

## Nursing and Midwifery Council (NMC) Independent Oversight Group

### Terms of Reference

#### 1. Role

1.1 The role of the oversight group is to:

- Oversee and put in place mechanisms to monitor and track progress and outcomes of the NMC's response to the independent culture review by Nazir Afzal OBE and Rise Associates, and the two reviews carried out by Ijeoma Omambala KC into fitness to practise case handling and the NMC's handling of whistleblowing disclosures. This will include:
  - Reviewing, scrutinising and providing constructive challenge on the NMC's action plan to address the recommendations and areas of risk, providing feedback on the timings, actions planned and expected impacts. This will include setting expectations on the data and evidence to be provided by the NMC.
  - Paying particular focus to the NMC's work to address high-risk issues in fitness to practise, identified through these reviews, that relate to safeguarding of the public and registrants.
  - Scrutinising the impact of measures introduced by the NMC to improve its culture and performance.
  - A particular focus will be on ensuring the NMC addresses the concerns identified in the report relating to equality, diversity and inclusion (EDI), both as an employer and as regulator.
  - Providing insight and advice on further actions required related to the areas within the reviews.
  - Holding the NMC to account for progress on the effective and timely implementation of the recommendations.
- Provide, and act as a conduit to provide, support to the NMC to address the recommendations and issues relating to these.

1.2 The primary purpose of the group is to ensure that the NMC takes timely and effective action to respond to the findings of independent reviews to improve its culture and performance. Information that is not directly related to this purpose should be fed to the appropriate organisational route, for example the Professional Standards Authority's (PSA's) performance review function.

1.3 The group is not a statutory committee of the PSA or any other organisation. The group does not have responsibility for the resolution of the recommendations. Its role is to review, scrutinise and challenge the work of the NMC rather than deliver change itself. It is not the purpose of the group to duplicate the role of the NMC Council.

- 1.4 The group recognises that the issues identified with the NMC's performance have had, and continue to have, a serious adverse impact on the public, registrants and NMC employees. Wider reports and inquiries may impact on the work of the group. It will consider the outcomes of such reports and the impact on its work as appropriate.
- 1.5 The group will consider if and when it is necessary to escalate areas of risk,<sup>1</sup> and the route/s escalation should take.<sup>2</sup>

## **2. Membership**

- 2.1 The group will be Chaired by the PSA Chief Executive. If the Chair is unable to attend a meeting, they may nominate a deputy so that the meeting can go ahead.
- 2.2 The group will be constituted to allow it to constructively challenge the NMC on its actions to address the recommendations from the independent reviews. Membership will be necessarily broad and diverse to allow the group to fulfil its role.
- 2.3 Membership of the group will be reviewed every six months and as and when new information arises that indicates a change to membership is required.
- 2.4 The group may co-opt additional members where this is necessary or conducive to fulfil its role. These may be to focus on specific areas or to bring wider knowledge and understanding to the group and its remit.
- 2.5 Members may nominate deputies to attend meetings where they are not available. The rights and responsibilities of full members are conveyed to deputies.
- 2.6 Members will declare any conflicts of interest when joining the group and will be invited to update these at each meeting. A record of conflicts of interest will be kept by the secretariat.
- 2.7 Full membership is included at [appendix A](#).

## **3. Responsibilities**

- 3.1 All members have the following responsibilities:
  - To review, scrutinise and provide constructive challenge on the NMC's work to address the recommendations of the independent reviews, and the impact of this work.
  - To highlight key risks and to review and monitor the NMC's mitigation of risks.

---

<sup>1</sup> For example, if the group considers that the NMC is taking too long to implement necessary improvements, or that the NMC's response will not effectively address a significant risk.

<sup>2</sup> For example, writing to Ministers and/or the Secretary of State for Health and Social Care to outline the group's concerns.

- To provide, where appropriate, information from their professional perspective and from relevant stakeholders.
- To report back to their organisations on the work overseen by the group.
- Where relevant, to provide, or act as a conduit to providing, support to the NMC to address recommendations.
- To consider if and when risks should be escalated, including the route that any escalation should take.
- To keep the Terms of Reference under review, identifying and considering changes as appropriate.

3.2 Members may also have specific roles, as detailed below.

### ***Chief Nursing and Midwifery Officers***

3.3 To provide a perspective from each administration on the work undertaken by the NMC to meet recommendations and the impact of this work.

### ***Professional bodies and unions***

3.4 To provide a member's perspective on the work undertaken by the NMC to meet recommendations and the impact of this work.

