

Open Council 23 July 2025

MEETING
23 July 2025 10:00 BST

PUBLISHED
28 July 2025

Meeting of the Council

To be held by videoconference from **10:00** on Wednesday 23 July 2025

Chair, Council members' and Interim Chief Executive and Registrar private session **09:00-09:45**

Agenda

Ron Barclay-Smith
Chair of the Council

Jacqueline Maunder
Council Secretary

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|-----------------------------------|--|-----------|--|
| 1 | Welcome and Chair's opening remarks | NMC/25/68 | 10:00 |
| 2 | Apologies for absence | NMC/25/69 | |
| 3 | Declarations of interest | NMC/25/70 | |
| 4 | Minutes of the previous meeting | NMC/25/71 | |
| | Chair of the Council | | |
| 5 | Summary of actions | NMC/25/72 | |
| | Secretary | | |
|
Matters for discussion | | | |
| 6 | Executive Report | NMC/25/73 | 10:10-10:30
<i>(20 mins)</i> |
| | Interim Chief Executive and Registrar/Executive | | |
| 7 | Quarterly corporate performance report | NMC/25/74 | 10:30-11:00
<i>(30 mins)</i> |
| | 7.1 Quarterly corporate performance report – Q1 2025 (April – May 2025 data only) | | |
| | 7.2 Quarterly Strategic Risk Exposure Report (Q1) | | |
| | Interim Chief Executive and Registrar | | |

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8 **Update on progressing the Fitness to Practise Casework** NMC/25/75 **11:00-11:20**
(20 mins)
Executive Director, Professional Regulation

Refreshments (10 mins)

11:20-11:30

Matter for decision

9 **Raising Concerns Policy (including whistleblowing (Public interest disclosures))** NMC/25/76 **11:30-11:45**
(15 mins)
General Counsel / Interim Chief of Staff

Matters for discussion

10 **Update on NMC Culture Transformation** NMC/25/77 **11:45-12:15**
(30 mins)
Interim Chief Executive and Registrar / Executive Director, People and Culture

11 **Employer Link Service summary of activity 2024-2025** NMC/25/78 **12:15-12:45**
(30 mins)
Acting Executive Director, Professional Practice

12 **Council effectiveness review** NMC/25/79 **12:45-13:00**
(15 mins)
Secretary

13 **Questions from observers** NMC/25/80 **13:00-13:15**
(15 mins)
Chair **(Oral)**

Matters for information

14 **People and Culture Committee Report** NMC/25/81
Chair, People and Culture Committee

15 **Chair's actions taken since the last meeting** NMC/25/82
Chair

CLOSE

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Meeting of the Council
Held on Wednesday 2 July 2025 in the Council Chamber, 23 Portland Place.

Minutes

Ron Barclay-Smith	Chair
Anna Walker	Member
Sue Whelan Tracy	Member
Eileen McEneaney	Member
Claire Johnston	Member
Flo Panel-Coates	Member
Rhiannon Beaumont-Wood	Member
Lindsay Foyster	Member
Lynne Wigans	Member
Deborah Harris-Ugbomah	Member
Margaret McGuire	Member
Nadine Pemberton Jn Baptiste	Member
Peter Herbert (<i>virtually by Teams</i>)	Independent Adviser

NMC Officers

Paul Rees	Interim Chief Executive and Registrar
Lesley Maslen	Executive Director, Professional Regulation
Donna O'Boyle	Acting Executive Director, Professional Practice
Emma Westcott	Executive Director, Strategy and Insight
Julia Corkey	Executive Director, Communications and Engagement
Gavin Kennedy	Interim Executive Director, People and Culture
Alice Hilken	General Counsel
Miles Wallace	Deputy Director, Communications and Engagement
Mary Anne Poxton	Head of Governance
Sharon Dawson	Governance Manager

For item 8:

Richard Wilkinson	Assistant Director, Finance and Audit Principal Legal Adviser
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For item 10:

Adefemi Adeniyi Ogunleye	Deputy Director of Change and Improvement
Fausto Felice	Head of Quality and Improvement

For item 11:

Preth Rao	Head of Strategy and Project Lead for EDI Strategic Objectives
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A list of observers is at Annexe A.

Minutes

NMC/25/52 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 Julia Corkey, the newly appointed Executive Director, Communications and Engagement, to her first Council meeting having joined the NMC on 1 July, Alan Clamp, Chief Executive, Professional Standards Authority, and Surinder Birdi, NMC Appointments Board Chair, who were observing the meeting.

NMC/25/53 Apologies for absence

1. There were apologies received from Helen Herniman, Executive Director, Resources and Technology Services and Ben Wesson, Acting Secretary to the Council.

NMC/25/54 Declarations of interest

1. There were no declarations of interest.

NMC/25/55 Minutes of the previous meeting

1. The minutes of the meeting on 21 May 2025 were agreed as an accurate record and signed by the Chair.

NMC/25/56 Summary of actions

1. The Council noted progress on actions arising from previous meetings.
2. Arising from **NMC/25/42 Safeguarding stocktake update**. Whilst the latest NMC Disclosure and Barring Services (DBS) figures had been made available to the Council, it was felt that a more detailed narrative covering risk, the requirement for DBS checks and the management of non-response/non-compliance would be helpful. The Interim Executive Director, People and Culture agreed to provide a more detailed report to the Council by the Open Council meeting on 23 July 2025.
3. Arising from **NMC/24/98 Independent Culture Review report update (Oral)**. The Chair of the Council, Council members on the People and Culture Committee and the Independent Adviser to the Council were attending meetings with the chairs of the Staff Network and Union members and it would be helpful for other Council members to receive feedback and any learnings from these meetings.

