation for IELTS and OET - <i>Overdue. Delays in getting information from test providers.</i> Implementation of Swiss Free Trade Agreement (due Q4) - <i>Complete. Changes to operational processes have been made and comms on our website have been updated to reflect new approach.</i>
Review and strengthening of education quality assurance	Live	Amber	Amber	Amber	<p>The project is currently reporting as Amber while an approach to delivery is developed. A Project Initiation Document, Benefits Profile, Identified lessons learned from previous IT implementation and key risks have been developed and are currently being revised with stakeholders. A workshop was held with analytical colleagues, IT Business partners and Head of Digital services to understand the resource constraints being experienced and understand the scope of the MoTs programme and EdQA. Deliverables are being developed, with the aim of having these understood for Q4, however this is dependent upon a clear view of the Business case's which are also under development.</p>

Annexe 2: KPI Trend Dashboards

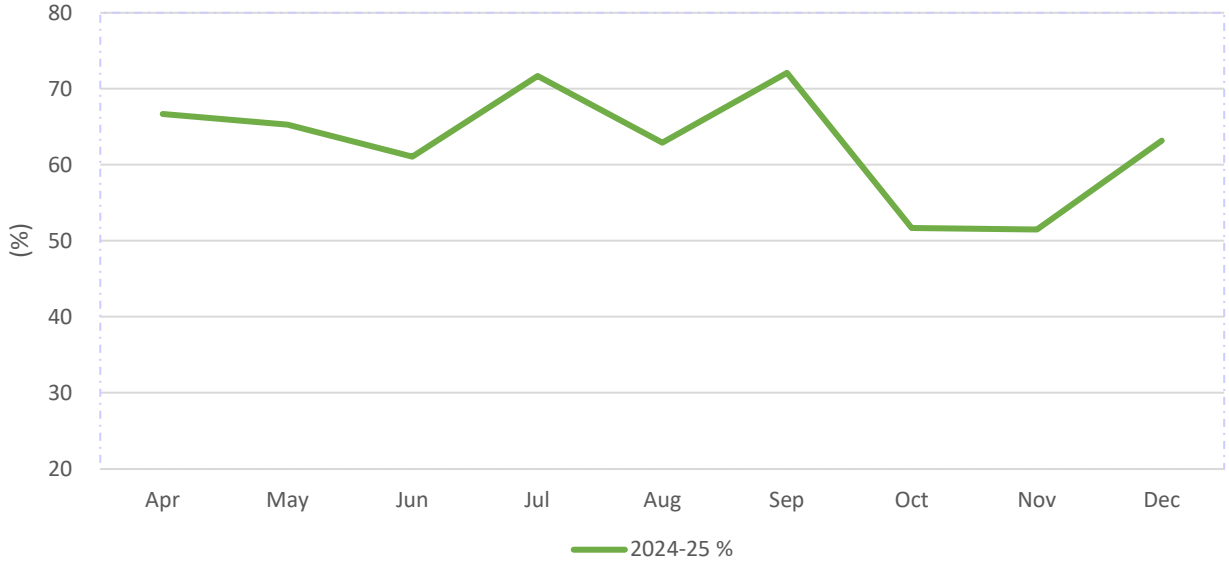
Professional Regulation - Fitness to Practise

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

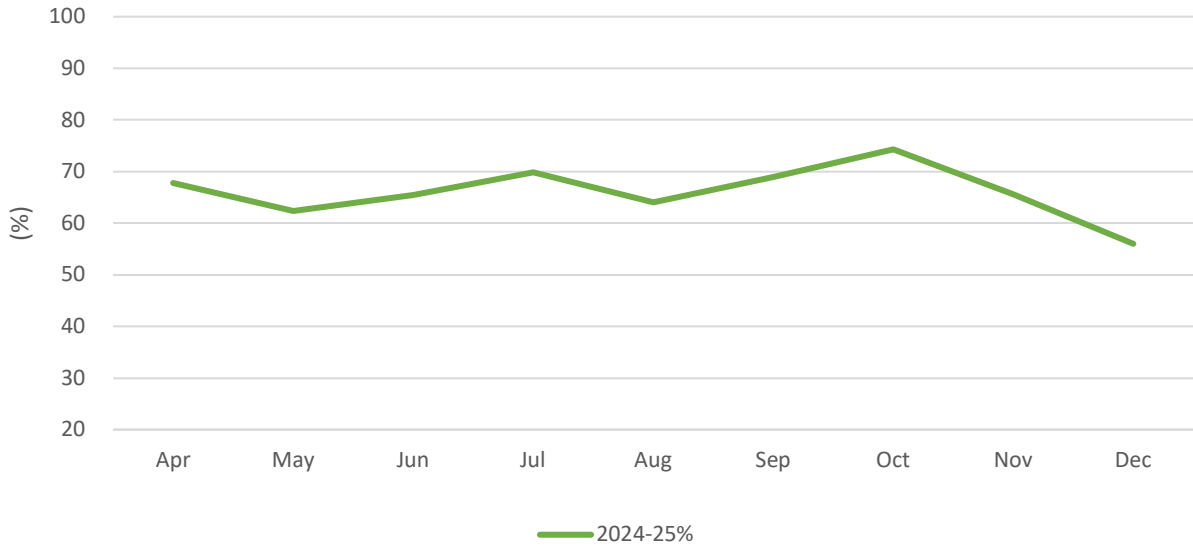
The overall volume has been increasing.



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



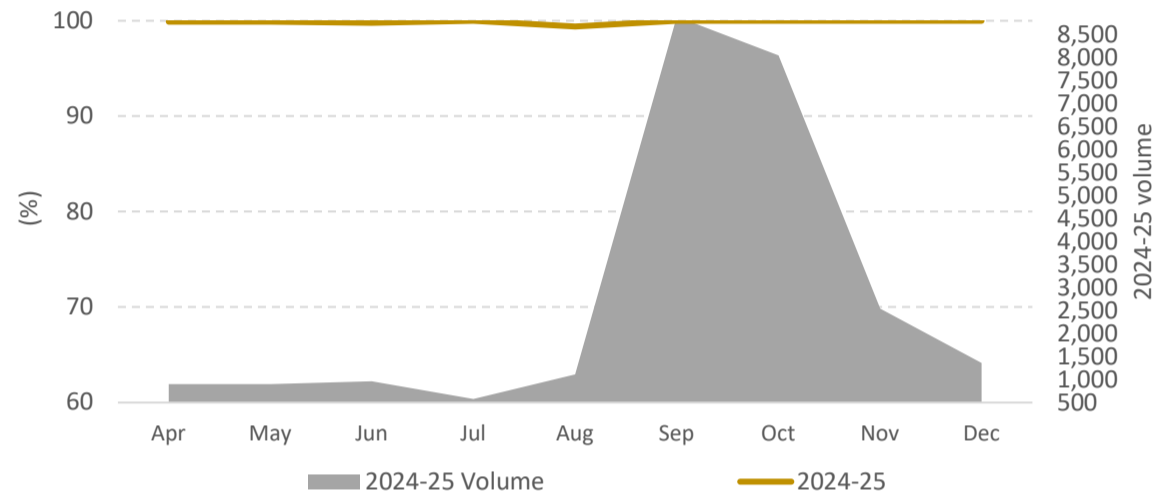
3. Fitness to practise cases concluded within 15 months of being opened (month actual %)



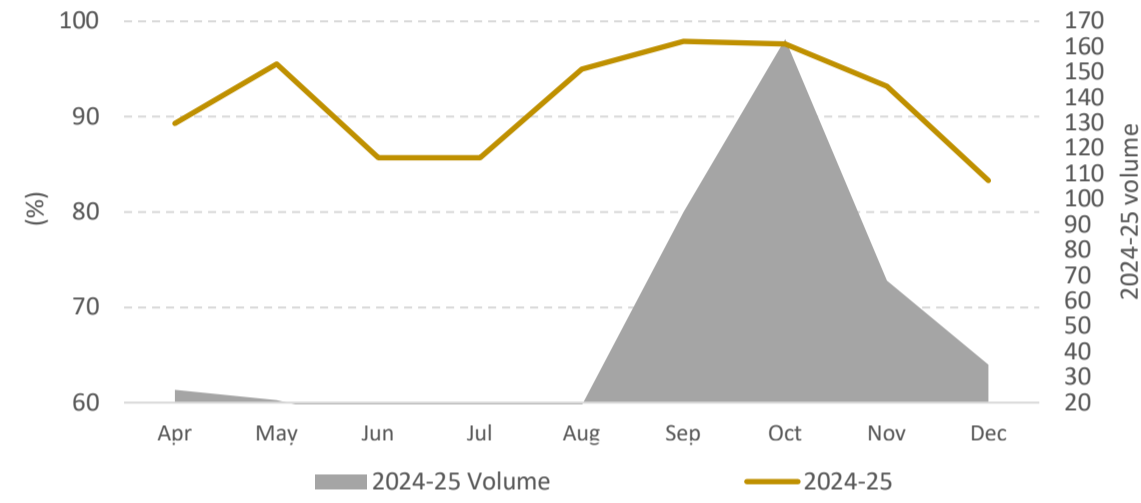
Professional Regulation - Registrations

Registrations

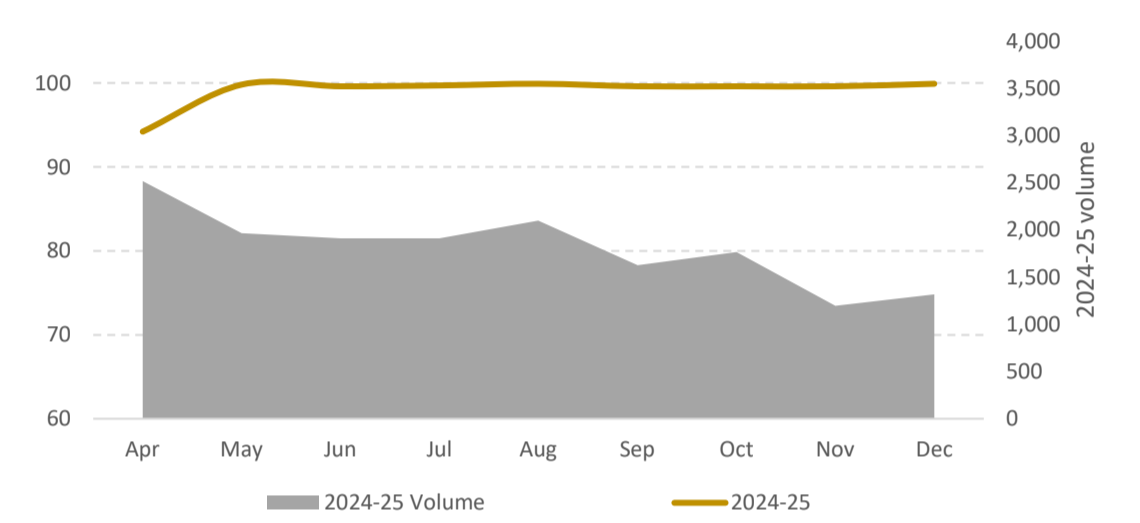
4. UK registration completed with no concern within 1 day (% and volume)



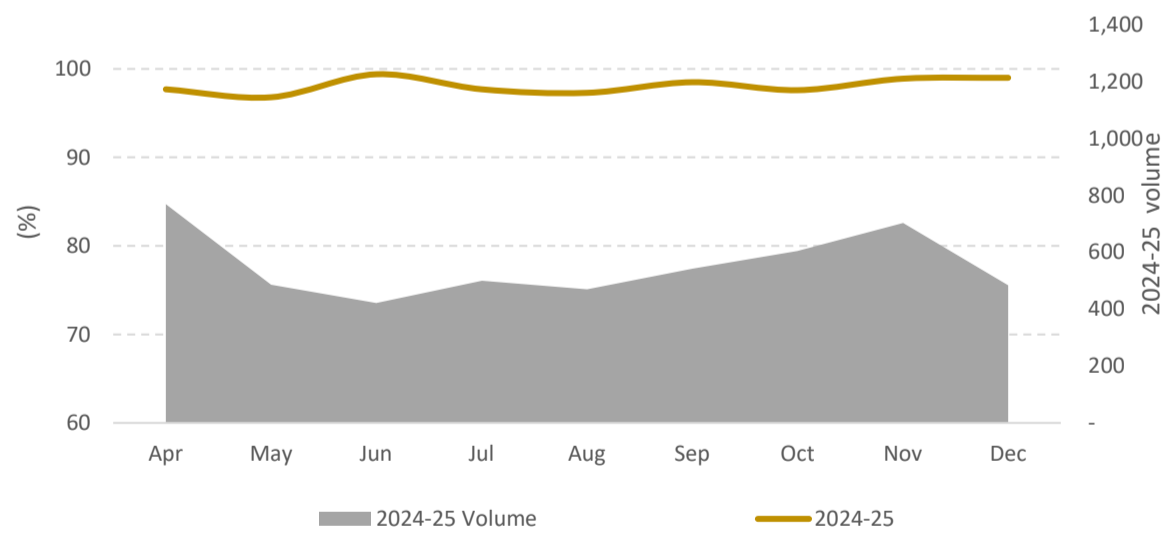
5. UK registrations requiring additional scrutiny within 60 days (% and volume)



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

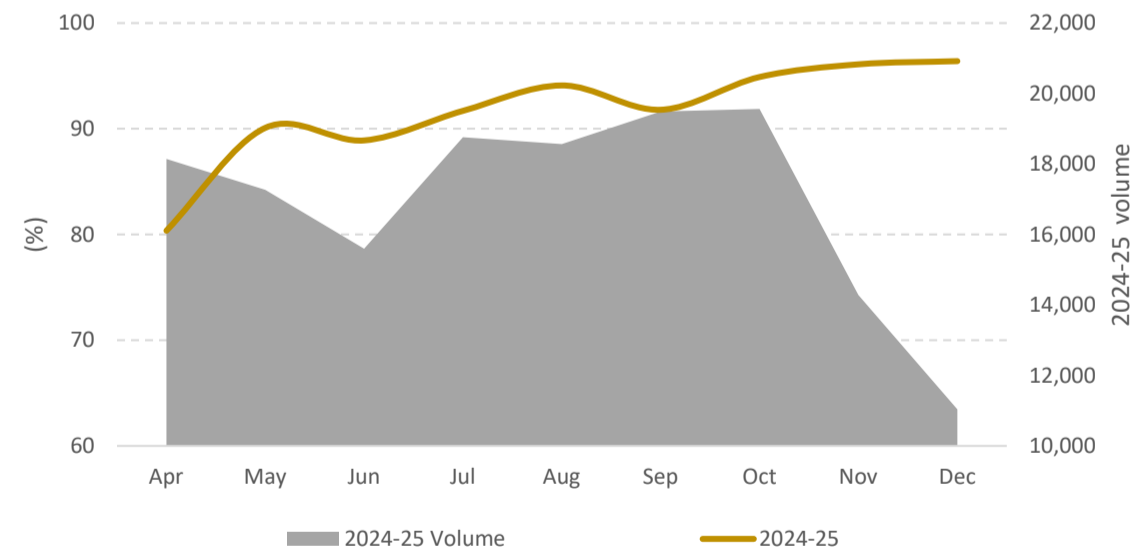


7. Readmission applications completed within 21 days (% and volume)



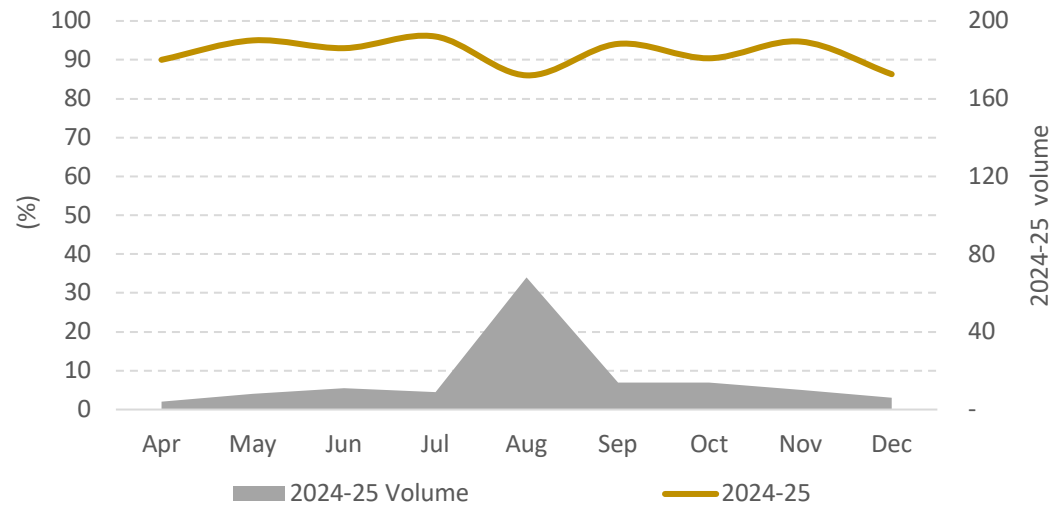
Contact Centre

8. Call attempts handled (% and volume)

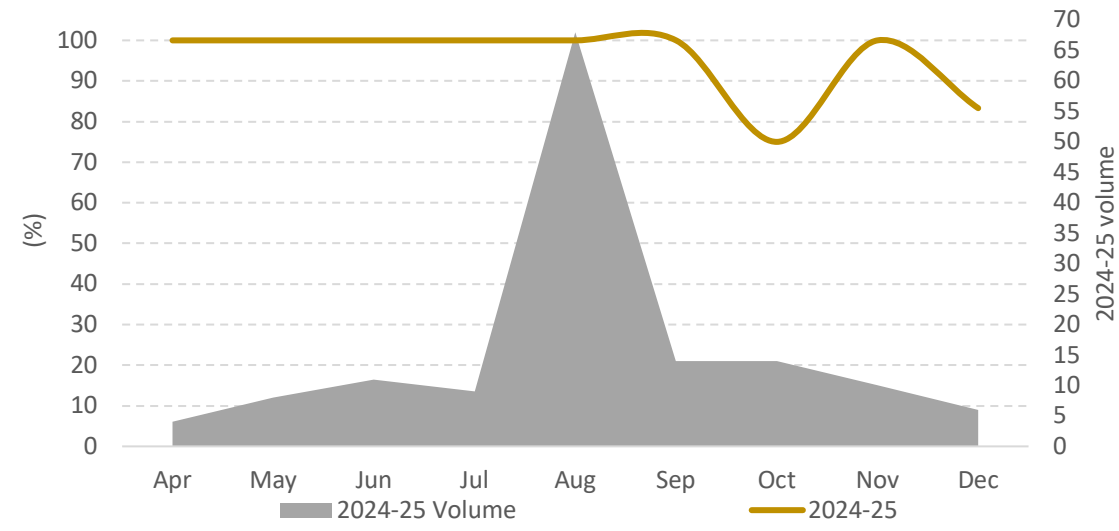


Customer enquiries, complaints and feedback

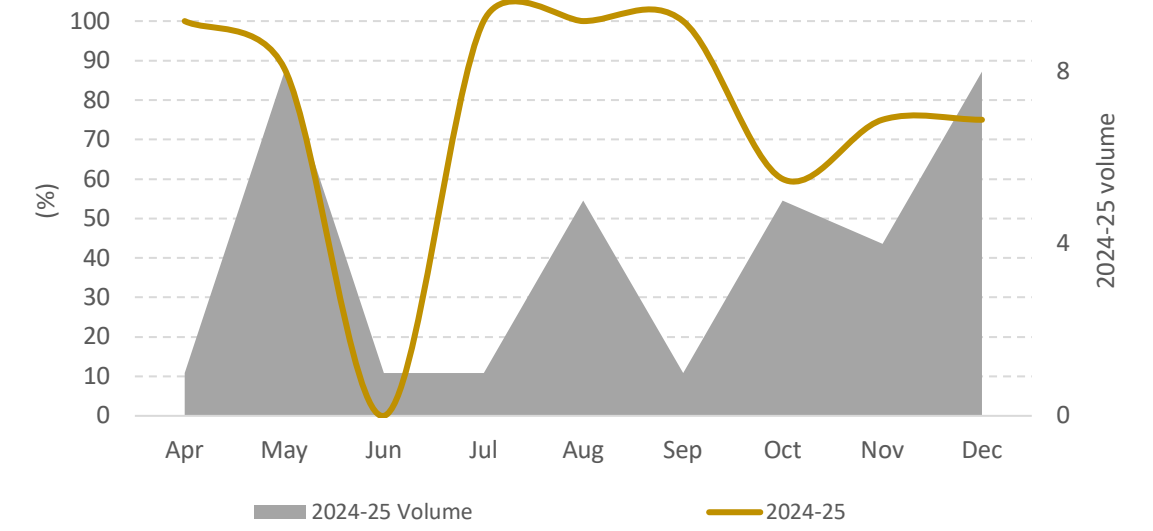
9. Customer complaints responded to within in 20 days



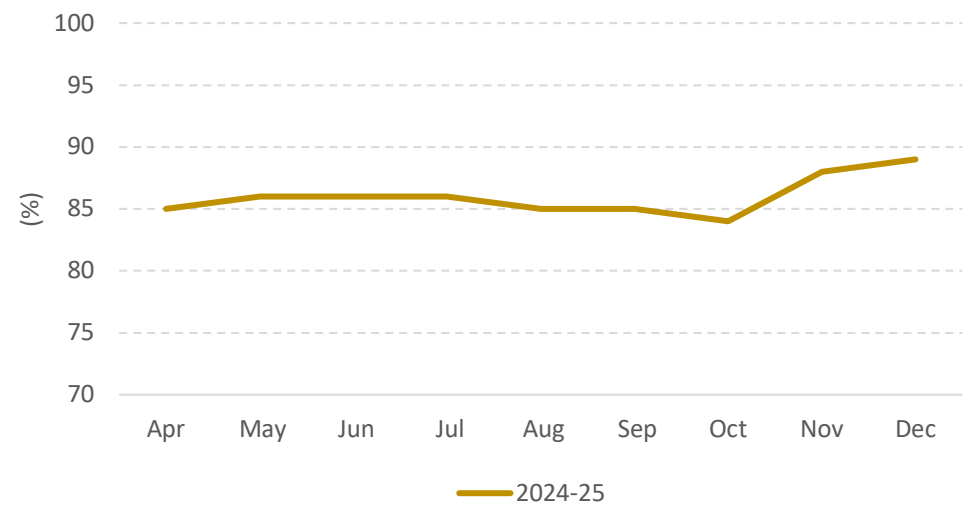
10. Enquiries responded to in 20 days



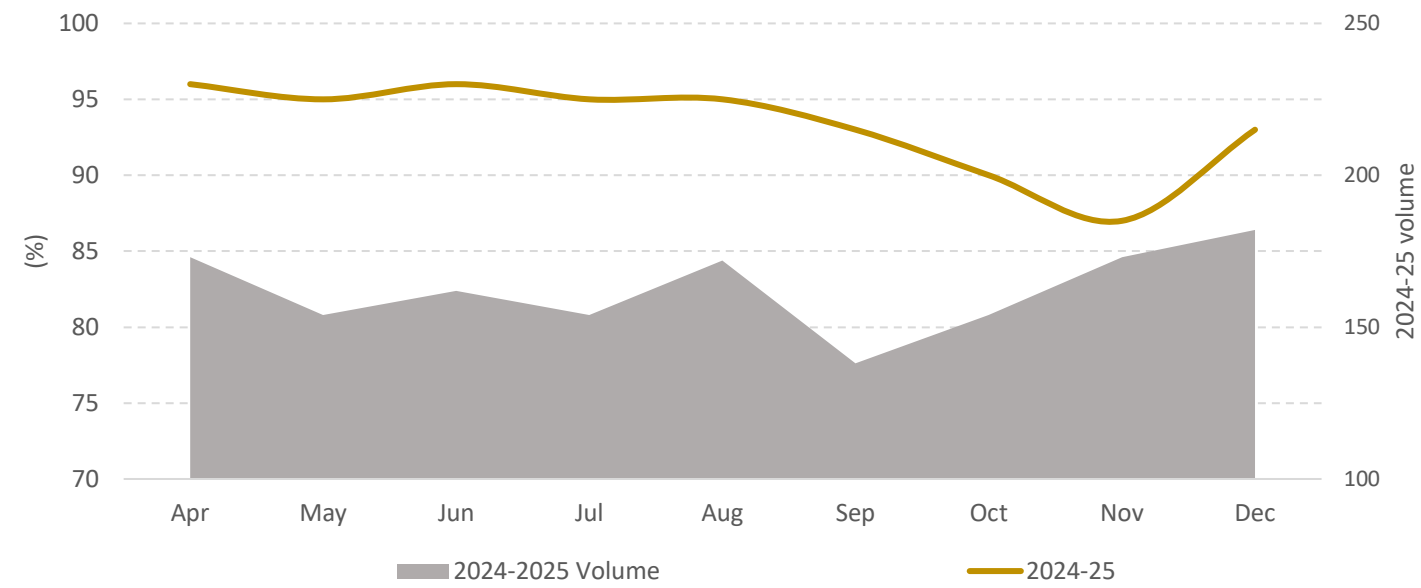
11. MP Enquiries responded to in 20 days



12. Customers rating our service as good or very good

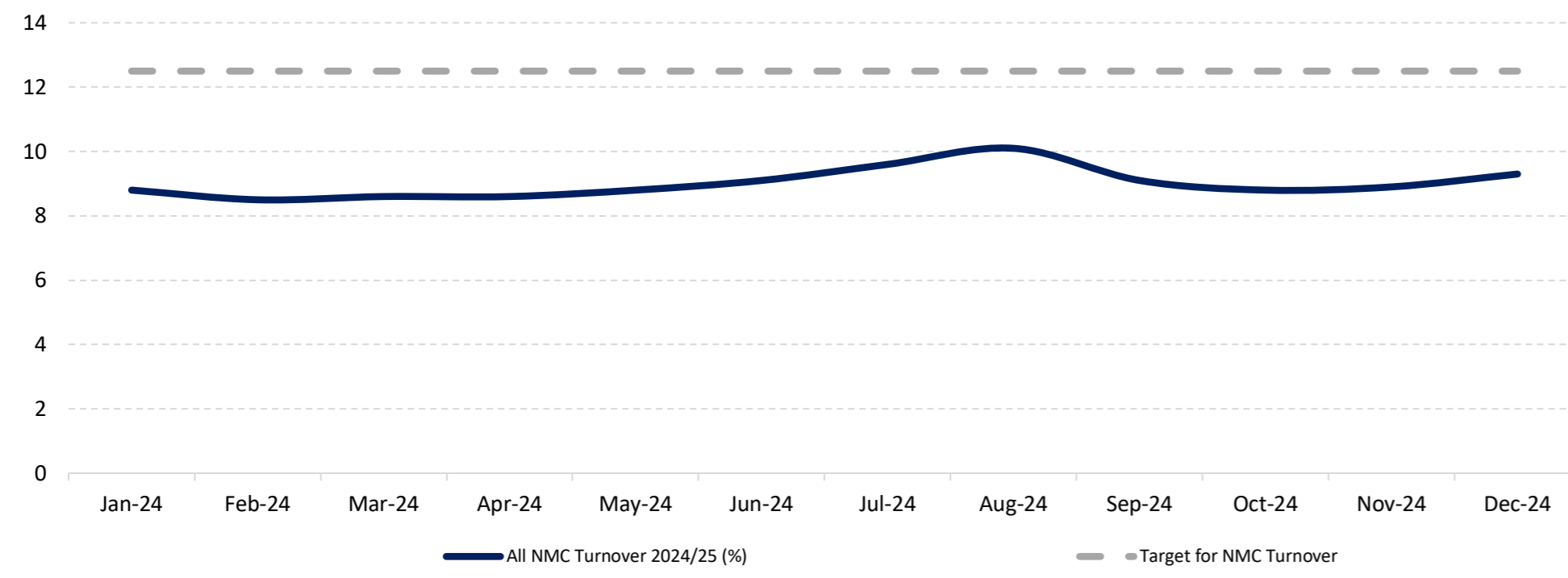


13. Information requests responded to in statutory timeframes

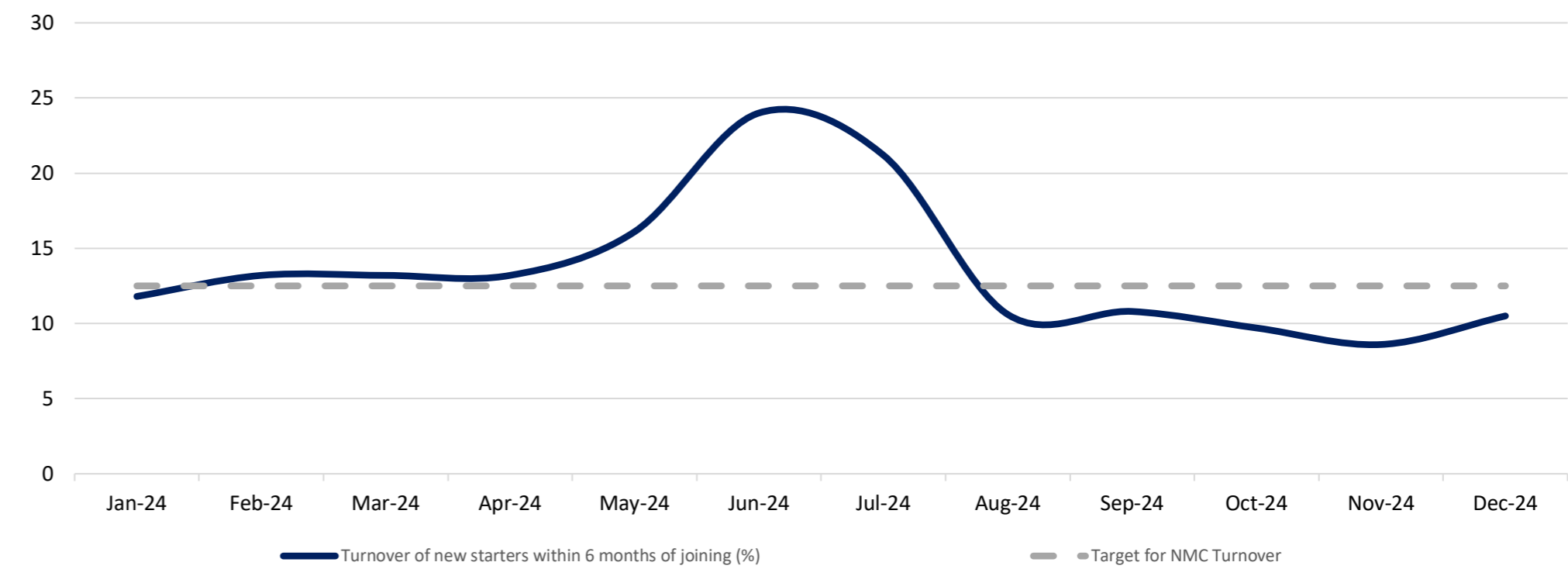


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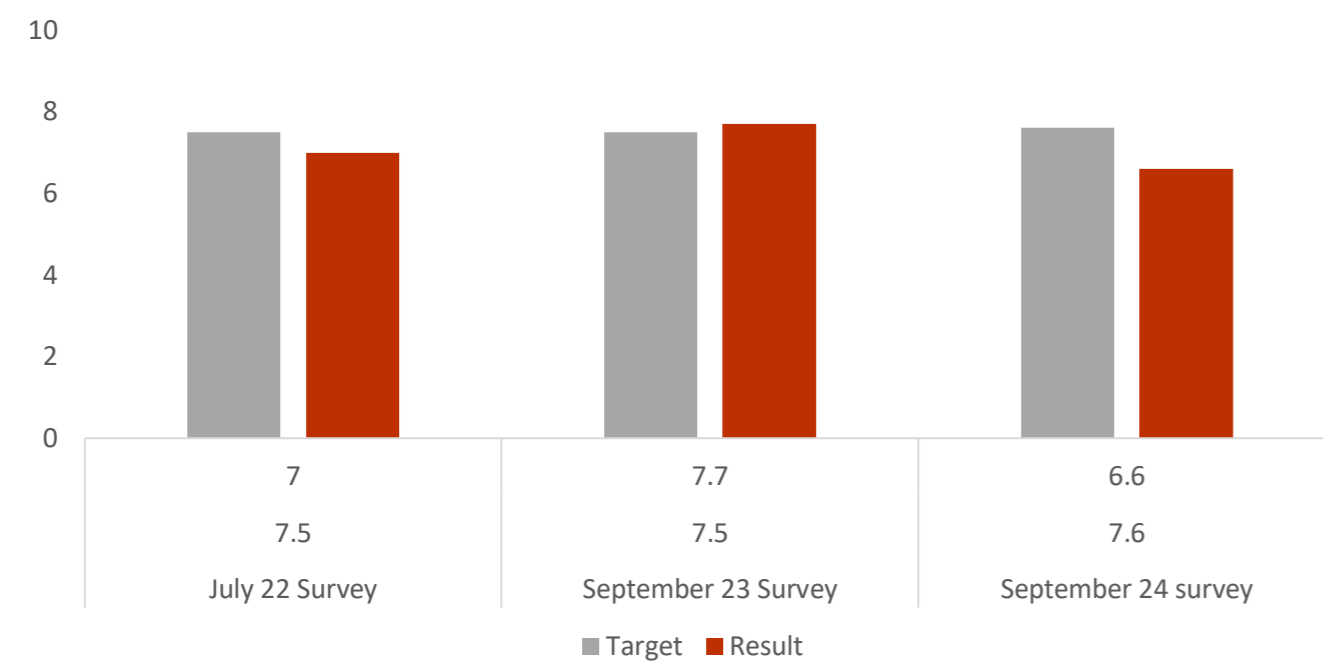
14. Total NMC employee turnover (%)



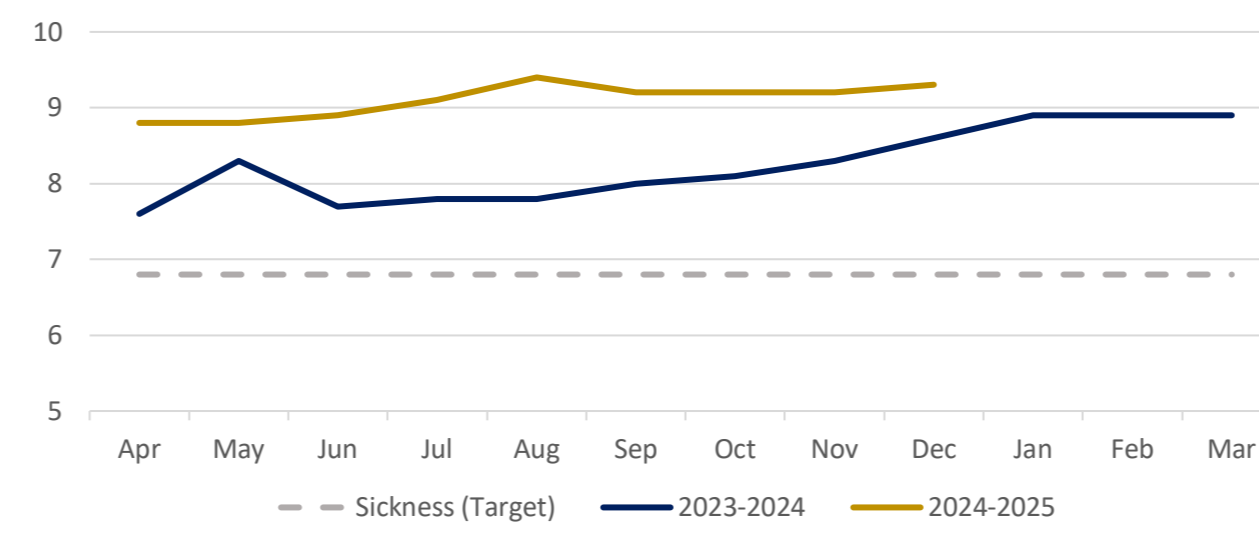
15. Turnover of new starters within 6 months of joining (%)



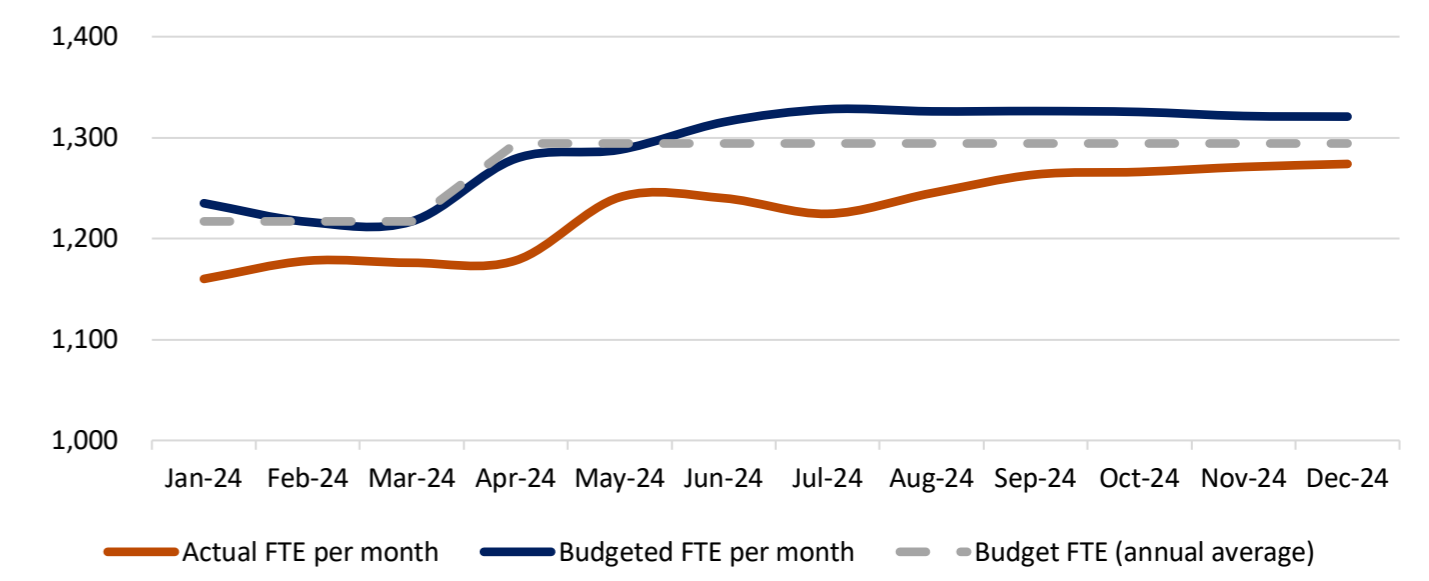
16: Employee engagement score (out of 10)



17. Sickness absence average days



18. Total Full Time Equivalent



Enquiries and Complaints Performance Dashboard
Q3 2024-2025

Quarterly performance		
Corporate Complaints	Complaints responded to	311
	Performance against KPI	91.3%
Enquiries	Enquiries responded to	24
	Performance against KPI	87.5%
MP complaints	MP complaints responded to	18
	Performance against KPI	72.2%
Information requests	Information requests (volume)	509
	Information requests responded to on time (%)	90%
Customer feedback	Feedback surveys	374
	Rated service as good/ very good (%)	89%

Learning points in date range: 116 since 1 September 2024	
Complaints, MPs and Enquiries	<ul style="list-style-type: none"> We received three complaints from people who were concerned about the fact that we made a referral to the Disclosure and Barring Service when their FtP case concluded. Our website guidance on this has been updated. We have updated our automatic communications to invite people to contact our team by email or phone. This addressed a concern we received about someone who had a reasonable adjustment in place whereby they could not correspond over the phone We now consistently upload complaint responses to the FtP CRM so colleagues in all fitness to practise teams have access to these.
Information requests	<ul style="list-style-type: none"> Not applicable

Hot topics	
Complaints, MPs and Enquiries	<ul style="list-style-type: none"> We are working on updates to our Unreasonable and Unacceptable Behaviour Policy in conjunction with Screening and General Counsel's Team to cover specific scenarios including where we receive abusive correspondence that constitutes part of someone's evidence We have worked with the Triage Team to gain temporary access to their CRM system as the number of cases being handled by the Triage team is increasing. We are working with them on a permanent solution
Information requests	<ul style="list-style-type: none"> We received 17 requests for numbers of referrals related to specific NHS Trusts. Some Third Party requests are becoming more complex with organisations such as DBS, the Police & Local Authorities asking for more detail than previously.

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	125	114	72			
	Performance against KPI	89.6%	95%	93%	96%	86%	94.1%	90.4%	94.7%	87.5%			
Enquiries	Enquiries responded to	4	8	11	9	68	14	8	10	6			
	Performance against KPI	100%	100%	100%	100%	100%	100%	75%	100%	83.3%			
MP complaints	MP complaints responded to	5	8	1	2	5	2	5	4	8			
	Performance against KPI	100%	87%	0%	100%	100%	100%	60%	75%	75%			
Information requests	Information requests (volume)	173	154	161	154	172	138	154	173	182			
	Information requests responded to on time (%)	96%	95%	97%	95%	95%	93%	90%	87%	93%			
Customer feedback	Surveys received	877	744	716	730	710	647	625	543	374			
	Rated service as good/ very good	85%	85%	86%	86%	85%	85%	84%	86%	89%			

Annexe 3: Strategic risk exposure report (up to 15 January 2025)

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)
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 NEW RISK (See 3.5)	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)

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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 and Council levels of the organisation. (Risk factors: wellbeing, lack of trust in the team, disruption of or work, consistency issues, corporate memory compromised) (*Suggested change by Audit Committee in red – agreed with Executive Directors of People and Organisational effectiveness POE)
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).
PEO24/10	4	4	16	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).