### ***Departmental representatives***

3.5 To provide a perspective from each administration on the work undertaken by the NMC to meet recommendations and the impact of this work.

3.6 To report to the Secretary of State for Health and Social Care, Ministers/Cabinet Secretaries in the devolved administrations, and other relevant Ministers.

### ***Patient groups***

3.7 To provide a patient perspective on the work undertaken to meet the recommendations from independent reviews and the impact of this work.

### ***NMC employee groups***

3.8 To provide insight into employee understanding of progress against the recommendations and the impact of changes made to address the issues identified.

3.9 To provide insight from ethnic minority and other underrepresented groups of NMC employees.

### ***UNISON (representing NMC staff)***

3.10 To provide a staff perspective of the effectiveness of the NMC's work to address the recommendations and the impact of this on staff.

### ***Experts***

3.11 To provide a particular focus on their area of expertise and to advise the group on good practice in that area.

### ***NMC Chair and Chief Executive***

- 3.12 To report openly and transparently to the group at each meeting on progress to address the recommendations from independent reviews.
- 3.13 To provide clear written reports, briefings, and/or updates in a timely manner ahead of each meeting.
- 3.14 To use feedback from the group to inform its actions to address the recommendations as appropriate.

### ***Professional Standards Authority***

- 3.15 To convene, chair, facilitate and administer the group. This includes circulating papers one week prior to each meeting date.
- 3.16 To report publicly on the group's oversight of the NMC's progress in implementing actions to address recommendations, with the agreement of the group.
- 3.17 To feed any relevant information obtained from the group into its statutory oversight functions.
- 3.18 To conduct a review of, and to produce a report on, the group's oversight at the end of the term of the group.

## **4. Reporting**

- 4.1 Members will report to their organisations on the work of the group following each meeting.
- 4.2 A summary of each meeting will be published on the PSA website. Members may also publish these summaries on their own websites.

## **5. Decision-making**

- 5.1 The group has an oversight role and is not a specific decision-making body. However, there may be occasions where the group needs to make a decision for itself, such as deciding on a course of action that it takes, whether it has received sufficient assurance about the NMC's actions on a recommendation, or whether and where to escalate areas of risk.
- 5.2 We expect any decisions made by the group relating to its role will be made by consensus. If this is not possible, decisions must be agreed by greater than 50% of the membership. Decisions can be made in meetings or by email correspondence.

## **6. Meetings**

- 6.1 Meetings will be held every six weeks on MS Teams and will be scheduled for two hours. Meeting frequency and duration will be reviewed six months after the first meeting. Meetings will be held in private.
- 6.2 The quorum for meetings will be 50% of members plus one.

## **7. Term**

- 7.1 The group will continue to exist until it has received sufficient assurance that the NMC has addressed all recommendations from the three reviews identified within the Role section of the Terms of Reference. It is expected that this period will be at least two years.
- 7.2 The group will revisit its term annually after its initial meeting.

## **8. Secretariat**

- 8.1 The Professional Standards Authority will provide secretariat for the group.

### **Version control**

<b>Version</b>	<b>Description of Version</b>	<b>Date Completed</b>
1.0	Original version agreed by group following first meeting, subject to review by expert/s once appointed.	20/09/24

## Appendix A: Membership list

<b>Organisation/Role</b>	<b>Name</b>
CNO England	Duncan Burton
CMO England	Kate Brintworth
CNO Scotland	Anne Armstrong
CMO Scotland	Justine Craig
CNO Wales	Sue Tranka
CMO Wales	Karen Jewell
CNO NI	Maria McIlgorm
CMO NI	Caroline Keown
Chief Nurse for Adult Social Care, DHSC	Deborah Sturdy
UNISON (registrants)	Gail Adams
UNISON (NMC staff representation)	Anne Carvalho
Unite the union	Dave Munday
RCN	Nicola Ranger
RCM	Gill Walton
DHSC	Phil Harper
Scottish Government	Donna O'Boyle
Welsh Government	Ian Owen
DoH NI	Peter Barbour
NMC Chair	Sir David Warren
NMC Chief Executive	Helen Herniman
NMC Employee Forum Co-Chair	Colette Howarth
PSA Chief Executive	Alan Clamp
PSA Director of Regulation and Accreditation	Graham Mockler
Experts	Crystal Oldman Habib Naqvi Helen Hughes Jayne Chidgey-Clark Wendy Olayiwola (further patient group expertise TBC)