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4. Arising from **NMC/25/05 Summary of actions**. Regarding the timeline for presenting the governance structures relating to EDI, a meeting of Committee chairs was scheduled for 2 July 2025 where the process would be agreed.
5. Arising from **NMC/25/22 Annual Corporate Plan and Budget 2025-2026**, it was proposed that, if possible, the first report be considered by the Finance and Resources Committee.
6. Arising from **NMC/25/23 Safeguarding update** regarding the approach to Council member champion roles. It was agreed that the Council would have an opportunity to feed into the discussion before the paper was presented at Open Council on 24 September 2025.

Action:	Provide a detailed report on DBS checks for NMC staff to the Council to include risk, requirement and management of non-response or compliance.
For:	Interim Executive Director, People and Culture
By:	23 July 2025
Action:	Schedule an opportunity for feedback and learnings from the meeting with the chairs of Staff Networks and Union members to be shared with other Council members.
For:	Acting Secretary
By:	24 September
Action:	If possible, the first report be considered by the FRC.
For:	Executive Director, Resources and Technology Services
By:	24 September 2025
Action:	Provide an opportunity for the Council to feed into the discussion on Council member champion roles before the paper was presented at Open Council in September 2025.
For:	Assistant Director, Governance and Secretary to the Council.
By:	24 September 2025

NMC/25/57 Executive report

1. The Interim Chief Executive and Registrar (CER) introduced the Executive report, and the following points were highlighted
 - a. The NMC had held two conferences to share its new vision for

the delivery of NMC Education Quality Assurance (EdQA) and to discuss how to work with approved education institutions (AEIs) to build trust and regulate NMC approved programmes in a safe and supportive way.

- b. The NMC's new Principles for Advanced Practice had been published which set out, for the first time, what was expected of registered nurses and midwives taking on complex, autonomous and expert roles commonly referred to as 'advanced practice'.
- c. A meeting had taken place with the Minister of State for Health, Karin Smyth MP, the Interim Chief Executive and Registrar and the Chair of Council at which they discussed the NMC's culture transformation, fitness to practise (FtP) improvement, the Professional Standards Authority review, Ambitious for Change research, and the forthcoming Omambala publication.
- d. The CER had met families affected by the independent review into maternity services at Nottingham University Hospitals NHS Trust. The NMC had given a commitment to actively engage with the families.
- e. The NMC was committed to making the public facing material on the fitness to practise process easier to understand and navigate.
- f. The latest annual registration data report for the period 1 April 2024 to 31 March 2025 had been published in June, with the register reaching a record high of 853,707 with more Black and minority ethnic registrants than in previous years.
- g. Timeliness in FtP continued to improve and whilst progress was encouraging, there was still a long way to go.
- h. The NMC had signed the UNISON Anti-Racism Charter and published its EDI targets. The 2025-2026 actions would help to achieve the NMC's culture vision by embedding EDI and advancing regulatory fairness.
- i. Hybrid working – from 29 September 2025, all NMC staff would be coming into the office two days a week.
- j. Vacancies on the Executive Director team had been filled by Julia Corkey (Communications and Engagement), Emma Westcott (Strategy and Insight) and Ravi Chand (People and Culture) who would start in the role on Monday 7 July 2025.
- k. Congratulations were extended to Donna O'Boyle, Acting Executive Director, Professional Practice who had been awarded an MBE for her contribution to patient safety.

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- l. Miles Wallace was acknowledged and thanked for his support as Interim Executive Director, Communications and Engagement over the past few months.
 - m. Today marked the last day at the NMC for Anne Trotter, Assistant Director, Education and Standards. The NMC was grateful for all Anne's work and commitment over the past 15 years and wished her well for the future.
 - n. The report from Ijeoma Omambala KC would not now be received on 4 July. Discussions with her chambers were underway to ascertain when the report would be available. An update on the timing would be provided to the Council.
 - o. Planning was underway for engagement with colleagues and stakeholders as part of the Code and revalidation reviews. Advertising for an independent Chair to lead a stakeholder steering group would begin soon.

2.

In discussion, the following points were noted:

- a. The Council was assured that work was ongoing to include Key Performance Indicators (KPIs) in the quarterly performance report relating to the improved approach to EdQa, with some longer terms KPIs to be presented at Open Council on 23 July 2025.
- b. The first meeting of the Culture Transformation Steering Group had taken place with the purpose of bringing together the Culture Transformation Plan (CTP) and EDI Strategic Objectives.
- c. Regarding the fraud issues in English language testing, the Council wanted assurance that consideration was being given to comprehensive oversight of outsourced services to ensure that the Computer Based Testing (CBT) and OEC issues could not reoccur. There had been a review of the controls at each of the centres had and improvements made. Further reflection was ongoing to fully assess the lessons learned.
- d. The CBT fraud had generated a great deal of additional work for the NMC. With hindsight this could have been assessed differently and resources ringfenced to handle it. The workload resulting from the large number of appeals had not been anticipated.
- e. Advanced Practice – a flexible resource model was being developed in Professional Practice to ensure sufficient

resource was available to manage the Advanced Practice regulation work as well as the reviews of the Code and Revalidation. This was being discussed and overseen by the Executive Board.