Risk ref	Current rating			Strategic risk description (L = Likelihood. I = Impact)
	L	I	L x I	
REG18/01	3	5	15	We fail to maintain an accurate register of people who meet our standards (including timeliness of registrations) (<i>Risk factors:</i> 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 (<i>Risk factors:</i> Disruption to our functions, delays to registration and FtP processes, loss of trust and confidence)
STR24/01	3	4	12	In the longer term, people's safety, and their confidence in the NMC may be compromised if external factors negatively affect our plans for reform or our independence as a regulator. (<i>Risk factors:</i> 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. (<i>Risk factors:</i> 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). (<i>Risk factors:</i> keeping pace with changes in legislation, healthcare and practice, speed of programme approvals, meeting the standards of good regulation)

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

2.1. Capacity of our people - relates to people risks across all operational risk registers and strategic risks PEO24/01, PEO24/05 and PEO24/10:

Across all teams there continues to be concern about how we are going to manage significant existing workloads, with presumed additional actions to come in Q4.

2.2. This month there has been strong concern raised about the volume (and significance) of activity and change due in Q4. This includes:

2.2.1. In Professional Regulation: Omambala report findings and recommendations, while we progress existing work to improve PR systems

2.2.2. In People and Organisational Effectiveness: the restructure within Change and Continuous Improvement and the embedding of an interim Executive Director

2.2.3. New Chief Executive and Registrar

2.2.4. Changes to procurement processes

2.2.5. Ambitious appraisals

2.2.6. Professional Standards Authority (PSA) report findings and recommendations (see 2.3)

2.2.7. Publication of the Ambitious for Change review findings and recommendations

2.3. Executive Board will consider reducing pressures in their directorates to support colleagues through the significant changes and workload expected during Q4 and into Q1 2025-2026.

2.4. PSA report: The PSA reporting period was extended to the end of December 2024. They are proposing to first publish a report at the end of March 2025 on areas unaffected by the outstanding Omambala review. A further report will follow once they have completed their assessment of the Standards relating to FtP, or the general cross-cutting Standards, considering the Omambala review. The date is yet to be confirmed. The PSA will provide us with the report two weeks before its panel meet for fact checking. This will also provide the Executive with a window of opportunity to consider how the recommendations will impact the organisation.

2.5. 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). The new legislation is due to go live on 24 February 2025.

2.5.1. Our new 'Contracting with suppliers' policy covering procurement and contract management activity has been approved. The Procurement team will be communicating it to NMC colleagues over the coming weeks, supporting them to be compliant against new procedures.

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

3.1. **Safeguarding:** This issue relates to strategic risk **REG24/01** and is the highest scored risk on the corporate risk register. The risk was temporarily increased in October 2024, whilst mitigations were embedded. Progress, and the score, is due to be reviewed at the January 2024 Safeguarding Board.

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

3.2.1. **Computer based tests (CBT):** We continue to progress incorrect or fraudulent entry hearings (IEFE) and registration appeals relating to CBT which are expected to continue throughout 2025. During December 2024 one IEFE hearing and three registration appeals were held. Executive have been made aware that the team will not achieve their target of completing all IEFE hearings by Q1 2025-2026.

3.2.2. **Occupational English Tests (OET):** We continue to investigate alleged fraud in relation to some OETs taken at a test centre in Chandigarh, India. The aim of our investigation is to gather all available evidence and assess its credibility before we decide if we need to take any further action. This issue affects 68 registrants and 63 applicants. This investigation is part of our IEFE process, not our fitness to practise process.

3.2.3. **Identity fraud:** Policy work in this area has largely concluded, but the issue will continue to be monitored.

3.2.3.1. Our Employer Link Service have the resources to support their external engagement and reported that the NHS Employers session in November 2024 went well.

3.2.3.2. **Prosecution and enforcement policy:** The policy was approved by the Executive in December 2024 with work now starting on the implementation plan.

3.3. **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 raised across all teams in risk discussions and is prevalent in the ICR.

3.3.1. Lack of capacity and colleague burn-out is one of the highest compromising factors of our ability to progress strategic projects and effectively deliver core business. It is widely acknowledged that we are doing too much all at once.

3.3.2. Prioritisation and annual business planning is an important mitigation to alleviate this pressure on colleagues and their performance, however the uncertainties around the implications of upcoming reviews (PSA, Omambala etc.) make it difficult to make firm plans.

3.3.3. We will need to develop the Corporate Plan with these influences in mind, with agility built in, to be able to adapt as needed. The draft Corporate Plan will be brought to Council seminar in February 2025, before a public-facing plan is shared in March 2025.

3.4. New risk PEO24/10:

3.4.1. Following a suggestion from Council, a new risk has been added to our strategic risk register to capture concerns around responding to all the learning and recommendations we have/are yet to receive.

Strategic risk 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	
People Impacts Attrition, fractured and disengaged workforce, continuing differences in culture and experiences, unfair outcomes, increased poor wellbeing,	
Due to... (possible causes)	Mitigations and controls Current risk score: L 4x I 4= 16
<ul style="list-style-type: none"> 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 	<p>Some of the work required to carry out the recommendations is already in train (details to be added).</p> <ul style="list-style-type: none"> 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: L5 x I4 = 20
<ul style="list-style-type: none"> • loss of trust and confidence internally and externally • The appearance that we are not taking the situation seriously • Colleagues leaving to seek alternative employment 	<ul style="list-style-type: none"> • 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?	
<ul style="list-style-type: none"> • Progress against plan and achievement of outcomes • Annual staff survey • Ambitious appraisals 	<ul style="list-style-type: none"> • Key people metrics – staff turnover, exit interviews, concerns raised with HR, Unison and speak up ambassadors
Risk owner and deputy: Chief Executive and Registrar (CE&R)	Last updated/reviewed (minimum every 8 weeks): January 2025
Planned actions Target date Action owner Target risk score: TBC	
<ul style="list-style-type: none"> 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 	

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Nursing and Midwifery Council Financial Monitoring Report

£'m	December 2024 Year-to-Date				Full Year	
	Actual	Budget	Var.	Var. (%)	Forecast	Budget
Income						
Registration fees	75.6	75.0	0.6	1%	101.0	100.5
Other	5.8	6.8	(1.0)	(15%)	8.1	9.2
Total Income	81.4	81.8	(0.4)	(0%)	109.1	109.6
Expenditure						
<u>Core Business</u>						
Professional Regulation	47.9	49.2	1.3	3%	66.0	66.0
Resources & Technology Services	14.5	15.9	1.4	9%	21.1	21.7
People & Organisational Effectiveness	10.3	9.4	(0.9)	(10%)	14.0	12.7
Professional Practice	5.2	5.7	0.5	9%	7.3	7.6
Strategy & Insight	2.8	3.4	0.6	16%	4.0	4.7
Communications & Engagement	2.5	2.7	0.2	8%	3.6	3.6
Directorate - Core Business	83.3	86.3	3.0	3%	116.0	116.2
<u>Corporate</u>						
Depreciation	2.8	3.1	0.3	10%	3.7	4.1
PSA Fee	1.6	1.6	-	-	2.1	2.1
Apprenticeship Levy*	0.2	0.2	-	0%	0.3	0.3
Contingency	0.6	1.1	0.5	46%	1.0	1.5
Panellist and other hol pay provision	-	-	-	-	2.7	1.1
Additional specialist support	-	-	-	-	2.9	-
Total Corporate	5.2	6.0	0.8	13%	12.7	9.1
Total Core Business	88.5	92.3	3.8	4%	128.7	125.3
Surplus/(Deficit) excluding Programmes	(7.1)	(10.5)	3.4	33%	(19.6)	(15.7)
Programmes & Projects						
Accommodation Project	-	0.5	0.5	100%	-	0.5
Modernisation of Technology Services	5.6	5.8	0.2	4%	6.0	7.0
Technology Improvements	-	0.3	0.3	92%	0.8	0.5
Modern Workplace for Me	0.2	0.1	(0.1)	(107%)	0.2	0.1
Functional master & data project	-	0.2	0.2	98%	0.1	0.3
People & Culture Investigation	0.2	0.2	-	-	0.3	0.2
D&A FtP caseload improvement	0.1	0.1	-	-	0.1	0.2
Thirlwall Enquiry	-	0.1	-	-	0.1	0.1
Regulatory Reform Strategic Insight	0.6	0.7	0.1	13%	0.8	1.0
Insight Programme	-	0.1	0.1	100%	-	0.1
Total Programmes/Projects	6.7	8.1	1.4	17%	8.4	9.9
Total Expenditure including capex	95.2	100.4	5.2	5%	137.0	135.2
Capital Expenditure	5.8	6.6	0.8	12%	6.8	7.8
Total expenditure excluding capex	89.4	93.8	4.4	5%	130.3	127.3
Net income	(8.0)	(12.0)	4.0	33%	(21.2)	(17.7)
Unrealised Gains/(Losses)	2.2	-	2.2	-	-	-
Net Surplus/(Deficit) excluding capex	(5.8)	(12.0)	6.2	52%	(21.2)	(17.7)
Free Reserves	33.2	20.7	12.5	60%	17.7	14.8

*Apprenticeship Levy is a tax paid to HMRC

NB Figures are subject to rounding

Forecast is at high level

Balance Sheet (£'m)	Mar-24	Dec-24	Change	Change %
Fixed Assets				
Tangible and Intangible Fixed Assets	36.8	39.8	3.0	8%
Investments	38.6	41.1	2.5	6%
Total Fixed Assets	75.4	80.9	5.5	7%
Current Assets				
Debtors	4.5	2.8	(1.7)	(61%)
Fixed notice bank deposits	54.8	40.3	(14.5)	(36%)
Cash	7.9	11.3	3.4	30%
Total Current Assets	67.2	54.3	(12.8)	(24%)
Total Assets	142.6	135.3	(7.3)	(5%)
Liabilities				
Creditors	(59.9)	(58.4)	(1.5)	2%
Provisions	(3.9)	(3.9)	-	-
Total Liabilities	(63.8)	(62.3)	(1.5)	2%
Net Assets	78.8	73.0	(5.8)	(8%)
Total Reserves	78.8	73.0	(5.8)	(8%)
Free Reserves	42.0	33.2	(8.8)	(27%)

Statement of Cash Flows (£'m)	Dec-23	Dec-24
Cashflow from operating activities		
Surplus/(Deficit) (YTD)	(0.5)	(5.8)
Adjustment for Depreciation (Non-cash)	2.0	2.8
(Gains)/Losses on Investments	1.4	(2.2)
Investment/Dividend income	(0.5)	(0.3)
(Increase)/Decrease in current assets	0.9	1.7
Increase/(Decrease) in liabilities	2.7	(1.5)
Net Cash inflow/(outflow) from operating activities	6.0	(5.3)
Cashflow from investing activities		
Capital Expenditure (YTD)	(4.8)	(5.8)
Net Cash inflow/(outflow) from investing activities	(4.8)	(5.8)
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	1.2	(11.1)
Cash & Cash Equivalent at the beginning of the year	67.2	62.7
Cash & Cash Equivalent at the end of the month	68.4	51.6

NB Figures are subject to rounding

Council

Culture Transformation progress update

<p>Action requested:</p>	<p>It is now six months on from the publication of the Independent Culture Review (ICR), which was published 9 July 2024. This paper provides an update on the progress made to date, which includes the implementation of the recommendations and the immediate commitments made by the Executive and Council.</p> <p>For discussion</p> <p>The Council is invited to discuss progress made to date.</p>
<p>Key background and decision trail:</p>	<ul style="list-style-type: none"> • The NMC accepted all 36 recommendations from the ICR in July 2024. • At the last Open Council meeting in November 2024, the Council received a verbal update. • Providing a written update at this stage will afford the Executive and Council the opportunity to further scrutinise progress and advise accordingly. • It will also allow the Executive and Council to understand the challenges the organisation continues to face as we progress this important work. • The NMC has increased its independent scrutiny since publication of the ICR. We have regularly met with the Professional Standards Authority for Health and Social Care (PSA) since September 2024 through the Nursing and Midwifery Council Independent Oversight Group. This group, chaired by the PSA, has approximately 28 members to date, which include representation from the professions from the four administrations, Unison and various experts to support the work of the group. • In addition to this, the NMC has appointed specialist advisors to improve its approach to Fitness to Practise (FTP), with Anthony Omo from the GMC, providing advice since October 2024, for a 3-month period and, the recent appointment of Professor Donna O'Boyle, who is a registered nurse, for a 12-month period from January 2025. • The publication of the ICR has damaged people's trust and confidence in the organisation's ability to deliver its core purpose. The work we are progressing is seeking to build back that confidence and trust.

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<p>Key questions:</p>	<p>Questions this paper addresses:</p> <p>What is our approach to developing a shared vision for our culture, revisiting our values and creating a roadmap for culture change?</p> <p>What the key risks are to delivery and achieving culture change and transformation?</p>	
<p>Annexes:</p>	<p>The following annexe is attached to this paper:</p> <ul style="list-style-type: none"> • Annexe 1: Culture Change and Transformation progress update slides 	
<p>Further information:</p>	<p>If you require clarification about any point in the paper or would like further information, please contact the author or the director named below.</p>	
	<p>Author: Karen Lanlehin KarenTeresa.Lanlehin@nmc-uk.org</p>	<p>Executive Director: Kuljit Dhillon Kuljit.Dhillon@nmc-uk.org</p>

Culture Transformation progress update

Discussion

- 1 The NMC can be described as a challenged organisation, which is seeking to move into a period of stabilisation and recovery.
- 2 There has been significant change at the most senior levels of the organisation over the past year, with more to follow. Due to the pace of this movement, several appointments are interim. This adds another layer of change that the organisation must manage and each change will alter the dynamics of the Executive Board.
- 3 Leadership of four out of the six directorates has changed over the past year. In Q4 2024-2025 the current Council Chair’s term comes to an end and the process for the recruitment of a permanent Chief Executive and Registrar will begin later this year. This presents challenges and opportunities for the NMC, but a stable leadership would be one clear indicator that we are starting to move out of the current phase.
- 4 We know people’s confidence and trust in the leadership of the organisation and, their views on the NMC’s ability to make safe and effective decisions has been damaged. We recognise it will take time to earn back trust on both these issues.
- 5 In the context of this change of leadership, the NMC has continued to focus on delivery of both the Independent Culture Review recommendations, and commitments made by the Executive and Council Chair. Annexe 1 provides a progress update.

Implementation of immediate commitments made by the Executive and Council Chair in response to the Independent Culture Review (total number - 15)

Progress status*	Number of commitments (November 2024)	Number of commitments (January 2025)
Delivered	7	10
In progress/on track	5	2
Scoping/planning	1	0
In progress/timeline extended	2	3

NB. *Includes the four commitments made by the Chair of Council to the Department of Health and Social Care (DHSC)

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- 6 Since November 2024 we have delivered against an additional three commitments and are making significant progress on all others, as demonstrated in the summary table above. We expect the outstanding commitments made by the Council Chair to DHSC be delivered by the end of Q4 2024-2025. (See annexe for further detail).
- 7 The actions we have implemented to date have focused on addressing immediate concerns, such as safeguarding, the wellbeing of our colleagues and enhancing independent scrutiny. We have also sought to put the necessary building blocks in place which will enable the organisation to make the shift to recover, stabilise and move forward into successful implementation of all the recommendations from the Independent Culture Review (ICR) and wider culture transformation.

Implementation of recommendations from the ICR (total number – 36)

Progress status	Number of Recommendations (November 2024)	Number of Recommendations (January 2025)
Delivered	1	2
In progress/on track	12	18
Scoping/planning	10	8
In progress/timeline extended	9	9

NB. Some recommendations are jointly owned and only counted once; recommendation 1 is split into 1a and 1b (therefore total is 37)

- 8 We are making steady progress in implementing the ICR recommendations as can be seen in the summary table above.
- 9 While we are beginning to see green shoots in improved timeliness of Fitness to Practise cases and the median age of our FtP caseload, it is still not where it needs to be to build back confidence and trust. An aged caseload where progression has not been optimised reinforces and compounds wider issues such as inequalities of experiences for those who encounter our processes and are in them longer than they should be.
- 10 Implementation of some of the ICR recommendations have been more straightforward and we have made progress in a number of areas. For example, we have significantly reduced our use of fixed term contracts (FTCs) in Professional Regulation. In Q2 2024-2025 we made 160 colleagues permanent. We are not going to eliminate FTC's because we will always need some flexibility within the workforce. The more strategic actions, which include but are not limited to the ICR

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recommendations, need further thought in terms of prioritisation, sequencing and resourcing. Movement is in the right direction for most recommendations.

- 11 Actions which are not straightforward are those where sufficient consideration needs to be given to the overall vision for the culture of the organisation, taking account of the experience of staff as evidenced in the ICR. Becoming an anti-racist organisation and eliminating bias in decision-making, where we are seeking to deliver more strategic outcomes will tie into our visioning and revisiting of organisational values.
- 12 The trauma experienced by some of our staff that has been surfaced through the ICR. There are wide reaching implications and issues that we are still grappling with and will do for some time. This has been exacerbated by the negative publicity.
- 13 In addition, the increased scrutiny risks diverting our focus away from delivery. While we welcome independent scrutiny, for example the Independent Oversight Group, which has been meeting six weekly since September 2024 and where we have had some helpful and robust conversations, we are also mindful of the need to balance reporting progress with the clear need to focus on delivery. But we do need to be clearer on what our focus is, our overall timetable for delivery, and clarity on outcomes so we can be better held to account on the things we say we will achieve.
- 14 We need to find a way to bring together disparate experiences of colleagues into a shared vision. The work has not yet started on this, but now we have our Interim Chief Executive and Registrar and the Assistant Director of Culture Change and Transformation in post, we will be seeking to move forward with this over the coming months, building the team and developing a roadmap for the way forward.
- 15 We also need to establish the Culture Transformation and EDI Steering Group, which will enhance our existing governance of the culture work. In addition to this, we need to consider what else is required so the right level of independent scrutiny and assurance can be given to our stakeholders and Council. We want the quality of what we do to remain front and centre. The Executive has been clear in its commitment from the beginning of this journey that culture change is not about box ticking, it is about transformative change.

Outstanding reports

- 16 We had hoped to receive all the outstanding reports by the end of 2024, which would have enabled the organisation to move more clearly into the recovery phase. However, we are still awaiting recommendations from key reports, including the Omambala investigations and the PSA performance review. The PSA review will now be delivered in two phases, and the Ambitious for Change research is also expected Q4 2024-2025.

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17 We are awaiting the reports and will implement agreed learning as part of our plan to improve our regulatory performance and organisational culture. We are aware that these further reports may have an impact on our colleagues, so we are making sure we have the necessary processes and people support in place, working particularly closely with teams where we anticipate the highest impact.

Colleague engagement and communications

18 Our internal sharing of information with colleagues needs to be regular and accessible to all. This includes sharing outcomes of Executive Board discussions and ensuring our leaders are cascading key messages .

19 We will continue working to ensure that engagement with colleagues on the range of change issues – spanning regulation, culture transformation and EDI – is joined up and efficient, recognising that these are linked topics and that we must draw on colleagues’ time carefully. We have started this process with the Interim Chief Executive and Registrar holding two in person town halls at our Stratford office. We plan to hold four more, two at Portland Place, one in Edinburgh and one online. At these meetings we have and will ask colleagues for their views and reflections on the culture transformation they want to see.

20 Another focus is to ensure everyone has the capacity to engage in these important discussions around values, ways of working, culture transformation, and EDI, particularly those who are working in the most pressured parts of the organisation. It will be essential to ensure all colleagues have the time and opportunity to feed in their thoughts and ideas as we are designing and developing our approach to these issues.

21 We will be setting up a Culture Transformation and EDI Steering Group with representation from across the organisation to ensure that we are working in an inclusive way.

The Council is invited to discuss progress made to date.

Next Steps

22 We will develop a culture transformation plan by the end of March 2025. The plan will be clear about how we will bring about significant change under five key pillars: effective leadership, values-based decision making, embedded EDI practices, psychological safety and prompting enjoyment of work.

23 We have also committed to revisiting our organisational values which will be carried out alongside the vision work, the development of our plans and mapping out how we will move from where we are now into recovery and stabilisation.

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24 The most significant organisational risk to the realisation of culture transformation is the organisational strain and capacity for people to meaningfully engage with culture change. It is a huge challenge, but unless we can create capacity, this work falls at the start gate and we will not be able to successfully embed the good work we have already done or bring colleagues along the journey of culture change.

25 The Culture Transformation team will work collaboratively with communications and engagement and other relevant teams to develop a co-ordinated plan of engagement with colleagues, which will take place over the next few months.

Implications

The following were considered when preparing this paper:

Implication:		Location if in paper:	Content if not in paper:
Public protection/impact for people.	Yes/		The publication of the Culture report has impacted on trust and confidence in the NMC. This paper describes how far we have progressed with implementing commitments which seek to address immediate concerns
Safeguarding considerations	Yes		The organisation's approach to safeguarding is an integral part of culture change
The four country factors and considerations.	Yes		Yes, all four countries
Resource implications including information on the actual and expected costs involved.	Yes		The detail of what further resources will be required is part of next steps

Risk implications associated with the work and the controls proposed/ in place.	Yes		Actions which address organisational strain and create capacity
Legal considerations.	Yes		We await the outcome of the investigation into the regulatory cases being carried out by ljeoma Omambala KC
Midwives and/or nursing associates.	Yes		Our internal culture is closely linked to our regulatory performance
Equality, diversity, and inclusion.	Yes/		Our approach to EDI is central to culture change
Stakeholder implications and any external stakeholders consulted.	Yes/Not Applicable		The plan of work will include engagement with external stakeholders
Regulatory Reform	Not Applicable		

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Item 7: Annexe 1
NMC/25/07
29 January 2025

Council – ICR recommendation updates



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Executive & Chair's commitments

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Progress update on 4 commitments made by Council Chair to DHSC

No.	Commitment	Status
1	Appoint an interim CER	Delivered
2	Appoint one or more senior independent advisers to the Council – <ul style="list-style-type: none"> The Chair has concluded discussions with a candidate for the Adviser role and we are going through the appointment process, which we aim to conclude in February 2025. 	In progress / Timeline extended to ensure better quality outcome
3	Fitness to Practise Advisors for improvement	Delivered
4	Enhance PSA oversight of the NMC's progress via the establishment of an Independent Advisory Group	Delivered

NB. Correct as of 19 December 2024

Progress update on the 11 Commitments made by the Executive

No.	Commitment	Status
1	Empowered To Speak Up Guardian (ETSU)	Delivered
2	Listening circles	Delivered
3	Extending decompression offer to colleagues working on sensitive casework	Delivered
4	Invest in a partner to help improve psychological safety	Delivered
5	External EDI partner to review EDI learning and improve training	In progress/On track
6	External EDI partner to help improve our policies	In progress/On track
7	Appoint EDI advisor to Executive Board	Delivered
8	Diversify our Executive Board	In progress / Timeline extended to ensure better quality outcome
9	Safeguarding hub, full training needs analysis and launch of SOPs	In progress / Timeline extended to ensure better quality outcome
10	Double amount spent on learning & development	Delivered
11	Behaviour framework to support recruitment	Delivered

ICR Recommendations

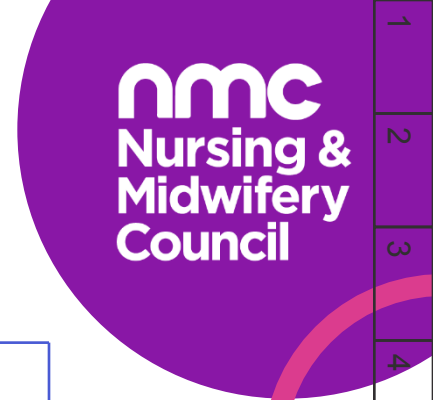
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Independent Culture Review recommendations

- The Independent Culture Review (ICR) identified 36 recommendations for the NMC to implement to change and improve the culture and working experience of NMC colleagues.
- Most of these recommendations are being incorporated into established plans, including People, FtP, EDI, and safeguarding plans.
- The ownership of the remaining recommendations were agreed by Executive Board and are managed by several teams across the organisation.

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Progress on the implementation of the 36 recommendations



Progress status	Number of recommendations (November 2024)	January 2025
Delivered	1	2
In progress/on track	12	18
Scoping/planning (including realignment/enhancement of existing initiatives)	10	8
In progress/timeline extended to ensure better quality outcome	9	9

FtP Plan	EDI Plan	Safeguarding	People Plan
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NB. 13 recommendations sit outside of the four main plans mentioned above. All recommendations have SROs who are members of the executive.

SROs: FtP: Lesley Maslen EDI: Kuljit Dhillon Safeguarding: Sam Donahue People Plan: Gavin Kennedy

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Recommendation progress

Delivered

12 - Independent Oversight Board
SRO: Kuljit Dhillon

13 - recruitment training, biased decision making, equal opportunities
SRO: Gavin Kennedy

In progress/on track

1a – people focus, values, behaviours, 360 feedback
SRO: Gavin Kennedy

1b – Appraisals, people management, reduce turnover
SRO: Gavin Kennedy

2 – reverse mentoring
SRO: Gavin Kennedy

4 - Dignity at work policy, EDI dashboard, grievances
SRO: Gavin Kennedy

5 - bullying and harassment policies
SRO: Gavin Kennedy

9 - specialist team for complex and serious cases
SRO: Lesley Maslen

17 - reduce and eliminate FTC, invest in learning and development
SRO: Gavin Kennedy

18 - raise capabilities of leaders to be effective managers
SRO: Gavin Kennedy

19 - revisit Rising Higher programme
SRO: Gavin Kennedy

21 - appoint 30% Black and ethnic minority managers
SRO: Gavin Kennedy

22 - gender, ethnicity and disability pay gap
SRO: Gavin Kennedy

23 - exit survey and interviews to identify strengths and issues
SRO: Gavin Kennedy

25 - union membership, senior leader support
SRO: Gavin Kennedy

26 - safeguarding requirements and Charity Commission, Council assurance to enable public protection
SRO: Sam Donohue

27 - agency collaboration for sharing information and safeguarding concerns
SRO: Sam Donohue

30 - PR structure
SRO: Gavin Kennedy & Lesley Maslen

34 - data driven organisation, improve data maturity
SRO: Helen Herniman

36 - increase ethnic diversity among panel members
SRO: Matt Hayday

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Recommendation progress

Scoping/planning

3 - leadership, multi-professional team working, FtP plan SRO: Gavin Kennedy	11 - contact and case update arrangements SRO: Lesley Maslen	14 - attrition, reducing turnover, learning academy in FtP SRO: Gavin Kennedy	15 - hybrid working policy, accommodation strategy SRO: Gavin Kennedy	20 - anti-racist action plan SRO: Kuljit Dhillon
24 - return to work interviews, team absences, reasonable adjustments and turn to work process improvements SRO: Gavin Kennedy	28 - FtP process involving criminal case, safeguarding concerns SRO: Lesley Maslen	32 - role of legal expertise SRO: Alice Hilken		

In progress/timeline extended

6 - screening, investigations and adjudications backlogs, revisit FtP plan SRO: Lesley Maslen	7 - stakeholder engagement, adjudications decisions SRO: Lesley Maslen	8 - operational data and performance reporting, FtP timescales SRO: Lesley Maslen & Helen Herniman	10 - detailed annual reviews from PSA SRO: Kuljit Dhillon
16 - quality assurance framework SRO: Lesley Maslen	29 - safeguarding hub and obligations SRO: Sam Donohue	31 - accommodation and estates strategy, visibility and access to executive team SRO: Gavin Kennedy & Helen Herniman	
	33 - core regulatory purpose SRO: Kuljit Dhillon	35 - revalidation process audit, transparency in stakeholder requests SRO: Kuljit Dhillon	

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Next steps

- Preparing for the outstanding reports
- Detailed progress update on recommendations at March Open Council meeting
- Develop shared vision and high-level roadmap for Culture Transformation
- Review of NMC values through engagement with colleagues
- Establish Culture Change Steering Group and consider other staff engagement
- Continue to report progress to Independent Oversight Group

Council

Review of the quality of nursing and midwifery practice learning: Outcome of the discovery phase and next steps

<p>Action requested:</p>	<p>The Council is invited to consider the outcomes of the discovery phase of the review of the quality of nursing and midwifery practice learning together with a summary of the evidence base for recommendations and proposed next steps.</p> <p>For decision</p> <p>The Council is recommended to agree to the proposed key lines of enquiry as stated in paragraph 24.</p> <p>The Council is asked to note the publication of the three reports outlined in annexes one, two and three as the outcomes of the discovery phase of this review together with the collated synthesis report (annexe four). (See paragraph 25).</p>
<p>Key background and decision trail:</p>	<p>At the Council meeting in January 2023 (See NMC/23/08), it was agreed to undertake further research focusing on practice learning hours as the previous project phase was unable to reach a consensus on this issue.</p> <p>Proposals and a decision to widen the focus on the quality nursing and midwifery practice learning were outlined at the Council Seminar in October 2023 and confirmed by Executive Board as a priority project early in 2024.</p> <p>The review of practice learning links to the following strategic risks for 2024-2025:</p> <ul style="list-style-type: none"> • REG22/04 We fail to take appropriate or timely action to address a regulatory concern regarding the quality of nursing or midwifery education. • REG19/03 Failure to ensure that proficiency and education standards are fit for purpose (including processes to ensure compliance with standards are met).
<p>Key Questions:</p>	<p>1. What is the importance and interdependency of this review with our role in setting standards and education quality assurance?</p>

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	<p>2. How will the synthesised evidence base inform the next phase of this review?</p> <p>3. What are the imperatives and immediate next steps?</p> <p>4. What are the proposed key lines of enquiry (KLOEs) and how do they address recommendations within the independent research report?</p>	
Annexes:	<p>The following annexes are attached to this paper:</p> <ul style="list-style-type: none"> • Annexe one (see supplementary pack): Practice learning in nursing and midwifery education: an independent review. • Annexe two: Evaluation of simulated practice learning for pre-registration nursing programmes • Annexe three: Education quality assurance review of the 2024 mandatory exceptional reports • Annex four: Synthesis report of practice learning discovery research 	
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>	
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Review of the quality of nursing and midwifery practice learning: Outcome of the discovery phase and next steps

Discussion

Background, context and evidence from earlier reviews

- 1 At the Council meeting 25 January 2023, it was agreed to undertake further research focusing on practice learning hours as the previous project phase was unable to reach a consensus on this issue despite the NMC regularly being asked to consider a reduction in practice learning hours for pre-registration programmes.
- 2 All four UK countries national workforce plans address the need to expand student numbers to increase the future nursing and midwifery workforce with some governments narrative explicitly citing the need to reduce programme hour requirements to support future workforce demands necessary for improving and transforming service delivery. Additionally, the Council of Deans for Health (CoDH) emphasises the importance of agile and proportionate outcome focused regulation and seeks a reduction to the quantity of practice learning hours requirements, a position often echoed by some senior representatives.
- 3 Although the stated number of hours in our programme standards state optimum timeframes to learn and demonstrate proficiency students, approved education Institutions (AEIs) and practice learning partners (PLPs) perceive that this often leads to local assurance measures that focus on ensuring hours have been met. However, ensuring a quantity of hours has been met is a poor proxy for the quality of practice learning. Plus target driven reductionist approaches to meeting certain standards are having a detrimental impact on students' learning experiences.
- 4 Effective student learning and supervision is further compounded by the challenges AEIs and PLPs face in ensuring sufficient practice learning capacity is available to support every student's journey and experience. This challenge has risen over recent years as the drive to increase student numbers onto programmes has risen and many practice learning environments are inundated with students. The demand for placements and poor-quality student practice learning experience is often reported as a contributory factor to student attrition.
- 5 Previous NMC commissioned independent research (2021) explored the context of programmes in countries that require fewer practice learning hours concluded that there are many contextual differences in the way practice learning is managed and supported, including the additional use of simulation to that of the UK so would not be easily replicated. Instead, focused, quality learning experiences are seen as key to producing a nurse or midwife who is safe to practice.
- 6 The key elements of a quality learning experience identified included integrating theory and practice learning, high quality simulation which complements both academic and practice learning, good quality clinical teaching and learning, with well-trained instructors who can concentrate on providing students with a good clinical

experience alongside focused learning experiences which optimise the effectiveness of hours spent in practice learning settings and wider practice learning opportunities.

- 7 During practice learning, students have direct contact with people who use services and the public. The quality of practice learning is therefore a key factor in ensuring our role in public protection through setting standards and education quality assurance, and in prioritising the safety of the public and students.
- 8 In October 2023 the Council confirmed that this discovery phase would build on existing work and explore the quality and breadth of practice learning rather than focusing solely on the practice learning hours for nursing and midwifery programmes, and number of births students are required to undertake within midwifery programmes.
- 9 This discovery, evidence gathering phase encompasses independent commissioned research and incorporates the findings of the evaluation of simulated practice learning (SPL) by the 19 AEs who are delivering up to 600 hours of SPL following the introduction of RN6 (recovery standard). This phase is also being informed by our education quality assurance activity, including the outcome of mandatory exceptional reporting completed during the summer of 2024.

Progress and outcome findings

- 10 The Nuffield Trust, in collaboration with the Florence Nightingale Foundation, was appointed to undertake independent research and commenced this rapid review in March 2024. The research includes a review of the literature to examine the evidence about practice learning in the UK and internationally, qualitative workshops, focus groups and interviews with experts, staff and students and other key stakeholders including the public and people who use services. The Council received an update on progress in October and the comprehensive final report was published 4 December 2024, (see annexe one).
- 11 The Nuffield Trust requested national data on the distribution of practice learning placements, the number of students in practice learning placements by partner and quality management feedback for nursing and midwifery. However, data sets for these areas were not readily available. Nevertheless their findings indicate that practice learning is seen as crucial for students to become safe, effective and kind practitioners with a consensus view that quality of practice learning experiences is key to students developing competence and confidence.
- 12 The Nuffield Trust did not find clear evidence to determine the optimal number of practice hours needed to ensure safe and effective practice. Nor was there compelling evidence to be found for specific skilled practice, i.e. number of births to be undertaken for midwifery students. However there was recognition for having supportive learning opportunities, feedback and rehearsal in safe learning environments that enable students' attainment of proficiency.
- 13 Despite transparent regulatory standards there is some confusion regarding the implementation of certain standards. Additionally, significant variation in students' practice learning experiences is identified with some having positive learning

experiences and others having negative and challenging experiences. Inevitably some of these poorer experiences contribute to some students leaving their programmes, not feeling confident or being disillusioned about the profession they are seeking to join.

14 Themes noted that impacts on student learning includes practice placement team culture, the location of the practice placement, student support, and coordination of breaks when on practice placements. A summary of these and wider considerations include:

14.1 Concerns raised about the lack of protected time for practice supervisor and assessor and how their increased workloads impact on time to effectively supervise and assess students. The student advisory group agreed, plus identified challenges in maintaining supernumerary status and in being recognised as a valued member of the team.

14.2 Specific practice learning requirements often lead to anxiety for students. They cited task-orientated learning and practice assessment sometimes being prioritised over person-centred holistic care. Specifically for midwifery students this led to a focus on meeting the required number of births to the detriment and deprioritising of continuity of care for women, babies and families.

14.3 Equality diversity and inclusion (EDI) challenges before, during and following placements impacting on students' learning. Factors affected included race, ethnicity, disability and socio demographic status. Examples include reasonable adjustments for students with protected characteristics not always being taken into consideration. The importance of appropriate and timely occupational health services involvement alongside effective communication between PLPs and AEs was identified as key to supporting students who require reasonable adjustments. Moreover, intersectionality was found to create significant barriers for students from minoritised and underserved backgrounds. These barriers include unequal allocation of high-quality placements as well as discriminatory, biased or racist treatment from educators and peers, and people who use services.

14.4 Simulated practice learning that is used appropriately can support equity in students' practice learning experiences and is a valuable tool for learning and in helping students to increase confidence. Both the independent research and the evaluation of SPL (See annexe two) acknowledge the resource intensive nature of SPL with financial stability being a concern and with many AEs identifying the importance of significant investment and ongoing funding for sustainable SPL delivery. The public advisory group did however suggest that the balance of simulated and practice learning must be 'right,'.

14.5 Inadequate funding and delayed payment for maintenance support and travel and accommodation cost to support students' education and training was identified as having an impact on students within the research findings.

15 Many of the opportunities and challenges were common to all professions and across all fields of nursing but some profession specific challenges were noted. Concerns regarding the nursing proficiencies and their implementation/applicability to learning disability and children’s nursing were specifically identified within the findings. There was also concern that a shortage of learning disability nurses was impacting on capacity for practice supervision and assessment. Furthermore, the research identified differences for students in England undertaking apprenticeship pre-registration programme routes. These included limited learning opportunities outside their employment base and challenges with securing protected learning time for nursing associate students.

Education quality assurance

16 The 2024 mandatory exceptional reporting findings have also been considered. These findings were reported to the Council at its meeting in September 2024 (See NMC/24/86 Council paper) and the report was published in December 2024 (See annexe three).

17 In addition to reporting on SPL, the mandatory exceptional reporting asked about reflective practice. This was to understand how reflective practice is being used and supported to be purposeful for students’ learning in practice in line with Standards for supervision and assessment (SSSA). Here too considerable variation in the approach to safely applying reflective practice and non-compliance with SSSA was noted, as was in how break time was counted.

Stakeholder engagement and the role of the independent steering group

18 The community of interest (CoI) currently has over 1400 members who receive updates and a webinar was held in September 2024 to update on progress with over 430 people in attendance. Regular attendance at external meetings and conferences provided additional opportunities to engage on this review. Consensus from stakeholders, including public and people who use services, conclude that the quality of practice learning is more important than the quantity of practice learning hours with many indicating that maintaining the status quo is no longer an option.

19 Professor Alex McMahon CBE, former Chief Nursing Officer Scotland, was appointed as chair of the UK wide independent steering group and two advisory groups feed into the independent steering group: a public advisory group and a student advisory group. This ensures that the unique and shared perspectives of all four UK nations are taken into consideration during discussions. This includes consideration of the impact of any future proposals for our programme standards potentially moving further away from European legislation requirements and the impact in Northern Ireland and any island of Ireland initiatives. This is why it was helpful to have the Nursing and Midwifery Board of Ireland represented on the steering group.

20 Although it was confirmed that an equality impact assessment (EQIA) was not required as there were no planned changes to policies, services or functions during this discovery phase, it was important that EDI considerations were embedded from the outset including throughout commissioning of the independent research and in the evaluation of SPL and their report findings. EDI considerations remained a

prominent focus of the project team and project board, independent steering group and associated advisory groups. For example, there were suggestions that we decolonise nursing curricula, something the Royal College of Midwives has undertaken for midwifery curricula. We do not design or develop curricula, however we can explore stakeholders' views on who is best placed to achieve this.

- 21 The findings of this discovery phase of the review were discussed by the independent steering group on 17 December prior to being presented to Executive Board in December 2024 ahead of the January 2025 Council meeting. Where consensus on the findings and any gaps in evidence that would need to be addressed through agreement on future key lines of enquiry. A synthesis report was assembled bringing all findings together to support decisions on next steps and in ensuring any proposals reflect right touch regulation and prioritise public protection and safety of people and students. (See annex four). This approach strongly resonates with the independent culture review recommendations which called for reviewing 'the requirements for the NMC professional education programmes, the development and promotion of standards including their Code to ensure that these are free of bias and embed[ding] anti-racism into professional practice.'
- 22 The steering group concurred that maintaining the status quo by relying on counting the number of programme hours and the number of specific care activities as a proxy for the quality of the student learning experience is not an option. Nor was there any agreement on what different optimum numbers might be. Instead, consideration of innovative ways to ensure quality of practice learning was needed. Furthermore, feedback views suggest that a different approach to achieving specific midwifery proficiencies may be needed to safely meet the needs of women receiving midwifery care.
- 23 We propose a two-pronged approach to the proposed key lines of enquiry (KLOEs). The focus will be on the benefits of targeted regulatory action, namely refinements to the wording of certain education and training standards and seek to strengthen our EdQA model through the introduction of a new quality matrix for practice learning. These KLOEs will also clarify where responsibility lies with others.
- 24 The Council is recommended **to approve** the KLOEs to:
- 24.1 Further examine the practice learning experiences of students with protected characteristics (including requirements for reasonable adjustments) and the relationship to existing education standards and student retention.
- 24.2 Consider an expansion to our existing approach to supporting students in practice / SSSA, including strengthening requirements for protected learning time for NA students.
- 24.3 Develop quality indicators and metrics for practice learning as part of our EdQA function/continuous improvements and identify opportunities that better supports students' attainment of proficiency standards when in practice

24.4 Evaluate key aspects of midwifery curricula to understand the midwifery student practice learning experiences that support student attainment of specific proficiency standards i.e. number of births, types of birth.

24.5 Evaluate key aspects of nursing curricula that support nursing student attainment of proficiency standards for their intended field of nursing and the relationship to existing education standards.

25 The Council is asked to **note** the publication of the three reports outlined in annexes one, two and three as the outcomes of the discovery phase of this review together with the collated synthesis report (annexe four).

Next Steps

26 The proposed development of new EdQA operational policy positions on SPL within pre-registration nursing programmes, the use of reflection within pre-registration programmes and the classification of breaks within practice learning hours was reported to the Council in September 2024. These will be co-produced with the new EdQA reference group that is being set up. The first meeting will take place in Q4.

27 Business as usual standards implementation activity will prioritise communications and engagement on specific standards to ensure clarity regarding certain standards that are identified as being open to interpretation. The revised implantation plan will be in place by end of Q4

28 A new project plan with clear timelines and milestones for delivery of the KLOEs will be confirmed by the end of Q4 in line with the decision taken by the Council.

Implications

The following were considered when preparing this paper:

Implication:		Location if in paper:	Content if not in paper:
Public protection/impact for people.	Yes	Paras 7, 21	Public protection is at the heart of all our standards and EdQA. Practice learning is a core component of this in ensuring that the future workforce are capable of safe, kind

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			and effective care of people
Safeguarding considerations	Yes	Paras 12, 21	Our education and training standards set requirements that support for students takes place throughout all practice learning experiences to ensure that people who use services and the public are protected. We seek assurance through our EdQA framework and approval and monitoring processes
The four country factors and considerations.	Yes	Paras 2, 5, 10, 19	
Resource implications including information on the actual and expected costs involved.	Yes		The review of the quality of nursing and midwifery practice learning is led by the professional practice directorate working with communications and engagement and strategy and insight directorates. An initial business case for the review of the quality of nursing and midwifery practice learning, including funds to support the key lines of enquiry in 2025-2026 was approved in 2023-2024. The approved funding includes consideration of public consultation if recommended following the completion of the key lines of inquiry and no additional funding is being sought at this time.

Risk implications associated with the work and the controls proposed/ in place.	Yes		The review of practice learning, in particular practice learning hours, is of significant interest to a range of key stakeholders including Government bodies, AEs and PLPs and professional bodies and membership organisations
Legal considerations.	n/a		General Counsel sit on steering group and project board and QA board and are sighted on all aspects of this review
Midwives and/or nursing associates.	Yes		This review is focusing on practice learning for all pre-registration nurses, midwives and nursing associate students and their practice supervisors, practice assessors and academic assessors
Equality, diversity, and inclusion.	Yes	Para 13.3, 20	
Stakeholder implications and any external stakeholders consulted.	Yes	Para 10, 18, 19, 20, 21, 22, 26	
Regulatory Reform.	Not Applicable		

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Simulated practice learning in pre-registration nursing programmes

an evaluation of the experience of universities approved to deliver up to 600 practice learning hours through simulation.

September 2024

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Introduction

1. This report summarises the experience of 19 Nursing and Midwifery Council (NMC) approved education institutions (AEIs), all universities, who were approved to deliver up to 600 of the 2300 hours of practice learning through simulation within pre-registration nursing programmes following approval under the discretionary [recovery standard RN6\(D\)](#). Simulated practice cannot be included as practice learning within pre-registration midwifery programmes.
2. Evidence collated includes quarterly monitoring reports and subsequent follow-up and feedback from the NMC, a summary report from each AEI received at the end of May 2024, visits to a selection of AEIs, and participation in a UK wide community of practice set up to support collaboration between these AEIs.
3. The findings and recommendations of this report will support and inform the NMC’s ongoing implementation of education standards, and in particular will contribute to the current review of practice learning. It will also support and inform AEIs, employers and practice learning partners (PLPs) and other stakeholders in their development, implementation and evaluation of simulated practice.

Summary

4. Multiple monitoring reports and a final evaluation report from the 19 AEIs that implemented the approval to deliver up to 600 of the 2300 practice learning hours required in pre-registration nursing curricula have offered a rich insight into the nature and experience of simulated practice learning (SPL).
5. Reports demonstrate that AEIs are on different stages of the journey of implementing SPL, and that student feedback has been at the heart of their development through commitment to continual improvement.
6. This report offers detailed feedback from students, people who use services and their carers (PUSCs), practice supervisors and assessors, practice learning partners (PLPs) and academic staff to assure holistic representation of the SPL experience. These different stakeholder perspectives have been triangulated and summarised to offer key themes, opportunities, challenges, conclusions and recommendations.
7. Though the impetus for increasing SPL within AEIs was primarily related to the impact of the pandemic on placement capacity and programme completion for cohorts coming towards the end of their pre-registration nursing programmes, it has developed into a valued part of the practice learning experience for students.
8. SPL offers contextualised, authentic practice learning that allows students to practise and reflect in a safe environment, enhancing competence and supporting confidence in their nursing practice. SPL is offered through a wide variety of pedagogic approaches, supported by practice supervisors and assessors - including from care providers, and authenticated by people who use services and their carers.

9. Implementation of SPL is wide-ranging, from the use of technologies such as virtual care environments and lifelike mannequins, through to peers and actors supporting student learning. SPL scenarios have become increasingly complex and realistic. Some have been developed that bridge gaps in proficiencies identified by students and PLPs, some enable practice of complex care, some the opportunity to practise sensitive and difficult situations and conversations, and some simulate learning to develop nursing leadership and management proficiencies.
10. Overwhelmingly students valued SPL for providing a safe, supportive environment in which to practise and reflect, improving their confidence. Many referenced the equitable practice learning experience it offered that meant a cohort of students had the same opportunity to practise scenarios and proficiencies which may be opportunistic in a placement learning setting. Students across all fields of nursing, but particularly the mental health, children's and learning disabilities fields, valued SPL that provided the opportunity to practice proficiencies they did not experience in their allocated placements.
11. Though student and stakeholder feedback are incredibly positive about the multiplicity of opportunities that SPL enables, a key challenge is the resource intensive nature of this provision. Financial sustainability is a concern across the higher education sector, and many AEIs are apprehensive about being able to continue to deliver and further develop SPL as part of the practice learning experience for student nurses without significant investment and ongoing funding streams being secured.
12. All but one of the AEIs included in this evaluation were from England, with one coming from Scotland. The experience of SPL across AEIs in the devolved nations, who have different funding mechanisms for nursing programmes, should be investigated.
13. Planned evaluations, research and publication of findings by AEIs should lead to a stronger evidence base for the consideration of SPL as part of a student nurses' practice learning experience.
14. Recommendations include encouragement of AEIs and other stakeholders to further evaluate the impact and effectiveness of SPL, and for AEIs to continue to collaborate widely.
15. Most AEIs featured in this report articulate the significant benefits of SPL but within the context of the financial challenge of implementing it. Though the NMC has no regulatory remit around funding of nurse education this report will be shared with system partners for their consideration.
16. It would be beneficial if this report and the opportunities and challenges of SPL were considered by AEI devolved nation groups as understanding of SPL activity from these nations is limited in this report.
17. This report will contribute to the growing evidence base within the current review of practice learning being undertaken by the NMC.

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Background

18. In November 2021 Council approved the continued use of the Covid-19 [recovery standards](#) RN5 and RN5.1 permitting all AEIs to deliver up to 300 of the 2300 hours of practice learning required in pre-registration nursing curricula using the range of new and innovative practice simulation methods.
19. Council also approved in November 2021 a recovery (discretionary) standard RN6(D), permitting up to 600 hours of simulated practice learning for those AEIs who could demonstrate they have appropriate resources and infrastructure to implement this increase in SPL effectively and safely whilst still meeting the requirements of the [NMC's education and training standards](#).
20. AEIs had to seek approval from NMC Education Quality Assurance (EQA) before implementing RN6(D), providing evidence of their capacity and capability to do so. This approval process was overseen by senior nurse education advisers and the EQA team, with final approval given by QA Board.
21. Simulated practice learning (SPL) describes practice learning that meets requirements set out in the NMC standards around practice learning, in particular the requirements contained within the [Standards for pre-registration nursing programmes](#) and the [Standards for student supervision and assessment](#) (SSSA). It is an alternative means of delivering practice learning to practice learning placements and can be included (when approved) as up to 600 of the 2300 practice learning hours required in pre-registration nursing curricula. Simulation methods, including simulation-based education, which do not meet the requirements of practice learning standards can still be used across the curriculum and be included as theoretical learning hours.

Approval

22. The approval process comprised of AEI's submitting a written application demonstrating the content of their planned SPL activities, cohort types and size, number of hours planned, how it was to be scheduled and evidence of resources to deliver this provision. Applications had to detail and confirm how relevant standards would be met, including those contained within SSSA, and detail how other stakeholders, such as PUSCs and PLPs, would contribute to development and delivery of activity. They were also required to outline how they intended to evaluate the effectiveness of SPL from the perspective of students and other stakeholders.
23. AEIs met the NMC online via Teams to talk through their applications with a senior nursing adviser for assurance that SPL activities met Standards for pre-registration nursing programmes, SSSA and [Standards of proficiency for registered nurses](#), and were contextualised as practice learning. The meeting sought clarification that appropriate practice supervision was in place for all SPL activity, and discussed expectations of evaluation, monitoring and reporting to the NMC. Many AEIs stated their intent to formally evaluate and publish their experience of SPL.

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24. The recommendation to approve (or not) RN6(D) permitting up to 600 hours of SPL was made to QA board. Those AEIs approved by the board were notified in writing and were required to report quarterly from the start date of the implementation of changes to increase simulated practice learning hours.
25. In total, 20 AEIs were approved to deliver RN6(D), with 19 increasing their simulated practice learning hours as a result. University of the West of England did not increase practice hours delivered through simulation as they were reviewing their SPL strategy as part of a wider review and redesign of nursing curricula. 19 of the approved AEIs are in England, with 1 in Scotland. Appendix A details the AEIs that were RN6(D) approved, and when that approval was notified.
26. Although RN6(D) approval permitted AEIs to implement up to 600 hours of their 2300 hours through SPL, the range of hours that were planned ranged from 300 to 600 hours, with those at the lower end planning to increase over time. The average number of SPL hours planned across the nursing programmes of the 19 AEIs was 422 hours.

Monitoring and support

27. The 19 AEIs were required to submit quarterly reports with feedback from students and stakeholders. This included PUSCs, practice supervisors and practice assessors, and any others involved in simulated practice learning activities.
28. As there were different start dates for increasing SPL hours across AEIs initial monitoring reports were not required from AEIs who had not started to implement an increase in SPL hours. However, some AEIs reported their progress with planning, design, resourcing and proposed scheduling of SPL into curricula.
29. Any quarterly reports that raised questions of whether SPL activities were meeting the requirements of education standards were followed up in an online meeting. For example, where reports described poor student feedback, potentially suboptimal simulated practice learning activities, or where practice supervision arrangements were unclear, a meeting with the AEIs faculty staff was arranged within days, with action planning and further monitoring to assure that any identified concerns had been addressed.
30. AEIs reported that they found the supportive nature of this monitoring, with an 'open door' approach of the NMC to queries and ideas, helpful in continually improving their development in this area and assuring them that they were meeting NMC standards.
31. The NMC held two webinars on simulated practice learning in February and May 2023, which were open to all AEIs, not just those who were RN6(D) approved, to assure consistent messaging around standards, principles and expectations of SPL that can contribute to the 2300 practice learning hours required in pre-registration nursing curricula.

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32. The NMC published supporting information for [Simulated practice learning](#) in October 2023 that was compiled from engagement with AEIs and informed by monitoring, feedback and queries raised. This supporting information aimed to support consistency and enhance clarity and good practice related to SPL.
33. The NMC brought together representatives of RN6(D) approved AEIs as a 'community of practice' to collaborate and offer peer support to each other. After initial meetings, the group took responsibility for chairing itself as the 'UK simulated practice learning group' (UKSPLG). Through UKSPLG these AEIs, shared their experiences, ideas, good practice and resources, and collaborated with research. Other AEIs have subsequently joined this group.

AEI final evaluation report

34. In addition to ongoing monitoring reports, AEIs were required to submit a final evaluation by 31st May 2024. There was no template for this evaluation to enable and accommodate the diversity of approaches and stages in the simulated practice development journey AEIs were on, but they were asked to include:
- a. An insight into the learning journey of the AEI around development and delivery of simulated practice.
 - b. Assurance of meeting the requirements of NMC Standards for pre-registration nursing programmes and SSSA, including detail on the approach and effectiveness of practice supervision and assessment.
 - c. Feedback and evaluation from stakeholders including students, people who use health and care services and practice supervisors and assessors.
 - d. The opportunities that SPL has enabled.
 - e. Challenges and how these have been addressed.
 - f. Future plans for simulated practice learning within pre-registration nursing curricula.

Removal of recovery standards

35. Recovery standards RN5, RN5.1 and RN6(D) were withdrawn following the approval of a new standard in January 2023 which added the following to the Standards for pre-registration nursing programmes:
Standard 3.4: provide no less than 2300 practice learning hours, of which a maximum of 600 hours can be in simulated practice learning.
36. All AEIs were invited to apply for a major modification if they wanted to increase the number of practice learning hours delivered through simulation, up to 600 hours, from the number of hours initially approved against the 2018 version of the NMC's Standards for pre-registration nursing programmes.

37. AEs approved with RN6(D) were permitted to continue to deliver up to 600 hours of simulated practice learning within pre-registration nursing curricula having been through a rigorous application and approval process and subjected to continual monitoring.

Findings of SPL evaluation reports

38. As a template for reporting was not specified there was a wide variety of reporting styles and content that as a whole offered a multi-dimensional insight into the AEI experience of delivering simulated practice. Reports ranged from short summaries to lengthy evaluations, with some citing their ethically approved research or evaluations and intent to publish. Most presented qualitative narratives, with some citing quantitative data. All offered feedback and perspectives from a range of stakeholders, with a central feature of all being student feedback and the subsequent impact this had had on future development and enhancement of SPL.
39. Reporting start dates ranged from mid-2022 to mid-2023, concluding May 2024. SPL was implemented across both undergraduate and postgraduate pre-registration nursing programmes for student nurses across all 4 fields of nursing.
40. Total numbers of students on nursing programmes that experienced SPL at these AEs for all fields of nursing during the reporting period averaged 290 per year, with a range from 60 to over 500 students, giving a total of approximately 5520 student nurses per year across the 19 AEs experiencing SPL. This represents significant weight of evidence in terms of feedback from students who experienced SPL as part of the practice learning element of their programme, supplemented and triangulated with additional evidence from practice supervisors, assessors, PUSCs and other stakeholders that supported them.

AEI learning journey with SPL

41. Reports revealed that the 19 AEs were at very different stages with their simulated practice learning provision. Some AEs had existing infrastructure, resources and dedicated academic and technical teams, whereas some were just beginning to offer SPL, with minimal resources and in a small number of cases no dedicated staff, relying on academics to develop this provision on top of their usual workload.
42. Many reports cited that the initial driver for applying for RN6(D) was the requirement to deliver additional practice learning hours within curricula subsequent to the impact of the pandemic (including post-pandemic), which challenged placement capacity in terms of:
- Impacting on student nurses being able to experience the 2300 hours of practice required to complete their programme. SPL was therefore developed to accommodate hours deficits in order to support students to complete their programme, register on time, and be able to join the workforce.
 - Reduced availability of practice learning placements in areas that students were required to develop proficiencies in. This led to the development of simulated practice learning to enable them to practise these proficiencies.

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- c. Disproportionate impact on placement capacity for student nurses in children's, mental health and learning disabilities fields and concern about not meeting proficiencies leading to development of simulated practice scenarios to meet these proficiencies.
 - d. An increase in student nurse numbers accepted on to pre-registration nursing programmes post-pandemic which challenged existing, and in many cases reduced, placement capacity.
43. SPL was described by most AElS as being co-produced with PLPs, PUSCs and students. These stakeholders were cited as contributing to creating authentic nursing care scenarios that reflected contemporary practice and represented the range of health and social care settings and provision including, for example, hospital, primary, social and community care, charities, schools and prisons.
44. Themes that emerged from descriptions of simulated practice activities that were initially developed by AElS were:
- a. Primarily much of the SPL was skills based.
 - b. Initially student nurses coming toward the end of their programme were the focus of developments to ensure they met the practice hours and proficiencies required to complete their programme.
 - c. For some AElS there was a bespoke approach to development of SPL for year 3¹ students, co-produced with them, to meet proficiencies required to complete their programme.
 - d. Many AElS described SPL for students at the start of their programme being developed to support the transition from classroom to practice placement, and for those in year 3 provision to support transition from student to newly qualified nurse (NQN) prior to their final placement.
 - e. All articulated SPL that was designed to provide a safe, supported practice learning environment that allowed practise, repetition and reflection.
45. Some AElS in England reported securing funding from Office for Students (OfS) and Health Education England (HEE, now NHS England Workforce, Training and Education). This funding was to support student nurses to complete programmes by providing increased placement capacity, or for bespoke projects, for example, to gather life stories and develop authentic scenarios of people who use services and their carers. Funding from HEE continued to be made available in England to support expansion of placement capacity through SPL with a number of these AElS benefiting from this additional funding.

¹ Year 3 of an undergraduate 3 year pre-registration programme; stage 3 of post-graduate pre-registration programme.

46. A number of reports cited that the ‘significant’ external funding received had covered costs of infrastructure, technologies and staffing, with others citing that they relied on their university to financially support developments in simulated practice.
47. All AEIs reported a continuous improvement approach to SPL, articulated by one as an ‘*iterative evaluate, enhance, improve*’ approach. There was robust evidence of responding to student feedback and engaging with PLPs to support the development and delivery of SPL. Many AEIs also sought additional feedback from PUSCs and others who supported or facilitated SPL activities. Most AEIs reported making changes to every subsequent iteration of SPL activities and scenarios in response to feedback.
48. Reports described a sector change over time in the view of SPL which had ‘shifted’ from addressing placement capacity issues to seeing SPL as enriching and complementing the practice learning experience for students.
49. Whilst some AEIs developed their simulated practice learning provision from the skills sessions based in existing curricula, which they adapted and contextualised to meet standards for practice learning, other AEIs clearly articulated the purposeful design of simulated practice into curricula to support practice learning at critical points in the students’ programme.
50. Many AEIs referenced the underpinning values and philosophy of their SPL and their focus on person-centred holistic care, reflecting the intention of the standards for pre-registration nursing. They were keen to shift the perspective that SPL was a means of making up placement learning hours or accommodating lack of placement capacity. An example is an AEI that described how their SPL provision had seen a significant evolution, transitioning from a primarily skills-based approach to one that now closely mirrors authentic, contextualised and relevant practice and achievement of proficiencies.
51. As AEIs progressed on the journey of developing and delivering SPL many referred to the usefulness of the NMC webinars, NMC supporting information for simulated practice learning and peer support of other AEIs through the UKSPLG in shaping the direction of their current and future provision.
52. Most AEIs described starting with online and blended approaches to SPL. Later monitoring reports confirmed that AEIs had removed, reduced or intended to reduce online content that supported or scaffolded simulated practice in favour of on campus activities. This was primarily driven by student feedback. Online and virtual SPL activities delivered on campus were reported as having the advantage for students of appropriate technical support. On campus activities developed to include more activities involving people – including peers, actors and ‘simulated patients’ - with in person practice supervision. Many AEIs demonstrated or expressed intent to reduce the sizes of SPL student groups to facilitate more bespoke learning.
53. Some AEIs developed SPL that aimed purely to support practice learning for placements, others developed fully assessed placements.

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54. All reports detailed facilitation of SPL activities by a nurse academic or registrant from a practice setting who had been prepared for the role of practice supervisor, and many referenced the inclusion of PUSCs as facilitators or participants.
55. Subsequent to monitoring conversations with AEIs and the publication by the NMC of supporting information for SPL, reports reflected increased adoption of practice learning language and behaviours as a means of reinforcing to students, staff and other stakeholders that SPL was first and foremost ‘practice learning’. For example, initial reference to facilitators changed to practice supervisors, some timetabled sessions were referred to as ‘shifts’, some practice supervisors were renamed as ‘charge nurse’, and students / practice supervisors were required to be in uniform.
56. A progressive change seen in reports around SPL content and scenarios was an increase in emphasis around communication and interpersonal skills – described as Annexe A proficiencies in some reports. Examples include scenarios that focussed on empathy, mental health, unconscious bias, professional behaviours and values, clinical decision making, delegation and raising concerns (see Appendix B for further examples of SPL content).

Assurance that NMC standards for pre-registration nursing are being met

57. At the application stage for RN6(D), and in subsequent planning, AEIs demonstrated mapping of SPL activity to demonstrate that it met the Standards of proficiency for registered nurses and thereby delivered the required programme learning outcomes. Many articulated mapping to the seven platforms, and to Annexe A and B proficiencies. Assurance of meeting education standards, in line with NMC Standards for pre-registration nursing programmes and SSSA had to be evidenced in the application and was discussed at approval. Expectations, standards and principles that SPL had to meet were discussed further in webinars, in discussions at UKSPLG and through published supporting information.
58. All AEIs articulated how SSSA was met, including assurance that all who supervised and assessed students in their simulated practice had been appropriately prepared to be practice supervisors and assessors. Feedback from practice supervisors and assessors included in some of the reports triangulated with assurance from the AEI in that they felt prepared and supported in their roles.
59. Registrants in the role of practice supervisor or assessor included AEI faculty staff, hourly paid associate staff, registered nurses from local practice learning partners from the NHS and other care organisations. Registered nurses from health and care providers were seen as strengthening and maintaining contemporary practice within SPL delivery, and in many cases contributed to development of activities and scenarios through their feedback.
60. Practice supervision was delivered in a variety of ways across AEI SPL provision, including face to face, online in groups or forums, via a ‘chat’ facility online, and via email.

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61. Discussions with AEIs confirmed who could be a practice supervisor / assessor, including for indirect supervision. Assurance was also sought by the NMC, and confirmed by AEIs, that roles were not being conflated, for example an academic assessor could not also act as a practice assessor for a student.
62. The publication of supporting information for simulated practice learning by the NMC in October 2023 was referenced by some reports as acting as a means of auditing their SPL provision and assuring themselves they were meeting NMC standards. Supportive webinars complemented this publication by enabling discussion and clarification with the NMC and each other.

Where assurance was not evident

63. Some of the early quarterly reports lacked detail to give assurance that simulated practice learning was meeting the requirements of NMC education standards. This included:
- a. Lack of reference to, or clarity around, practice supervision related to practice learning activities, particularly online and reflective activities.
 - b. Conflation of practice supervisor and practice assessor roles.
 - c. Online activities not meeting requirements of practice learning.
 - d. Clinical skills sessions not contextualised to meet requirements of practice learning.
64. Where an AEI report raised concerns around meeting standards they were contacted swiftly by a senior nursing adviser. Issues were discussed and changes or an action plan put in place quickly to address concerns. This was followed through in the next quarterly report.

Simulated Practice learning design

65. AEIs described simulated practice learning content being designed to:
- a. be as realistic and authentic as possible, mapped to proficiencies, bridging theory with practice, and assuring compliance with Standards for pre-registration nursing programmes and SSSA.
 - b. provide a safe, controlled and non-threatening environment, providing opportunities and time for practise, repetition and reflection
 - c. enable practice of sensitive and complex scenarios that were often difficult to rehearse in practice placement settings.

66. Some AElS referenced safeguarding and the primacy of psychological safety of students and others (including practice supervisors, PUSCs and actors) involved in delivering and supporting these SPL scenarios. In addition, patient safety was described as being at the heart of this learning.
67. Many AElS referenced the development and delivery of simulated practice learning scenarios that met proficiencies that some students had limited opportunities to experience in the practice learning placements they were allocated. This was particularly the case in the development of SPL content and activities to meet proficiencies identified by student nurses in the mental health, children's and learning disabilities fields (see point 85.s)
68. Inclusion of nurses from PLPs and other care providers enabled development of scenarios relevant to their experiences that enhanced authenticity and currency of SPL.
69. SPL activities were designed by AElS to encourage peer to peer and team-working, and to enhance interpersonal and communication skills. Some referenced inclusion of interprofessional scenarios and activities.
70. Some AElS reported design of SPL content and scenarios to specifically address bespoke requirements of students, some of which were established through a proficiency and practice experience 'gap analysis' conducted with the support of students and other stakeholders.
71. Some content was designed not just to develop students' nursing practice but also digital and technical skills, including improving digital literacy to support the NHS plan for digital health and social care.
72. AElS reported that design and implementation of SPL enabled consistency and equity of teaching and learning of skills and proficiencies across all students in a cohort. This consistency was felt to mitigate differences in student experiences on placements where practice learning can be opportunistic in terms of what and how practice is taught.
73. Where SPL activity was scheduled within curricula varied across AElS. Some delivered SPL integrated within practice placements. Some delivered a series of SPL days or a block immediately before practice placements as preparation. Some offered SPL as a distinct placement block. Reports reflected a developing trend of AElS timetabling SPL prior to the students first placement to build confidence in communication and fundamental care and prior to the final placement to support leadership and management of more complex scenarios. Timetabling and availability of space was often a limiting factor in where SPL could be scheduled in curricula, particularly for large cohorts of students.

Governance, quality assurance and organisation

74. AElS described a range of organisational structures and governance around their SPL provision. All detailed a process of continual monitoring and improvement.
75. Some AElS had strengthened governance of SPL by establishing steering groups to support quality assurance, planning and review. Steering groups included key stakeholders such as students, PLPs, and PUSCs. Other AElS formed sub-groups of their learning and teaching or quality committees to oversee skills and simulated practice learning that reported into the AElS deliberative structures.
76. Some AElS formed special interest groups to bring together academic staff interested in simulation technologies and pedagogies. Some of these groups were interdisciplinary and met to collaborate and share innovation across the faculty or university.
77. Some described building a staff base or team which included academic and technical staff. A few AElS cited having no dedicated staff for simulation, with academics with a special interest or expertise in this area leading this provision.
78. Most AElS provided or referred to a simulation strategy, which included SPL, and as time progressed referred to updating it.
79. Some AElS developed an audit tool to assure them that all SPL activity met the same standards and expectations of any other practice learning experience.
80. Some AElS described enhanced safeguarding to assure psychological safety of all involved in SPL, including students, practice supervisors, PUSCs, facilitators and actors. All elements of SPL activity - pre-brief, preparation, training, delivery debrief, and reflection - were considered in terms of psychological safety.
81. Recording of practice learning delivered through SPL in practice assessment documents developed over time. Many initially described separate systems of recording aspects such as attendance and practice supervision on paper or in separate systems at the AEl, with recording directly in practice learning documents being problematic. As reports progressed, most AElS described changes to systems to ensure that SPL was included in the students practice assessment document (e.g. ePAD, MYEPAD). This included detail of attendance, SPL activities and experiences, student and practice supervisor comments and reflections, and mapping to proficiencies. This enabled all practice supervisors and assessors to see what students had achieved so it could contribute to practice assessor decision making around practice assessments, mirroring how practice experiences are documented in practice learning placements.
82. Many AElS referenced being accredited by ASPiH (Association for simulated practice in healthcare) whose [standards](#) (2023) were used to guide development of their SPL.

Student feedback

83. All AEI quarterly and final reports made clear that student feedback had made a tangible difference in shaping and improving every iteration of SPL delivered by AEIs in a cycle of continuous improvement.
84. Student feedback was collated in a variety of ways including pre and post SPL questionnaires, individual activity and module evaluations, and focus groups. Many students also had access to daily or weekly feedback through online fora or email addresses. One AEI offered students access to real time feedback using a QR code. Some AEIs had secured ethical approval to formally evaluate and research the experience, impact and / or effectiveness of SPL.
85. Key themes from student feedback include:
- Students felt their AEIs valued and welcomed their feedback and acted on it to continually improve their SPL. Students reported that they could see how their feedback had made a difference.
 - In terms of the organisation of SPL activities, some students reported this as being disorganised, others very organised. This improved over time. In most cases the level of organisation reflected the maturity of the AEI on the SPL journey and / or having adequate staffing and infrastructure in place to support SPL.
 - Initially students were unsure what was theory and what was practice. As provision developed, and the use of 'practice' language and behaviours was adopted, students could make the distinction. Students fed back favourably on these changes that enhanced the authenticity of simulated practice. Examples cited include using practice language like 'shift' and 'charge nurse', wearing uniform, having handovers and being expected to uphold standards of professionalism and behaviours expected in any practice setting.
 - There were mixed views around SPL that was delivered online, with most reports citing students not enjoying online activities, particularly those pursued alone, with a preference for activities that involved interaction with people and actual 'practise'. A minority of reports included student preference for online content that they could complete around their other commitments. Students reported being more engaged in online SPL when it was delivered on campus, with more effective learning as a result.
 - Some students commented on groups undertaking SPL activities on campus being 'too big' for them to 'have a turn' at practising skills. Students expressed a preference for working in smaller groups where they felt more confident to contribute.

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- f. Students reported being more satisfied when their SPL was incorporated more seamlessly into their practice assessment document. They were keen to make links between SPL activity and the achievement of their proficiencies, and to see their learning and reflections documented in this record. It was evident from student feedback that this took some time to achieve for some AEIs.
 - g. Several comments reflected students finding SPL ‘too intense’ and ‘full on’, leading to them requesting more breaks than on a traditional practice placement - but also reported learning a lot in a short space of time.
 - h. Most student feedback commented on how much they valued the inclusion of PUSCs in simulations. This included patient stories, patient journeys, PUSCs working with them to create scenarios, and PUSCs acting as ‘patients’ in scenarios. Where PUSCs were involved in the creation and delivery of simulated practice students fed back strongly the positive impact of their contribution to authenticating and ‘making real’ the SPL experience.
 - i. The word ‘safe’ was used frequently by students across all reports when they described their simulated practice experience. SPL activities were described as safe places to learn, practise, make mistakes and identify areas for improvement without harm to anyone.
 - j. Students across most AEIs valued the opportunity to experience practice scenarios that are complex, difficult, sensitive or challenging in what they described as a safe, supportive non-judgemental environment. They valued having time to discuss and reflect that is not always possible in a practice learning placement setting. Students referenced difficult and sensitive scenarios such as breaking bad news and escalating concerns, valuing time to rehearse, practise, take risks and reflect in a safe environment.
 - k. All AEIs had student feedback that reflected how SPL had increased their confidence and readiness for ‘real-world’ practice, and how it had reduced anxiety about practice: *‘I am so much more confident now’*. They reported how their communication skills and self-awareness had improved too, referencing personal and professional development. Many first-year students who experienced their first simulated practice learning prior to their first placement felt more prepared for it. Students fed back that they felt more confident to care for people having practised with technologies and simulations first.
 - l. Student feedback from many AEIs expressed that SPL ‘levelled the playing field’ by offering parity of experience to all students and equitable access to learning. This, they said, was in contrast to the variation in experiences in practice placements where some students encounter a wider range of care scenarios and opportunities to practise proficiencies than others.
 - m. Students reflected in their feedback the focus on the whole person – what the Code refers to as ‘their physical, social and psychological needs’ - in the design of SPL scenarios, which enhanced their holistic approach to care.

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- n. Students voiced strongly their enjoyment of working with others in SPL scenarios. This included working with and learning from peers, with student nurses from different fields, and with students from other disciplines such as midwifery and allied health professions. They felt it enhanced their communication skills, teamwork, and ability to work in multi-professional teams.
- o. Many AElS included actors in their SPL scenarios. Some of these were from professional theatre companies, some were PUSCs who were trained and supported to participate. Students fed back how much they valued these scenarios, how realistic they found them, and how they learned to be empathic, to communicate more effectively and practise difficult conversations in a non-judgemental, safe space. Students also fed back how powerful the feedback from actors and PUSCs was on the way they (the students) had interacted with or cared for them. For example, students at one AEl fed back how realistically actors facilitated scenarios that addressed sensitive topics such as end of life, self-harm and disclosure of abuse, reflecting that they felt safe and supported to explore these topics.
- p. Student feedback following complex scenarios based around dealing with critical incidents, raising concerns, dealing with complaints and writing statements reflected that they had learned to listen more, to develop trusting relationships with patients and would avoid making assumptions in future. Students said they had developed a greater understanding of the *'necessity of accurate documentation'* and the *'criticality of assuring continuity of care from shift to shift across the MDT'*. Other feedback included: *'it's OK to say no to performing a task that's outside my competency'* and *'I've gained confidence to speak up'*.
- q. Student groups in year 3 of their programme reflected on the authenticity of scenarios in which they experienced simulated leadership and management scenarios. They had to prioritise, delegate, lead, and deal with complex care and difficult situations. Students felt these scenarios developed critical-thinking and maturity of decision making as well as advancing communication, interpersonal and team working skills.
- r. Students from several AElS fed back positively their appreciation for 'Drop ins' to allow them to practise skills. Most required booking a timeslot. They were able to practise multiple times with supervision and support.
- s. Student nurses in mental health, learning disabilities and children's fields of practice fed back their satisfaction that SPL included practice of some proficiencies that many were not experiencing in their practice placement, particularly Annexe B proficiencies such as catheterisation, venepuncture and cannulation. Similarly, students in the adult field fed back how valuable it was to experience care scenarios they had not experienced in their practice placement such as caring for people with learning disabilities, autism, and complex mental health issues.

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- t. The design of some of the SPL experiences and scenarios, which included supporting with theoretical content, such as pathophysiology, led to students feeding back that these SPL scenarios brought theory to life.
 - u. The quality of practice supervision was fed back from students and included satisfaction with immediate feedback, effectiveness of debriefing, and the benefits of having someone to share reflections with who had time to engage with them. One student group described feeling inspired by the authenticity, honesty and vulnerability of their practice supervisors during discussion of scenarios which were particularly sensitive.
 - v. Students from one AEI fed back the positive impact of creative arts and health SPL activities in not only developing their communication skills and their understanding of social prescribing and mental health and wellbeing, but also supporting them to take care of their own mental health and wellbeing.
 - w. Students who had a positive experience of SPL activities felt that there should be more of this type of learning in the curriculum. They described it as learning that supports safe practice of skills and proficiencies, boosts confidence and enhances competence to practice.

Other stakeholder feedback

- 86. All AEIs reported feedback from practice supervisors and assessors who developed, delivered or facilitated SPL. Practice supervisors and assessors included clinical and academic staff, some of whom were permanent skills and simulation staff, some of whom were part-time, hourly paid or seconded staff from NHS trusts and other health and care providers.
- 87. Some AEIs also asked for feedback from PUSCs. Some sought feedback from their practice learning partners. One AEI asked for feedback from newly qualified nurses. Many reports stated their intention to seek more feedback from PUSCs and PLPs in future.
- 88. One AEI sought peer review of their SPL from third parties to gain a more objective view of the effectiveness of their provision. Reviewers included an SPL lead from another AEI, education leads in their NHS Trust and practice partner leads.
- 89. **Practice supervisors and assessors** fed back that:
 - a. They felt prepared and supported to facilitate SPL as a practice supervisor / assessor
 - b. The learning from scenarios they facilitated was authentic and transferable to practice settings. They described students developing increased confidence and readiness for practice
 - c. Practice scenarios were described as becoming ever more realistic and authentic; as authentic as 'real-life'.

- d. SPL integrated theory and practice effectively
 - e. SPL bridged gaps in student knowledge and experience that had been identified by students, PLPs or the AEI.
 - f. They enjoyed seeing students deal with really challenging situations in a safe and supported environment, particularly complex scenarios that are experienced less frequently in practice learning placements.
 - g. Some students engage really well, others do not see the point.
 - h. It was good to see the increase in confidence, competence and self-awareness growing in students around working safely and effectively, understanding their limitations and navigating challenges.
 - i. SPL reduces the stress of transition from classroom to clinical placements – this is particularly valuable to first year students before their first placement as it helps familiarise them with equipment, procedures and potential care scenarios.
 - j. Students engaged well in scenarios involving raising concerns and dealing with complaints, developing confidence in dealing with these situations.
 - k. It was good having time to debrief and reflect with students, valuing and respecting their feedback and supporting their personal development.
 - l. Immediate feedback to students during scenarios, and debriefing on their actions, decisions and communication was really powerful, as was identifying strengths and areas for development.
 - m. Capturing feedback and discussing reflections with large groups of students was difficult.
90. Feedback from **Academic staff** across universities reflected that received from practice supervisors and assessors, and they additionally reported:
- a. That they felt supported by the NMC, and by their community of practice (UKSPLG).
 - b. That they had inadequate staffing resource, meaning SPL activity was on top of their usual workload, this situation was not helped by staff turnover.
 - c. Resources are insufficient for the long-term success of SPL.
 - d. Not all students do the pre-work required to engage effectively in SPL. As well as these students being less prepared for the SPL activity this had an impact on practice learning hours that were recordable, meaning these students had to make up these hours.

91. Feedback from **people who use services and their carers (PUSCs)**:

- a. PUSCs who were included in the development, delivery and evaluation of SPL felt supported and prepared to participate and felt valued as part of the SPL team.
- b. Many PUSCs fed back positively on their contribution to SPL. Description of their contribution included: co-production of SPL scenarios, developing stories and vignettes, filming talking heads, telling their story or 'patient journey', acting as simulated patients, co-facilitating SPL, interacting with students, giving feedback to students, evaluating SPL and supporting ongoing improvements.
- c. Many reported watching students grow in confidence, demonstrating empathy, learning to listen and learning how to phrase questions appropriately. Many commented on the centrality of effective communication to all care, and how they saw this develop in students through SPL scenarios.
- d. Comments were made on the authenticity of complex scenarios where, for example, students simulated management of multiple patients and issues.
- e. PUSCs commented on SPL enhancing students' readiness for practice placements and noted their growth and development as health care professionals.
- f. Other comments reflected that SPL enabled students to practise and make mistakes in a safe environment.
- g. Commenting on scenarios promoting person centredness and personalised care some PUSCs felt that students learned to see the person beyond the illness and appreciate the uniqueness of people as individuals.
- h. PUSCs experienced in supporting SPL helpfully navigated questions and reflections with students, permitting them to explore awkward and difficult topics.
- i. PUSCs acting as patients in scenarios felt well prepared and supported and felt part of the SPL delivery team.
- j. Groups of PUSCs were trained to engage with students as patient actors to deal with sensitive topics such as end of life and self-harm. They described safeguarding that assured that they, and students, felt safe and supported.
- k. Though some AEs included PUSCs in evaluation of SPL, many PUSCs voiced wanting to be more involved in the design and development of scenarios, including co-producing scenarios with students.
- l. Many reflected positively on the realism and authenticity of SPL scenarios because they were based on the lived experience of themselves as PUSCs.

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- m. One report reflected the positive experience of working with students in groups that included student nurses from different fields of nursing collaborating.
- n. Feedback from PUSC was not presented in all reports, with some AEIs referencing this as an area requiring improvement or stating their intention to do so in future.
- o. Several AEIs outlined their efforts and future plans to expand the diversity of their PUSC group to include, in particular, children and young people, ethnic diversity, people with disabilities and learning disabilities, and people from LGBTQI communities.

92. Feedback from **practice learning partners** (who were not involved in the delivery of SPL) included:

- a. It was good to see the increased confidence of students when they started their practice learning placement after practising care in SPL activities.
- b. Loss of tariff is a problem for us as the university is using less placements since increasing SPL ('Tariff' in this context refers to the healthcare education and training tariff, a payment made to practice placement providers by NHS England).
- c. SPL offers a good opportunity for clinical staff to be practice supervisors in simulated practice activities.
- d. Less time in the final placement means that as practice assessor there is less time for us to work with and assess the students' practice.
- e. It would be helpful if practice supervisor training and terminology used in SPL was consistent with what we use in practice settings.
- f. Integration of SPL information, reflections and feedback into the electronic practice assessment document has been seamless.
- g. SPL has been good preparation of students for practice, they demonstrate appropriate knowledge and skills for their stage of the programme.

93. **Newly qualified nurses** (from one AEI) fed back that SPL had enabled them to be engaged in practice scenarios they did not see in the practice learning placements they had completed. This included, for example, undertaking Schwartz rounds, attending a coroner's court and engaging with Narcotics Anonymous. They reported SPL as a realistic and safe place to learn and practise where they could be vulnerable and learn from mistakes. They felt the learning was more intense than 'usual' practice learning.

Summary of the opportunities that SPL has enabled

94. Thematically, the most cited opportunity that SPL afforded, from the perspective of students, academics and other stakeholders, was the provision of a safe learning environment that enables students to practise, repeat and reflect. Examples of the benefits of this safe learning environment include the opportunity for student nurses to experience challenging practice situations, including complex care and difficult conversations.
95. Reports reflected that SPL across all these AElS enabled development of scenarios that reflect the complexities and nuances of real-world nursing practice, modelling best practice and holistic, person-centred care that is mapped to annexe A and annexe B proficiencies and programme learning outcomes.
96. SPL enabled development of field specific simulated practice that supported preparation of students in all fields. This included focusing on proficiencies that were harder to achieve in some practice learning placement settings, with some conducting gap analyses to establish proficiencies to focus on within the different fields.
97. SPL can support students with different learning styles due to the variety of activities.
98. Online activities, such as Oxford simulation packages, enhanced accessibility to a wide variety of virtual experiences. These packages offered freedom for the student to customise virtual materials and scenarios, explore different virtual environments and care scenarios, have the ability to playback, repeat and learn at their own pace, and support individualised learning.
99. Co-production of simulated practice experiences with practice learning partners, PUSCs and students enables learning that truly reflects contemporary practice and the context of care.
100. SPL supports parity of learning that assures equitable practice learning experiences and opportunities for students.
101. SPL scenarios can underpin practice with theory, bridging the perceived or actual gap between the two.
102. It can improve digital literacy of students and staff involved in its creation and delivery.
103. There was use of peer coaches, where year 3 students support the simulated practice learning of first year students, at several AElS. As well as year 1 students reporting enjoying learning supported by their peers, year 3 students gained experience of supporting learning in preparation for them becoming practice supervisors when registered.
104. A peer enhanced e-placement emerged in response to placement capacity issues manifested by the pandemic and was developed with funding support from HEE. It

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was delivered at 5 AEIs and 3 mental health NHS trusts. It involved online learning supported by PUSCs, academic staff, clinicians and experts supporting student practice learning, and evaluated positively. It was an example of collaboration to produce a simulated placement that could be operated at scale and shared across AEIs and PLPs.