- f. A number of pilot organisations would provide feedback on their introduction of the Advanced Practice principles and whether they were having a positive impact in terms of patient safety.
- g. Additional work was anticipated as a result of the serious maternity failings affecting Nottingham and other areas. The NMC needed to ensure it was accessible to enable the public to make referrals. A bespoke team would be created to handle the Nottingham casework as a large volume of referrals was expected. Dedicated, specialist, skilled resources to include clinical specialism in midwifery would be required to support the increased level of casework.
- h. Acknowledging that a hybrid working policy had taken some time to formulate, this had now been finalised and would be implemented from 29 September 2025 with a requirement of a minimum of 40 percent office attendance per week. Currently around 63 percent of staff were already in the office for the required 2 days. There was a full consultation on how best to roll this out with feedback taken from staff. Attendance would be tracked. This requirement was a key element in addressing some of the issues raised within the Independent Culture Report.
- i. On behalf of the Council, the Chair thanked all NMC colleagues for the hard work and effort they had committed to make positive change at the NMC.

NMC/25/58

Audit Committee Annual Report 2024-2025

- 1. The Chair of the Audit Committee introduced the committee’s annual report for 2024-2025.
- 2. The Chair of the Committee confirmed that:
 - a. The Committee had provided written reports to Council throughout the year and noted where recommendations had been taken forward.
 - b. An updated evaluation of the progress on the implementation of the 2023-2024 Audit Committee report recommendations

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would be made available on Board Intelligence and would be taken as read.

- c. The Committee was content with the Internal Audit annual opinion and report for 2024- 2025.
- d. Nine actions from prior year reports were overdue and not implemented. The majority of these (seven) related to the Serious Event Review audit and were delayed due to the delays in the implementation of the new Log and Learn system. Ensuring the implementation of the system was an area of focus for the Executive. All other recommendations from audits, where action had fallen due in the period, had been implemented or were superseded

3.

In discussion, the following points were noted:

- a. An evaluation of the progress on implementation of the recommendations from the 2023-2024 Audit Committee Report to Council (July 2024) was provided on Board Intelligence. The Chair of the committee summarised the committee's response on three of the recommendations of the previous year:
 - Risk appetite conversations
 - The Assurance framework
Deeper assessment / deep dives
- e. Of the nine recommendations, none had been specifically prioritised. The Committee would like to progress against all nine and assessment and reflection would continue throughout the year.
- f. The Log and Learn system had recently been launched to a small group of staff as a trial before it was rolled out to the wider organisation.
- g. The Committee had complied with its terms of reference during the year and confirmed it had evidenced how it discharged its responsibilities for the period under review, the year ended 31 March 2025.
- h. Summing up on behalf of the Council, the Chair thanked the Chair of the Audit and Risk Committee and Committee colleagues for their work during the year and the overall picture of assurance provided. The work of the committee was central to the governance of an organisation and he encouraged Council colleagues to attend an Audit and Risk

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Committee meeting to gain a more in depth understanding of its work.

Decision: The Council approved the recommendations submitted by the Committee to:

- i. Complete the agreed development of the formal oversight processes to support the culture transformation plan**
- j. Establish appropriate quality standards across all of the NMC's work**
- k. Embed and assess existing quality frameworks where these exist**
- l. Strengthen the current risk management processes and strengthen data controls and data governance**
- m. Ensure systems in place to demonstrate effective prioritisation**
- n. Complete and agree the planned revisions to the current whistleblowing policy and newly introduced escalation policy and embed their use in short order**
- o. Reflect on risk appetite in light of recent reports relating to historic performance**
- p. Ensure appropriate grip and pace on both cost efficiencies and value for money (VfM), given the level of financial investment being made, the number of single tender actions reported and the level of growth in headcount in the last few years.**
- q. Effectively implement the new Log and Learn process, underpinned by a change management plan that embeds the new approach and creates a culture of open learning.**

NMC/25/59

Draft Annual Report and Accounts 2024-2025

1. The Chief Executive and Registrar introduced the draft annual report for 2024-2025, noting that this was both the Council's report to Parliament and, as Trustees, to the Charity Commission for England and Wales and the Office of the Scottish Charity Regulator (OSCR).
2. The Chief Executive and Registrar highlighted the following:
 - a. The report noted the NMC's significant challenges and key developments in the year from April 2024 to March 2025.
 - b. The 2024–2025 business year had been a difficult one for the NMC and many of the people it interacted with: colleagues,

the professionals on the register and the public they cared for.

- c. The Independent Culture Review had found that some NMC colleagues had experienced poor behaviours which were unacceptable. The report had also said that the NMC's troubled culture negatively affected its work on fitness to practise and other areas.
- d. Now, however, through the hard work and dedication of staff and Council colleagues, important work was underway to turn the organisation around.
- e. In a challenging year, the NMC had:
 - I. Introduced a Safeguarding Hub so that all new referrals could be triaged to provide appropriate support at the outset.
 - II. Announced a programme of work to enhance education and standards for nursing and midwifery professionals to ensure our work on education and standards will meet the needs of the modern workforce, are fit for the future and protect the public.
 - III. Published a Culture Transformation Plan, a comprehensive three-year programme at the heart of which are the six pillars of strong and effective leadership, values-based decision making, embedding EDI, ensuring psychological safety, enabling enjoyment at work and regulatory fairness at work.
 - IV. Signed up to the UNISON Anti-Racism Charter, underlying the NMC's determination to become an anti-racist organisation.
 - V. Improved the FtP processes and timelines through the FtP plan.

3.

In discussion, the following points were noted:

- a. The Council had fed into the process to produce the annual report.
- b. In relation to the Accounts, the Assistant Director, Finance and Audit noted that, in a change from previous years, a target level for 'free reserves' was not being set. This was because such a measure would potentially result in the NMC holding an unnecessarily high level of cash and liquid investments that could be better used to invest in

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delivering improvements to the service it provides to the public.

- c. The Letter of Representation was a standard letter with two elements unique to the NMC; the provision for legal assessors and a technical point regarding pensions.

4. Thanks were extended to Finance and Governance team colleagues for their hard work in producing the annual report and accounts.

5. Whilst there was still much to do, the organisation was turning itself around and looking forward to a brighter future for the benefit of the public it protects, the professionals it regulates, and its staff.

Decision: The Council:

- **Confirmed it was content that the NMC was a going concern.**
- **Authorised the Chair and Interim Chief Executive and Registrar as Accounting Officer to sign the draft letter of representation to the NAO.**
- **Approved the draft Annual Report and Accounts 2024-2025 for submission to Parliament.**

NMC/25/60 Draft Annual Fitness to Practise Report 2024-2025

1. The Executive Director, Professional Regulation introduced the draft Annual Fitness to Practise Report for 2024-2025.

2. The Executive Director, Professional Regulation highlighted the following points:

- a. The report was a clear account of how the NMC had carried out its FtP responsibilities and outlined the approach to FtP cases.
- b. Key performance highlights from the year included:
 - I. Timeliness: Improved case progression, with 68.4 percent of cases concluded within 15 months, up from 61.1 percent in March 2024.
 - II. Screening efficiency: Highest number of screening decisions in a single month in the last five years achieved in March 2025 against a backdrop of higher than forecasted referral numbers.
 - III. Reduced case age: Median case age had decreased at several FtP stages, directly improving the experience for those involved.

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IV. Hearing improvements: Increased the number of hearings held in-person.

- c. The report summarised key deliveries from the FtP Plan, launched in April 2024 with a £30 million investment. Where applicable, these were linked to the implementation of the recommendations from the Independent Culture Review (ICR), and included EDI improvement work in panel recruitment.
- d. Significant challenges remained, particularly regarding the continued upward trajectory on referral numbers.
- e. The Ambitious for Change research had provided insight and recommendations on improving the FtP process to make it swifter and non-biased.

3.

In discussion, the following points were noted:

- a) The Council acknowledged the significant work and improvements made with FtP. The PSA and Ambitious for Change reports had placed a strong focus on FtP.
- b) Support for professionals and employers via helplines was split across Professional Regulation and Professional Practice. A helpline for members of the public was available and there were plans for a review to develop and expand the service.
- c) Consideration should be given to reducing reliance on external consultancy to a minimum. Assurance was given that the contracting external suppliers was due to capacity rather than capability within the NMC, and using external legal services, for example, provided additional support for casework and helped to release blockages that could occur at different stages in the process.
- d) It would be helpful for future reporting of timeliness and decisions on cases to present actual figures as well as percentages.
- e) It was felt that there was a great deal of work that had not been reflected in the report. This would be taken into consideration for future reports.
- f) A Council Seminar was proposed to walk Council colleagues through the different processes and stages of FtP and the various support mechanisms to give a better overall understanding.

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Action:	Provide numbers as well as percentages for FtP caseload figures in future reports.
For:	
By:	Executive Director, Professional Regulation
	24 September 2025
Action:	Arrange a Council Seminar to present the different processes and stages of FtP and the support mechanisms available.
For:	Secretary to the Council
By:	24 September 2025

NMC/25/61 Professional Standards Authority Report

1. The Interim Chief Executive and Registrar introduced the report and highlighted some of the key elements:
 - a. The PSA had used the Independent Culture Review (ICR) as a key piece of its evidence base. It had also indicated that the forthcoming Omambala report would be of interest when it came to considering the NMC’s performance for the period 1 January – 31 December 2025.
 - b. The NMC had met 11 of the 18 Standards of Good Regulation (SOGR) which marked a significant shift from previous reviews where it had met all but one (Standard 15) of the 18 Standards.
 - c. The NMC had introduced a turnaround plan to improve performance, which included a comprehensive FtP plan, underpinned with significant investment, and the Culture Transformation Plan.
 - d. The Executive Board would consider our internal PSA performance review process in mid-July 2025.
 - e. The PSA and Review Groups team would provide a progress report, alongside our confidence level assessment for each Standard, to Executive Board and Council in October 2025.
 - f. The PSA and Review Groups team would continue to engage with the PSA to establish plans for reporting on the 2025 review period.

2. In discussion, the following points were noted:
 - a. The Council acknowledged the report as helpful and fair.
 - b. The PSA report had highlighted that the findings of previous inquiries had not been implemented. The Council

should discuss this at its meeting in September rather than October and review progress, and consider not only what is being done but around what difference outcomes would make, not only regarding the cultural transformation inside the organisation but also delivery of services to the public and registrants.