105. Drop ins were developed at several AEIs that permitted students to practise skills that were contextualised within care episodes, with some focussing on proficiencies harder to achieve in practice learning placements. These were facilitated by members of the simulation and skills team and staff from PLPs. They were very well attended and appreciated by students.
106. One AEI set up an outreach approach to provision of simulated practice learning and assessment known as OSCAs (outreach skills clinic for assessment) to support students to achieve proficiencies they were struggling to achieve in their practice setting. This mobile simulation environment allowed students to book time to engage in SPL with the support of a practice supervisor.
107. Development of specialised simulation education and training for AEI health faculty staff included an AEI developing a postgraduate certificate (PG cert) and an AEI developing a module for their PG cert as part of continuing professional development (CPD) for their academic staff to enhance understanding of the diversity of pedagogies underpinning learning through simulation and use of technologies. These education programmes support development of SPL that is authentic, immersive and meets professional standards, assuring staff are adept at designing, developing and facilitating high quality simulated practice learning and simulation-based education. These programmes of study also included assuring psychological safety of staff, students, PUSCs and any other facilitators of SPL.
108. Some AEIs have ethical approval to research and evaluate student experience and the effectiveness of SPL. Some have already published papers, and many presented at conference. Research collaboration for an upcoming NIHR bid is planned. Reports included reference to planned longitudinal studies to evaluate the effectiveness and impact of SPL on competence, confidence, safe practice, and patient outcomes.
109. Creation of UKSPLG has brought together simulation leads from across all AEIs that are approved to deliver RN6(D), and additional AEIs have joined. This collaborative forum supports innovation, creativity, sharing of resources, identification of common issues and a voice around this subject that can represent the health education sector. The group will be supplemented with a special interest group supported by Council of Deans of Health going forward with the aim of inclusive UK wide membership.
110. In order to support staffing of SPL an AEI operated a clinical secondee model. Registered professionals working in practice settings were seconded to support SPL. This included a range of nurses including advanced clinical practitioners, general practice nurses, research nurses and registered nurses from the 4 fields of nursing. Many AEIs described recruiting registered nurses from practice to support SPL. These staff, who were practice supervisors and assessors of the SPL,

offered currency from contemporary practice. All secondees and practitioners included in SPL were trained in how to facilitate and supervise this practice learning, some using technologies such as VR and mannequins, giving them experience of contemporary nurse education.

111. Many AELs reported appointments of Heads, Professors and Leaders in the specialist field of Skills and Simulated Practice. In addition to this leadership AELs cited that many of their academic staff were producing publications and engaging in master's and doctoral research in this field. We therefore expect a more robust evidence base for simulated practice and a stronger, more specialised, educator workforce going forward.
112. Several AELs have developed their simulation provision to be centres of excellence, with some building national and international reputations for their expertise in simulated practice.

Challenges of including SPL in curricula

113. Initially students at some AELs were saying that they did not feel simulated practice was as good as 'real practice', some felt 'hard done by' when they found practice learning placement time had been replaced by SPL. They were keen to 'practise' and did not see SPL as meeting this need. Further, AEL staff felt some students entered into the simulated practice experience with a negative attitude. As the SPL experience improved in response to student feedback this view shifted to more positive evaluation by students.
114. Initial NMC monitoring of SPL activities and plans submitted by AELs revealed some appropriate supporting activities for practice, but some activities were identifiable as theory and / or activity that lacked adequate practice supervision, and so did not meet the requirements of education standards. This was fed back to AELs to rectify, and this in turn contributed to improvements which aimed to ensure SPL activities did meet appropriate standards.
115. There was recognition in many reports that development of more scenarios based around out of hospital care in social, primary and community settings is required.
116. Early iterations of SPL delivered online revealed inequitable access to technologies across the student group, limiting engagement of some students in planned activities. This included issues such as poor home internet connectivity. Further, the level of digital literacy of students was variable which necessitated a lot of support and time to bring students up to a level of digital literacy that supported their engagement in online SPL activities.
117. Increasing numbers of students (52% of the cohort at one university) were identified as requiring reasonable adjustments, for example, for learning differences and neurodiversity. Implementing reasonable adjustments impacted on resources required to develop and facilitate SPL that is accessible to all.

118. The size of student cohorts means that a lot of staff are required to support and supervise SPL. The average number of students in SPL groups varied in reports from 10-25 students. Some AEI staff acting as practice supervisors reported that groups are still too large for one practice supervisor / facilitator even when this was 15 students. An optimum group size was not articulated in reports.
119. Many AEIs reported student feedback that expressed a preference for on campus / face to face SPL activities rather than online ones. Though many AEIs still offer a blended approach to SPL they are generally reporting a reduction in online learning. Where online activities continue to be part of their blended approach many AEIs now choose to deliver this on campus.
120. Initially student attendance and participation in online activities was problematic in a small number of AEIs. This has improved with closer monitoring and recording, and the delivery of more of this on campus. In contrast, some student feedback has requested more online SPL activity that they can do at home as they are struggling to afford the costs of travel on to campus. This is most evident in AEIs who have a large geographical reach where students have to travel long distances to get to campus and / or practice learning placements.
121. Some AEIs reported that though students on NMC approved programmes should be aspiring to the behaviours and conduct enshrined in the [Code](#) some did not demonstrate this when engaging in SPL. As provision matured, reinforcement of professional standards and the adoption of practice learning language and behaviours led to better student engagement and improved professionalism.
122. AEIs reported widely the need for significant investment in resources to enable SPL. This includes costs to develop and deliver, payment of actors, PUSCs and others to support and facilitate; cost of technicians; purchasing, maintaining and updating technologies; replacing consumables; and renewing software licenses. This is in the context of a sector wide concern about financial sustainability, with additional concern about a reduction in student numbers at some AEIs. Though some AEIs in England benefitted from significant grants from HEE and OfS, this has largely been in the form of one-off capital spend, not continued funding to sustain activity. Many AEIs feel sustainability of SPL is a challenge as placement tariff (England) does not cover the cost of delivering it. Tariff is also payable after the activity, so it is difficult to include it in business planning when faculties are presenting upfront costs.
123. The AEI from Scotland reported short-term funding post-pandemic as the only financial support they had, and there is not a placement tariff in Scotland. The school at this AEI absorbs all the cost of SPL they deliver.
124. Staff resource for SPL is significant. The number of SPL hours required for large cohorts is a real challenge to staffing, timetabling and infrastructure. One AEI calculated that 96 hours of SPL for their large cohort equated to 1200 hours of staff time. Academic staff involved in SPL are passionate about it, but some report this is additional activity on top of their normal workload, which may not be sustainable in the longer term. Many AEIs reported difficulty in recruiting and

retaining academic staff in the higher education sector, where staffing shortages have been identified more widely and nationally.

125. All staff involved in SPL, from academic teams to PUSCs, require preparation and training for this specialist type of practice learning to assure authentic, safe and professional provision that meets NMC standards. They also need to be familiarised with a wide range of technologies and pedagogies. This requires considerable investment and resource.
126. Practice learning partners raised concerns about loss of practice learning hours spent with them, and the impact of less contact with people we care for, as well as less opportunity for their practice assessors to work with the student.
127. Some SPL activities were found by students to be more intense and tiring as a learning experience, for example, virtual reality, causing more fatigue than 'usual' practice learning. This in turn led many AEIs to enhance pre-briefing, debriefing, and supervised reflection. It also raised questions from one AEI about the comparability of SPL to practice placement learning in terms of the hour-to-hour ratio, claiming the intensity of SPL afforded it greater 'hours' value.
128. Some NHS Trust practice learning partners in England have raised loss of tariff they receive as an issue as they have noticed a reduction in their placement tariff as funds are diverted to AEIs who are providing SPL. AEIs are keen not to undermine their relationships with PLPs.
129. Timetabling and logistics to support delivery of SPL at the most appropriate time to support the stage of student nurse learning has been a challenge for many, particularly those with large numbers of students. Similarly, aspirations to deliver multidisciplinary / interprofessional SPL have been thwarted by the difficulty timetabling and organising large numbers of students.
130. Around half of the AEIs reported that they would not be increasing SPL hours going forward, despite extolling the benefits of it to student learning, with some already intending to reduce the numbers of SPL hours in their curricula. Reasons for this included:
 - a. Placement capacity is no longer an issue.
 - b. The cost of SPL is not sustainable.
 - c. Staffing SPL is increasingly difficult.
131. Other AEIs indicated intent to continue to offer and develop SPL as a core element of their curricula.
132. One AEI is concerned that if the NMC practice learning review eventually leads to a reduction in practice learning hours that could diminish AEI appetite to deliver SPL.

Conclusion

133. Multiple monitoring reports and a final evaluation report from 19 AEIs that were approved to deliver up to 600 of the 2300 practice learning hours required in pre-registration nursing curricula have offered a rich insight into the experience of simulated practice learning. Notable is the breadth and richness of practice learning experiences students have been able to engage with (see Appendix B) through a multiplicity of modes, pedagogies and technologies to facilitate their learning (see Appendix C).
134. Authenticity of practice learning has been supported through co-production and collaboration of AEI academic teams with PUSCs, PLPs and students. Student feedback has been used effectively to support a process of continual improvement of activities and scenarios, assuring learning reflects student needs and contemporary practice.
135. Overwhelmingly students cited SPL as offering them a safe, equitable practice learning environment in which they felt supported to learn. They could practise, make mistakes, reflect and learn within this safe, non-judgemental environment.
136. SPL enables student nurses to experience practice and care scenarios from fundamental care through to those that are more sensitive and highly complex.
137. It is helpful to see the simulated practice learning journey that these AEIs have travelled, developing infrastructure, governance, pedagogies and future plans, and putting the student voice at the heart of their developments. It is also evident that AEIs are at different stages on this journey, with some challenged in their ability to develop further due to limited resources.
138. Collaboration between AEIs, particularly through UKSPLG, is enabling them to benchmark their provision, exchange innovative and creative ideas, and share resources and plans. As a unified voice they are in a position to influence the wider health and care system and share the benefits and challenges of this mode of practice learning.
139. It is clear from reports that resourcing SPL provision is a key threat to its sustainability, continued growth and development. The costs of infrastructure, equipment, consumables, support and supervision are articulated consistently in this report, alongside the issue of the difficulty of recruiting and retaining staff into AEIs more generally. Though England can offset some of the cost with practice healthcare education and training tariff, this is not the case in the devolved nations. It is not surprising that this invitation for approval of up to 600 hours of simulated practice included just one AEI from a devolved nation.
140. Some final reports stated their intention to 'scale back' or reduce the number of simulated practice learning hours they offer within nursing curricula going forward. This is primarily driven by financial sustainability and staff resourcing, but also impacted on by a reduction in student nurse numbers at some of these AEIs, meaning they have adequate placement capacity. As these AEIs have reported the positive impact of simulated practice on student learning from multiple

perspectives it would be helpful to understand if additional resource would support continuing this provision.

141. These evaluation reports have highlighted that SPL may have started out as a means of assuring student progression when placement capacity was negatively impacted by the pandemic, but it has evolved at many AEIs into an approach to practice learning that adds significant value to the students' practice learning experience. It has demonstrated significant benefits to students that complement and enhance their practice learning competence and confidence. SPL has demonstrably supported student learning, from fundamental care to complex scenarios, and has been effective in 'bridging gaps' in proficiencies not experienced in practice learning placements, particularly evident in terms of field specific practice. SPL across these AEIs has been co-produced to reflect the experience of PUSCs and meet the realities and challenges that practice learning partners agree are necessary for safe, kind and effective nursing care.

Recommendations

142. It would be helpful to further evaluate the impact and effectiveness of SPL, with strengthened feedback from NQNs and first destination employers. Areas including confidence, competence, perceived readiness for registration, patient outcomes, reducing errors in practice and clinical decision making would be of interest when considering the enhanced confidence that students articulate as gaining from the opportunity to experience practice scenarios and 'practise' in the safety of an SPL environment. As many AEIs report staff actively researching in this area, dissemination of their findings and the subsequent increasing body of evidence around SPL will help inform its future direction.
143. Maintenance of the community of practice through UKSPLG and a special interest group supported by the Council of Deans of Health will ensure that the learning from these AEIs is shared across the sector. This report reflects some best practice examples of development, delivery and continual improvement of simulated practice with collaboration at its heart. AEIs that are considering developing SPL for the first time or increasing their provision could learn from the experience of AEIs with more mature provision.
144. This report reflects the importance and benefits of student and stakeholder inclusion in developing, delivering and evaluating nurse education to assure its authenticity. Some AEIs have stronger active participation of PUSC and PLPs than others. All AEIs should maximise the inclusion of these stakeholders in their programme planning, development, delivery and evaluation as required to meet NMC [Standards framework for nursing and midwifery education](#) (1.12).
145. It would be helpful to investigate the barriers and enablers to development of simulated practice in the devolved nations. Anecdotally it is related to affordability, but this report only includes the experience of one AEI from Scotland. Insight into the activity and appetite for SPL in the devolved nations would provide a wider UK perspective on inclusion of SPL as a contribution to practice learning.

146. The inclusion of reference to equality, diversity and inclusion was evident in some reports in terms of SPL content, its delivery, resources and facilitation, and was included in AEI SPL strategies seen at approval. Greater insight into inclusion of EDI as a central element of development and delivery of SPL, with a focus on anti-discriminatory practice, should be part of future work related to practice learning.
147. Sustainability of SPL is a key risk for most AEIs in the context of financial constraints facing many AEIs across the UK. In England practice healthcare education and training tariff can offset some of the costs, but devolved nations do not have the benefit of payments for delivering SPL. Resourcing of education and training is not within the NMC's regulatory remit, but in the spirit of support this report will be shared with NHS England, NHS Scotland, Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC) and Health Education and Improvement Wales (HEIW) for their consideration.
148. All AEIs who include SPL in their nursing curricula need to educate and train staff in the pedagogies that support it, the technologies that they use, and considerations for implementation, including psychological safety. Some AEIs have education and training delivered as part of, or a whole, postgraduate certificate. Working together and sharing education and training resources across AEIs and PLPs would grow expertise in the education and training of staff around SPL and could support the growth and development of this specialist educator workforce.
149. This report will contribute to the evidence base within the current review of practice learning being undertaken by the NMC.

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Appendix A: RN6(D) Approvals

Name of approved AEI	Date approval notified
Northumbria University	14 April 2022
University of Dundee	14 April 2022
University of West London	14 April 2022
University of Portsmouth	14 April 2022
Manchester Metropolitan University	14 April 2022
University of Bolton	10 June 2022
Buckinghamshire New University	10 June 2022
University of Greenwich	10 June 2022
University of Nottingham	7 July 2022
University of the West of England	18 July 2022
Solent University	18 July 2022
Anglia Ruskin University	10 June 2022
University of Salford	10 June 2022
Sheffield Hallam University	18 July 2022
University of Roehampton	25 October 2022
University of Chester	25 October 2022
Coventry University	25 October 2022
University of Manchester	01 February 2023
Oxford Brookes University	01 February 2023
University of Plymouth	22 February 2023

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Appendix B: Simulated Practice Learning content

Most AElS described SPL within the context of holistic care, underpinned with supporting activities, for example, pathophysiology and pharmacology. Many were designed to follow a ‘patient journey’ or reflect the experience of PUSCs. SPL activities varied from fundamentals of care through to complex scenarios that require teamwork and complex decision making.

Examples include:

1. Scenarios that featured field specific proficiencies (implemented across fields as well as to specific field):
 - a. Pre-term baby in NICU, teenage parents, one of whom had a learning disability – included students from all fields of nursing and midwifery students.
 - b. Communication with, and care of, people with learning disabilities – including [Oliver McGowan training](#), reasonable adjustments, creation of hospital passports (across fields).
 - c. Mental health scenarios: caring for people who have used substances, de-escalation, personality disorders, self-harm, disclosure of abuse, bereavement, eating disorders (across fields).
 - d. Child / young person with bronchiolitis, having an epileptic seizure, with profound and multiple learning disability (PMLD).
 - e. Creative arts and wellbeing including social prescribing.
 - f. Mental health assessment (for students in adult field).
 - g. Physical assessment, physical health and wellbeing (for students in mental health and learning disabilities fields).
 - h. Annexe B proficiencies that have been difficult to achieve for student nurses in mental health and learning disabilities fields.
2. SPL that featured Annexe A: Communication and relationship management skills
 - a. Compassionate communication, ethics, cultural awareness, advocacy, discrimination, diversity and equity, confidentiality, the Code, safeguarding.
 - b. Challenging poor practice, raising and escalating concerns, difficult conversations.

3. SPL that featured Annexe B: Nursing procedures (incorporated Annexe A proficiencies)
 - a. Fundamentals of care across all care settings.
 - b. Theatres and surgical care.
 - c. Drug administration.
 - d. Care of elderly person with dementia.
 - e. Care of people with long term conditions.
 - f. Care of tracheotomy, stoma, airway management, auscultation (contextualised in care scenario).
 - g. Care of the acutely unwell, emergency and deteriorating patient, identification of sepsis. Including how to communicate with people and their carers in these situations.
 - h. Accident and emergency assessment.
4. Complex scenarios:
 - a. Major incident planning and dealing with major incidents (including multidisciplinary).
 - b. Sexual health, domestic violence, end of life care.
 - c. Multidisciplinary scenarios developed around patient journeys including student nurses, midwives, paramedics, operating department practitioners.
5. Maternity care, including post-natal depression, postpartum psychosis.
6. Leadership and management:
 - a. working as a team, prioritisation, clinical decision making.
 - b. time management, delegation, handovers and Swartz rounds.
 - c. Supporting the learning of others.
 - d. Professional conduct and behaviours, fitness to practice, statement writing for coroner's court, legal interactions and investigations.
 - e. Stress and burnout, support and coaching.

Appendix C: Examples of simulation resources and approaches referenced by AElS

Academic staff, staff from practice environments including specialists, student peers, actors, PUSCs, volunteers, recently graduated registered nurses.

Forum theatre, fishbowl strategy, unfolding scenarios, enquiry-based learning. Patient stories / journeys, 'talking heads' videos.

Gamification, escape rooms.

Mock practice environment: wards, theatre, accident and emergency department, community setting, home setting, ambulance, maternity ward, children's ward, neonatal intensive care ward, well-child suite. Contextualised skills stations.

Immersive suites, CAVE (a 360-degree immersive experience).

Mannequins that represent genders, ethnicities, age span, disabilities and learning disabilities. Includes high fidelity, responsive and reactive mannikins through to basic props. Empathy suits, baby bellies, simulated stoma. Moulage.

Smart devices.

Oxford medical simulation software with VR scenarios (licenses to access up to 83 care scenarios). Virtual reality – software, headsets, metaverse and metahumans. Virtual town.

IRIS – co-creation software supporting students to create practice learning scenarios. These scenarios can be shared with other students.

Education Quality Assurance

Review of the 2024 Mandatory Exceptional Reports

December 2024

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Introduction

- 1 Our vision is safe, effective and kind nursing and midwifery practice that improves everyone’s health and wellbeing. As the independent regulator of 2,205 NMC approved education programmes¹, being delivered by 99² approved education institutions (AEIs) across the UK, the education quality assurance (EdQA) function has an important role to play in making this vision a reality.
- 2 We’re here to protect the public by setting and upholding high professional nursing and midwifery standards, which the public has a right to expect. This starts with **The Code** – the professional standards that nurses and midwives in the UK and nursing associates in England must uphold in order to practise. We set and promote higher education and professional standards which underpin the Code and we quality assure education programmes to ensure students will be able to meet our standards when they graduate. In doing so, we maintain the integrity of the register of those eligible to practise.
- 3 We take a collaborative approach to EdQA. This includes an increased focus on undertaking AEI and programme monitoring, and requesting independent quality assurance visitors to undertake face to face monitoring visits. This is important because our standards for education and training give AEIs indefinite approval of programmes, unless approval is withdrawn by the NMC because our standards are not being met or there is a significant change to the NMC Standards upon which that approval is based. We are reviewing this approach and will engage with our stakeholders and plan for the co-production of any change to this position if a different approach is needed in the future.

1 For the purpose of this review, 1,128 preregistration programmes have been considered.

2 As of July 2024, we have 99 approved education institutions, with one being approved to deliver post registration provision only in July 2024.

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Background information

- 4 Our **standards for education and training** are set out in three parts:
 - 4.1 [Part 1: Standards framework for nursing and midwifery education](#)
 - 4.2 [Part 2: Standards for student supervision and assessment](#)
 - 4.3 [Part 3: Programme standards](#)
- 5 Our **standards for education and training** set out our expectations for AEs to manage the programme, the students' learning journey and the quality of the student experience. They exist to help nursing, midwifery and nursing associate students to achieve the NMC [standards of proficiency](#) and their approved programme learning outcomes. AEs are required to comply with our standards for education and training.
- 6 Our **standards of proficiency** represent the knowledge, skills and attributes all student nurses, midwives and nursing associates must demonstrate in order to practise safely. Individual students are required to demonstrate they meet our standards of proficiency in order to join the register.
- 7 Our approach to EdQA acknowledges it can be possible for students to achieve the standards of proficiency in circumstances where the AEI has not fully met the standards for education and training. In these circumstances, it is essential to ensure the assessment of students' proficiency and achievement of the programme learning outcomes is robust and meets the associated standards and requirements, including the standards for student supervision and assessment (SSSA). When we have concerns that our standards are not being met, we work collaboratively with the AEI to undertake restorative actions through a supportive action planning process.
- 8 In Spring 2024, our work to actively monitor the quality of preregistration nursing, midwifery and nursing associate programmes against the standards for education and training highlighted themes affecting some approved education institutions (AEIs). This included:
 - 8.1 Incorrect use of simulated practice learning hours in nursing programmes;
 - 8.2 Incorrect use of reflective practice time, as practice learning hours; and
 - 8.3 Use of unapproved satellite sites to deliver training.
- 9 The annual self reporting process for the academic year 2022/23 also highlighted that AEs were taking different approaches to the classification of 'breaks' within practice learning time.

- 10 Earlier this year we asked the AEs who deliver preregistration programmes (four of our AEs only deliver post-registration provision) to assure us, via a mandatory exceptional report form, that their preregistration programmes are being delivered in line with our standards, in these four areas.
- 11 Initial analysis of this data, (referred to as the stage one analysis) indicated variance in the way preregistration programme standards (part three of our standards for education and training) have been interpreted and applied, particularly in relation to practice learning time. The stage one analysis also presented a new line of enquiry, which was potential variance in the total overall practice learning hours being required by programmes at some AEs.
- 12 The stage one analysis focused on identifying risks to compliance with our standards for education and training. It was not possible from this high-level analysis to conclude or assess whether students being recommended to join our register, or people who have recently joined our register, may not have met the required standards of proficiency.
- 13 This highlighted an urgent need to examine the evidence we hold about our approved programmes, in a systematic and robust way.
- 14 This report provides the stage two analysis, where we've undertaken an in-depth review of other information sources we hold to establish a comprehensive risk assessment of the preregistration provision delivered by 95 AEs.
- 15 During the period of this review, we continued to work collaboratively with all AEs where we had open concerns.
- 16 This report examines our findings for each of the five identified risk areas, across the UK and for each professional programme area. It provides a synopsis of the review which examined each AE and, where multiple risks were identified, the potential for accumulative impact on the student learning journey.
- 17 Our data from January 2024 indicates there were a total of 111,477 students enrolled on the 1,123 preregistration programme routes being considered in scope of the review.

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Methodology

- 18 At the end of March 2024, AEIs were requested to submit a mandatory exceptional report. We received responses in April and May 2024.
- 19 The stage one analysis considered the responses of AEIs and identified where additional information was required in order to undertake a complete risk assessment process.
- 20 This stage one analysis was based on the mandatory exceptional report returns and was completed in May 2024; it did not include wider sources of data and intelligence held by the EdQA team.
- 21 The stage one analysis used a RAG-rating system (red, amber, green), based on the five lines of enquiry identified.
- 22 The stage one analysis concluded that 31 AEIs were RAG rated 'red', 61 were rated 'amber' and two were rated 'green', indicating that no concerns were identified (one AEI submitted a late return). Although this was a useful indicator, this snapshot presented an incomplete data picture, and we needed to undertake additional exploration of our EdQA records.
- 23 The stage two analysis process considered the following information sources to develop an accurate risk assessment of provision at each AEI:
- 23.1 Approved programme list, per AEI
 - 23.2 Approved satellite site list, per programme, per AEI
 - 23.3 Original approval documents, per programme, per AEI
 - 23.4 Major modification documents, per programme, per AEI (where applicable)
 - 23.5 Each AEI's annual self report for the academic year 2021/22 (ASR 21/22), submitted January 2023
 - 23.6 2022 Simulated Practice Learning returns (where applicable)
 - 23.7 Future programme standards survey 2022
 - 23.8 RN6(D) approval records (where applicable)
 - 23.9 Each AEI's annual self report for the academic year 2022/23 (ASR 22/23), submitted January 2024
 - 23.10 Mandatory exceptional report 2024, submitted April and May 2024
 - 23.11 Monitoring visit reports (where applicable)
 - 23.12 Extraordinary review reports (where applicable)

- 23.13 Enhanced scrutiny records (where applicable)
- 23.14 AEI quality improvement action plans (where applicable)
- 24 The risk assessment review was undertaken using a team-based approach, engaging people with the right knowledge and skills across the Professional Practice Directorate.
- 25 Before starting the review, the review lead, who is a senior member of the EdQA team, led a standardisation exercise. The review lead had oversight of the whole process to ensure consistency of approach and expectations.
- 26 The information sources listed above were collated per AEI and per programme and included all programme routes in approval. This information was first reviewed by the team, who highlighted any areas of concern or discrepancy to the review lead. Random sampling was used to check the accuracy of the risk assessment process.
- 27 All areas of concern or discrepancy were then second reviewed by the review lead to ensure consistency of decision making and allocation of the risk-level outcome.
- 28 It was determined that any missing data or additional lines of enquiry would require direct contact with the AEI to provide clarification and/or confirmation of the risk assessment outcome. Follow up actions taken by EdQA can be classified as:
- 28.1 A need for further data, due to the absence of evidence – email follow up was then undertaken with the AEI and their response formed part of the evidence base considered; or
- 28.2 A need for clarification, due to inconsistency of evidence – email follow up with AEI requesting clarification statement(s) and/or additional evidence submission; or
- 28.3 A need for follow up on a line of enquiry – request for meeting(s) with the AEI for verbal assurances, which were supplemented by written statements and/or additional evidence submission.
- 29 The NMC used anonymised AEI data and intelligence, gathered from the stage two analysis process, to create a series of hypothetical scenarios which were shared with members of the Council of Deans of Health in a workshop format. This enabled attendees to engage with us in a ‘confirm and challenge process’; ensuring the approaches being taken were robust, objective and evidence based.
- 30 This feedback informed discussions at the NMC’s Quality Assurance Board (QA board), which oversees all education quality assurance activities and decisions, and shaped our approach to mitigating any remaining risks – including the need to develop policy positions and our future planning recommendations.

Use of simulated practice learning within nursing practice learning hours

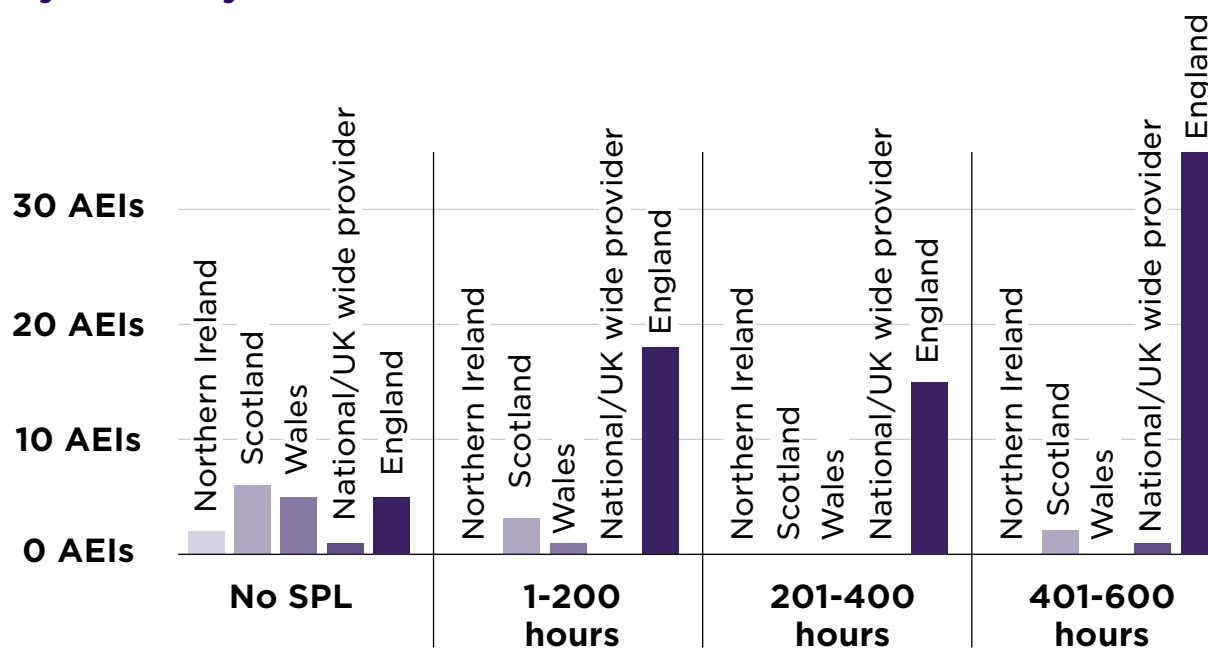
Contextual Information

- 31 Through monitoring and our ongoing engagement with AEs, it became evident some AEs did not return their nursing programmes to their approved provision of simulated practice hours when the Covid-19 emergency and recovery standards were withdrawn.
- 32 Additionally, some programmes had been wrongly counting parts of their programme as ‘Simulated Practice Learning (SPL) hours’ for activities that would not meet our standards, in particular the SSSA. Concerns about this were addressed by the EdQA team to ensure compliance with our standards was achieved.
- 33 The mandatory exceptional report request and the subsequent analysis was built upon our understanding of the circumstances at three AEs, where earlier concerns in relation to SPL had been identified through monitoring and extraordinary review of provision. The risks associated with the delivery of SPL at each of the three AEs with known concerns have been mitigated in full by the AEs, each of whom have proactively engaged with the EdQA team through restorative support mechanisms.
- 34 In response to this concern, we published [supporting information](#) to help AEs understand SPL and how to apply our standards in this area. We’ve also undertaken an [evaluation of simulated practice learning in preregistration nursing programmes](#).
- 35 It is noted that SPL is the only form of practice-based learning that requires NMC approval to deliver; this is because it relates directly to a standard, within the [Standards for preregistration nursing programmes](#).

Findings

- 36 The use of SPL within nursing programmes varies significantly across the 94 providers of preregistration nursing programmes in the UK. We also found regional differences within England and across the devolved nations.
- 37 In this report, we've provided the maximum amount of SPL an AEI is considered approved to deliver. However, some AEIs might not choose to use the full amount and variations can exist between pathways through nursing. For example, it is common that a smaller number of SPL hours are being used on post-graduate level preregistration programmes, where recognition of prior learning is also being used.
- 38 We're aware, through our approvals process, some AEIs have been approved with higher amounts of SPL within specific fields of nursing practice, most commonly in the child and mental health fields.
- 39 The full range of approved SPL hours may not be routinely used by all AEIs. It is often held 'in reserve' for changes in practice learning capacity, or for the simulation of proficiency elements which may not have occurred in the practice learning environment.
- 40 75 AEIs which deliver preregistration nursing programmes are using SPL within at least one approved programme route, although the amount of hours approved demonstrates significant regional differences.
- 41 31 AEIs are approved to deliver up to 600 hours of SPL, which is the maximum amount permitted by our standards. Again, there are significant regional differences.

AEI maximum approved use of SPL in hours, by country



Detailed breakdown of the maximum number of SPL hours approved for use at each AEI, by location

Location and number of AEIs	No SPL	1 to 100	101 to 200	201 to 300	301 to 400	401 to 500	501 to 600
Northern Ireland (n = 2)	2	0	0	0	0	0	0
Scotland (n = 11)	6	0	3	0	0	1	1
Wales (n = 6)	5	1	0	0	0	0	0
National/UK wide provider (n = 2)	1	0	0	0	0	1	0
England - East of England (n = 6)	0	0	2	2	0	0	2
England - London (n = 10)	1	1	0	1	0	3	4
England - Midlands (n = 17)	3	2	1	3	1	0	7
England - North East, Yorkshire & Humber (n = 13)	1	0	4	1	2	0	5
England - North West (n = 10)	0	2	0	1	2	0	5
England - South East (n = 11)	0	0	6	0	0	1	4
England - South West (n = 6)	0	0	0	2	0	1	3

EdQA follow up undertaken

- 42 Through the stage two analysis process, we actively followed up with 14 AEIs regarding nursing practice learning hours. Whilst this area was primarily related to the use of SPL in curricula, it became apparent that some AEIs students were undertaking other activities within their practice based learning time that extended beyond our definition of SPL.
- 43 We contacted eight AEIs to request factual information due to an absence of data or the identification of inconsistencies within the data we hold. We identified five AEIs where further action was required and the follow up undertaken addressed the following themes:
- 43.1 Ensuring SPL is accurately and consistently recorded;
 - 43.2 Clarity of language used to describe the support provided for students undertaking SPL, and ensuring this clearly aligns to our standards;
 - 43.3 Following appropriate and proportionate minor and major modification processes to make changes to SPL; and,
 - 43.4 Ensuring the accuracy of NMC records, through the AEI factual accuracy checking process, following any approval and/or modification processes.
- 44 Four additional AEIs were contacted to explore lines of enquiry in further detail, specifically relating to risks in the AEIs' interpretation and/or application of our standards.
- 45 Of these four, one AEI had independently taken appropriate actions to rectify a deficit in practice learning hours without impacting on the overall programme length for students, and evidence of this enabled the closure of this line of enquiry.
- 46 One AEI had, at the time of the mandatory exceptional reporting, requested a major modification process with the NMC. This has subsequently been completed and approved, enabling the closure of this line of enquiry.
- 47 The QA Board considered the evidence presented and risks associated with SPL at the remaining two AEIs, concluding:
- 47.1 They are delivering SPL in accordance with their approved programme, but the approved approaches pre-dated supporting information being provided by the NMC.
 - 47.2 In October 2023, we strengthened our **supporting information regarding SPL** which necessitated minor changes to the approach being taken at the two AEIs.

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- 47.3 The QA Board concluded that requiring students to undertake additional hours of practice learning is not proportionate and would cause a significant detriment to the student learning experience.
- 47.4 The QA Board concluded there is no evidence of an increased risk to public safety, or the students' ability to achieve the standards of proficiency for registered nurses.
- 47.5 The two AElS will now be supported to implement the necessary changes by the EdQA team, through internal minor modification processes.

EdQA next steps

- 48 We'll develop a formal EdQA policy position on SPL to ensure this is consistently interpreted.
- 49 We'll ask our Quality Assurance Service Partner to ensure the approval of SPL hours is clearly stated within all nursing approval and/or major modification reports.
- 50 In collaboration with our Quality Assurance Service Partner, we'll ensure that checking reports for factual accuracy is undertaken separately to the NMC's formal observations process. This will ensure that AElS are empowered to make comments about the detail of the report before it is submitted to us for approval.
- 51 We'll consider the most proportionate approach to making changes to the number of SPL hours approved within a programme or if approval should always be given at the maximum 600 hours for all AElS who request, and meet the quality assurance criteria for SPL. This could help eliminate variation in the sector and demonstrate trust in AElS who have provided assurance of their approach, internal governance and rigour. This recommendation is proportionate following a UK wide quality assurance risk assessment which has evidenced the significant majority of AElS are upholding their approved programmes.

Classification of protected time for reflective practice within practice learning hours on preregistration programmes

Contextual Information

- 52 Through monitoring and our engagement with AEs in 2023, it became evident that some had been counting a significant number of hours of reflection as practice learning hours, without any defined structure, timetabled activity or supervision. This would not meet our SSSA.
- 53 If a student is given allocated or protected time for reflective practice as part of their overall practice learning time, this should be purposeful and supported by their practice supervisor (using direct, or indirect practice supervision).
- 54 Reflection is fundamental to nursing and midwifery practice, integral to The Code and an important part of student learning. To assist AEs in understanding our approach to reflective practice and how to apply our standards, we have published [supporting information](#).
- 55 In August 2023, we asked all AEs to exceptionally report to us any concerns they had regarding allocated time for reflection within their practice learning hours. While a number of AEs contacted the EdQA team for confirmation of their approach to reflective practice, we were not alerted to any concerns by AEs and no AEs exceptionally reported programme delivery outside of the NMC standards.
- 56 In 2024, through our monitoring activities, we identified a further two AEs where there were concerns regarding reflective practice meeting our standards. This indicates that the AEs were not aware of this difference in the interpretation of the requirements, or that NMC standards were not being met. This point is considered within the next steps and recommendations of this report.
- 57 The QA Board was mindful of being consistent with past circumstances where students have needed to undertake additional practice learning time, for example, when an AE has allowed a disproportionate amount of time for unsupervised reflective practice.

58 In previous QA Board decisions, time for reflection has not been deemed proportionate when it has been unsupervised (without clear application of the SSSA) and occurs without consistent evidence being provided by students that it was productive, purposeful learning time. All AEs should demonstrate how required practice learning hours contribute to, and are assessed against, the standards of proficiency and programme learning outcomes.

Findings: Nursing

59 The allocation of protected time for reflective practice within nursing programmes is equally split across the 94 providers of preregistration nursing programmes in the UK. 47 AEs integrate this into practice time and 47 use a model of protected time for reflection.

60 Where a model of protected time for reflective practice is being used, this can differ significantly and is not currently reported by AEs in a consistent manner. For example, one AE has established a formula of four minutes per hour of practice learning, another AE allows 5% of the practice learning time undertaken. Some AEs allocate 30 minutes per long shift (only), and others set a maximum amount of time per placement block. This means data cannot be directly compared by EdQA due to variations in delivery patterns across the approved programmes.

61 The most common allocation of protected time for reflective practice, being used by 23 AEs, is a maximum of 2.5 hours per week, during all periods of practice. This time is generally negotiated with the practice supervisor and requires evidence of written output through the practice assessment documentation. Many AEs tell us time is not 'signed off' or agreed by practice assessors if the student has not provided evidence of the time spent in reflective practice.

62 We've observed significant differences between approaches of the devolved nations, and differences within the regions of England:

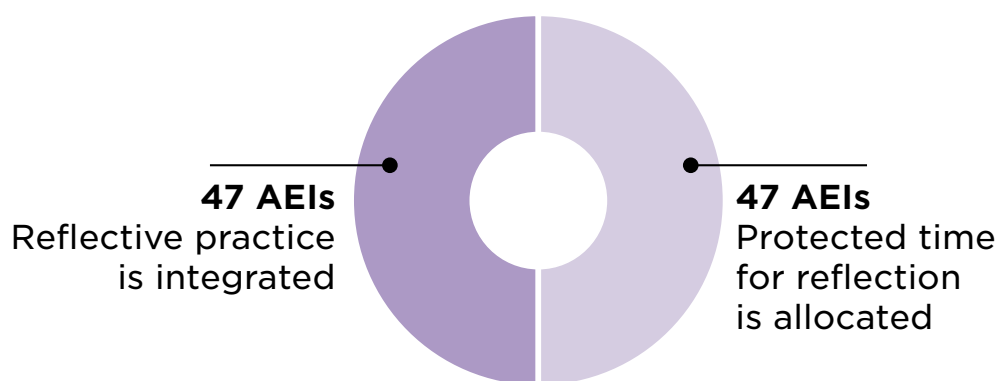
62.1 In Scotland, two of 11 AEs provide students with an allocation of time for reflection, and nine integrate reflective practice into standard practice based learning;

62.2 In Wales, one of six AEs provide students with an allocation of time for reflection, and five integrate reflective practice into standard practice based learning;

62.3 In Northern Ireland, students do not have an allocation of time for reflection, meaning both AEs integrate reflective practice into standard practice based learning; and

62.4 In England, 44 AEs provide students with an allocation of time for reflection, and 31 integrate reflective practice into standard practice based learning.