- c. It was proposed that some of the work needed to bring the standards back into line be allocated to appropriate individual Council committees.
- d. The Executive had been discussing how to improve scrutiny during the year against the standards and provide assurance to the Council. The PSA in the context of the Independent Oversight Group had been clear that for actions that can be realised in the short term, it was important to evidence impact.
- e. The Council would like to be involved in the further shaping of the work being developed by the Executive.

3. Summing up, the Chair commented that the NMC should be aiming at a point where it did not recognise itself as the organisation described in the PSA report. The Council and the Executive must maintain their focus to achieve the desired outcomes and results.

The Council noted the report.

NMC/25/62

EDI Strategic Objectives and 2025-2026 Year 1 actions

- 1. The Interim Executive Director, People and Culture introduced the report and highlighted that the NMC had launched new equality, diversity and inclusion (EDI) targets to drive fairness in its regulatory processes and for its staff. These had been published on the NMC website.
- 2. The Head of Strategy and Project Lead for EDI Strategic Objectives summarised the key EDI Strategic objectives and how they had been developed:
 - a. The aim in developing the objectives had been to strike a balance between being ambitious over the longer term but also pragmatic and realistic about what could be delivered over the next 12 months.
 - b. The objectives, targets and actions had been developed by looking at our evidence (ICR, HR and People Data,

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Regulatory Data, Ambitious for Change) and key frameworks, such as the PSA's Standard 3 on EDI for good regulation.

- c. Two new Heads of EDI had been appointed.
- d. The NMC had been fortunate to have the support of Mac Alonge, Chief Executive Officer of The Equal Group, an expert EDI coach, to help shape the NMC's new approach.
- e. The GMC had also been very supportive by providing some of its own learning when it set similar targets in 2021.
- f. Thanks were extended to the NMC EDI, HR, and Professional Regulation teams for their work in helping shape the objectives, the Council for its input, and the Interim CER for his leadership in this area.
- g. The objectives set out areas for improvement on EDI over the next few years with a longer term vision for change.
- h. The objectives and targets spanned across the internal people and culture issues and the regulatory culture and infrastructure.
- i. The strategic document detailed our vision for EDI transformation at the NMC with five new flagship EDI targets to eliminate disparities in regulation, and for our workforce.
- j. Progress and outcomes of the objectives and targets would be monitored and measured with oversight from the People and Culture Committee, the Culture Transformation Steering Group, and the Council.

3. In discussion, the following points were noted:

- a. The Council welcomed the specific training for early decision-makers in FtP to help mitigate against bias and the development of existing EDI training for FtP panel members. More information would be provided to the Council on the scoping of the work to mitigate against bias in early decision makers emanating from the Ambitious for Change research.
- b. The Professional Practice roadmap had key workstreams with EDI central to these and key to practice learning opportunities.
- c. Regarding the figure for professionals on the register with disabilities, and the expectation that this would be higher, this was elective information and there had been some success in increasing response rates from registrants to this question. It

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was hoped that development of NMOnline would provide a greater opportunity to engage with registrants.

- d. Regarding the Ambitious for Change research, it would be interesting to understand context of where the different groups were employed and whether the type of work made them more vulnerable to accusations.
- e. A point of accuracy was made regarding the reference to the Race Equality Action Plan for Wales (2021-2024). This was in fact a consultation launched in 2021 with a final action plan in 2022 – the Anti-racist Wales Action Plan and is what health boards in Wales are required to deliver. This correction was noted.

4.

On behalf of the Council, the Chair thanked the teams for their hard work in developing the objectives and targets and looked forward to hearing the progress on the targets and resulting positive outcomes.

Action:	Provide information to the Council on the scoping of the work to mitigate against bias in early decision makers.
For:	Executive Director, People and Culture/ Executive Director, Professional Regulation
By:	24 September 2025

NMC/25/63

Appointment of Assistant Registrars

1.

The Executive Director, Professional Regulation introduced the item which sought approval of the appointment of additional Assistant Registrars to act on the Registrar's behalf and highlighted the following points:

- a. There had been an increase in the workload of the Quality of Decision Making (QDM) team with a steady increase in the number of review requests and agreed removal applications received each month.
- b. continued increase of review requests was expected following the publication of the Omambala reports in August 2025. To ensure sufficient capacity, it was decided that a further ten Assistant Registrars from across the NMC would be required to support decision making for agreed removals. This would free core QDM Assistant Registrar resource to focus on review requests.

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2. In discussion the following points were noted:
 - a. Assurance was given that training had been provided as well as an assessed case study to ascertain whether additional coaching was needed. Every decision made by the Assistant Registrars would be overseen by a senior decision maker.
 - b. Ensuring colleagues had time to carry out their Assistant Registrar responsibilities in addition to their regular role had been taken into consideration,

Decision:

The Council approved the appointment of the officers named as Assistant Registrars with delegated authority to review and decide on Agreed Removal applications.

NMC/25/64 Questions from observers

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

NMC/25/65 NMC values

1. The Council noted the values and mnemonic as detailed in the paper and as approved at Confidential Council on 10 June 2025.

NMC/25/66 Appointments Board Annual Report 2024-2025

1. The Council noted the Appointments Board Annual Report for 2024-2025.

NMC/25/67 Chair’s actions taken since the last meeting

1. There were no Chair’s actions.

1. Closing remarks

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

Confirmed by the Council as a correct record:

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Annexe A: Observers

External observers

Julie Aduwa	Quality Assurance Manager, Commissioning, Surrey County Council
Nasreen Anderson	Senior Associate, Financial Conduct Authority
Peter Bates	Director, NMCWatch: Registrant Care CIC
Alan Clamp	Chief Executive Officer, PSA
Karen Chandler	Head of Nursing, University of Westminster
Stacey Coxon	Lead Nurse, NHS
Sarah Dheansa	Head of Nursing Neurosurgery, NHS
Emma Healey	Student Midwife, University of Leicester
Shazmyn Jifry	Student Nurse, NHS
Harbi Kaur	ANNP, NHS Retired
Georgina Keaney	Programme Lead Midwifery, Liverpool John Moores University
Clare Knowles	Official Correspondent & Lead for Accreditation, Birmingham City University
Davinia La Force	Student Nurse, The Nightingale Practice
David Munday	Lead Professional Officer, Unite the union
Jennifer Ntiamoah	Deputy Head of Regional Delivery Unit, NHS England
Siobhan Obodai-Payne	Director of Governance, Medical and Diagnostic Care Group
Wendy Olayiwola	National Maternity Lead for Equality, NHS England
Nadine Powell	Student Nurse, CLCH
Michelle Russell	Registrant and Whistleblower
Ashley Shelton	Student Nurse, University of Staffordshire
Sawsan Shire	Student, Featherstone High School
Alla Suliman al Dulimi	SCPHN Health Visitor, CLCH
Callista Rose Uhuaba	Nurse Midwife, Nursing & Midwifery Council, Nigeria
David Walker	Member of the Public
Cathryn Watters	Director and Founder, NMCWatch: Registrant Care CIC
Tammy Wright	RNDA, CLCH

Press

None registered

NMC staff observing

Raluca Apetrei	Executive Assistant
Lisa Bard	Senior Project Manager
Surinder Bindi	Chair, Appointments Board
Janice Cheong	Senior Executive Business Manager
Michelle Herbert	Workforce EDI Lead
Libby Small	EDI Senior Policy Officer
Tracey MacCormack	Assistant Director for Midwifery
Marie Modstaeddi	Strategic OD Business Partner
Jacqui Williams	Senior Midwifery Advisor (Education)
Mahin Uddin	Governance Assistant

Annexe B: Observer questions

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Question:

The International Council of Nurses released a new definition of nursing and nurses earlier in June 2025 - [Current nursing definitions | ICN - International Council of Nurses](#). How does the NMC plan to integrate the principles of cultural safety, social justice, environmental sustainability, health literacy, public health, emergency response, and advocacy for equitable access to healthcare into its standards and guidelines for nursing practice?

Wilfredo Velaco Vitao, Jr.

Response:

We welcome the work done by the International Council of Nurses.

There have been many opportunities over the years to define nursing and many definitions exist.

We focus on the full aspects of regulation including standards of proficiency – what professionals need to know and be able to do to practise safely and effectively -, education and training standards, and the Code. We are embarking on a huge roadmap for practice support to include the Code and revalidation.

Sustainability’ is not explicit in the standards of proficiency for registered nurses but there is implicit wider reference to environmental factors.

Language can and does change over time – something we took account of over the six years of the education change programme but inevitably, as the nurse proficiency standards came first, specific language differences appear. The language difference is something that we can revisit when we are looking at the Code and revalidation.

We worked with NHSE and NHS Confederation on the anti-racism resource for nurses, midwives and Nursing Associates and this was a precursor to the work we will do in the Code.

The Code review will revisit/review all the topics and we have already earmarked the potential for new guidance on sustainability.

Question:

First, in light of the repeated ‘threat’ of a fee rise on registrants (following a required consultation) can you confirm that in any consultation the NMC will detail clearly the extra costs that have been generated by the work required by the independent culture review, the (hopefully by then) published Omambala report, the cost of external consultants and the cost of failures of external suppliers that led to the CBT & OET issues. Can you also give an update on whether the NMC has asked for, or received any compensation from the external suppliers that failed in their roles, which will have caused a significant drain on the reserves of the NMC?

David Munday, Lead professional officer Unite the union

Response:

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We have kept the fee steady for 10 years. We are planning to review the Code and revalidation and practice learning, all of which require resource. In addition, we are receiving greater numbers of referrals each month. We need to turn around our culture and performance and this will incur increased costs. When we consult on the fee, we will set out what we hope to achieve. The PSA report and Ambitious for Change research has shown that in the past, the NMC had let people down. That is why we now have a turnaround plan and FtP plan. We are making improvements but still have a long way to go. Our priorities remain to protect the public and maintain confidence in professionals on our register and maintain standards.

We are running down our reserves and have set a deficit budget for this year. We are making efficiencies internally and will be increasing efforts to be prudent before we go out to consultation.

In response the question on compensation from external suppliers, as a commercially sensitive matter, discussion on this query was not possible.

Question:
 In previous years observers have been provided with copies of embargoed reports at Council meetings on the proviso they are not reported on during the meeting and returned at the end of the meeting. Can you advise why this practice has not been followed today and share your thoughts on how observers can engage in these important issues?

- David Munday, Lead professional officer Unite the union

Response:
 Our concerns regarding providing copies of embargoed reports are due to the risk of leaks of which we have been the victims of in the past.