Approach to allocating time for reflective practice on preregistration nursing programmes



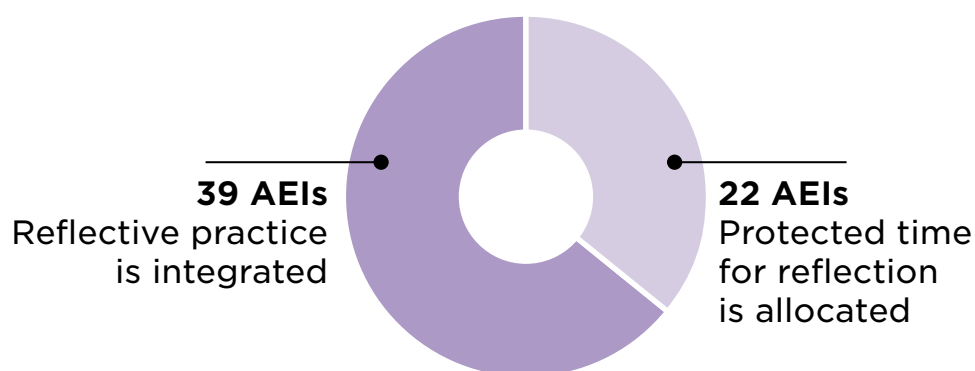
Detailed breakdown of the approach to allocating time for reflective practice on preregistration nursing programmes at each AEI, by location

Location and number of AEIs	Reflective practice is integrated	Protected time for reflection is allocated
Northern Ireland (n = 2)	2	0
Scotland (n = 11)	9	2
Wales (n = 6)	5	1
National/UK wide provider (n = 2)	1	1
England - East of England (n = 6)	3	3
England - London (n = 10)	2	8
England - Midlands (n = 17)	5	12
England - North East, Yorkshire & Humber (n = 13)	6	7
England - North West (n = 10)	4	6
England - South East (n = 11)	6	5
England - South West (n = 6)	4	2

Findings: Midwifery

- 63 The allocation of protected time for reflective practice within midwifery programmes differs across the 61 providers of preregistration midwifery programmes in the UK, with 39 AEIs integrating this into practice time and 22 using a model of protected time for reflection.
- 64 Where a model of protected time for reflective practice is being used it is generally more consistent than we've found in nursing programmes. At 17 of the 22 AEIs using a model of protected learning time for reflective practice, the model is for students to undertake a maximum of 2.5 hours per week, during all periods of practice. We find that this time is evidenced to a practice supervisor and requires students to show evidence of written output either through the practice assessment documentation or a separate reflective journal.
- 65 However, again we have observed significant differences between approaches of the devolved nations, and differences within each of the regions of England:
- 65.1 In Scotland, one of three AEIs provides students with an allocation of time for reflection, and two integrate reflective practice into standard practice based learning;
- 65.2 In Wales, all four AEIs integrate reflective practice into standard practice based learning;
- 65.3 In Northern Ireland, the AEI's students integrate reflective practice into standard practice based learning; and
- 65.4 In England, 21 AEIs provide students with an allocation of time for reflection, and 32 integrate reflective practice into standard practice based learning.

Approach to allocating time for reflective practice on preregistration midwifery programmes



Detailed breakdown of the approach to allocating time for reflective practice on preregistration midwifery programmes at each AEI, by location

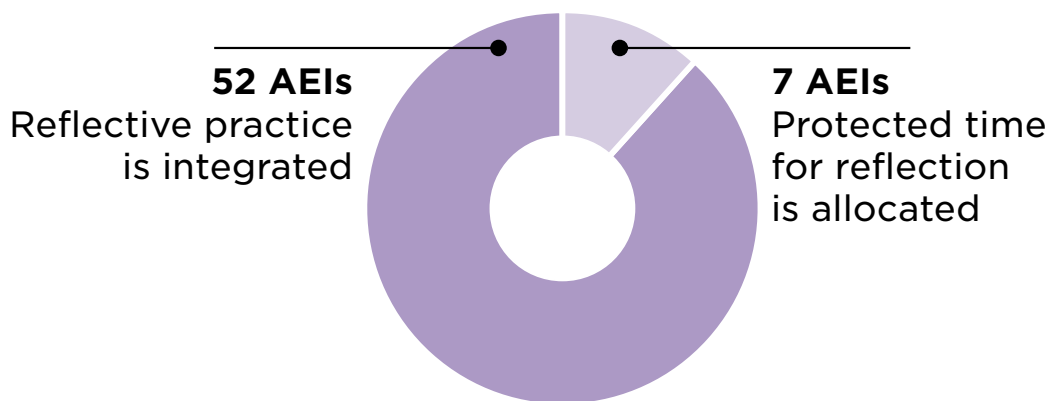
Location and number of AEIs	Reflective practice is integrated	Protected time for reflection is allocated
Northern Ireland (n = 1)	1	0
Scotland (n = 3)	2	1
Wales (n = 4)	4	0
England - East of England (n = 5)	4	1
England - London (n = 8)	8	0
England - Midlands (n = 13)	5	8
England - North East, Yorkshire & Humber (n = 10)	5	5
England - North West (n = 8)	5	3
England - South East (n = 7)	4	3
England - South West (n = 2)	1	1

Findings: Nursing Associate

- 66 The allocation of protected time for reflective practice is uncommon within nursing associate programmes, with only seven of the 59 providers in England using a model of protected time for reflection.
- 67 Where a model of protected time for reflective practice is being used, it is often (four AEIs) specified as a maximum of 2.5 hours per week, during all periods of practice. However, the remaining three AEIs have a smaller allocation of time allowed.
- 68 Some AEIs proactively tell us that reflective time is only being used on direct entry programmes and is rarely used on apprenticeship pathways.
- 69 The noted difference between direct entry and apprenticeship programmes is an interesting finding and the EdQA team will explore this further. In NMC guidance, it is clear that on an employment-based preregistration nursing associate programme **protected learning time for nursing associate students** can include supporting students to reflect on learning. This may therefore be indicative of employer partner influence on the interpretation of practice based learning requirements on the programme.

70 The high degree of consistency may also be related to the origins of the programme, prior to the introduction of professional regulation for nursing associates in 2018.

Approach to allocating time for reflective practice on preregistration nursing associate programmes



Detailed breakdown of the approach to allocating time for reflective practice on preregistration nursing associate programmes at each AEI, by location

Location and number of AEs	Reflective practice is integrated	Protected time for reflection is allocated
England-wide provider (n = 2)	1	1
England - East of England (n = 6)	6	0
England - London (n = 8)	7	1
England - Midlands (n = 12)	10	2
England - North East, Yorkshire & Humber (n = 9)	8	1
England - North West (n = 8)	7	1
England - South East (n = 8)	7	1
England - South West (n = 6)	6	0

EdQA follow up undertaken (across nursing, midwifery and nursing associate programmes)

- 71 Through the stage two analysis process, we actively followed up with 14 AELs regarding use of practice learning hours. While this was primarily related to the use of reflective practice, it became apparent that, at some AELs, students were undertaking other activities that did not sit neatly within our current interpretation of protected time for reflective practice.
- 72 We followed up with nine AELs to request factual information, due to an absence of data or the identification of inconsistencies within the data we hold. All nine were able to provide us with the evidence requested and we did not identify any areas for further action.
- 73 Five AELs were contacted to explore the proportionality of their use of reflective practice time and/or the application of the SSSA. All five areas of follow up related to nursing programmes only.
- 74 Of these five AELs, two provided additional evidence and clarification that reflective practice on their nursing programmes is proportionate and delivered in line with the SSSA. This line of enquiry was closed by EdQA without further action.
- 75 At the three remaining AELs we identified a concern that students were undertaking a higher than anticipated amount of protected time for reflective practice (between 7.5 hours and 10 hours per practice week), so we took steps to understand if this reflection, was appropriately structured and undertaken in line with the SSSA.
- 76 In each of these three AELs, we found that learning time had not been well expressed through documentation and that supplementary evidence demonstrated that structured and productive learning was being undertaken and supported in line with the SSSA. This learning time may also involve traditional practice-based learning opportunities, such as 'spoke' visits as part of a 'hub and spoke' model of practice learning, or time spent following the patient journey through specialist services.
- 77 EdQA collaborated with the Council of Deans of Health to establish a series of 'conditions' that determine the usefulness of practice-related learning, therefore providing risk mitigation:
- 77.1 The learning contributes to student achievement of the achievement of the standards of proficiency;
 - 77.2 The SSSA is applied;
 - 77.3 The practice learning is structured, productive, and evidenced (there is no absence of practice learning hours);

- 77.4 Learning takes place under AEI direction, and appropriate guidance and/or instruction is provided; and
- 77.5 Students are supported and provided with developmental feedback to guide their learning.
- 78 The QA Board considered in depth the evidence presented by the EdQA team and risks associated with programme delivery at the three AEIs, noting:
- 78.1 All three AEIs are able to articulate and demonstrate a clear oversight of all aspects of their provision, in line with our standards.
- 78.2 The time identified at the three AEIs is not automatically allocated or exclusively used for reflective practice, but involves other structured elements where students are supported and supervised to learn, in accordance with the SSSA.
- 78.3 There is evidence at all three AEIs that students are undertaking learning opportunities that contribute to the development/achievement of their approved programme learning outcomes and the standards of proficiency for registered nurses.
- 78.4 There is robust evidence to support that the students' time has been productive, supervised and well-documented.
- 79 The QA Board concluded this was purposeful activity, being delivered in accordance with our standards and met the conditions to be considered practice-related learning. On this basis:
- 79.1 Requiring students to undertake additional hours of practice learning is not proportionate or indicated, as this would cause a significant detriment to the student learning experience.
- 79.2 We believe these students will achieve the required 2,300 hours of practice learning and have suitable opportunities to achieve their programme learning outcomes and the standards of proficiency for registered nurses.
- 79.3 There is no 'absence' of practice learning hours within the students' learning journey.
- 79.4 There has not been an adverse impact on students' ability to achieve or evidence the standards of proficiency for registered nurses.
- 79.5 There is no evidence to suggest an increased risk to public safety.

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80 One of the three AEs has received additional support from the NMC to make a minor modification to their programme. The purpose of this modification was to strengthen the communication surrounding, and governance of, their practice-related learning activity. It will ensure all students are consistently required to provide the same level of robust evidence of their engagement, and ensure practice supervisors and assessors understand the expectations of students.

EdQA next steps

81 We will develop a formal EdQA policy position on the classification of protected time for reflective practice within the practice learning hours requirements of preregistration programmes to ensure this is consistently interpreted and applied.

82 We will consider with stakeholders, as a new key line of enquiry, the definition, role and potential value of 'practice-related learning' and the extent to which this can contribute towards the development of safe, effective and proficient care skills for students.

83 At many AEs, there is evidence of disparities between whether time for reflective practice is allocated within the programme, or not. The amounts of time allocated can also differ across different preregistration programmes and routes. This could be confusing for students, practice learning partners and employer partners. It may also appear to be inequitable to students and there needs to be EDI consideration factored into this. AEs looking to amend the amount of protected time for reflective practice to provide consistency across their provision should do so, using a minor modifications process. All AEs must inform the EdQA team of these changes, as part of the ASR process.

84 The NMC should consider how the 'conditions' of safe and effective practice learning utilised by the QA Board can be used by the EdQA team to promote and enable innovation within approved programmes.

Alternative delivery locations

Contextual Information

- 85 In late 2023, through our routine exceptional reporting process, one AEI reported a satellite site was being used, without prior NMC approval. This was a historical error, which had occurred through a lack of understanding of NMC requirements for alternative delivery locations. In response to this, the QA Board required the AEI to pause recruitment of new students to the site, until the appropriate quality assurance processes had been undertaken and approval was granted.
- 86 The NMC can approve programmes to be delivered and operationalised using a variety of different locations and models. AEIs and their practice learning partners are required to gain approval before using any delivery location. There are four categories of delivery location:
- 86.1 **AEI Campus Delivery** – a campus is owned and/or operated by the AEI, including teaching staff and wider support facilities. We do not specify geographical location of what defines an AEI campus, with some AEIs having these collocated in one geographical location, and some being a significant distance apart (such as spread across a city).
 - 86.2 **Satellite Site Delivery** – a satellite site is functionally operated by an AEI and enables delivery of an approved programme at a non-AEI ‘owned’ premises. The programme would be delivered by the AEI’s own staff, but the students may not have equal access to AEI facilities, due to their location. Independent QA Visitors assess these local delivery facilities before we approve a satellite site, to ensure that students will have access to the learning resources they require to achieve the approved programme.
 - 86.3 **Partnership Delivery** – a partnership programme is contractually agreed between an AEI and an independent organisation for programme delivery. The AEI maintains full oversight and holds quality assurance responsibility for the approved programme to the NMC, but programme delivery is undertaken by a third-party at their own premises. Independent QA Visitors assess partnership delivery arrangements, facilities and learning resources before we approve a partnership delivery model.
 - 86.4 **Endorsement Delivery** – a programme endorsement is a form of partnership provision, where the programme delivery takes place in agreed locations, outside of the UK – for example, the Isle of Man. Independent QA Visitors assess endorsement delivery arrangements, facilities and learning resources before we approve a programme endorsement model.

Findings

87 Through the mandatory exceptional reporting process, we followed up with five AEs to clarify our records regarding alternative delivery locations. In some instances, this is because we had alternative delivery locations on our approved list, that were not referenced in the mandatory reporting. These AEs were contacted regarding whether they wished to discontinue the alternative delivery location.

EdQA follow up

88 We did not identify any areas of concern associated with alternative delivery locations and we were aware of the operation of all satellite sites, partnership arrangements and endorsements. Therefore, we took the opportunity to ensure our records are consistently accurate and that AEs are clear about our requirements.

EdQA next steps

89 We will consider with stakeholders, including our Quality Assurance Service Partner, the risks associated with alternative delivery locations, particularly AEI campus sites and existing approved satellite sites. This is with a view to revising the existing approval requirements to a minor modification process. This could have the benefit of reducing regulatory burden and promoting agility and flexibility for AEs, and their practice learning partners.

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Classification of a student's break within practice learning hours

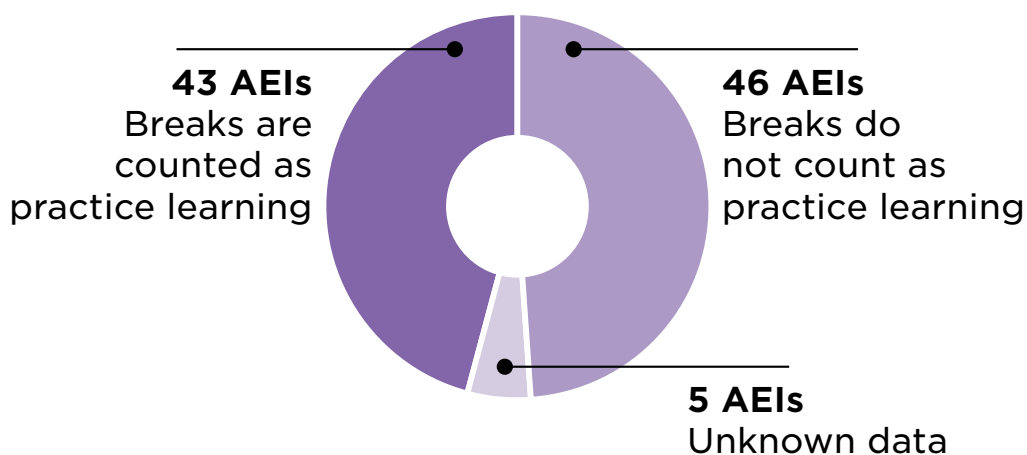
Contextual Information

- 90 In undertaking this review, we've identified variation in the approach AEs across the UK take to students' break times when in a practice learning environment.
- 91 The NMC's **guidance** clearly states that it is important that all students are given rest or break times during the day, in accordance with the principles of **Rest breaks at work**. This is essential to support a student's health and wellbeing needs, alongside public safety.
- 92 The NMC does not specify whether student break times classify as practice based learning, meaning this is currently determined by individual AEs or local-level policy.
- 93 The stage two analysis therefore only makes reference to the inclusion of breaks, or not, as an observation. This data is collated and presented for statistical purposes only.

Findings: Nursing

- 94 In undertaking this review of AEs across the UK, we've identified variation in the approach to nursing students' break times when undertaking practice based learning.
- 95 The use of breaks within nursing programmes is almost equally split across the 94 providers of preregistration nursing programmes in the UK. However, we have observed significant differences between approaches of the devolved nations, and a relatively even split within each of the regions of England. There are two national/UK wide AEs, which are reflected separately. We find:
- 95.1 In Scotland, all 11 AEs classify a student's break time as practice based learning;
- 95.2 In Wales, the majority (five out of six AEs) do not allow students to count their break time as practice based learning;
- 95.3 In Northern Ireland, the two AEs do not count break times within their practice based learning hours;
- 95.4 In England, 38 AEs do not count break times, 30 count break times, and we do not hold data on a remaining five England AEs.

Approach to the classification of break times on preregistration nursing programmes



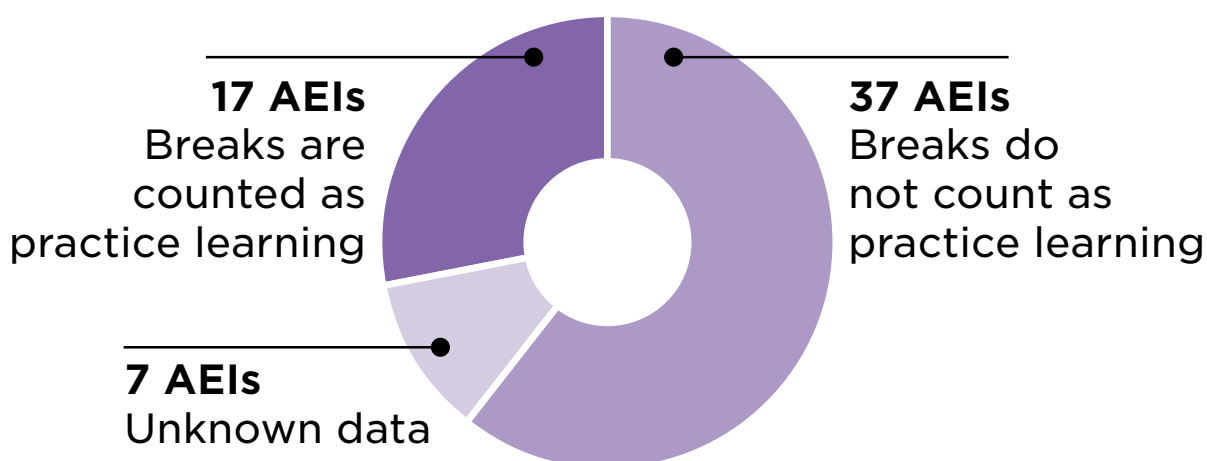
Detailed breakdown of the classification of break times on preregistration nursing programmes, by location

Location and number of AEIs	Breaks are counted as practice learning	Breaks do not count as practice learning	Unknown data
Northern Ireland (n = 2)	0	2	0
Scotland (n = 11)	11	0	0
Wales (n = 6)	1	5	0
National/UK wide provider (n = 2)	1	1	0
England - East of England (n = 6)	4	2	0
England - London (n = 10)	3	5	2
England - Midlands (n = 17)	9	8	0
England - North East, Yorkshire & Humber (n = 13)	4	7	2
England - North West (n = 10)	4	6	0
England - South East (n = 11)	5	6	0
England - South West (n = 6)	1	4	1

Findings: Midwifery

- 96 Evidence suggests there is also variation in the approach the 61 AEs approved to deliver midwifery programmes have taken to their use of students' break times when in a practice learning environment.
- 97 We are aware that 17 AEs enable students to use their break times to count towards their practice learning hours within midwifery programmes. However, 37 AEs do not. We do not hold data regarding this for seven AEs who deliver a midwifery programme.
- 98 We've observed country-based differences between approaches of the devolved nations, however there was less use of this approach across the regions of England:
- 98.1 In Scotland, all three AEs classify a student's break time as practice based learning;
- 98.2 In Wales, the majority (three out of four AEs) do not allow students to count their break time as practice based learning;
- 98.3 In Northern Ireland, students do not count break times within their practice based learning hours;
- 98.4 In England, 33 AEs do not count break times, 13 count break times, and we do not hold data on a remaining seven England AEs.

Approach to the classification of break times on preregistration midwifery programmes



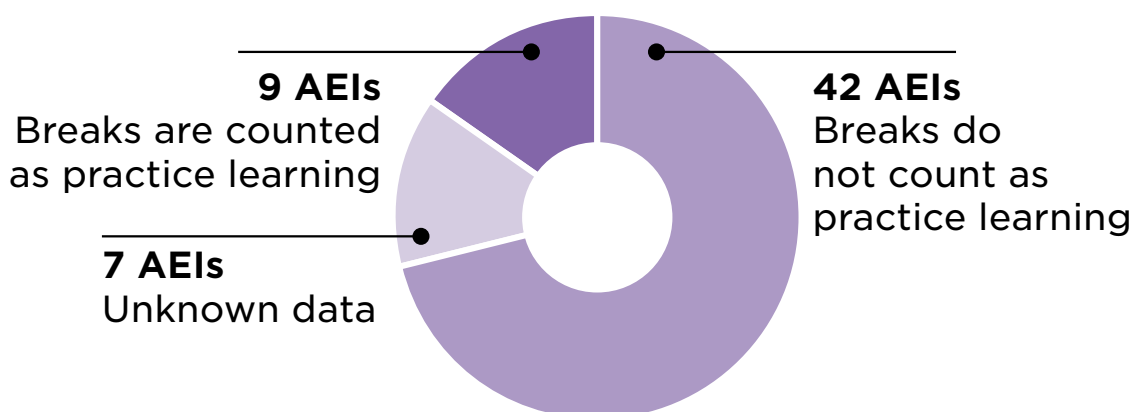
Detailed breakdown of the classification of break times on preregistration midwifery programmes, by location

Location and number of AEs	Breaks are counted as practice learning	Breaks do not count as practice learning	Unknown data
Northern Ireland (n = 1)	0	1	0
Scotland (n = 3)	3	0	0
Wales (n = 4)	1	3	0
England - East of England (n = 5)	2	3	0
England - London (n = 8)	0	6	2
England - Midlands (n = 13)	4	8	1
England - North East, Yorkshire & Humber (n = 10)	1	7	2
England - North West (n = 8)	2	5	1
England - South East (n = 7)	3	3	1
England - South West (n = 2)	1	1	0

Findings: Nursing Associate

- 99 When examining the use of student break times within nursing associate programmes, a significant difference is observed, with only nine AEIs telling us that students can use their break times to count towards their practice learning hours. However, 42 do not. We do not hold data regarding this for the remaining eight AEIs.
- 100 In contrast to other NMC approved programmes, the majority of nursing associate students are undertaking an apprenticeship route. This may account for the differences we've observed between the approach being taken at the same AEI between their nursing and nursing associate programmes. We do not hold information on whether all students, regardless of route through the nursing associate programme, are able to count breaks, of if there are different expectations between direct entry and employed/ apprenticeship learners.

Approach to the classification of break times on preregistration nursing associate programmes



Detailed breakdown of the classification of break times on preregistration nursing associate programmes, by location

Location and number of AEs	Breaks are counted as practice learning	Breaks do not count as practice learning	Unknown data
England - East of England (n = 6)	3	3	0
England - London (n = 8)	0	7	1
England - Midlands (n = 12)	1	8	3
England - North East, Yorkshire & Humber (n = 9)	2	6	1
England - North West (n = 8)	1	6	1
England - South East (n = 8)	2	6	0
England - South West (n = 6)	0	4	2
England-wide provider (n=2)	0	2	0

EdQA next steps

- 101 We will collaborate with stakeholders to develop a formal EdQA policy position on the classification of students' breaks within their required practice learning, to ensure this is consistently interpreted. To do this, we must carefully consider the equality, diversity and inclusion implications for students associated with the introduction of a formal policy or guidance, including consideration of any unintended consequences.

Total programme hours

Contextual Information

- 102 Each set of preregistration programme standards follow the student journey and are grouped under the following five headings: selection, admission and progression, curriculum, practice learning, supervision and assessment; and, qualification to be awarded. They have been designed so that students can get the most out of their education and learn the knowledge and skills they need. All our preregistration programme standards state this as a specific number of total programme hours required.
- 103 The preregistration programme standards also state the amount of recognition of prior learning (RPL) that can be applied, or not, to the programme at the point of entry. RPL cannot be applied to midwifery programmes, but can be applied within nursing and nursing associate programmes in accordance with our standards.
- 104 RPL is defined within our standards as: “a process that enables previous certificated or experiential learning to be recognised and accepted as meeting some programme outcomes, this includes both theory and practice achievement”.

Findings

- 105 We did not identify any areas of concern associated with the total number of hours within an approved programme.
- 106 Through the mandatory exceptional reporting process, we followed up on lines of enquiry with four AEs where concerns about their overall programme hours being delivered were indicated. We contacted all four and gained assurance, through documentary evidence, that our programme standards are being met.
- 107 All four AEs also appear in other areas of this report, as initially requiring follow-up action by the EdQA team, which has later been closed as a line of enquiry. This indicates that the mandatory exceptional reporting forms may not have been accurately completed, or with the level of clarity required by the NMC.

EdQA next steps

- 108 The NMC must always communicate to AEs the importance, proportionate nature and significance of any formal request for information that is being made. This is to ensure the requested reporting is completed in a timely and accurate way by AEs with the right level of detail clearly indicated.

Conclusions

- 109 The outcomes of the mandatory exceptional reporting exercise provide a UK wide assessment of known risk areas within preregistration programmes; allowing for the targeted and robust follow up of all areas where a concern was indicated.
- 110 It is notable that the majority of lines of enquiry related only to nursing programmes, and whilst this is likely influenced by the scale of nursing provision in the UK and that the SPL line of enquiry was only focused on nursing, there may be other factors that are worthy of consideration by the NMC and stakeholders. For example:
- 110.1 The influence of country-wide approaches within Northern Ireland, Scotland and Wales and regionally-agreed policies in England;
 - 110.2 The strength of the Lead Midwife for Education forum in providing a supportive network for the dissemination and discussion of good practice;
 - 110.3 The collaboration and influence of practice learning partners and employers within local areas; and,
 - 110.4 The influence of other regulators, most noticeably within the delivery of apprenticeship programmes in England.
- 111 Through collaborative working with stakeholders across the UK, the NMC have been able to pragmatically apply a robust yet proportionate approach to the mitigation of potential risks to public protection, without impacting on students' planned programme completion dates, or detriment to workforce planning.
- 112 The engagement and cooperation of AEs through this process has been essential and commendable; we've seen a consistent demonstration of AEs welcoming feedback, in order to deliver the highest possible standards of programme for their students to meet their intended standards of proficiency. However, it is evident that some core messaging from the NMC has not been clear to all AEs and this requires strengthening.

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Overarching recommendations

- 113 Throughout this report a series of recommendations have been made, that align to specific risk elements addressed within the report.
- 114 In addition to these recommendations, and as part of the EdQA continuous improvement programme, the NMC will:
- 114.1 Strengthen engagement of EdQA with established and influential networks within the higher education sector and practice learning partners, through the development of a reference group;
 - 114.2 Strengthen communications with AEs and other stakeholders through the website, providing a central repository for all EdQA letters, and other communications, in a consistent and accessible way;
 - 114.3 Strengthen relationships with AEs and other stakeholders on a local level, by increasing the number and visibility of Regional EdQA Officers within the team;
 - 114.4 Host an EdQA conference for AEs, and provide online sessions for AE and/or practice learning partner staff, which are targeted to different roles and knowledge bases;
 - 114.5 Explore with stakeholders the introduction of a Lead Nurse for Education role, which mirrors that of the Lead Midwife for Education;
 - 114.6 Ensure our learning from this review feeds into the **NMC review of nursing and midwifery practice learning**;
 - 114.7 Reconsider the existing criteria for minor and major modifications, ensuring that they remain fit for purpose and demonstrate appropriate levels of trust in our AEs; and,
 - 114.8 Collaborate with stakeholders, to consider our approach to monitoring programmes that should include the ability to make timely modifications to approved programmes to promote agility and flexibility for AEs, as well as reduce the burden of, and confusion about, our regulatory processes.



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Synthesising Practice Learning Discovery Phase

NMC Research & Evidence



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Objectives: Synthesising the practice learning 'Discovery' phase



As part of nursing, midwifery, and nursing associate education, students undertake **practice learning** to apply an evidence base as they develop skilled practice in a **safe, and supported environment**

This **currently accounts for 50%** of nursing, midwifery and nursing associate programmes - emphasising that academic and practice learning are equally important

Education requirements were linked to EU legislation however **the NMC now has flexibility** to set UK specific standards in areas such as practice learning

There is an opportunity to **revisit our practice learning** approach – the NMC has been investigating this since leaving the EU, and **commissioned** a further **research** in 2024

This synthesis collates themes from across projects to answer:

- What is the **current state** of practice learning in the UK
- What does this suggest for **next steps** for the NMC?
- Are there any **key lines of enquiry** to explore further?
- What **other challenges** exist for us to consider?

Methodology: Collating themes from research reports and stakeholder discussions



In **2024** the NMC completed **multiple projects** capturing feedback on practice learning...

2 x NMC produced reports:

- An evaluation of **simulated practice learning** in pre-registration nursing programmes
- An **Education Quality Assurance** review on mandatory exceptional reporting

1 x externally commissioned research project:

- Practice learning in nursing and midwifery education: **An independent rapid review**

...these were reviewed alongside notes from **stakeholder discussions** on the subject

Stakeholders consulted included:

- NMC Public Voice Forum
- The Practice Learning Steering group
- Practice Learning Student advisory group
- Practice Learning Public advisory group

This gave us **over 225 pages** of content to review in total

NOTE: Projects commissioned in 2024 built on earlier work and research commissioned to understand the subject

Executive Summary



Practice learning is seen as crucial for students to develop into safe, effective and kind practitioners - consensus that **quality** of practice learning is key but **less certainty** on the appropriate **quantity**

Despite **detailed regulation** there is big **variation** in students' experiences of practice learning – inconsistency is contributing to some **students** leaving courses **not feeling confident** or being **disillusioned** with the profession

Inconsistencies in experiences revolve **around three classifications of issues**:

1. **Definition** of practice learning
2. **Delivering** practice learning
3. **System** wide issues

What **we don't know** yet, is whether this **variation** has direct consequences or **impacts on the quality of care** that people then go on to receive (as NMC outcome standards focus on the 'What' not the 'How')

While people don't agree on how to address inconsistencies, **four factors** were frequently **mentioned** as **influential in quality** practice learning experience – simulated practice learning, practice supervision, 'taskification' and inclusion

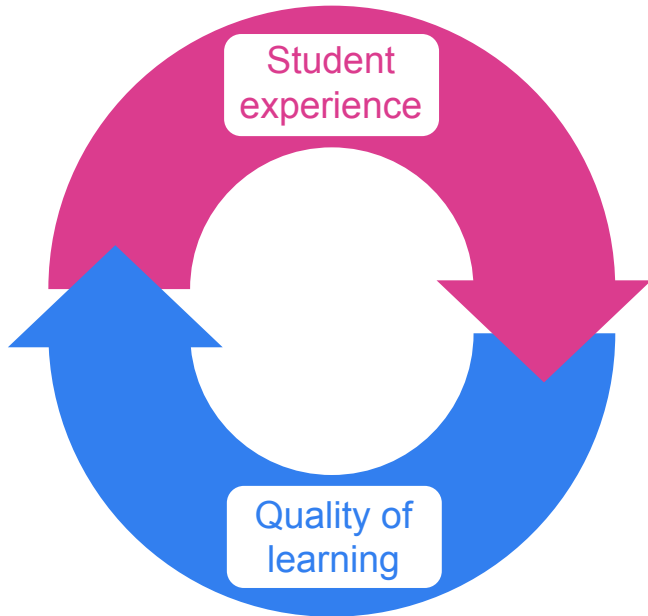
There is **clear buy-in** for improving practice learning – immediate actions include: **Clarifying** areas of practice learning where there is **uncertainty about our standards**, Agree **expectations** on **training and support** for practice **supervisors and assessors**, **Strengthen our education quality assurance** processes and build collaboration




There are still **elements to resolve in the discovery phase**, such as: **Understanding** the **impact** of changing practice **hour quantity** on nursing and midwifery curricula, **trailing** and evaluating what different **models** of practice learning **mean for quality of care**, and, understanding the financial **sustainability of simulated practice learning**

There is a need to explore how the sector **supports** students **financially and** with **reasonable adjustments** to boost **equity** – this is alongside a need to understand the **nuances** between **nurses, midwives and nursing associates**

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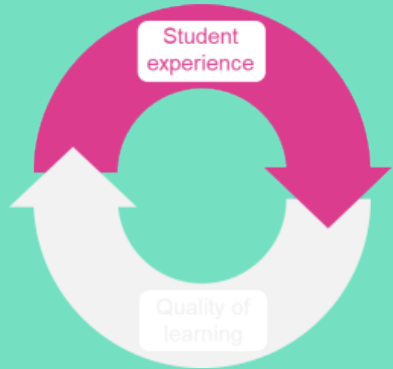
The student experience and perceived quality of learning are woven together



- 1. Student experience 
- 2. Quality of learning 
- 3. What next? 

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Section 1



Practice learning is well regulated however contextual influences and inconsistent implementation lead to a broad range in student experiences

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Variance in experience was one of the few constants reported – despite detailed regulation

Acknowledgement that **UK regulatory standards are comprehensive** – even going beyond other nations in some areas of practice learning...

...despite this, it was **often reported** that practice learning experience can **vary greatly from student to student** within the same discipline

Open practice learning guidance allows education institutions to adapt as necessary to meet requirements however this has enabled other factors to impact on delivery:

1. Confusion over standards has led to **misinterpretation**
2. Different institutions have **differing** ways of **implementing** of standards
3. **Shifting context** within the health and care sector over time

Variance often due to differences in definition, delivery and system challenges



Definition of practice learning

- Inclusion of simulation
- Whether lunch or breaks count within hours requirement
- Use and incorporation of reflection
- Recognition of prior learning



Delivering practice learning

- Team culture and the student onboarding process
- The timing of placements
- Students not counted as supernumerary
- The type and level of support given to students (e.g. experience, continuity and capacity of supervisors)
- The adoption of reasonable adjustments



System-wide issues

- Not enough capacity to support student numbers and breadth of placements
- Level of financial support available to students too low, meaning some drop out or can't complete their placements
- Diversity of student intake numbers and qualifications
- PLP and AEI collaboration

This variance can unfairly impact students – some benefiting while others face inequity



Team culture

Location of PLP

Defined student support

Breaks within PL hours

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This variance can unfairly impact students – some benefiting while others face inequity



Student 1:

Placement begins with welcome to the team – with detailed induction into their placement setting

Team culture

Multiple locations relevant to their adult nursing qualification in close proximity to home

Location of PLP

They are clear on who to contact for any concerns – whether that be AEI or PLP

Defined student support

They could meet their required practice learning hours across fewer shifts

Breaks within PL hours

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This variance can unfairly impact students – some benefiting while others face inequity



Student 1:

Placement begins with welcome to the team – with detailed induction into their placement setting

Team culture

Multiple locations relevant to their adult nursing qualification in close proximity to home

Location of PLP

They are clear on who to contact for any concerns – whether that be AEI or PLP

Defined student support

They could meet their required practice learning hours across fewer shifts

Breaks within PL hours

Student 2:

Unorganised start to placement with roles lacking clarity and first names not shared

Placements are far from home with a high up front cost, impacting free time for part-time job

Theory practice gap creates a lack of clarity on who is responsible for the student wellbeing

They're exposed to more learning opportunities due to more 'active' hours on placement

Section 2



Consistent reinforcement that quality of learning is key - with Practice Supervision, Simulation, 'Taskification' and lack of equity coming through as critical influences on this

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Optimising learning brings a breadth of ideas - yet quality over quantity consistent

The positive impact practice learning has in developing students ability to deliver safe and effective care **consistently mentioned**

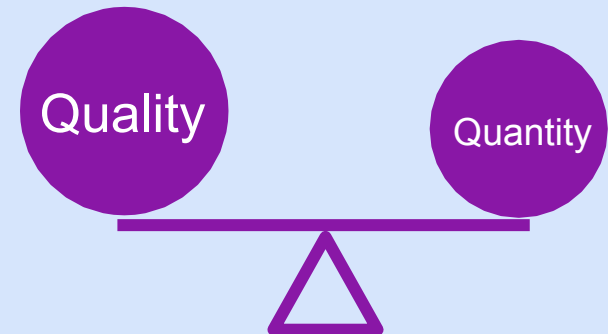
To maximise the learning opportunity, audiences reinforced a belief that quality outweighs quantity for learning impact

This was repeated across nursing, midwifery and nursing associates roles, nation and within stakeholder groups (students, professionals, educators and service users)

However defining what this experience involves to best impact student experience and patient outcomes was less uniform or consistent



A need to balance both quality and quantity in the delivery of practice learning



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Some PL features were highlighted as impacting on quality of learning across all experiences



- Many barriers and opportunities to delivering effective practice learning were reported
- Links were based on stakeholder perceptions rather than evidence on outcomes
- These factors were seen as influential in supporting person-centred care regardless of interpretation

Many features were mentioned however four factors were regularly raised:

Practice Supervisors



Equality, diversity & Inclusion



'Taskification'



Simulated practice learning



The support for practice supervisors is dictating the support they then provide

Practice **supervisors are core** to the practice learning experience – unsurprisingly this often highlighted as key to effective learning

A desire to provide **continuity of supervisor** (to enable ongoing feedback) – this ideal however was seen as **difficult** to achieve

Capacity pressures have a **double impact** on supervisors – their day to day responsibilities and practice supervision

Expanding the supervisor role has **enabled support with capacity** challenges however is seen to impact on the quality and continuity of supervision for students

Supervisors **guide from theory into practice** – supporting **their training and time** benefits the positive impact on students learning



AEIs and PLPs support...



...supervisors who support...



...students



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PL Proficiencies seen as a checklist to complete – missing the benefit of time and task repetition



Being presented with the **list of proficiencies**, examinations, tally of births and practice hours can be **overwhelming** bringing heightened **anxiety** for students and supervisors

'Taskification'

A factor reported from supervisors and students – this was where the proficiencies were seen as a checklist to work through

Pressure to work through a list leads to **deprioritising elements** such as continuity of care for service users – a concern that this undermines complex care

Challenge to balance a wide **breadth of shallow experiences against** sufficient time and **repetition** of skills to **deliver person centred care**

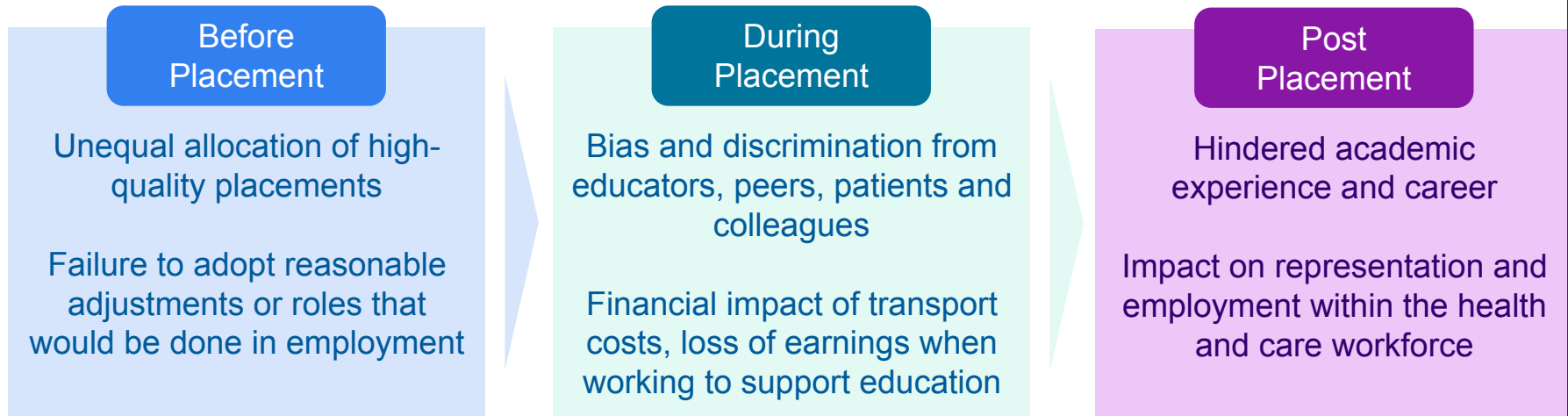
Question: What are the expectations on newly registered professionals? Safe to practise or deliver complex care

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EDI challenges are reported as a consistent challenge to experience and quality of learning



Equality, Diversity and Inclusion is a consistent barrier across someone's practice learning experience



These factors impact on nurses, midwives and nursing associates – due to race, ethnicity, disability, socio demographic status

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Simulated practice learning can provide equity in experience – especially for rarer proficiencies



SPL can help to give a **breadth of experiences** that **otherwise** might be **limited** to see in a typical placement setting

Simulated Practice Learning (SPL)

Reviewing AEs that adopted SPL in pre-registration nursing as part of COVID measures, there were multiple benefits reported impacting the perceived quality of learning

The **quality of SPL** in cases studied was seen to be **high** and authentic due to sufficient **time and effort in co-design**, as well as open door approach from the NMC

This exposure to certain scenarios and skills through SPL **can improve equity** of experience across a student cohort

This proved to be **particularly beneficial** for elements of **mental health nursing and learning disabilities** nursing where exposure to some scenarios are impacted by chance

Simulation is similarly **used within midwifery** for more difficult to learn skills however this is **classed under theory** not practice learning

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SPL more than a tool to ease capacity concerns – safe space benefitting transition into practice



While initially used to ease capacity challenges – many report a greater benefit in how SPL can be a bridging tool from theory to practice

SPL gives a safe learning environment where students can ask questions and make mistakes

This benefit has seen some AElS continue with SPL, however shifting its purpose:

Moving from...