Comment:
 I also wanted to put on record our thanks to Anne Trotter. It felt at times that she was the person that was always fielded by the NMC to listen to our organisation's concerns. She always appeared to take these concerns in the spirit that they were raised.

David Munday

Comment:
 The tragic death of a former NMC member of staff is something that has hit me very hard for obvious reasons.

Today I have heard reference to 'customers'. Are registrants customers? I didn't realise that and do we have a choice who we pay our fee to and can I have a refund please?

Michelle Russell

Question:

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How is it decided where legal services are outsourced to? How can we be assured that there are no outstanding declarations of interest for NMC senior management? Is this information available publicly? I may need to raise this as a specific issue.

Michelle Russell

Response:
 Regarding outsourced legal services - There was some screening work handled by PwC in the early part of this year for which they conducted the preparation work and the decision was made by a qualified decision maker at the NMC. If you are referring to the outsourcing of legal services to Capsticks and Weightmans, this is to provide additional support from external legal firms to help progress cases through our process system.

It would be a disciplinary matter for an NMC member of staff not to declare an interest. We are not aware of any senior member of staff who has any connected interests. Declarations are made annually.

For any procurement decisions, individuals are required to declare whether they have any interest or connection to a contract.

Question:
 I am interested in data in FtP and the lack of data. I am presenting to the Council of Deans and looking at how we can bring together the correlation of data in response to FtP and student nurses and midwives and how it informs the EDI agenda and the disproportion of black and minority ethnic men. It is a request and a reflection and I would like to have this conversation.

Response:
 The advantage of the EDI targets is that it moves us into areas of data we have not held before. We could have been more curious about what happens with students in FtP and accessing the register. It would be good for us to look across the sector. The Council of Deans has been positive about that and we hope we can work together.

Question
 I commend the NMC for bringing forward to Parliament protection of the nurse title.

Re advanced practice – the NMC has said that the regulation of Advanced Practice will be delivered by 2028. I am sure you are aware of concerns in the media of some procedures which are specialised and would be within the remit of a specialist or surgeon, being performed by Advanced Nurse Practitioners. Should the boundaries of AP be more specifically applied to professionals? There is increasing discontent amongst medical practitioners that their skills are not being advanced because their roles are being hijacked by Advanced Nurse Practitioners.

Response:
 Our role is to ensure we state the guidance in the Code and the requirements for professionals who are called Advanced Practitioners. It is the title sometimes used by professionals but without the education and training to underpin that and it is left to

the employers to decide. Employers should recognise the requirements for the title of Advanced Practitioner or Nurse Consultant. This issue is part of the work we are currently undertaking.

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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: Jacqueline Maunder Phone: 020 7681 5053 jacqueline.maunder@nmc-uk.org

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Minute	Meeting date	Title / theme	Status	Action	Action owner	Update	Due date
NMC/25/20	26 March 2025	Executive Report	In progress	Provide the Council with the findings of the annual perception survey, including detail about response rates and any variation in these rates post the Independent Culture Review.	Executive Director, Strategy and Insight	Not yet due.	24 September 2025
NMC/25/22 And NMC/25/56	26 March 2025 And 2 July 2025	Annual Corporate Plan and Budget 2025-2026 And Summary of actions (relating to NMC/25/22)	In progress	Provide an update report to the Council on the Corporate Plan and Budget in September or October 2025. It was proposed that, if possible, the first report be considered by the Finance	Executive Director, Resources and Technology Services	Not yet due. The Annual Corporate Plan and Budget is an item on the Forward Plan for the Finance and Resources Committee, but the Committee is not scheduled to meet until October 2025, so it will not be possible for the update report for 2025-2026 to be considered by the Committee ahead of Council on 24 September	24 September 2025

				and Resources Committee.		2025.	
NMC/25/22	26 March 2025	Annual Corporate Plan and Budget 2025-2026	Complete	Submit the KPI framework to the Council for review once complete	Executive Director, Resources and Technology Services	The draft scorecard was presented to the Council at Seminar on 10 June 2025 and the Chair of Council attended Executive Board on 24 June 2025 to provide detailed feedback. It was agreed that this would be an iterative process and work will continue offline updating the key performance measures and structure of the report as we go through the next couple of reporting cycles.	23 July 2024
NMC/25/23	26 March 2025	Safeguarding update	In progress	Provide a paper setting out the approach to Council member champion and lead roles.	Secretary	The Council member champion and lead roles will be reviewed as part of the upcoming Council effectiveness review (the approach to which is an item for 23 July Open Council). A paper setting out the approach to the roles will then be submitted to the Council, reflecting the outcomes of the Council effectiveness review and the views of the incoming	30 May 2025
And	And						
NMC/25/56	2 July 2025	Summary of actions		At the meeting on 2 July 2025, it was agreed that Council members would have an			24 September 2025

				opportunity to input to the paper, before it was submitted to Open Council in September 2025.		Assistant Director, Governance and Secretary to the Council. Opportunities for Council members to input to this paper will be sought.	
NMC/25/25	26 March 2025	Fitness to Practise: update on our casework performance	Complete	Present the recommendations relating to the FtP process emerging from PwC's work.	Executive Director, Professional Regulation	The recommendations relating to the FtP process emerging from PwC's work were discussed with the Council at Confidential session on 10 June and an additional discussion is scheduled for the Confidential meeting on 23 July 2025.	23 July 2025
NMC/25/27	26 March 2025	Pay Gap and WRES Report	In progress	In future Pay Gap and WRES reports include data about the overall demographic among the local population.	Executive Director, People and Culture	Not yet due.	25 March 2026
NMC/25/22	26 March 2025	Annual Corporate Plan and Budget 2025-2026	Complete	Share with the Council the schedule of	Executive Director, Resources and	The hybrid office transformation group meets weekly to oversee progress	23 July 2025