Capacity support

...and going to

A learning supplement

While SPL could help with capacity or quality of learning, when added into nursing programmes it was seen to be resource heavy in other areas

While positive - there hasn't been universal uptake of SPL in nursing programmes for a number of reasons, namely:

- Cost to maintain and co-design
- Staffing and resource commitment
- Lower need for capacity support

There was variance in the delivery of simulated practice learning however perceived benefit was linked to effort and investment (e.g. co-creation)

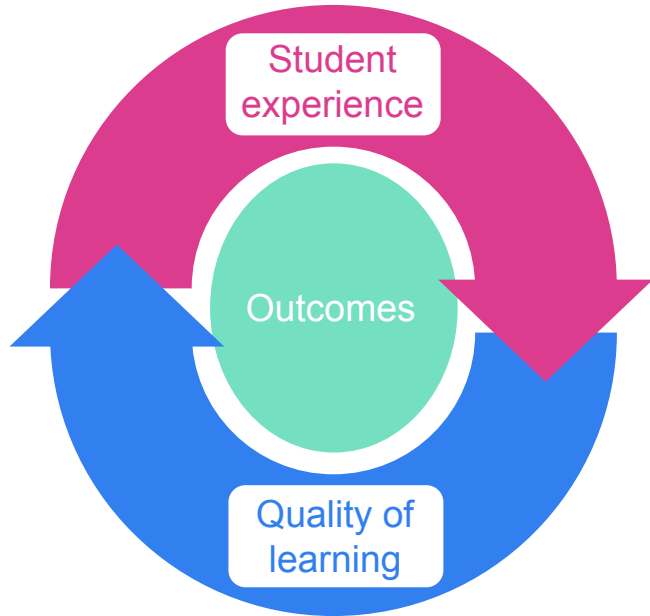
Section 3



A desire across stakeholders to refresh practice learning – actions have been suggested but gaps in knowledge and uncertainty on the correct path remain as barriers to overcome

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PL experience and perceived quality findings a start – yet evidence on PL outcomes a key gap



- The practice learning **discovery phase** has **started** to collate an understanding of factors that are influencing the **experience and delivery** across the UK
- It **highlighted the spectrum** of experiences for students and factors anecdotally associated with quality of learning
- There are **still key evidence gaps** not supported by clear research to inform decision making (such as impact of PL variance on patient outcomes, optimal PL model or hours)
- This is **coupled with gaps on the nuances** of experiences, such as use of simulation within midwifery education, impact of approaches to funding across the four nations

Despite inconsistency in experience and ideas on solutions – there was broad buy-in for change

There was **inconsistency** in the **implementation** of practice learning as well as **suggestions on how best to improve it...**

...yet there was a **consistent desire to improve** practice learning – giving more **reliable** experiences and **optimising** the approach

QUESTION:

In the absence of empirical evidence is this a mandate for trialing changes in a controlled manner (e.g. through pilots) to build this evidence base.

Feedback highlighted the impact of any changes on perceptions of safety among the public

A need to clearly explain rationale and evidence behind any decisions to reassure

NEXT STEPS:

1. **Actions:** Address challenges identified in Practice learning
2. **Questions:** Address gaps in evidence before progressing

A range of actions were flagged in reviews – both for the NMC and for the wider sector



Clarify regulations to improve consistency where there are areas of confusion

1. Greater clarity or a consistent policy position on the classification of breaks within Practice learning hours (considering the EDI implications)
2. A formal policy position on SPL hours to ensure consistent interpretation
3. A formal policy position on protected time for reflection within PL hours

Improve monitoring and feedback for early intervention and learning over time

4. Systematically collect student feedback to spot inconsistencies in PLPs (real time)
5. Create/co-produce a new approach to monitoring changes in programmes
6. Develop robust mechanisms to confirm whether standards are understood by all stakeholder groups (students, supervisors, assessors, Educators)

Note: These exclude further research which is captured under Key line of enquiry sections

A range of actions were flagged in reviews – both for the NMC and for the wider sector



Refreshed comms and collaboration to address confusion and reframe responsibilities

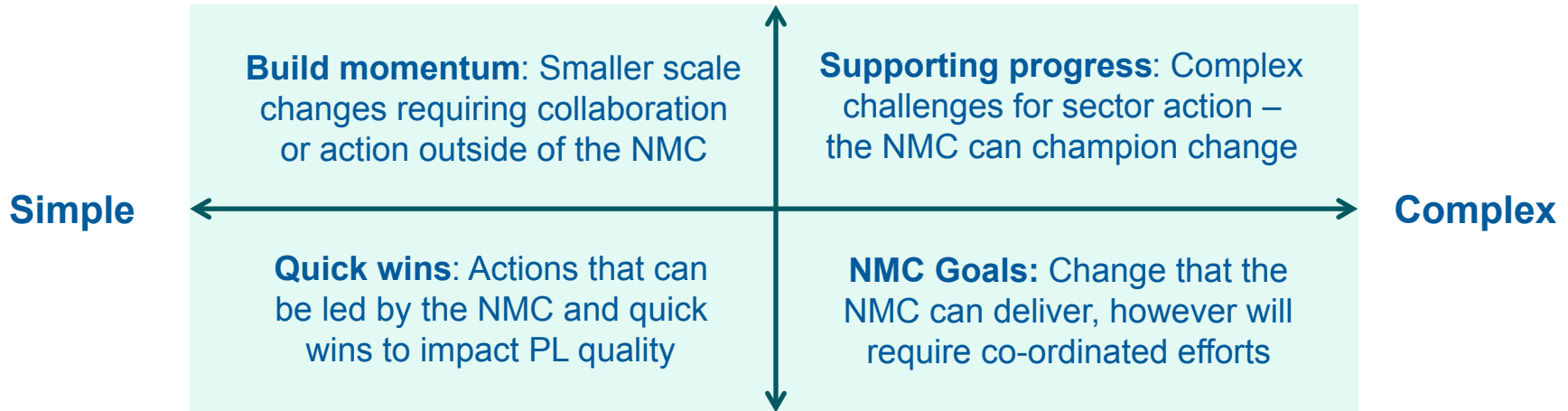
7. Improve engagement between AEs and the Education Quality Assurance – facilitating relationships and providing more training on key issues
8. Collaborate and engage with AEs, PLPs, Students, Supervisors and Assessors to learn lessons
9. Communicate and seek reassurances from AEs on their responsibility and capacity in delivering effective PL (including student psychological safety) – revisiting the dissemination of guidance to AEs and PLPs
10. Highlight expectations on training and support for practice supervisors and assessors

Review features of practice learning standards/processes highlighted as barriers

11. Require that SPL hours are clearly stated at course approval and major modification reporting
12. Recognise and add value to the role of practice supervisors and assessors
13. Review current model and method of practice learning assessment

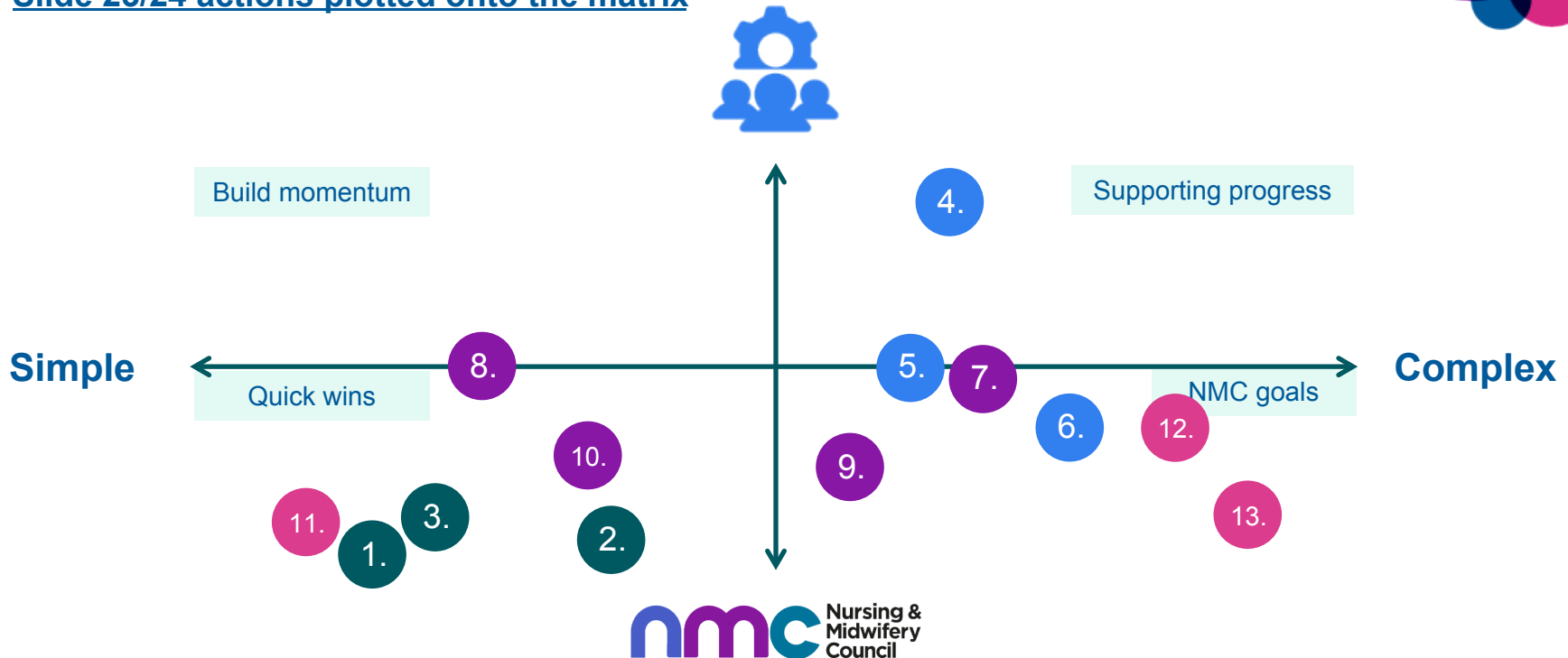
Note: These exclude further research which is captured under Key line of enquiry sections

Reflecting on the responsibility and complexity of these actions can help with next steps



Identifying direct and indirect actions can help structure the next steps for the NMC

Slide 23/24 actions plotted onto the matrix



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New questions and knowledge gaps evident – what needs to be resolved before next steps?



Practice learning quality and outcomes

1. After how many hours/births do students typically meet their nursing or midwifery proficiencies?
2. What is the impact of SPL on the quality of care newly registered professionals go on to deliver?
3. How do points of variance within the structure, delivery or system impact on the quality of care delivered by newly registered professionals? (Understanding outcomes not experience)
4. What impact do different models of practice learning have on of patient safety and efficacy of care?

Practice learning structure and delivery

5. How effective are the current mechanisms to support students? (e.g. finance and accessibility)
6. What is the cost (financial and resource) of adequate SPL – is this sustainable to incorporate within PL?
7. What areas of practice learning have varied implementation and interpretation and how to clarify these?
8. What mechanisms can incentivise sufficient breadth of placements?
9. Review what can be learned from other professions in their execution of practice learning?
10. What is the impact of funding models on practice learning within differing UK nations
11. How does practice learning experience link to student and newly qualified professionals' retention?

Core themes of EDI and role type impact need to be explored further within all key lines of enquiry



Multiple questions emerged from research and engagement

Important to review which of these need to be prioritised before progressing from the 'discovery phase'...

...two questions are embedded within most other knowledge gaps – these should be reflected in all future work

Equality, diversity & Inclusion



Nursing, midwifery and nursing associate nuances



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How well do provisional key lines of enquiry capture questions from the discovery phase



Key Line of Enquiry	Overlap
1. Practice learning experiences of students with protected characteristics (including requirements for reasonable adjustments) and the relationship to retention	5. 10. 11.
2. Development of quality metrics and quality indicators for practice learning as part of Ed QA and their relationship to the student experience and attainment of proficiency standards	7. 9. 11.
3. Consideration of strengthening our approach to supporting students in practice/ SSSA including strengthening requirements for protected learning time for NA students	1. 5. 6. 8. 11.
4. Evaluate key aspects of midwifery curricula to understand midwifery student practice learning experiences that support student attainment of proficiency standards	8. 9.
5. Evaluate key aspects of nursing curricula that support nursing student attainment of proficiency standards for their intended field of nursing	1. 5. 6. 8. 11.

Missing from KLOEs 2. 3. 4.

Note: Key lines of enquiry listed on the slide will be recommended to Council 29 January 2025



Thank you

researchandevidence@nmc-uk.org

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Council

Fitness to Practise (FtP) Plan: Realignment update and update on our casework performance

<p>Action requested:</p>	<p>To update the Council on the current status of our fitness to practise (FtP) improvement plan, which is aimed at safer, faster decisions delivered fairly. An update is also provided on current FtP performance.</p> <p>For discussion</p> <ul style="list-style-type: none"> The Council is asked to discuss the report.
<p>Key background and decision trail:</p>	<ul style="list-style-type: none"> 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. 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 had been 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. In light of a changing context, we have reviewed and adapted the plan in recent months and details are provided here. Our regular update item on current FtP performance is also within this report. At recent Council meetings, these actions were noted: <ul style="list-style-type: none"> <i>Consider what data relating to the oldest cases could be included in the dashboard for the next update to the Council. We will provide a fuller update on our oldest cases and progress made at the March 2025 meeting of Council.</i>

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	<ul style="list-style-type: none"> Review the way median case age was presented to the Council to ensure it was clear. We report this by FtP stage and this is at paragraph 8 and Annexe 1 paragraph 54. 		
Key questions:	<ul style="list-style-type: none"> What progress have we made to make quicker and safe decisions in FtP? Is our FtP performance improving? Are we delivering our FtP plan within expectations? 		
Annexes:	<p>The following annexes are attached to this paper:</p> <ul style="list-style-type: none"> Annexe 1: Update on FtP performance. Annexe 2: FtP performance dashboard at 31 December 2024. Annexe 3: Caseload data by registrant type and country. 		
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="414 1153 1404 1411"> <tr> <td data-bbox="414 1153 869 1411"> <p>Authors: Gabriel Gonzato and Janice Cheong</p> <p>gabriel.gonzato@nmc-uk.org</p> <p>Janice.cheong@nmc-uk.org</p> </td> <td data-bbox="869 1153 1404 1411"> <p>Executive Director: Lesley Maslen Phone: 020 7681 5641 lesley.maslen@nmc-uk.org</p> </td> </tr> </table>	<p>Authors: Gabriel Gonzato and Janice Cheong</p> <p>gabriel.gonzato@nmc-uk.org</p> <p>Janice.cheong@nmc-uk.org</p>	<p>Executive Director: Lesley Maslen Phone: 020 7681 5641 lesley.maslen@nmc-uk.org</p>
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Discussion

Introduction

1 The Fitness to Practise (FtP) Plan has undergone significant review and adaptation over the past months. As an organisation we are committed to maintaining public protection with fair, timely, and effective processes. This paper outlines current performance, key developments, challenges, and our strategy for realignment to address delivery challenges and achieve outcomes in a timelier way that delivers against stakeholder expectations.

Anticipated phases of the plan

- 2 The implementation of the plan was designed to roll out in phases from April 2024, delivering benefits gradually to ensure stability and success.
- 3 **Phase 1: Stabilisation.** This phase focused on immediate improvements, particularly:
 - 3.1 **Eliminating the backlog of unallocated screening cases** – a key priority to improve timeliness.
 - 3.2 **Better management of the oldest cases.**
- 4 **Phase 2: Improvement.** The next phase set more ambitious targets, including:
 - 4.1 **Tackling preventable backlogs of cases that were outside of timeliness metrics across the process.**
 - 4.2 **Lowering the median age of decision** for faster resolutions reflected in a shorter time to case closure.
 - 4.3 Ensuring **fewer cases require high court interim order extensions** and enabling quicker, first-time case conclusions.
- 5 **Phase 3: Steady State.** Long-term success includes achieving:
 - 5.1 **Cost efficiencies** through process improvements and automation.
 - 5.2 **Reduced hearing costs** and reliance on external case presenters.
 - 5.3 FtP teams with **steady caseloads – meaning cases can be managed within timeliness KPIs.**
 - 5.4 A better experience for all stakeholders – registrants, referrers, employers, and internal teams

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Where we are now

6 We are currently in the stabilisation phase, focusing on:

- 6.1 **Eliminating screening backlogs**, which has already seen significant improvements.
- 6.2 **Addressing older cases** to bring resolution more swiftly.

Demonstrating progress: Positive impacts of our targeted interventions

7 We are starting to see meaningful progress in several critical areas, showing that the changes we have made are delivering real results. Here is what this means in practice.

A. Reduction in Median Case Age of Open Cases

8 We have successfully reduced the median case age across several stages of our processes, ensuring cases are resolved faster. Below compares the average of January–December 2023 vs January–December 2024:

- 8.1 Screening: Case age has improved from 26 weeks to 23.5 weeks.
- 8.2 Investigations: Case age has improved from 55.8 weeks to 49.5 weeks.
- 8.3 Case Examiners: Case age has improved from 88.4 weeks to 77.8 weeks.

9 This progress is particularly significant for individuals who felt "stuck" in the process for too long. Resolving cases more quickly helps reduce uncertainty for both professionals and the public. It allows nurses and midwives to move forward with confidence and ensures those raising concerns see outcomes faster.

B. Improved Timeliness of Decisions

10 We have also made strides in reducing delays in decision-making:

- 10.1 **Significant improvement in the allocation times for referrals.** On 12 April 2024, to be able to measure progress we took a snapshot in time of the 949 Screening cases waiting to be allocated to a case officer. All 949 cases have now been allocated, with 65 percent closed or progressed to Investigations. We have also significantly reduced the time it takes to allocate a case to a case officer. We currently have 419 cases which need to be allocated to a Screening case officer. The volume of cases has reduced by more than 50 percent and the median case age is now three months, down from nine months in March 2024.
- 10.2 At the Case Preparation and Presentation (CPP) stage, in November 2024 there was a similar dedicated focus on allocating cases awaiting work, namely a legal review at the CPP stage. These reviews are significant, involving a careful examination of the investigation materials and case examiner decision by a lawyer. 542 cases needed a legal review at the start of September 2024

and on 30 November 2024 this had reduced to 231, making 311 cases available for listing in front of a Fitness to Practise Committee panel.

10.3 November 2024 saw our **highest number of Screening decisions** (622) in the last five years, helping ensure that cases are addressed sooner.

11 Timely decisions mean fewer people experience unnecessary worry while waiting for an outcome.

C. Better Operational Efficiency

12 New tools and targeted changes have streamlined how we manage cases:

12.1 Case-weighting tools are now in place, ensuring that cases are assessed based on their complexity and risk. These tools have been deployed in some critical parts of our process and will be rolled out in other areas in the coming months. This helps us handle each case appropriately while providing a fairer distribution of work for our teams.

12.2 By improving processes, we are enhancing the consistency and quality of decisions.

13 This not only benefits those involved in the cases but also contributes to a more manageable workload for our staff, which improves team wellbeing and overall service delivery.

D. Improved Hearing Capacity and Experience

14 We have made important improvements to in-person and virtual hearings to ensure cases are heard more efficiently:

14.1 Investment made in our hearing centres means we will be running 50 percent of our hearings physically from January 2025 in London shortly followed by 50 percent in Edinburgh in February 2025, which we anticipate improving our efficiency.

14.2 We have increased the number of cases that have an allocated hearing date from 412 to 604, giving people more certainty of when their case will be considered.

15 These changes allow us to respond more effectively to people's needs while managing costs. Running hybrid and in person hearings enable us to make quicker decisions, and reach more conclusions on cases. We are carefully balancing these improvements with other interventions to ensure the greatest possible impact.

Our plan is working but our context is changing

16 The evidence so far suggests that the FtP Plan is delivering meaningful progress, with key interventions having a positive impact, albeit with challenges that require ongoing adjustment.

17 While we have made significant progress through targeted interventions, new challenges have emerged that require us to rethink and realign our efforts. Recent insights highlight why more decisive and radical action is now necessary to ensure the plan delivers its intended benefits.

A. Higher Referral Rates Are Testing the System

17.1 When we created the FtP plan, we based it on the assumption of handling around 450 referrals per month. However, the current referral rate has risen to an average of 542 per month over the past 12 months – 20 percent higher than our planned assumption.

17.2 This sustained increase reflects wider trends seen across similar organisations, but it puts significant strain on our ability to keep up with demand. Without bold action, we risk falling behind again, undoing the progress we have already achieved.

B. Balancing Our Focus on Key Outcomes

17.3 The FtP plan was designed with an immediate focus on timeliness and safety, followed by quality, person-centred service and cost efficiency as we continued to stabilise and improve. However, as the plan has progressed, our focus has expanded into areas such as safeguarding, data improvements, and cultural changes.

17.4 While these themes are important, they have stretched our capacity, making it harder to maintain momentum in critical areas. To regain focus, we need to prioritise the most pressing outcomes that will deliver real, measurable improvements for the public, registrants, and our teams.

C. Learning from the past six months

The past six months have taught us valuable lessons about the challenges of delivering change at scale:

17.5 Productivity improvements have been slower than anticipated, highlighting the need for stronger interventions and the risk of broadening the focus and making too many asks of the same people.

17.6 Historic under investment in our people and building our capabilities has made it harder to deliver sustained improvements. Culture and performance are intrinsically linked.

17.7 We underestimated how much time and effort it would take to implement changes while improving timeliness at the same time.

17.8 Our communication and prioritisation strategies need to be bolder and clearer, ensuring we focus on the areas with the greatest impact.

18 The Independent Culture Review has had a significant impact, highlighting critical areas requiring urgent action. These include addressing backlogs, improving the

management of complex cases, and enhancing the experiences of registrants, witnesses, staff and other stakeholders. The findings of the review have also influenced regulatory performance, emphasising the need to create capacity to reflect on and shape the culture we aspire to achieve. Additionally, the review provided further recommendations, which must be prioritised and implemented in a well-considered sequence.

Why bold action is needed

- 19 While our current approach has delivered progress, the system is under significant pressure. The next phase of the plan will ensure we respond effectively to the changing landscape. By being decisive, prioritising the most critical areas, and acting with urgency, we can deliver a system that is faster, fairer, and more sustainable for everyone involved.

Key Actions

A. Initial scope and plan adjustments

- 20 We have conducted an evaluation of all the plan interventions, and identified:
- 20.1 **Interventions that can be closed**, either because they have delivered according to plan, or because the project phase has been concluded and work is now fully embedded within the operations. In some cases, where it has become apparent that some interventions will not deliver the expected outcome, these have been closed to optimise resource utilisation.
 - 20.2 **Interventions which require scope re-focus** in line with the learning developed in the first six months of delivery, to ensure outcomes are achieved.
 - 20.3 **Interventions which will continue as planned:** these interventions are in progress and expected to deliver the anticipated outcome.
 - 20.4 **New interventions to address the recommendations from the Independent Culture Review.**
 - 20.5 **New interventions to leverage what we have learnt over the first six months of delivery** to overcome barriers to realisation of outcomes.
 - 20.6 **Identified interventions that can be delivered at no additional cost, which we anticipate will deliver positive impact in the short term.**
- 21 Scoping work in all cases has progressed from the definition of a clear problem statement, ensuring a tight and measured scope.

B. Focused Short-Term Actions

- 22 We are taking a series of targeted actions to address immediate pressures, improve efficiency, and lay the groundwork for longer-term improvements. These actions are straightforward, cost-effective, and already underway:
- 22.1 **Targeted Review of Lower-Risk Cases.** We are exploring a focused project to progress older and lower-risk cases at the Investigation stage, using clinical, legal, and case examiner expertise to speed up decisions.
 - 22.2 **Reallocation of Case Examiners.** Five case examiners have been reallocated to focus on screening decisions, ensuring faster resolution of cases at this critical early stage.
 - 22.3 **Streamlining Hearing Listings.** We are reviewing how hearings are scheduled to make the process more efficient and improve the experience for everyone involved. This includes learning from cases that close earlier than expected.
 - 22.4 **Project on Older Cases – evidence of safe practice.** We are working with representative bodies to progress older cases and where a registrant is able to demonstrate their safe practice we think we will be able to simplify hearings and decrease the time taken for them to conclude.
 - 22.5 **Risk Assessment and Prioritisation.** We are identifying ways to improve how cases are **risk-assessed and allocated**, ensuring a balanced approach based on case risk, age, and other key factors. This will make the process fairer, more consistent, and efficient for everyone.
- 23 These targeted actions reflect our commitment to delivering meaningful improvements in the short term while we prepare for bolder, longer-term changes. They will help us reduce delays, improve fairness, and ensure public safety remains at the heart of everything we do.

Introducing more radical interventions

- 24 With leadership changes and growing scrutiny, we must act decisively to accelerate improvements, support our teams, and deliver the transformational change needed to protect the public effectively. This includes driving a cultural shift within our processes to ensure we meet expectations and deliver a fair, efficient system.

Reviewing Our Processes to Manage Referrals Proportionately

- 25 We are taking a closer look at how we handle referrals to ensure our processes are **fair, efficient, and proportionate**. This work is focused on:
- 25.1 **Thresholds and Screening Guidance.** We are reviewing the criteria we use at the Screening stage to decide which cases need further investigation. This ensures we focus on cases that may require regulatory action, while resolving

others quickly. By streamlining this step, we can reduce delays and prevent unnecessary backlogs.

25.2 **Early and Effective Decision-Making.** We are improving how and when we **escalate cases** in the process. This means:

25.2.1 Making decisions at the **earliest appropriate stage** to avoid delays or additional work later.

25.2.2 Escalating cases where needed to ensure progress and avoid stalling.

26 These changes will help us manage the rising number of referrals more efficiently, reduce case backlogs, and ensure that resources are focused on cases that matter most for public safety.

27 This will require reviewing guidance to ensure that we take a proportionate approach to risk and progress cases which may require regulatory action to investigation more swiftly, recognising that our current approach can lead to delays and a build-up of the caseload. Sector experts have emphasised that attempting to eliminate all risk is neither feasible nor the responsibility of a regulatory body like the NMC, which regulates over 800,000 registrants. As noted, "healthcare is inherently risky and so there is a level of risk the NMC will need to live with." This perspective underscores the importance of refining our thresholds to focus efforts more closely within our statutory remit and functions to play our part in protecting the public and public confidence.

28 This approach does not preclude working with other organisations in the healthcare sector to ensure safe services.

Communication and stakeholder engagement

Reflecting on what we have learned

29 As we progress with the FtP plan, we have taken time to reflect on both our successes and areas where we could improve communication and engagement. While we have made progress in crafting a clear narrative and engaging stakeholders, we recognize several challenges:

29.1 **Clarity of Messaging:** At times, our communication has relied too heavily on technical or process-driven language, making it harder for some audiences to fully grasp the purpose and progress of the plan.

29.2 **Proactive Engagement:** We could have done more to engage stakeholders early and consistently, to build their understanding of the plan and why we are confident in it, ensuring their input and buy-in was secured early and concerns were addressed before they escalated.

29.3 **Framing the Problem:** we could have been more explicit in positioning our response as a balance between stabilising and future-focused and transformative.

30 These insights have reinforced the importance of refining our approach to ensure our messaging resonates with diverse audiences, fosters trust, and inspires confidence in our ability to deliver change.

Next steps

31 To deliver meaningful engagement, we will:

31.1 Use stakeholder feedback and team insights to shape our approach and messaging.

31.2 Demonstrate accountability by sharing progress and measuring impact.

31.3 Focus communication efforts where they will drive the greatest impact, ensuring alignment with our cultural transformation and FtP objectives.

32 By acknowledging our challenges and committing to stronger communication and engagement, we aim to build trust, improve transparency, and ensure stakeholders, colleagues, and the public recognize the progress and impact of our efforts.

Equality Impact Assessments (EQIA): Improving our approach

33 The scale and complexity of the FtP Plan present challenges in managing Equality Impact Assessments (EQIAs), particularly given the extensive number of workstreams and packages involved. Initially, EQIAs were consolidated into a single document based on precedent from previous improvement programs. However, a review has identified the need for a more tailored approach, breaking some of these assessments into separate documents for an earlier and more robust identification of EQIA considerations, through dedicated evaluation and research, so that these can be incorporated into workstream design and delivery.

34 To enhance focus and ensure thoroughness, a new '**pre-EQIA**' **scoping tool** has been developed. This tool protects the integrity of EQIA, as it assesses proposed work against protected characteristic criteria, whilst supporting the identification and prioritisation of workstreams requiring additional research and evidence gathering, particularly those with potential legal risks or significant impacts on protected characteristics. The process involves documenting the rationale for further exploration and will be subject to robust review and challenge.

Challenges and Mitigation

35 We continue to proactively address the challenges that arise:

35.1 **Resource constraints:** Exploring additional funding options and optimising existing allocations. As we await clarity around options within the budget cycle (and in the context of exploring funding for more radical interventions) we are progressing with those activities which we can complete at no additional cost. We are also looking at future years FtP funding allocations to see if funds can be accessed early under a strict "invest to save" criterion.

35.2 **Stakeholder expectations:** Stakeholders are eager to see improvements and are willing to support our efforts. However, their priorities vary, and it is not feasible to address all of them simultaneously. To manage this, we will be clearly defining and communicating our desired outcomes and timelines, engaging with people involved in the process to continue to guide us. This will help align expectations, foster collaboration, and minimize uncertainty.

35.3 **Systemic ability to deliver change:** Exploring how we can pragmatically reduce change efforts (on the basis of a radical resequencing across the organisation) to deliver change which is more aligned to the organisation’s ability to plan, deliver and embed. Within the FtP plan we have taken a robust approach and chosen to conclude activities that were not delivering the impact originally hypothesised, merged activities where sensible to do so and operationalised initiatives where the project phase has been concluded. This is in order to simplify governance, maximise project and change expertise where it is most needed and enhance the operational impact of changes.

Next Steps

36 Our plan has always been about evolution, and we recognise that this journey will continue. We are aware that further external reviews and inquiries are expected to bring new recommendations. These will offer valuable insights but also require us to remain flexible and pragmatic in how we respond.

37 As we move forward, we will carefully assess each recommendation, ensuring that our focus remains on delivering improvements that align with our core objectives. Some recommendations will be implemented immediately as part of the current plan, while others may need to be deferred to a structured roadmap for future implementation. This approach reflects our understanding of the organisation’s capacity to deliver and absorb change effectively.

38 By maintaining this balance between immediate priorities and longer-term aspirations, we aim to build a Fitness to Practise system that not only addresses current challenges but is also resilient and adaptable to future needs. Our commitment remains steadfast: to create a system whereby we deliver swift and safe decisions, that are achieved through faster and fairer processes.

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		Strengthening our safeguarding work is part of the FtP Plan.
The four country factors and considerations.	Yes		Our work on the plan includes and is dependent on engagement with a variety of UK stakeholders. Caseload data is at Annexe 3.
Resource implications including information on the actual and expected costs involved.	Yes		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		No specific implications.
Equality, diversity, and inclusion.	Yes	Para 33 & 34	
Stakeholder implications and any external stakeholders consulted.	Yes		Our work on the plan includes and is dependent on engagement with a variety of stakeholders.

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.
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Annexe 1: Update on Fitness to Practise (FtP) performance

Headlines

Movement of our caseload

- 1 Referrals received:** Referrals have risen considerably over the past 12 months putting pressure on our FtP plan and casework. The average number of referrals per month between January–December 2024 was 542 referrals per month, compared to 464 for January–December 2023. This is an increase of 16.6 percent on actual performance (an average of 77 extra referrals per month) (Chart B1).
- Higher referrals are masking positive performance of an increasing number of decisions and progressions. There has been particularly strong performance in Screening since September 2024 (Chart D1).
- Since April 2024 we have received 4,845 referrals, with members of the public and employers being the groups making the most referrals (65 percent of all referrals, as seen in Chart B1).
- 4 Number of FtP cases we hold:** Our overall caseload rose every month except in May 2024 during the past 12 months (Chart A1). The total caseload was 5,778 in January 2024 and rose to 6,633 by December 2024. This is an increase of 14.7 per cent (855 cases over 12 months). This includes a small proportion of cases we've reopened for re-consideration.
- 5 Median age of open cases:** The median age of our caseload has decreased at the early stages of our process, however for those cases that progress to Adjudication the median age of cases is increasing as cases move through the process.
- 6 Number of FtP cases on hold awaiting a third party:** 411 cases are on hold due to third party investigations. This is 6.2 percent of the total caseload (Chart A1).
- 7 Number of outcomes we've achieved:** since April 2024 we have closed 4,439 cases. This is an average of 493 cases per month.
- Our combined closures and case progressions (outcomes) since April 2024 stands at 7,304 outcomes. This is an average of 812 per month and higher than the previous year in the same period (785 average per month).
- Chart D1 shows a significant improvement in Screening outcomes since September 2024, following our investment in this area and boosted capacity over 2024.

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Preventing delays and making prompt decisions at every stage of FtP

- 10 **Proportion of cases closed within 15 months:** we measure the proportion of cases that we close within 15 months of opening a case, to show end to end case progression across FtP. Our target is 80 percent closed within 15 months, and we have not met this target since before 2019.
- 11 We have seen an improvement over 2024. At 31 March 2024, 61.1 percent of cases on average were closed within 15 months in the 12 months prior. At the end of December 2024, 65.5 percent of cases were closed within 15 months in the previous 12 months.
- 12 **Proportion of our case holding within timeliness targets:** Chart A1 shows 66 percent of our open cases are outside of their timeliness target, with a significant proportion held at Screening. Our aim is to improve this over time with significant focus currently on supporting continued progress in our Screening performance.
- 13 **Timeliness by FtP stage:** Data for each part of the process since March 2024 is summarised here and shown in charts D1 to D4 in Annexe 2. We expect fluctuations across the year as we focus on older cases and work to keep cases moving. For example, the focus on oldest cases at Screening is seeing the age of decision increasing which is expected in the short term.

	% of caseload	Median age of caseload (weeks)		Median age of decision (weeks)		% of cases <u>within</u> the stage timeliness target		
		Mar-24	Dec-24	Mar-24	Dec-24	Mar-24	Dec-24	Target
Screening	44.8	24	23	8	13	27	25	2 months
Investigations	33.2	49	49	62	70	38	42	6 months
Case Examiners	4.4	72	77	71	94	80	76	1.5 months
Adjudications	17.6	144	148	159	138	33	29	6 months

- 14 **Focus on oldest cases:** Each stage of FtP reviews their 10 oldest cases every month with an aim to actively progress them. Some cases are affected by third party investigations such as with the police and our case progression is halted. We are reviewing our approach to reporting on oldest cases so we can demonstrate where we are making progress.
- 15 **Reducing the average length of hearings** will be a focus for us over the next six months to support cost reductions and improve customer experience. We will review our approach to charges, how we run hearings (panels, and virtual or in person), and how we document determinations when a decision is made.
- 16 The next release of our **new case management system** is expected from April 2025. This will also help us to reduce inefficiency through new case management technology so that we can focus released capacity on delivering our plans. The first step will be expanding the types of cases that we triage within our case management system at Screening.

Being consistent in making proportionate decisions

- 17 **Imposing interim orders within 28 days of opening a case:** Performance has dipped compared to last year when we look at our rolling 12 month average, 63.3 percent in December 2024 compared to 66.8 percent at March 2024. Reasons for the fluctuations vary as imposition is dependent on a variety of reasons such as team capacity (including case volumes and the volumes of new referrals), whether a case might be more complex and needs more time to review, professionals needing more time to prepare ahead of an IO hearing.
- 18 As previously reported, we are currently reviewing whether this KPI is the clearest metric to understand our performance, manage risk, and to ensure that the targets are not driving unintended behaviours.
- 19 **Proportion of cases with an interim order:** out of the 6,633 caseload, 1,359 cases have an interim order in place of which 747 are interim suspension orders and 612 interim conditions of practice orders. This means 88.7 percent of professionals with an open case are able to work pending the conclusion of their case (Chart A1).
- 20 **Quality assurance:** improvement areas are focused on streamlining data capture and reporting to help drive learning and improvement through quality checks. This work will complete in March 2025. An interim quality dashboard is now in use and brings together some of these quality metrics. Initial development of a new quality assurance framework for FtP has started but has been paused pending an audit of current quality frameworks, commissioned by our Audit Committee.

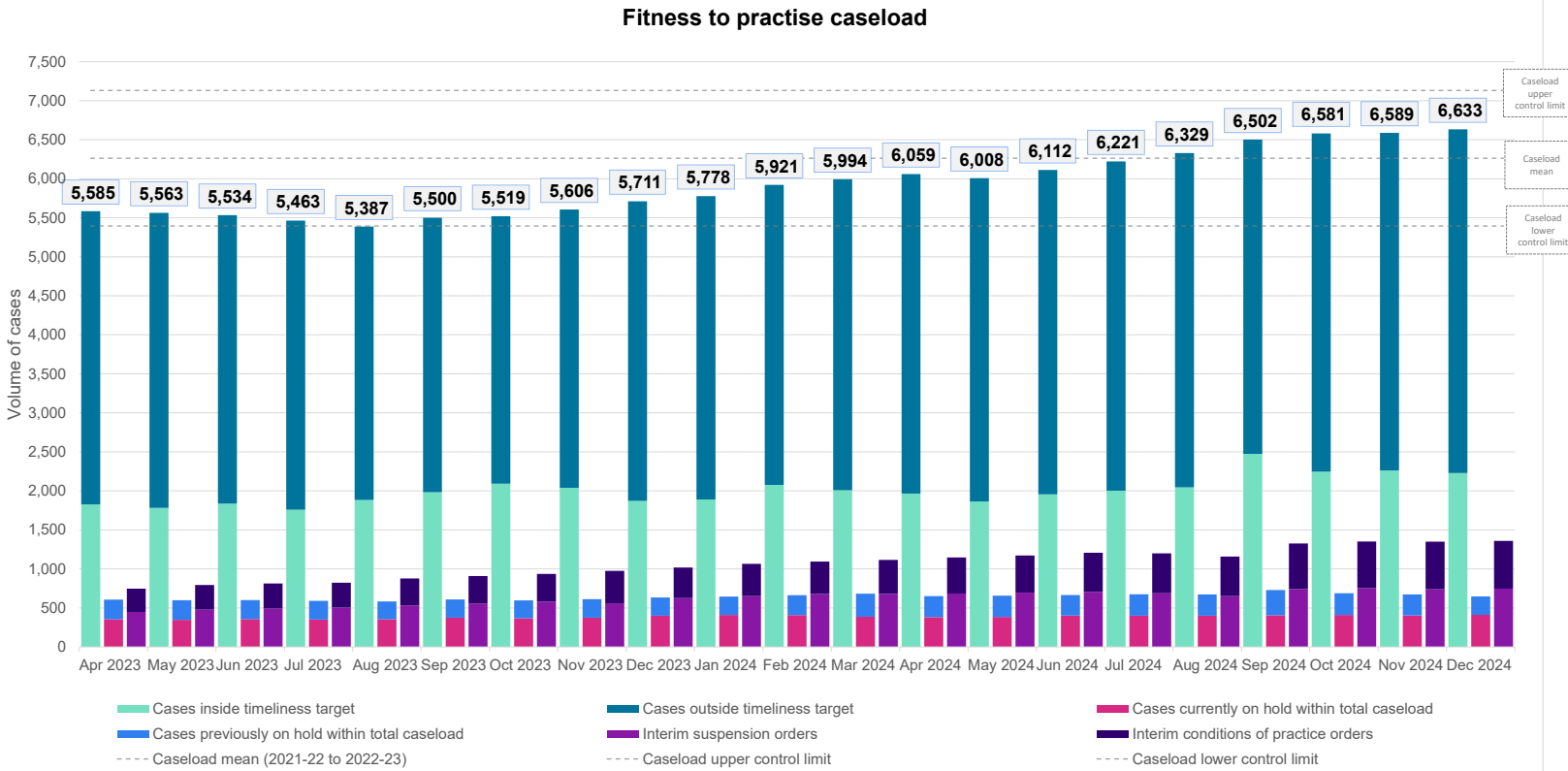
Better supporting vulnerable professionals in our process, promoting equality, diversity and inclusion and embedding a working culture where people thrive

- 21 We plan to **improve the experience for people involved in our FtP process** and be clear about what people can expect. For example, we will pilot a different approach to engaging with and supporting professionals who have been referred to us, aiming to have better initial contact with them after initial referral. We are scoping the work and aim to launch the pilot by May 2025.
- 22 **Collecting data on experiences of people within FtP:** We plan to pilot and launch a new survey to collect data about the experiences of people within the FtP process during Q4. This will support us to have regular data on whether the improvements we're making are having the intended impact, including how we engage and communicate with people during the FtP process.
- 23 The survey questionnaire has been developed using best practice, baseline information, and input from internal colleagues. We will shortly test the survey with a sample of people before launching the pilot of different ways to collect the data. We aspire to start reporting the results from early 2025-2026 (date is to be confirmed).

Fitness to Practise Council performance dashboard December 2024

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

A1



Commentary December 2024

Caseload has been increasing over 2024. Screening and Investigations hold the majority of the overall caseload as shown by the table below. We have seen the Screening caseload fall since September 2024, which reflects our boost in team capacity and an increase in decision-making. However, given the sustained high level of referrals and increase in Screening decisions, more cases have been progressed into the Investigations stage whilst outputs are not keeping pace with the incoming workflow so we are seeing the Investigations caseload rise.

	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
Overall caseload	6059	6008	6112	6224	6329	6502	6581	6589	6633
Screening caseload	2941	2879	2919	2982	3079	3098	3084	3010	2969
Investigations caseload	1774	1797	1803	1907	1946	2015	2092	2145	2203
CE caseload	255	246	252	255	192	234	205	258	293
Adjudications caseload	1089	1086	1085	1080	1112	1155	1200	1176	1168

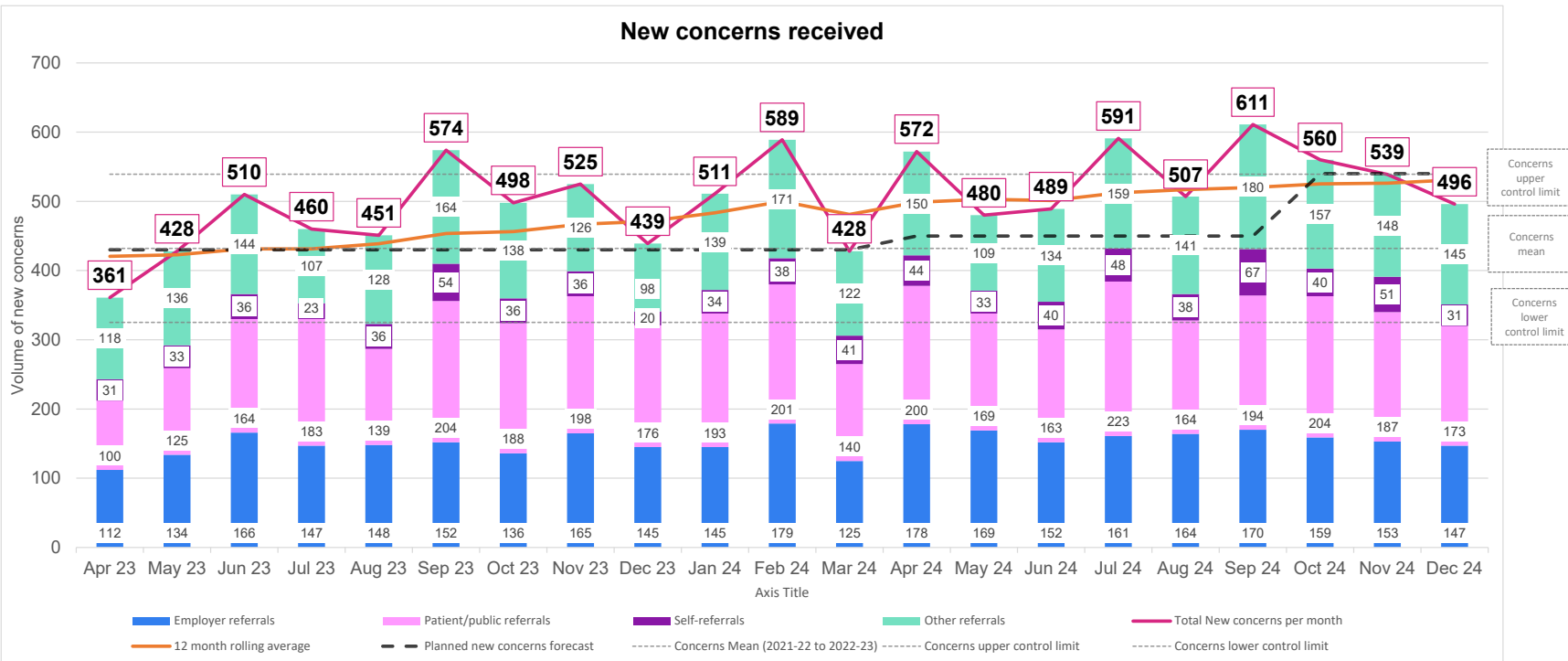
Timeliness - as shown by the green bars, 66 percent of our open cases are outside of their timeliness target. A significant proportion is held at Screening.

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Fitness to Practise Council performance dashboard December 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: 454
Undertakings caseload: 137

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 December 2024

Referral volumes fell again from November to December, possibly reflecting a 'shorter' month and the festive period. But the average number of referrals per month between January–December 2024 was 541 referrals per month, compared to 464 for January–December 2023. This is an increase of 16.6 percent (an average of 77 extra referrals per month). Accordingly, we have revised our assumption from 450 a month, to 540 a month as shown by the 'planned new concerns forecast' line on the graph.

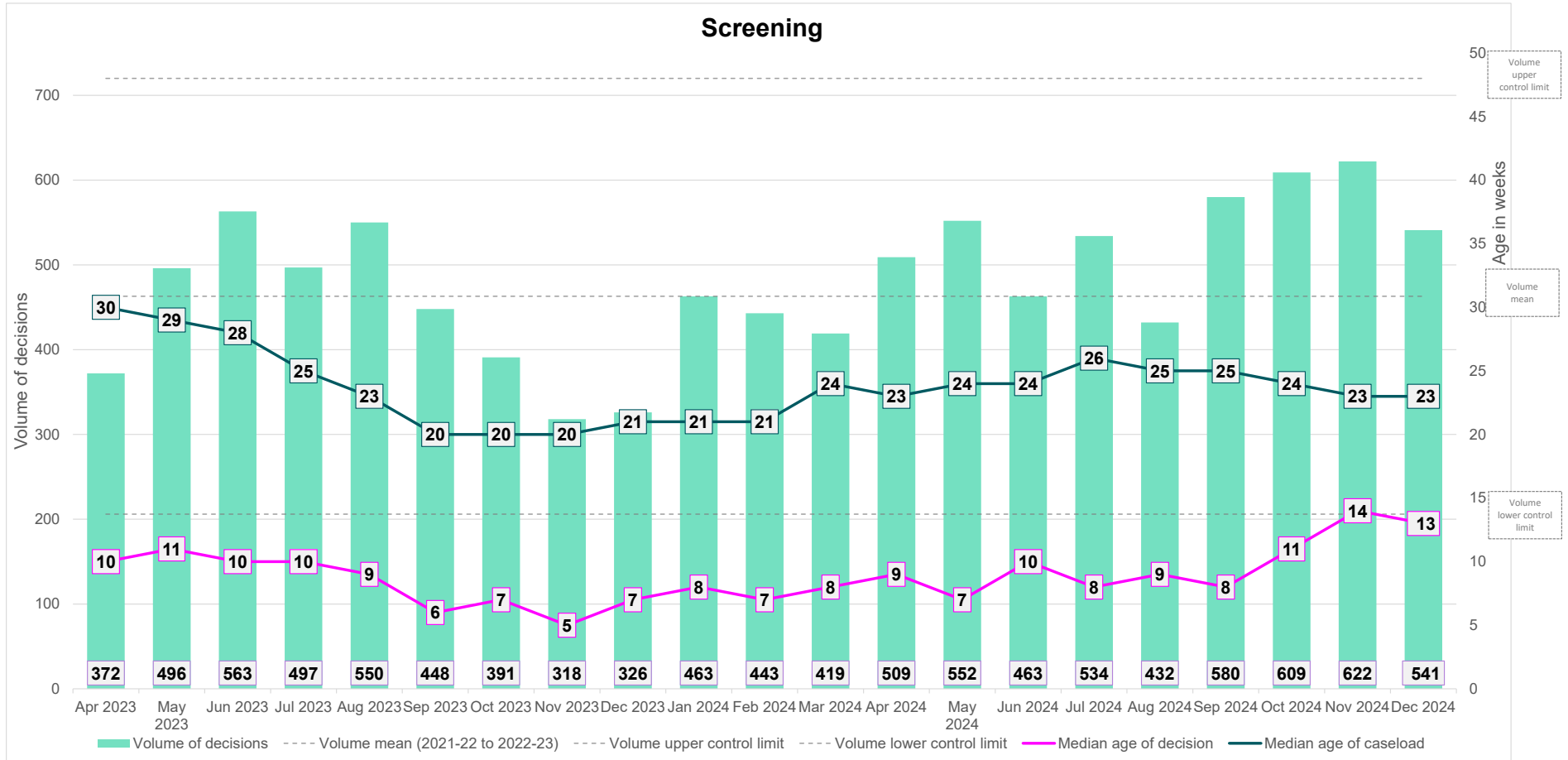
The highest proportion of referrals continues to be from patients/the public (173 for December) and employers (147).

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Fitness to Practise Council performance dashboard December 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



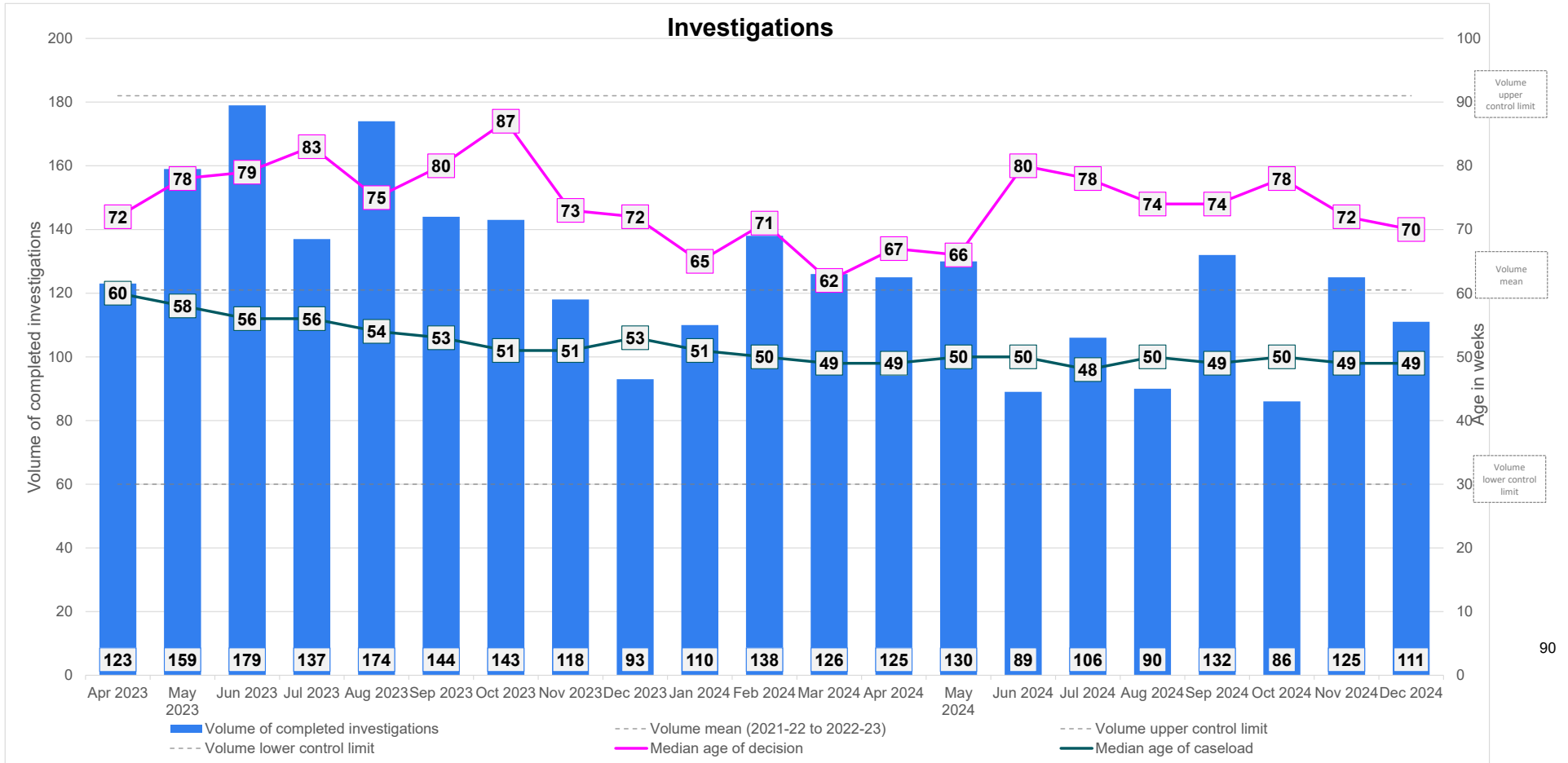
Commentary December 2024

Notable increase in decisions for Sept - December compared to previous months. We saw a dip in decision-making in December 2024, reflective of a 'shorter' month and the festive period. We expect the age of the caseload to remain on a downward trend as we continue to focus on the oldest Screening cases and moving these to a Screening decision and out of the Screening caseload. This focus also impacts the age of decision as seen here - since September 2024 it has been higher than previous months.

Fitness to Practise Council performance dashboard December 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 December 2024

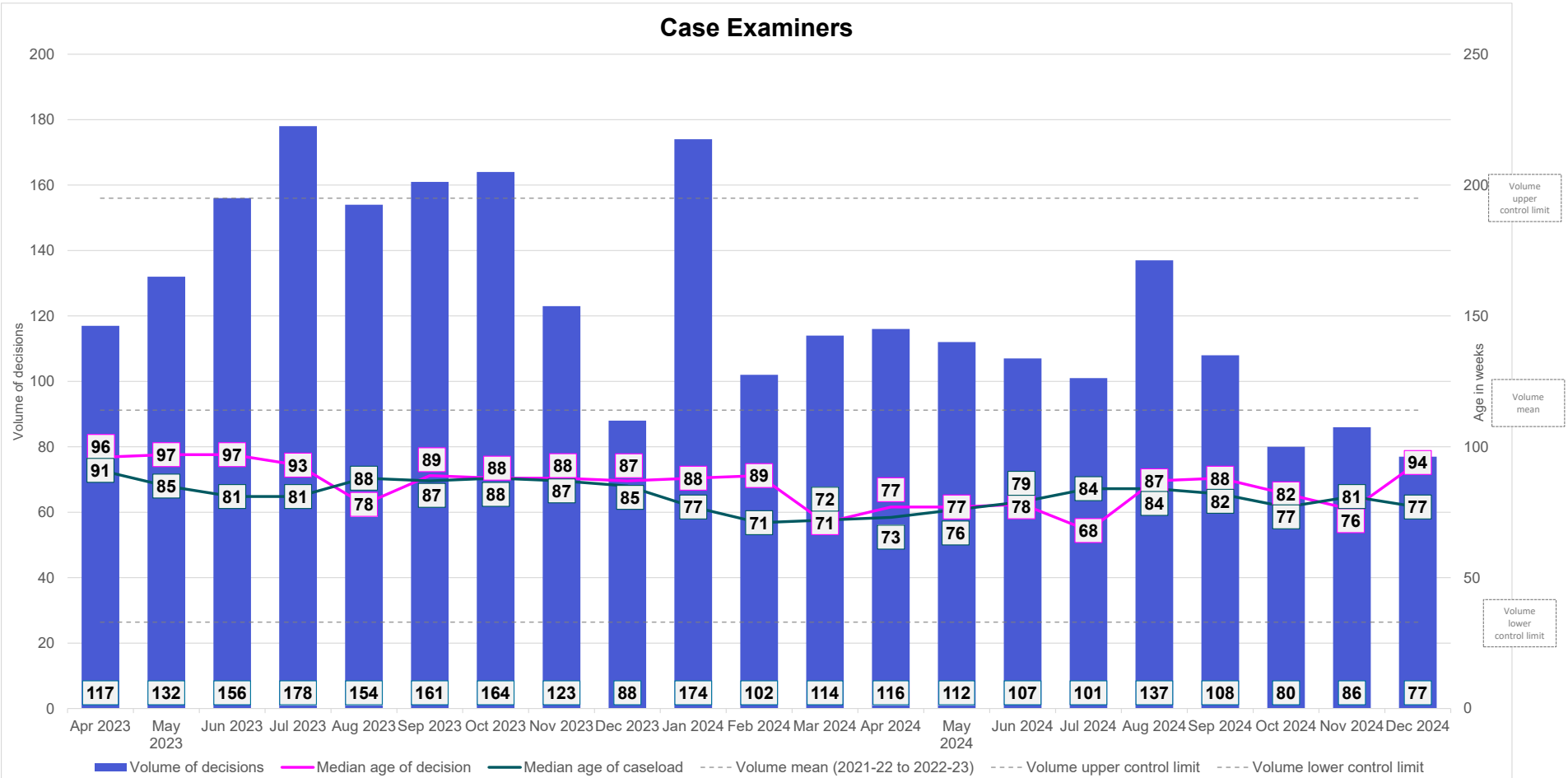
The level of completed investigations (referred to as a 'decision' but no regulatory decision is made by this team - Case Examiners make a decision after the investigation is completed), is below our assumptions whilst the team face the challenges of higher referrals and more cases incoming from Screening. Our FtP plan work this year aims to focus on further support in this area to improve timeliness and stabilise the Investigations caseload which is growing

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Fitness to Practise Council performance dashboard December 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 December 2024

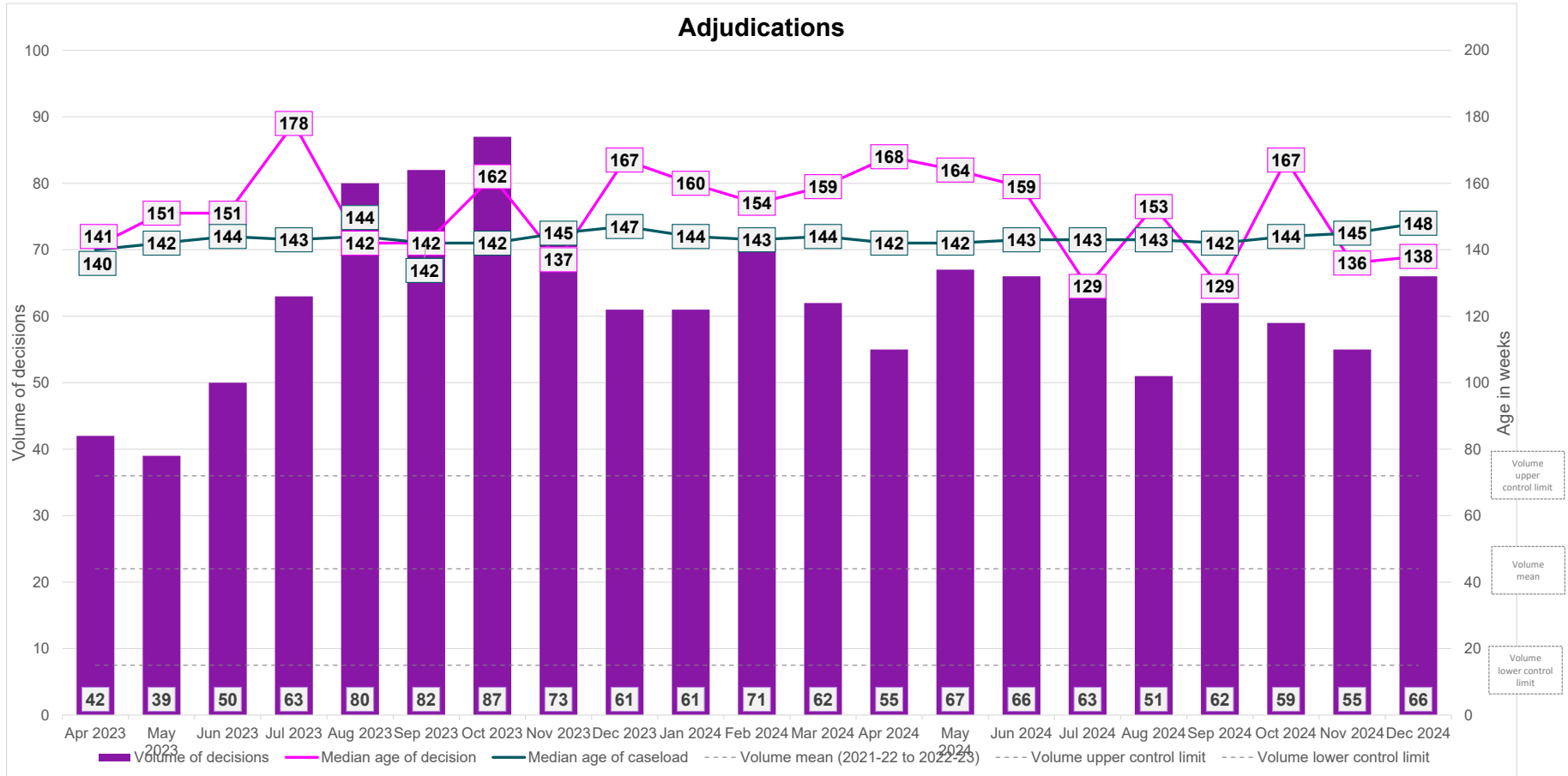
The level of decisions made by Case Examiners is dependent on incoming volumes from the Investigations team. The output levels of this team have been keeping pace with the incoming work this year and performance in this area is steady.

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Fitness to Practise Council performance dashboard December 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 December 2024

66 outcomes for December, an improvement on recent months. The Adjudications team are continuing to work on operational efficiencies and more imminently, have been making preparations to increase the number of in-person hearings we hold in London and Edinburgh from January and February 2025 respectively. We are maximising our listings for in-person hearings.

With the focus on oldest cases at all FtP stages, we expect a higher proportion of older cases to be held at this stage in the coming months and thus an increase in the age of the caseload here.

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Annexe 3: Caseload data by registrant type and country

Data is as at 31 December 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.

Caseload by registrant type

The proportion of professionals on our register as at 30 September 2024 was 92.5 percent nurses, 5.4 percent midwives, 0.8 percent dual-registered and 1.4 percent nursing associates.

Fitness to practise caseload by registration type broken down into our stages, as of December 2024 caseload	Screening stage	Investigations stage	Case Examiners stage	Adjudication stage	Total caseload
Nurse	2,006	2,070	276	1,117	5,469
Midwife	149	113	16	48	326
Dual	1	4	0	1	6
Nursing Associate	26	16	1	2	45
No Registrant PIN linked to case	787	0	0	0	787
Grand Total	2,969	2,203	293	1,168	6,633

Fitness to practise caseload by registration type broken down into our stages, as of December 2024 caseload	Screening stage	Investigations stage	Case Examiners stage	Adjudication stage	Total caseload
Nurse	67.6%	94.0%	94.2%	95.6%	82.5%
Midwife	5.0%	5.1%	5.5%	4.1%	4.9%
Dual	0.0%	0.2%	0.0%	0.1%	0.1%
Nursing Associate	0.9%	0.7%	0.3%	0.2%	0.7%
No Registrant PIN linked to case	26.5%	0.0%	0.0%	0.0%	11.9%
Grand Total	100%	100%	100%	100%	100%

Caseload by UK country of registered address

Fitness to practise caseload by country of registered address broken down into our stages, as of December 2024 caseload	Screening stage	Investigations stage	Case Examiners stage	Adjudication stage	Total caseload
England	1,752	1,756	231	935	4,674
Scotland	200	187	34	96	517
Wales	116	101	10	71	298
Northern Ireland	78	112	10	39	239
Overseas	36	47	8	27	118
No Registrant PIN linked to case	787	0	0	0	787
Grand Total	2,969	2,203	293	1,168	6,633

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Fitness to practise caseload by country of registered address broken down into our stages, as of December 2024 caseload	Screening stage	Investigations stage	Case Examiners stage	Adjudication stage	Total caseload
England	59.0%	79.7%	78.8%	80.1%	70.5%
Scotland	6.7%	8.5%	11.6%	8.2%	7.8%
Wales	3.9%	4.6%	3.4%	6.1%	4.5%
Northern Ireland	2.6%	5.1%	3.4%	3.3%	3.6%
Overseas	1.2%	2.1%	2.7%	2.3%	1.8%
No Registrant PIN linked to case	26.5%	0.0%	0.0%	0.0%	11.9%
Grand Total	100%	100%	100%	100%	100%

Council

Investment Policy

<p>Action requested:</p>	<p>Approval of our updated investment policy.</p> <p>For decision</p> <p>The Council is recommended to agree the revised investment policy at annexe 1 (paragraph 3).</p>
<p>Key background and decision trail:</p>	<p>We review our investment policy about once a year, updating and amending it as appropriate.</p> <p>This year we have conducted a wider-ranging and more in-depth review of our policy as part of a broader review of our investment management approach. This in the context of the increasing demands on our finances as we work to improve our fitness to practise delivery and our culture, and also reflecting our approaching the fifth anniversary of our using stock market investments as a way to protect the value of the funds that we receive from the professionals on our register.</p> <p>This review has been performed in consultation with Council members, the Investment Committee, the Executive Board and specifically registrant midwifery advisers employed by the NMC. Following a competitive tender, we retained an external investment advisory firm, PMCL, to support us in this review.</p> <p>Our investment policy is important to get right. In 2023-24 our investments contributed £3.8 million (3.5 percent) of our income in addition to another £3.2 million in unrealised investment gains that contribute to our reserves. Our policy on investments also needs to reflect the values both to colleagues and external stakeholders.</p> <p>Our current investment policy, last agreed by Council in November 2023 can be found on our website at nmc-investment-policy.pdf.</p>
<p>Key questions:</p>	<ul style="list-style-type: none"> ● Does the policy support us in making the best use of our funds? ● Do we think that our ethical policy is reasonable and aligned to our role and values?
<p>Annexes:</p>	<p>The following annexes are attached to this paper:</p> <ul style="list-style-type: none"> ● Annexe 1: Draft revised investment policy

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Further information:

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

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Investment policy

Discussion

Overview

- 1 Following the review of the investment policy, our key conclusions are summarised below. They do not represent a radical departure from our existing policy but rather a series of adjustments to improve it reflecting nearly five years of our experience of operating a comprehensive investment policy as well as external changes in investment practice and changes to our particular financial circumstances. As always, in line with our approach of reviewing the policy each year, we are open to suggestions for improvement.

Key conclusions of our review

- 2 Our key conclusions can be characterised as being that we should:
 - 2.1 **continue to hold 'long term' investments** but look to make better use of 'medium term' very low risk investments. This is because long term and to a degree, medium term, investments offer significantly higher returns over simply cash on deposit. This continues to be to the benefit of our functioning as a regulator and to mitigating the pressure on registrant fees. So, to the extent that we see ourselves continuing to hold significant levels of cash, we should be investing some of it in medium and longer term investments. In essence, this is in line with our existing policy, but can be better implemented particularly with respect to medium term (perhaps one to three year) investments.
 - 2.2 **be more agile about getting the balance right between our three investment categories.** Linked to the point on de-risking below, this is about maximising investment returns, managing financial risk better while maintaining sufficient liquidity to operate. Whilst our short term (one year or less) cash deposits are currently performing in line with appropriate benchmarks, we could probably hold some of that cash in other, very low risk, 'medium term' investments that would get usefully higher returns. To do this well, we need to assess and adjust our investment position at least annually, re-balancing where we hold our cash – whether in 'long', 'medium' or short term investments - according to our financial projections. We would also need to reassess regularly the level of risk we are prepared to take on our long term investments. This has not been precluded by the current policy but is now made more explicit.
 - 2.3 **de-risk our long term investments.** Following our review and applying the logic above the Investment Committee has already decided, in the context of our planned deficits to fund improvement and so sharp reductions in cash and reserves over this and next year, that our current portfolio is more risky than we would like. As a result we have already rebalanced our investments from equities to a higher proportion in shorter term debt which, while it still has

some risk, should reduce the risk of short term volatility. The trade-off we accept for this is lower potential for long term growth.

2.4 **optimise our cash management** to achieve slightly higher interest via money market funds compared to most bank deposits while taking less risk. In practice this agility is easier to achieve if most funds (except working capital) are managed within a single investment management ‘umbrella’.

2.5 **adjust our ethical policy** to slightly strengthen it, reflecting the views of Council and Executive Board members. It also seeks to reflect current good practice and make use of the currently available investment products including screening tools. For instance, it now seeks to avoid investment in companies with significant exposure to high interest lending in addition to existing exclusions on tobacco, gambling, pornography, armaments. It explains more fully our thinking and approach to companies selling infant formula milk. It introduces a broader and more nuanced approach to carbon, so measuring and working to reduce the carbon intensity of our investments overall whilst also applying a selective ban on the worst offending fossil fuel companies. We also want to apply an ethical filter to *all* our investments (including selection of banks for cash deposits) rather than just long term investments.

3 **Recommendation: The Council is recommended to agree the revised investment policy at annexe 1.**

4 Timing of the implementation of the policy will be in line with the next steps set out below.

Next Steps

1. At its meeting on 27 January the Investment Committee will discuss the best approach to implementing the revised policy, should it receive Council agreement.
2. It may ask our existing investment managers to implement within the shortest reasonable timescale or it may use the revised policy as a basis for competing the investment management contract which would then be implemented once a contract is awarded.
3. The possibility of competing of our investment contract was set out in annexe 6 of paper NMC 24/1 presented to the open Council meeting of 27 March 2024.

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		Good management of our investments is part

			of maximising the resources available to support our purpose to protect the public
Safeguarding considerations	Yes		Good management of our investments is part of maximising the resources available to support our safeguarding activity.
The four country factors and considerations.	Not Applicable		
Resource implications including information on the actual and expected costs involved.	Yes		Managing our investment resources effectively is the focus of this work and discussed in the paper and report.
Risk implications associated with the work and the controls proposed/ in place.	Yes		Discussed in the paper.
Legal considerations.	Yes		We will need to reflect the revised policy in any contract with our investment managers.
Midwives and/or nursing associates.	Yes		Our ethical policy touches on the interest of midwives with respect to the appropriate use of infant formula.
Equality, diversity, and inclusion.	Yes		Reflected in the proposed policy and so will be an element of any procurement.
Stakeholder implications and any external stakeholders consulted.	Yes		Advice from our investment advisers PMCL who have also consulted with our investment managers, Sarasin & Partners.

Regulatory Reform.	Not Applicable		
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DRAFT NMC INVESTMENT POLICY

Date of draft Investment Policy Statement: 29 January 2025

1. Introduction

- 1.1. Our investment policy follows from our financial strategy and our organisational strategy. The goals of our financial strategy are to enable the investment we need to deliver our organisational strategy, while also achieving financial sustainability and value for money, for the benefit of registrants and the public, keeping registration fees affordable and stable over time. We will promote trust and confidence in our finances and the value for money we provide through transparency and integrity in our financial conduct.
- 1.2. Our investment policy supports the aim of financial sustainability. As a result of our receiving fees in advance we normally hold funds that we receive from the professionals on our register in advance of need. We expect that by investing part of these funds in a range of appropriate assets while managing investment risk appropriately, we will obtain a return above that available from cash deposits, and thereby increase our financial efficiency and reduce pressure on our fees. Therefore we expect that applying part of our cash and reserves in investments will benefit nurses, midwives and nursing associates in the long term.
- 1.3. Being an organisation with necessarily significant operating costs, it is vital that our investment assets provide diversification, flexibility and liquidity to cater for possible changes in our situation and funding requirements.
- 1.4. For the purpose of our reserves policy, all investment portfolios will be liquid, and, therefore, part of our Reserves.
- 1.5. This Investment Policy is closely linked to our Reserves Policy, which we review regularly, and at least on an annual basis. We also review this Investment Policy regularly to ensure that it remains consistent with our Reserves Policy.
- 1.6. Our Reserves Policy has as a key requirement the need to maintain a minimum cash and investment position, and this forms the basis of this Investment Policy.
- 1.7. The inflation measure most relevant to NMC investments is the Consumer Price Index (CPI).

2. Structure of investment assets

- 2.1. Our investment assets will be broken down into three portfolios, as shown below:
 - 2.1.1. Short-term / liquidity management
 - 2.1.2. Funds drawing from reserves to be spent over about the next three years
 - 2.1.3. Longer-term rolling investments
- 2.2. The amount of funds in each category will be reviewed annually based on the budget and cash flow forecasts. Funds allocated to longer-term rolling reserves

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will be calculated as a balance between all available funds and those allocated to the first two categories.

3. Short-term investments

- 3.1. We would expect the level of the short term portfolio, which includes our working capital, to be between one and three months operating costs, so as to cover changes over the year in working capital caused by monthly variations in registrant fee receipts.
- 3.2. If these funds are drawn down, they will be replenished from the other two categories. If we accumulate higher levels of cash in this category, the funds will be moved up the liquidity ladder to the other two categories.
- 3.3. Investments in cash deposits are held exclusively with banks or building societies that have a minimum credit rating of A+ (S&P and Fitch) or A1 (Moody's). These institutions must be regulated by the Prudential Regulation Authority, ensuring they meet strict capital and liquidity standards. Funds can be also invested in diversified money market funds with a credit rating of AAmmf (the highest rating, indicating minimal credit risk and a high degree of stability). The total placed with any individual bank or building society shall not exceed 40% of the funds within the short term portfolio. This restriction does not apply to diversified money-market funds.
- 3.4. Investment objectives for these funds is to achieve return as close as possible to the Bank of England cash rate, while prioritising capital preservation. The funds should be highly liquid as required for working capital and in any case requiring no more than 100 days' notice.

4. Funds to be spent over about the next 3 years

- 4.1. This portfolio has been put in place to fund planned expenditure for a period of up to three years that will not be covered by fee income (such as future building renovation projects).
- 4.2. These funds will be managed on a liability matching basis to the extent possible, while providing for some flexibility in the change of spending plans.
- 4.3. Investment objective is to achieve return of up to 1% above Bank of England rate by investing in a range of appropriate term deposit, gilts and high quality corporate bonds of appropriate duration.
- 4.4. Tolerance to risk in this portfolio is very low. The portfolio will be managed with the objective of avoiding a drop of more than 5% in its value on any given anniversary. We understand that all investments carry some form of risk, and we accept that there is always a possibility that losses may occur.
- 4.5. It is important that the underlying investments are relatively liquid. We would expect to be able to make withdrawals from the portfolio and receive the proceeds within 14 days.

5. Longer-term rolling investments

- 5.1. This portfolio will be managed to produce the best financial return on investments within an acceptable level of risk (as outlined below).

- 5.2. As these investments are kept on a rolling long-term basis, inflation is seen as a significant risk to the real purchasing power. The key purpose of investing these funds is to mitigate this risk over the long term.
- 5.3. We understand that when investing these assets will be subject to investment risk including that of market volatility. We are able to tolerate some degree of volatility of the capital value of the long-term portfolio, as long as we are able to meet our spending commitments (managed through the two other parts of the portfolio) and ensure that we have appropriate levels of Reserves, including these investments.
- 5.4. Risk tolerance will be reviewed every year to ensure required levels of Reserves in all market conditions, while allowing for sufficient levels of risk to give the portfolio a greatest chance of achieving returns in excess of inflation.
- 5.5. The portfolio is to be invested in a diversified portfolio of assets according to the strategic asset allocation ranges that are to be set and regularly reviewed by the Committee in consultation with our investment managers. Asset classes could include domestic and international equities, fixed income instruments, property, hedge funds, structured products, commodities, cash and any other asset that is deemed suitable for the NMC.
- 5.6. Long-term return expectations from the portfolio will also be set based on the strategic asset allocation. We adopt a total return approach to investment for its investment portfolio, generating the investment return from income and capital gains or losses.
- 5.7. The base currency of the investment portfolio is Sterling. Investments can be made in non-Sterling assets. Hedging is permitted, but not required.
- 5.8. It is important that the underlying investments are relatively liquid. We would expect to be able to make withdrawals from the portfolio and receive the proceeds within 14 days.

6. Ethical and Sustainable Investment Policy

- 6.1. Our charitable objectives are aligned with our vision which is safe, effective and kind nursing and midwifery, improving everyone's health and wellbeing.
- 6.2. Our strategy for 2020-2025 includes the following corporate social responsibility statement:
 - 6.2.1. We are committed to acting responsibly and operating sustainably in all our activities.
 - 6.2.2. We conduct ourselves ethically and in line with our values. Our policies outline our commitment to ethical working practices and human rights, such as the Modern Slavery policy and the ethical investment policy.
 - 6.2.3. We champion the values of equality, diversity and inclusion. We value the diversity of the people on our register, those they care for and our NMC colleagues. We believe that equality of opportunity is essential for people to do their jobs well.
 - 6.2.4. We are mindful of the mental and physical wellbeing of the people who use our services, our professions we regulate, and our colleagues.
 - 6.2.5. We recognise the serious impact of the climate and ecological crisis, and its effects on public health in the UK and worldwide. We are

committed to acting sustainably, and supporting those working in the health and care sector to do so, particularly in reducing carbon emissions. We recognise that taking meaningful action to protect the environment, and mitigate climate change, will also benefit people's health and wellbeing.

- 6.2.6. We will develop a sustainability plan with clear objectives, which will incorporate how we work as a regulator. This will cover activities such as investment, procurement, travel, energy and waste. Our plan will be available on our website and we will update people on our progress through our annual report.
- 6.3. Our investments must be consistent with those objectives, with our role as a regulator of health and social care professionals in the United Kingdom, and with our organisational values.
- 6.4. Our ethical and sustainable investment strategy is informed by academic research and best industry practices and complies with the Charity Commission requirements and guidance.
- 6.5. Therefore we will select investment managers, banks and other financial service providers that are committed to and expert in sustainable investment, have robust governance and commitment to equality, diversity and inclusion, both internally as organisations and integrating these principles into their investment management process.
- 6.6. We require our investment managers to pay appropriate regard to relevant environmental, social and governance (ESG) considerations in the selection, retention and realisation of all investments. We include review and monitoring of ESG risks as a part of our regular portfolio monitoring, alongside financial performance. We also include consideration of ESG factors and engagement records in our regular conversations with the investment managers and assessment of their performance.
- 6.7. We require our investment managers to be active stewards of the capital, actively engage with their investment companies and submit their voting records and engagement reports at least annually.
- 6.8. We require all investment managers to be signatories to the United Nations Principles of Responsible Investments (UN PRI).
- 6.9. We set an ethical and sustainable investment mandate that reflects our objectives, our role and our values, and we will monitor the managers' performance against that mandate. These requirements apply to all our investment managers and banks that manage our cash reserves.
 - 6.9.1. We exclude all direct investment in companies whose products have an inherent, fundamental conflict with our objectives, role or values. For example, smoking is inherently damaging to health; therefore our investment mandate totally excludes direct or indirect investment in companies that produce tobacco or tobacco related products.
 - 6.9.2. We will also exclude companies that have exposure to severe violations and controversies, such as human trafficking, modern slavery, controversial and indiscriminate weapons, gambling, and pornography. We will expect our investment managers to have appropriate policies in

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place as a part of their ESG integration practice. We will require our managers to monitor ESG risks of underlying companies in the portfolio (both in the form of debt or equity) and confirm if our portfolio has any exposure to companies with severe levels of ESG risks.

6.9.3. There is clear evidence that pollution and climate change are causing damage to health. We are mindful of the factors regarding climate change and are aiming to improve our environmental sustainability, which also includes our investment portfolio. We will measure carbon intensity of our investments and aim to achieve overall lower carbon intensity compared to the broader indexes and ensure its reduction over time. We will require our fund managers to have comprehensive science-based climate strategies, and build portfolios that are aligned with the move to a low carbon economy. We will require our investment managers to report on their climate related strategies and actions at least annually.

6.9.4. We will also limit our direct investment in companies which are at significant risk of being incompatible with our objectives, role or values. We acknowledge that it is not always practical to fully exclude investments into a range of companies (in the form of equity or debt instruments) when investing through pooled funds, while the use of such funds may be beneficial for the purpose of diversification and cost effectiveness. We will not invest directly into companies that generate revenues (based on materiality thresholds) from the following activities. We will monitor any indirect exposure that we may acquire through pooled funds and aim to keep it below the market average levels. These sectors and activities include:

- Alcohol (5% revenue from production of alcohol)
- Armaments (5% revenue from conventional weapons)
- High interest lending (5% of revenue)
- Tar sands, thermal coal (5% revenue)
- Infant formula milk (5% of revenue)

6.10. Where data on revenue is not readily available, we may choose simply to exclude specific companies clearly associated with particular products. This has been our approach in the past with infant formula milk.

6.11. With respect to infant formula milk specifically our approach to investment reflects concern that there is significant risk of deviation by at least some relevant companies from an approach, whether in the UK or internationally, based on UK law¹. This aims to protect breastfeeding, as well as safe and appropriate formula feeding, and recognizes that breastfeeding is important for public health because it promotes health, prevents disease and contributes to reducing health inequalities. These are all issues that also align with acting sustainably and our support to people working in the health and care sector to do so. This approach complies with the NMC Code and specifically with our Standards of proficiency for midwives that have been informed by the Unicef UK Baby Friendly Initiative University Standards.

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6.12. These principles will be reviewed on a regular basis to ensure that they are aligned with our broader strategy.

7. Management, reporting and monitoring

7.1. We take a holistic approach to managing our funds, including cash and other investments.

7.2. Investment managers are required to ensure that all funds are held by reputable custodians and provide reports to the Committee. In cases where investment managers do not provide custody services, the Committee is responsible for setting up custody arrangements.

7.3. Investment managers are required to monitor counterparty risks and report to the Committee. It is generally expected that there are no significant counterparty risks when investing in listed equities and bonds.

7.4. Our monitoring process is set out as outlined below:

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

7.5. Managers are required to produce a summary portfolio valuation on a monthly basis, which will form part of the Reserves calculation.

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8. **Approval and review**

9. This Investment Policy Statement was prepared by the Investment Committee and approved by Council on [date]

APPENDIX to investment policy

To be updated at least annually by the Investment Committee to inform our asset allocation

Asset allocation will be supported by investment manager

[Broadly illustrative only at this point. This is based on March 2024 budget, and will need to be updated following the budget being set in March 2025]

STRATEGIC ASSET ALLOCATION

This strategic asset allocation applies to the longer-term reserves and is based on the Investment Policy Statement and the following projections:

Key P&L assumptions

Year (£m)	Forecast	Budget	Indicative Budget	
	2023-24	2024-25	2025-26	2026-27
Income	107.6	109.7	111.7	118.9
Core business cost	108.8	125.3	119.8	117.5
Programmes	10.4	9.8	6	6.7
Less capital	-9	-7.8	-4.6	-5.6
Surplus/(deficit)	-2.6	-17.7	-9.5	0.3
Free reserves	36.3	14.9	4.9	4

Key Balance Sheet assumptions

Forecast/Budget Balance Sheet (£ million)	31 March 2024	31 March 2025	31 March 2026	31 March 2027
Tangible and Intangible Fixed Assets	37.9	41.5	42	43.2
Stock Market Investments	35.7	36.6	37.6	38.5
Total non-current assets	73.6	78.1	79.6	81.7
Cash	57.7	36.5	26.8	26.9
Debtors	3.5	3.6	3.6	3.6
Total current assets	61.2	40.1	30.4	30.5
Total Assets	134.8	118.2	110	112.2
Deferred Income	-59	-60.1	-61.4	-63.3
Other creditors, accruals, provisions	-1.6	-1.7	-1.7	-1.7
Total Liabilities	-60.6	-61.8	-63.1	-65
Net Assets excluding pension liability	74.2	56.4	46.9	47.2
Pension Liability	-	-	-	-
Net Assets, Total Reserves	74.2	56.4	46.9	47.2
Free Reserves (Net Assets less Tangible and Intangible Fixed Assets)	36.2	14.9	4.9	4

Based on the projections above, we expect the following allocation as at October 2024.

Time horizon	Short-term / liquidity	To be spent over the next 3 years	Longer-term rolling investments
Funds, £mn	£20mn	£32mn	£40mn

Based on the balance between the capital preservation in real terms and controlling exposure to market volatility, we set out risk tolerance for the longer-term rolling investments as:

- Total tolerance to loss is 10% of the portfolio value with a 95% confidence.
- This implies exposure to market volatility in the range of 3-7%
- Investment objective consistent with this level of volatility is CPI + 1.5% (net of all fees), assuming inflation expectation of 2.5% per annum over the period

Strategic asset allocation ranges and the benchmark

Asset Class	Benchmark	Range	Expected return	Volatility
Cash	0%	0% - 20%	2.8%	0%
Gilts (up to 5 years)	40%	20% - 60%	3.9%	3%
GBP corporate bonds	40%	20% - 60%	4.4%	6%
Equities	20%	20% - 40%	6.2%	16%
Total	100%		4.6%	6.7%

Council

Panel Member and Chair recommendations for appointment

<p>Action requested:</p>	<p>The paper provides a summary of the 2024 selection and appointment process for Panel Members and Panel Member Chairs with recommendations for appointment.</p> <p>For decision</p> <p>Recommendation: The Council is invited to appoint the 17 current Panel Members listed at Annexe 1 as Panel Chairs of the Practice Committees (paragraph 28)</p> <p>Recommendation: The Council is invited to appoint the 149 individuals listed at Annexe 1 to the Practice Committees as Panel Members and Panel Chairs (paragraph 29).</p>	
<p>Key background and decision trail:</p>	<p>At its meeting on the 11 December 2024, the Appointments Board considered the appointment of individuals to serve as Panel Members on the Practice Committees, following an external recruitment campaign.</p> <p>Following comprehensive and robust scrutiny, the Appointments Board is recommending the appointments to Council as outlined in this paper.</p>	
<p>Key questions:</p>	<ol style="list-style-type: none"> 1 What was the process followed and what are the key results including any issues and Panel Support Team decisions taken? 2 Which candidates are recommended for appointment as a Panel Member or Panel Chair? 3 What is the candidate equality, diversity and inclusion data for appointments and how does this affect the diversity of the Panel Member pools? 	
<p>Annexes:</p>	<p>The following annexe is attached to this paper:</p> <ul style="list-style-type: none"> • Annexe 1: List of Panel Chairs and Panel Members recommended for appointment 	
<p>Further information:</p>	<p>Author: Kelly O'Brien Kelly.O'Brien@nmc-uk.org</p>	<p>Interim Deputy Director: Matt Hayday matthew.hayday@nmc-uk.org</p>

Panel Member and Chair recommendations for appointment

Discussion

Appointments Board decisions summary

- 1 At its meeting on 11 June 2024, the Appointments Board approved the selection and appointment campaign for 2024-2025 to appoint a minimum of 140 Panel Members including 55 Panel Chairs and 60 registrant Panel Members.
- 2 The Appointments Board received weekly email updates on application figures. The Board also received an update on the progress of the campaign at its September and November 2024 meetings.
- 3 At the Appointments Board December meeting, before deciding whether to recommend appointments to Council, the Board reviewed a dip sample totalling 25 percent of interview narrative reports. The Board also reviewed the following documentary evidence and explanations:
 - 3.1 Summary of the process and any key results and issues at each point with any Panel Support Team decisions and why these were taken and/or recommended to the Board
 - 3.2 Adverse impact analysis data, including summary of any themes identified for candidate dropouts throughout the process
 - 3.3 List of recommended candidates with all scores throughout the process
 - 3.4 Interview narrative reports (allocated dip-sample approach, including a number of candidates who just missed the scoring for recommendation for comparison)
 - 3.5 Due diligence forms of note
 - 3.6 Feedback from independent panellists and our recruitment partner, Inclusive Boards
- 4 The Board provided constructive and robust challenge throughout the selection and appointment campaign and considered and approved all key aspects of the campaign including:
 - 4.1 Advertising and communications plan
 - 4.2 Application and interview questions
 - 4.3 Application and interview scoring criteria
 - 4.4 Approach to candidate due diligence
 - 4.5 Interview assessor panel – personnel and diversity
 - 4.6 Scoring thresholds (cut-off levels) for each stage of the process
 - 4.7 Approach to interview reports
 - 4.8 Quality assurance process

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Campaign objectives and diversity analysis

5 For this selection and appointment campaign there were three key campaign objectives:

5.1 appoint Panel Members and Panel Chairs who reflect the diversity of the UK population for lay members and the diversity of the register for registrant members and move to a position where our Panel Member pool reflects more closely the diversity of the professionals we regulate and the wider UK population.

5.2 Specifically achieve a minimum of one percent increase in ethnic diversity of registrant Panel Member pool.

5.3 appoint a minimum of 140 Panel Members including 55 Panel Chairs and 60 registrant Panel Members.

5.4 Appoint one or more nursing associates and at least 13 midwives or dual registered professionals.

Objective 1 - move to a position where our Panel Member pool reflects more closely the diversity of the professionals we regulate and the wider UK population.

6 The EDI data for role type has been summarised below:

Registrant

6.1 34 percent of registrant Panel Chairs recommended are from Black and minority ethnic groups.

6.2 32 percent of registrant Panel Members recommended are from Black and minority ethnic groups compared to 31.7 percent of our register.

6.3 10 percent of registrant Panel Members recommended identify as Gay, Lesbian, or Bisexual compared to 4 percent of the register.

6.4 14 percent of registrant Panel Members recommended have a disability compared to 3.1 percent of the register.

6.5 28 percent of registrant Panel Members recommended are aged 31-40 which is comparable to the register (28.9percent). Those aged 21-30 remain underrepresented with 5 percent of registrant Panel Members recommended compared to 15.8 percent of the register.

Lay

6.6 29 percent of lay Panel Chairs recommended are from Black and minority ethnic groups.

6.7 27 percent of lay Panel Members recommended are from Black and minority ethnic groups compared to 18.3 percent of the UK population (based on England and Wales 2021 Census).

6.8 12 percent of lay Panel Members recommended identify as Gay or Lesbian compared to 1.5 percent of the UK population.

6.9 21 percent of lay Panel Members recommended have a disability compared to 17.5 percent of the UK population (based on England and Wales 2021 Census).

How recommended appointments will affect our pools

7 This dataset shows EDI data for the new Panel Member pool if the recommended candidates are appointed with the current February and June 2025 leavers removed to give an accurate indication of the future diversity of the pool.

8 The data shows that for lay Panel Members we have largely met our objective as the diversity of the lay Panel Member pool closely reflects or is more diverse than the wider UK population. In summary:

8.1 24 percent of the future Panel Member pool would be from Black and minority ethnic groups (increase of 3 percent), compared to 18.3 percent of the UK population.

8.2 8 percent of the future pool identify as bisexual, gay or lesbian, or other compared to 3 percent of the UK population.

8.3 22 percent of the future pool would have a disability. Compared to 17.5 percent of the UK population (based on England and Wales 2021 Census).

8.4 Regarding age the future pool would still have less Panel Members aged between 21-40 than the UK population.

9 The data shows that for registrant Panel Members, we are significantly closer to meeting this objective than following the previous campaign. In summary:

9.1 In relation to ethnicity the Panel Member pool is still less diverse than the register where 30 percent of registrants are from Black or minority ethnic backgrounds, but we would have increased the percentage of Black or minority ethnic registrant Panel Members by 8 percent (from 15 percent currently to 23 percent if the recommended candidates are appointed).

9.2 The future Panel Member pool would be as or more diverse than the register for disability, sexual orientation, sex, and gender diversity.

9.3 Regarding age the future pool would still have fewer Panel Members aged between 21-40 than the register.

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Objective 2 - Appoint a minimum of 140 Panel Members including 55 Panel Chairs and 60 registrant Panel Members.

- 10 The Appointments Board is recommending 149 external candidates for appointment. This includes 67 registrants (64 for the Panel Member role and three for the Panel Chair role). This meets the objective.
- 11 The Appointments Board is recommending 50 Panel Chair candidates for appointment, which is below the initial requirement. This will not have a detrimental effect for Professional Regulation colleagues as we have exceeded like for like replacements (35 Panel Chairs end their term with us in 2025).

Objective 3 - Appoint one or more nursing associates and at least 13 midwives.

- 12 The Appointments Board is recommending one nursing associate for appointment as a registrant Panel Member. This is the first time we have been able to recommend a Nursing Associate candidate for appointment. Whilst nurse registrant Panel Members can still sit on nursing associate case, they will be invaluable in the expertise and contextual experience they bring when sitting on nursing associate cases as the registrant Panel Member. We are recommending 15 midwives or dual registered professionals for appointment.

Process summary

Advertising and communications strategy

- 13 The advertising and communications strategy was a targeted approach which focused on increasing the number of applications from registrants from Black and ethnic minority backgrounds. We advertised in a range of media outlets with diverse audiences, held a live webinar for interested applicants, advertised the roles heavily through the NMC website and social media. We engaged with our stakeholders and encouraged them to share with their wider networks and Inclusive Boards, our recruitment consultants, targeted suitable applicants through LinkedIn and search. The role was live for six weeks which is two weeks longer than previous campaigns.
- 14 The wording of the advert and all the documentation sought to give strong messages around our commitment to diversity and inclusion to encourage applications from diverse groups and to ensure that we did not disadvantage any particular groups. The microsite included guidance for candidates on how to write the most effective application to ensure that the process itself did not form a barrier to diversity.
- 15 In accordance with our commitments under the Welsh Language Standard Regulations 2022, the advert, candidate pack and Frequently Asked Questions were made available in Welsh. We offered for candidates to be interviewed in Welsh but no candidates made this request.

First stage – application

16 We removed the situational judgement test as it was considered a potential barrier to an inclusive process. One demonstrable benefit to this approach was the considerably improved diversity of appointments recommended to the Council. The obvious negative was the challenge of reviewing a very high number of applications. We will be reviewing the impact of removing the situational judgement test as part of the in-depth review of the process in March 2025 with the Appointments Board.

17 The first stage of this selection process was an application form (values and competency-based questions), eligibility/disqualification declarations and CV. We received 1,757 applications, a significant increase on the 692 from the previous campaign. All applications were anonymised and scored by Inclusive Boards.

Second stage – interview

18 The second stage of the process was the final interview with a panel of three assessors. Interview questions were shared with candidates two working days in advance. This inclusive practice removes barriers which may disadvantage neurodiverse candidates. However, for Panel Chairs, two of the scenario-based questions were not shared in advance to assess how they manage unexpected questions and scenarios.

19 453 candidates were invited to interview over a nine-week period: 352 Panel Member candidates and 101 Panel Chair candidates. 328 Panel Member interviews were conducted as 24 Panel Member candidates withdrew. 98 Panel Chair interviews were conducted as 3 Panel Chair candidates withdrew. Reasons given for withdrawals were varied and included: accepting a full-time role, unable to attend training dates, relocating, time commitment, the individual's due diligence report, and change in personal circumstances. No one cited the publication of Nazir Afzal OBE and Rise Associates' report on 9 July 2024 as the reason for withdrawal. The number of interviews offered were increased from initial plans to create a reserve list of candidates who met the criteria, and we could draw upon within the next two years if needed. Any decisions on appointments from those on the reserve list will come to Council via the Appointments Boards.

20 We conducted in depth due diligence on all candidates in advance of their interview. Where potential due diligence issues were found, at the end of interview a scripted discussion was held between the interview chair and the candidate.

21 We endeavoured to have a diverse interview panel for all interviews with different protected characteristics including male, female, and gender diverse assessors on each interview panel.

Quality assurance

22 The Panel Support Team dip sampled 20 percent of the anonymised scored application forms to ensure that it agreed with the scoring and that it was consistent. No scores were queried, and the Panel Support Team was content that the scoring was appropriate and consistent.

23 The Panel Support Team has quality assured all narrative reports for successful and borderline candidates to ensure it agrees with the scores given on the basis of the narrative report alone.

24 The Panel Support Team reviewed the upper quartile of unsuccessful candidate narrative reports to ensure that it agrees with the scores given on the basis of the narrative report and that there is sufficient differentiation between these candidates and the lower quartile of the successful candidates.

25 The Appointments Board reviewed a random sample of 25 percent of all narrative reports including those recommended for appointment and those who fell below the cut off scoring threshold for recommendation for appointment.

26 The Appointments Board reviewed all due diligence forms of note.

Recommendations for appointment

27 The candidates the Appointments Board recommends for appointment for are listed at Annexe 1. This includes:

27.1 17 Internal Panel Chairs (current NMC Panel Members) of which 3 are registrants and 14 are lay.

27.2 33 External Panel Chairs, of which three are registrants and 30 are lay.

27.3 64 registrant Panel Members

27.4 52 lay Panel Members

28 **Recommendation: The Council is invited to appoint the 17 current individuals who are Panel Members listed at Annexe 1 as Panel Chairs to the Practice Committees.**

29 **Recommendation: The Council is invited to appoint the 149 individuals listed at Annexe 4 as Panel Members and Panel Chairs to the Practice Committees.**

Next Steps

30 If the Council accepts the Board's recommendations, the Panel Support Team will begin the induction and onboarding of the successful Panel Members and Panel Chairs in accordance with the induction training programme.

31 The Panel Support Team will undertake an in-depth review of the selection process to identify any learning, reflect on changes made to the process such as

the attraction strategy and removal of the situational judgment test, and consider how the selection process will be undertaken in future years. This will be considered by the Appointments Board at its meeting in March 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		Successful delivery of the campaign will provide highly competent diverse Panel Members and Panel Chairs capable of making good quality decisions that protect the public.
Safeguarding considerations	Yes		Detailed due diligence is undertaken on each candidate prior to their interview.
The four country factors and considerations.	Yes		Data was considered during adverse impact meetings. Appointments made for candidates in all four countries.
Resource implications including information on the actual and expected costs involved.	Yes		Increased costs of £100k given number of applications received and to enable the creation of a reserve list. Internal resources were reprioritised to support this, and additional spend to enable more interviews to be held across the NMC and Inclusive Boards.
Risk implications associated with the work and the controls proposed/ in place.	Yes		Our proactive and strategic approach to selecting and appointing quality diverse Panel Members and Panel Chairs helps mitigate the risk to public confidence in the effective regulation of

			the nursing, midwifery and nursing associate professions if we do not better reflect the register and wider public in our panels.
Legal considerations.	Yes		Panel Members and Legal Assessors must be appointed in accordance with the eligibility criteria as set out in the NMC (Practice Committees) (Constitution) Rules 2004 and the NMC Order 2001 respectively.
Midwives and/or nursing associates.	Yes		15 midwives or dual registered candidates are recommended for appointment. We required 13 midwives or dual registered candidates to replace midwives whose second terms come to an end in 2025. One nursing associate is recommended for appointment. This is the first nursing associate to be recommended for appointment as a Panel Member.
Equality, diversity, and inclusion and Welsh language.	Yes		An agreed objective in the plan for delivering high quality panels is 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. One recommendation in the Independent Culture Review states that <i>'The</i>

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			<p><i>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 professions.’ As stated in the paper we have exceeded our EDI objectives for this campaign and the impact on the future panel member pool is such that we will have a Panel Member pool that reflects more closely the diversity of the professionals we regulate and the wider UK population.</i></p> <p>The advert, candidate pack and frequently asked questions were made available in Welsh. We offered for candidates to be interviewed in Welsh but no candidates made this request.</p>
Stakeholder implications and any external stakeholders consulted.	Yes	Para. 13	
Regulatory Reform.	Not Applicable		

Panel Chairs - recommendations for appointment

Current Panel Members to be appointed as Panel Chairs (17) (no change to term dates)

	Name	Lay / Registrant	Committee	Term Start	Term End
1.	David Hull	Lay	Fitness to Practise	07/07/2021	06/07/2025
2.	James Carr	Lay	Fitness to Practise	23/11/2023	22/11/2027
3.	Michael Lupson	Lay	Investigating	07/07/2021	06/07/2025
4.	Neil Calvert	Lay	Investigating	07/07/2021	06/07/2025
5.	Oluremi Alabi	Lay	Fitness to Practise	23/11/2023	22/11/2027
6.	Amy Barron	Lay	Investigating	23/11/2023	22/11/2027
7.	Angela Kell	Lay	Fitness to Practise	23/11/2023	22/11/2027
8.	Emma Moir	Lay	Fitness to Practise	23/11/2023	22/11/2027
9.	John Anderson	Lay	Investigating	23/11/2023	22/11/2027
10.	Margaret Wolff	Lay	Fitness to Practise	07/07/2021	06/07/2025
11.	Nilla Varsani	Lay	Fitness to Practise	23/11/2023	22/11/2027
12.	Stacey Patel	Lay	Fitness to Practise	07/07/2021	06/07/2025
13.	Saiqa Shaffi	Lay	Fitness to Practise	23/11/2023	22/11/2027
14.	Paul Hepworth	Lay	Fitness to Practise	23/11/2023	22/11/2027
15.	Janine Ellul	Registrant	Fitness to Practise	28/11/2022	27/11/2026
16.	Sally Shearer	Registrant	Fitness to Practise	31/01/2024	30/01/2028
17.	Yvonne Wilkinson	Registrant	Investigating	28/11/2022	27/11/2026

External candidates to be appointed as Panel Chairs (33)

	Name	Lay / Registrant	Committee	Term Start	Term End
1.	Alisa Newman	Lay	Fitness to Practise	14/02/2025	13/02/2029
2.	Patricia Moultrie	Lay	Investigating	14/02/2025	13/02/2029
3.	Palbinder Thandi	Lay	Investigating	14/02/2025	13/02/2029
4.	Isabelle Parasram OBE	Lay	Fitness to Practise	14/02/2025	13/02/2029
5.	Sharon Laurence	Lay	Fitness to Practise	14/02/2025	13/02/2029
6.	Gianjeet Hunjan	Lay	Investigating	14/02/2025	13/02/2029
7.	Michael Fowkes	Lay	Fitness to Practise	14/02/2025	13/02/2029
8.	Vanessa Rolfe	Lay	Fitness to Practise	14/02/2025	13/02/2029
9.	Shubhaa Krishnan	Lay	Fitness to Practise	14/02/2025	13/02/2029
10.	Paul Carr	Lay	Fitness to Practise	14/02/2025	13/02/2029
11.	Victoria James	Lay	Fitness to Practise	14/02/2025	13/02/2029
12.	Anica Alvarez Nishio	Lay	Fitness to Practise	14/02/2025	13/02/2029

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13.	Graham Coulston-Herrmann	Lay	Fitness to Practise	14/02/2025	13/02/2029
14.	Joanne Creasy	Lay	Fitness to Practise	14/02/2025	13/02/2029
15.	John Henry Millar	Lay	Fitness to Practise	14/02/2025	13/02/2029
16.	Liz Dux	Lay	Fitness to Practise	14/02/2025	13/02/2029
17.	Natalie Banks	Lay	Fitness to Practise	14/02/2025	13/02/2029
18.	Rachel Merelie	Lay	Fitness to Practise	14/02/2025	13/02/2029
19.	Serene Rollins	Lay	Fitness to Practise	14/02/2025	13/02/2029
20.	Bryan McFarland	Lay	Fitness to Practise	14/02/2025	13/02/2029
21.	Chris Weigh	Lay	Fitness to Practise	14/02/2025	13/02/2029
22.	Graham Thomas Gardner	Lay	Fitness to Practise	14/02/2025	13/02/2029
23.	Renee Aleong	Lay	Investigating	14/02/2025	13/02/2029
24.	Tehniat Watson	Lay	Fitness to Practise	14/02/2025	13/02/2029
25.	Charlie Tye	Lay	Fitness to Practise	14/02/2025	13/02/2029
26.	Derek Artis	Lay	Fitness to Practise	14/02/2025	13/02/2029
27.	Farrah Catherine Jaura	Lay	Fitness to Practise	14/02/2025	13/02/2029
28.	George Duff	Lay	Fitness to Practise	14/02/2025	13/02/2029
29.	Michael Williams	Lay	Fitness to Practise	14/02/2025	13/02/2029
30.	Robert Edward Pragnell	Lay	Fitness to Practise	14/02/2025	13/02/2029
31.	Sola Falola	Registrant (Nurse)	Fitness to Practise	14/02/2025	13/02/2029
32.	Allison Brindley	Registrant (Nurse)	Fitness to Practise	14/02/2025	13/02/2029
33.	Mandy Elizabeth Rayani	Registrant (Nurse)	Fitness to Practise	14/02/2025	13/02/2029

Candidates to be appointed as registrant Panel Members (64)

	Name	Registration	Committee	Term Start	Term End
1.	Amanda Anderson	Midwife	Fitness to Practise	14/02/2025	13/02/2029
2.	Claire Braithwaite	Midwife	Fitness to Practise	14/02/2025	13/02/2029
3.	Deborah Anne Auger	Nurse	Fitness to Practise	14/02/2025	13/02/2029
4.	Karin Downer	Nurse	Fitness to Practise	14/02/2025	13/02/2029
5.	Mary Pocock	Nurse	Fitness to Practise	14/02/2025	13/02/2029
6.	Deborah Ann Bennion	Nurse	Fitness to Practise	14/02/2025	13/02/2029
7.	Louisa Hilton	Nurse	Investigating	14/02/2025	13/02/2029
8.	Louise Emmett	Midwife	Fitness to Practise	14/02/2025	13/02/2029
9.	Angela Horsley	Nurse	Fitness to Practise	14/02/2025	13/02/2029
10.	Anne Louise Giles	Nurse	Fitness to Practise	14/02/2025	13/02/2029
11.	Corinne Foy	Nurse	Fitness to Practise	14/02/2025	13/02/2029
12.	Daniel Robert Harris	Nurse	Fitness to Practise	14/02/2025	13/02/2029
13.	Fawzia Zaidi	Midwife	Fitness to Practise	14/02/2025	13/02/2029
14.	Harriet Fielder	Nurse	Fitness to Practise	14/02/2025	13/02/2029
15.	Helen Susannah Radice	Midwife	Fitness to Practise	14/02/2025	13/02/2029
16.	Reema D'Souza	Nurse	Fitness to Practise	14/02/2025	13/02/2029
17.	Roisin Ann Toner	Dual Registration	Fitness to Practise	14/02/2025	13/02/2029
18.	Zeenath Uddin	Midwife	Fitness to Practise	14/02/2025	13/02/2029
19.	Asma Boujnah	Midwife	Fitness to Practise	14/02/2025	13/02/2029
20.	Claire Cawley	Nurse	Fitness to Practise	14/02/2025	13/02/2029
21.	Emma Quinn	Nurse	Fitness to Practise	14/02/2025	13/02/2029
22.	Hlupe Perpetua Knight	Nurse	Fitness to Practise	14/02/2025	13/02/2029
23.	Idris Gbadamosi	Nurse	Fitness to Practise	14/02/2025	13/02/2029
24.	Katharine Anne Rudd	Nurse	Fitness to Practise	14/02/2025	13/02/2029
25.	Michelle Wells-Braithwaite	Dual Registration	Fitness to Practise	14/02/2025	13/02/2029
26.	Penelope Howard	Nurse	Fitness to Practise	14/02/2025	13/02/2029
27.	Sally Hatt	Nurse	Fitness to Practise	14/02/2025	13/02/2029
28.	Sophie Hill-Jones	Dual Registration	Fitness to Practise	14/02/2025	13/02/2029
29.	Tiago Horta Reis da Silva	Nurse	Fitness to Practise	14/02/2025	13/02/2029
30.	Victor Sanchez Castrillon	Nurse	Fitness to Practise	14/02/2025	13/02/2029
31.	Victoria Elizabeth Head	Dual Registration	Fitness to Practise	14/02/2025	13/02/2029
32.	Victoria Rees	Nurse	Fitness to Practise	14/02/2025	13/02/2029
33.	Wendy Hope	Nurse	Fitness to Practise	14/02/2025	13/02/2029

34.	Alison Smalley	Dual Registration	Fitness to Practise	14/02/2025	13/02/2029
35.	Bridget Cooper	Nurse	Fitness to Practise	14/02/2025	13/02/2029
36.	Elaine Whitton	Nurse	Fitness to Practise	14/02/2025	13/02/2029
37.	Gabriel Abotsie	Nurse	Fitness to Practise	14/02/2025	13/02/2029
38.	Julia Briscoe	Nurse	Fitness to Practise	14/02/2025	13/02/2029
39.	Juliana Thompson	Nurse	Fitness to Practise	14/02/2025	13/02/2029
40.	Karen Elizabeth Gardiner	Nurse	Fitness to Practise	14/02/2025	13/02/2029
41.	Radica Hardyal	Dual Registration	Fitness to Practise	14/02/2025	13/02/2029
42.	Romina Scaramagli	Nurse	Investigating	14/02/2025	13/02/2029
43.	Samuel Herbert	Nurse	Fitness to Practise	14/02/2025	13/02/2029
44.	Sandra Abramsamadu	Midwife	Fitness to Practise	14/02/2025	13/02/2029
45.	Vickie Glass	Nurse	Fitness to Practise	14/02/2025	13/02/2029
46.	Alexander Baer	Nurse	Fitness to Practise	14/02/2025	13/02/2029
47.	Arijana Kilic	Midwife	Investigating	14/02/2025	13/02/2029
48.	Charlotte Lara Jakab-Hall	Nurse	Fitness to Practise	14/02/2025	13/02/2029
49.	Christine Kapopo	Nurse	Fitness to Practise	14/02/2025	13/02/2029
50.	Hazel Walsh	Nurse	Fitness to Practise	14/02/2025	13/02/2029
51.	Hellen Horton	Nurse	Fitness to Practise	14/02/2025	13/02/2029
52.	Ivan McGlen	Nurse	Fitness to Practise	14/02/2025	13/02/2029
53.	Lauren Harrison	Nursing Associate	Fitness to Practise	14/02/2025	13/02/2029
54.	Lesley Anne Foulkes	Nurse	Fitness to Practise	14/02/2025	13/02/2029
55.	Mordecai Edziyie Dadzie	Nurse	Fitness to Practise	14/02/2025	13/02/2029
56.	Prisca Adaobi Igwe	Nurse	Fitness to Practise	14/02/2025	13/02/2029
57.	Ranvir Virk	Nurse	Fitness to Practise	14/02/2025	13/02/2029
58.	Richard Desir	Nurse	Fitness to Practise	14/02/2025	13/02/2029
59.	Sarah Holloway	Nurse	Fitness to Practise	14/02/2025	13/02/2029
60.	Sophie Agolini	Nurse	Fitness to Practise	14/02/2025	13/02/2029
61.	Stacey Coxon	Nurse	Fitness to Practise	14/02/2025	13/02/2029
62.	Steven Brennan-Collis	Nurse	Fitness to Practise	14/02/2025	13/02/2029
63.	Yvonne Thomson	Nurse	Investigating	14/02/2025	13/02/2029
64.	Genevieve Nwanze	Nurse	Fitness to Practise	14/02/2025	13/02/2029

Candidates to be appointed as Lay Panel Members (52)

	Name	Lay	Committee	Term Start	Term End
1.	Colleen Sterling	Lay	Fitness to Practise	14/02/2025	13/02/2029
2.	Lorraine Chalk	Lay	Fitness to Practise	14/02/2025	13/02/2029
3.	Sally Ann Kitson	Lay	Fitness to Practise	14/02/2025	13/02/2029
4.	Muhammed Patel	Lay	Fitness to Practise	14/02/2025	13/02/2029
5.	Jane Ndeti	Lay	Fitness to Practise	14/02/2025	13/02/2029
6.	Delecia Dixon	Lay	Fitness to Practise	14/02/2025	13/02/2029
7.	Rachel Cerfontyne	Lay	Fitness to Practise	14/02/2025	13/02/2029
8.	Fay Melissa Jackson	Lay	Fitness to Practise	14/02/2025	13/02/2029
9.	Leon Jacobs	Lay	Investigating	14/02/2025	13/02/2029
10.	Catherine Anne Beckett	Lay	Fitness to Practise	14/02/2025	13/02/2029
11.	Sally Bourner	Lay	Fitness to Practise	14/02/2025	13/02/2029
12.	Vinod Wagjiani	Lay	Fitness to Practise	14/02/2025	13/02/2029
13.	Raj Chauhan	Lay	Fitness to Practise	14/02/2025	13/02/2029
14.	Rosanna Isadora Duncan	Lay	Fitness to Practise	14/02/2025	13/02/2029
15.	Sophie Hutchinson	Lay	Investigating	14/02/2025	13/02/2029
16.	Dino Rovaretti	Lay	Fitness to Practise	14/02/2025	13/02/2029
17.	Christopher Karl Bithell	Lay	Fitness to Practise	14/02/2025	13/02/2029
18.	Paul Barton	Lay	Fitness to Practise	14/02/2025	13/02/2029
19.	Shelley Smith Hemsley	Lay	Fitness to Practise	14/02/2025	13/02/2029
20.	Emma Foxall	Lay	Fitness to Practise	14/02/2025	13/02/2029
21.	Jill Barr	Lay	Fitness to Practise	14/02/2025	13/02/2029
22.	Tracy Jane Jones	Lay	Fitness to Practise	14/02/2025	13/02/2029
23.	Helen Holmes	Lay	Investigating	14/02/2025	13/02/2029
24.	Mohammad Kaleel Anwar	Lay	Fitness to Practise	14/02/2025	13/02/2029
25.	Anita Kaur Mobberley	Lay	Fitness to Practise	14/02/2025	13/02/2029
26.	Shazad Amin	Lay	Fitness to Practise	14/02/2025	13/02/2029
27.	Alison Abu	Lay	Fitness to Practise	14/02/2025	13/02/2029
28.	Sam Wade	Lay	Fitness to Practise	14/02/2025	13/02/2029
29.	Emma Lynch	Lay	Investigating	14/02/2025	13/02/2029
30.	Matthew James Clarkson	Lay	Fitness to Practise	14/02/2025	13/02/2029
31.	Louise Helen Print-Lyons	Lay	Fitness to Practise	14/02/2025	13/02/2029
32.	Sara Hatfield	Lay	Fitness to Practise	14/02/2025	13/02/2029
33.	Norah Christie	Lay	Fitness to Practise	14/02/2025	13/02/2029
34.	Robin John Barber	Lay	Fitness to Practise	14/02/2025	13/02/2029
35.	Caroline Adriana Ross	Lay	Fitness to Practise	14/02/2025	13/02/2029
36.	Darren Rice	Lay	Investigating	14/02/2025	13/02/2029

37.	Andrea Carmen	Lay	Fitness to Practise	14/02/2025	13/02/2029
38.	Christine Dorothy Wroe	Lay	Fitness to Practise	14/02/2025	13/02/2029
39.	Peter James Kitson	Lay	Fitness to Practise	14/02/2025	13/02/2029
40.	Karan Patricia Sheppard	Lay	Fitness to Practise	14/02/2025	13/02/2029
41.	Colin Mark Allison	Lay	Fitness to Practise	14/02/2025	13/02/2029
42.	Jacqueline Archer	Lay	Fitness to Practise	14/02/2025	13/02/2029
43.	Cerys Jones	Lay	Fitness to Practise	14/02/2025	13/02/2029
44.	Michelle Providence	Lay	Fitness to Practise	14/02/2025	13/02/2029
45.	Sophia Clarke	Lay	Fitness to Practise	14/02/2025	13/02/2029
46.	Mark Johannes Hutchings	Lay	Fitness to Practise	14/02/2025	13/02/2029
47.	Olan Jenkins	Lay	Fitness to Practise	14/02/2025	13/02/2029
48.	Steven Anthony Chandler	Lay	Fitness to Practise	14/02/2025	13/02/2029
49.	Emily Coffey	Lay	Fitness to Practise	14/02/2025	13/02/2029
50.	Peter Cowup	Lay	Fitness to Practise	14/02/2025	13/02/2029
51.	Katherine Richards	Lay	Fitness to Practise	14/02/2025	13/02/2029
52.	Chanelle Gibson-McGowan	Lay	Fitness to Practise	14/02/2025	13/02/2029

Council

Report from Committee to Council

Name of committee	People and Culture Committee
Date of meeting	26 November 2024
Committee chair / report author	Committee Chair: Lynne Wigans Author: Alice Horsley
Date of report	15 January 2025

Key discussions

Executive Pay and Staff Pay: Annual Pay Review

- 1 The Committee held an initial discussion about proposals for the annual pay review 2025-2026 for both the Executive and Staff.
- 2 The Committee agreed that the next iteration of the pay review proposals for 2025-2026 would be presented at the February Committee meeting.
- 3 Relating to Ambitious Appraisals, the Committee acknowledged that there were many benefits to performance management beyond performance linked pay. In the latest round of Ambitious Appraisals, 98.9 percent of colleagues had a quarterly performance and development conversation with their manager, which included discussions about workload and wellbeing. Prior to Ambitious Appraisals only 66 percent of colleagues had annual appraisal conversations.

People Plan and EDI Plan updates

- 1 The Committee noted an update on the People Plan and the EDI Plan.
- 2 Mac Alonge, Chief Executive Officer, The Equal Group, provided a verbal report to the Committee on his initial reflections and priorities in his capacity as Equality, Diversity and Inclusion (EDI) Advisor to the NMC.
- 3 It was noted that Mac Alonge was working with the Executive Board and the Council to ensure a greater level of challenge and scrutiny relating to EDI.
- 4 A training session for Executive and Council colleagues would be held once the Interim Chief Executive and Registrar was in post.

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- 5 The Committee discussed that cultural transformation at the NMC and improving the Fitness to Practise (FtP) process were inextricably linked.
- 6 It was noted that feedback from the Employee Conference on 8 October 2024 would be used to further inform what it was colleagues wanted to see in terms of cultural improvements at the NMC.
- 7 The Committee requested that it be sent the latest report from the Freedom to Speak Up Guardian as well as data relating to workload and wellbeing following the latest round of Ambitious Appraisals.

Your Voice employee survey 2024

- 8 The Committee welcomed the decision to conduct the Your Voice survey in September 2024, the outcomes of which were valuable.
- 9 The participation rate was 57 percent versus 65 percent in the previous year. This fall in participation was not unexpected as colleagues had been asked to provide a lot of feedback in recent months.
- 10 The Committee was informed that the Your Voice survey 2024 included a new set of questions relating to EDI, which were included in place of the previously conducted Workforce Race Equality Survey (WRES) to mitigate against survey fatigue.
- 11 A breakdown of results at directorate level had been shared with each Executive Director and senior leaders, so that issues or lower scores in specific areas could be addressed.
- 12 The Committee highlighted the positive feedback provided relating to Autonomy, Goal Setting, Management Support and Peer Relations, which was a good foundation on which the NMC could progress with cultural transformation.
- 13 The WRES report and the outcomes of the Your Voice survey 2024 would be reported at Open Council in March 2025.

Risk Register: People and EDI Corporate risks

- 14 The Committee noted that since its last meeting in September 2024, there had been no changes to the risk scores.
- 15 Relating to strategic risk PEO24/05, it was highlighted that there had been updates to reflect the appointment of the Interim Chief Executive and Registrar, the Interim Executive Director, Strategy and Insight, and the upcoming departure of the Executive Directors, People and Organisational Effectiveness. It was not considered that these updates changed the risk score

16 The Committee agreed that dates and timeframes for implementing mitigations would be added to future iterations of the Risk Register: People and EDI Corporate risks.

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Council

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

Action requested:	<p>Reports action taken by the Chair of the Council</p> <p>The Council is asked to note the report.</p>
Key background and decision trail:	<p>This paper reports action taken by the Chair of the Council since 27 November 2024 under delegated powers in accordance with Standing Orders.</p> <p>There have been two Chair's actions:</p> <ul style="list-style-type: none"> • Approval of Annual Returns 2023-2024 to the Charity Commission and the Office of the Scottish Charity Regulator (12-2024) • Appointment of Partner members to the Audit Committee and People and Culture Committee (01-2025)
Key questions:	<ul style="list-style-type: none"> • What action on minor, non-contentious or urgent matters falling under the authority of the Council (Scheme of Delegation, paragraph 4.6) has the Chair taken on behalf of the Council since the last meeting?
Annexes:	<p>The following annexes are attached to this paper:</p> <ul style="list-style-type: none"> • Annexe 1: Chair's action 12/2024 • Annexe 2: Chair's action 01/2025
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>Secretary: Matthew Hayday Phone: 020 7681 5516 matthew.hayday@nmc-uk.org</p>

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Chair's Action 12-2024

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

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

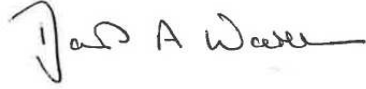
Requested by: Secretary to the Council	Date: 5 December 2024
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<p>Approval of Annual Returns 2023-2024 to the Charity Commission and the Office of the Scottish Charity Regulator (OSCR)</p> <ol style="list-style-type: none">1. As a registered charity with income in excess of £10,000 a year, the NMC is required to submit annual returns to the Charity Commission and OSCR, together with copies of the audited annual report (Trustees' annual report) and accounts. Charity Commission guidance requires that the annual returns be reviewed and approved by a Trustee of the charity. The Audit Committee confirmed in June 2015 that review and approval by the Chair is appropriate.2. The proposed 2023-2024 annual returns are attached for review, along with a supporting paper.<ol style="list-style-type: none">2.1. Annexe A: Charity Commission (<i>not included</i>)2.2. Annexe B: OSCR (<i>not included</i>)3. The returns have been populated using information already included in the audited Annual Report and Accounts 2023-2024, which have been laid in Parliament and published. The Charity Commission have introduced a new question set this year that requires additional information, which has been sourced from colleagues.4. The Acting Chief Executive and Registrar has reviewed the returns and is content for them to be submitted to the Charity Commission and the OSCR.5. The Chair is asked to:<ol style="list-style-type: none">a. approve the annual returns; andb. confirm that you are content for your electronic signature to be attached to this Chair's action.

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6. Once approved, the returns will be submitted by the governance team online, ahead of the deadlines of 31 December 2024 (OSCR) and 31 January 2025 (Charity Commission).

Signed  _____ (Chair)

Date 5 December 2024

Chair's Action 01/2025

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

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

Requested by: Secretary to the Council	Date: 13 January 2025
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Appointment of Partner members to the Audit Committee and People and Culture Committee.

Following the approval of Chair's action 07/2024, an open and competitive recruitment process – as agreed by People and Culture Committee (PCC/24/28c) – was undertaken and successfully identified candidates for the following positions:

- Audit Committee Partner member: One member with appropriate financial qualifications with significant senior level experience in finance and/or audit in organisations of similar size and complexity to the NMC.
- Audit Committee Partner member: One member with significant expertise and experience in overseeing technology and cyber security at an organisation of similar size and complexity to the NMC.
- People and Culture Committee Partner member: One or two members with significant senior expertise, primarily, in organisational development and, secondarily, in culture change at an organisation of similar size and complexity to the NMC.

The NMC was supported by Inclusive Boards to seek candidates for these positions. The Selection Panel - comprising Deborah Harris (Chair of Audit Committee), Lynne Wiggins (Chair of People and Culture Committee), David Warren (Chair of Council) and Professor Kay Hampton (Independent member) - agreed and interviewed a short list of ten candidates. Following those interviews, the Panel has recommended the following candidates:

- Clare Minchington as Audit Committee partner member
- Joyce Sarpong as Audit Committee partner member
- Bola Ogundeji as People and Culture Committee partner member.

The Secretariat conducted due diligence checks and Inclusive Boards undertook reference checks. Findings from these checks were used to inform the interviews.

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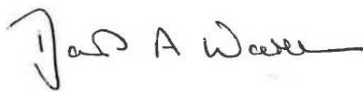
The Selection Panel was content that there were no issues of concern for these candidates.

Terms of appointment: Under Standing Orders, it is for the Chair of Council to determine the duration of the term of office of Partner members which may not exceed three years from the date of appointment, renewable once. It is recommended that the term length be three years for these positions. As per Chairs Action 9/2024, Joyce Sarpong was appointed as an interim member for a six month term starting on 1 October 2024. The Chair is requested to extend this term to enable an initial term of three years.

Requested action: In accordance with section 4.2 of the Standing Orders, the Chair is asked to:

- **Appoint Clare Minchington as a Partner Member of Audit Committee for an initial term from 1 April 2025 to 31 March 2028.**
- **Appoint Bola Ogundeji as a Partner Member of People and Culture Committee for an initial term from 1 February 2025 to 31 January 2028.**
- **Extend Joyce Sarpong's current term as a Partner member of the Audit Committee, so that her term will now end on 31 September 2027.**

Signed



Date: 13 January 2025

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