				<p>minor improvements to 23 Portland Place planned for 2025-2026.</p>	<p>Technology Services</p>	<p>of the work needed to improve 23 Portland Place. Improvements requested by colleagues include more collaboration and meeting space, soft furnishings and corporate branding to create a more modernised, welcoming space. We are also aware of the improvements needed to the office technology.</p> <p>We are currently out to tender for the provision of new IT equipment with indicative costs and a decision expected by end July. We are exploring with supplier costs for soft furnishings now that we have a better understanding of what the directorate “anchor days” will be, and how many people are likely to be in the office on a given day.</p> <p>These improvements are to be made over the course of the next few months in readiness for increase in office attendance from 29</p>	
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						September. Further improvements will be iterative once we have feedback from colleagues on how the space is working for them and will be reported to the Finance and Resources Committee. We do not have any other enhanced improvements planned for 23 Portland Place in 2025-2026, other than those in response to the hybrid office consultation and feedback.	
NMC/25/42	21 May 2025	Safeguarding stocktake update	Complete	Report data about DBS checks at the NMC to the Council at its next meeting.	Acting Executive Director, Professional Practice / Executive Director, People and Culture	The latest data about DBS checks and a narrative covering risk, the requirement for DBS checks and the management of non-response/non-compliance at the NMC is available to the Council on Board Intelligence, <i>Document Library</i> bookcase, <i>PSA Reports</i> , <i>Other Key Publications</i> and <i>Briefings</i> shelf.	2 July 2025
And	And	And					23 July 2025
NMC/25/56	2 July 2025	Summary of actions (relating to NMC/25/42)		As agreed at the meeting on 2 July, a narrative covering risk, the requirement for DBS checks and the management of non-			

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				response/non-compliance would also be provided, alongside the latest data.			
NMC/25/42	21 May 2025	Safeguarding stocktake update	In progress	Include outcome data in Safeguarding Board quarterly update reports to show the impact of the work of the Safeguarding Hub on the experience of people referred to the NMC and on patient safety.	Acting Executive Director, Professional Practice	Not yet due.	24 September 2025
NMC/25/43	21 May 2025	Implementation of Independent Culture Review recommendations progress update	Complete	An updated approach to outcome measures related to culture transformation	Executive Director, People and Culture	This is an agenda item for this meeting.	23 July 2025

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				at the NMC would be presented to the Council in July.			
NMC/25/56	2 July 2025	Summary of actions (relating to NMC/24/98)	In progress	Schedule an opportunity for the Chair, Independent Adviser and People and Culture Committee members to share their feedback and learnings following their meetings with the chairs of Staff Networks and with Union members.	Secretary	Not yet due.	24 September 2025
NMC/25/60	2 July 2025	Draft Annual Fitness to Practise Report 2024-2025	In progress	Provide numbers as well as percentages for FtP caseload figures in future reports.	Executive Director, Professional Regulation	Not yet due.	24 September 2025

NMC/25/60	2 July 2025	Draft Annual Fitness to Practise Report 2024-2025	In progress	Arrange a Council Seminar to present the different processes and stages of FtP and the support mechanisms available.	Secretary	Not yet due.	24 September 2025
NMC/25/62	2 July 2025	EDI Strategic Objectives and 2025-2026 Year 1 actions	In progress	Provide information to the Council on the scoping of the work to mitigate against bias in early decision makers.	Executive Director, People and Culture / Executive Director, Professional Regulation	Not yet due.	24 September 2025

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

Council

Executive report

Action requested:	<p>The Council is asked to discuss the Executive’s report on key developments during 2025-26, up to 23 July 2025.</p> <p>For discussion</p>	
Key questions:	<ol style="list-style-type: none"> 1. How have we responded to key developments in the external environment? 2. How have we engaged with professionals, the public, colleagues, stakeholders and the NMC about our work? 	
Key background and decision trail:	<p>This paper provides an update on key developments since the last Council meeting on 2 July 2025</p> <p>The Executive Report is structured around the five agreed priorities of the 2025-26 Corporate Plan.</p>	
Annexes:	None	
Further information:	<p>If you require clarification about any point in the paper or would like further information, please contact the author or the director named below.</p>	
	<p>Author: Orfhlaith Kearney Orfhlaith.Kearney@nmc-uk.org</p>	<p>Executive Director: Julia Corkey Julia.Corkey@nmc-uk.org</p>

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Executive Report

Discussion

Key developments in the wider landscape

Political landscape

Rapid national investigation into NHS maternity and neonatal services in England

- 1 We welcome the launch of the government's rapid national investigation into NHS maternity and neonatal services in England, following repeated, serious failings in care identified at multiple trusts over the past 15 years. This investigation will take a system wide approach, as well as looking at individual failures in ten of the most concerning maternity and neonatal units, which will result in increased scrutiny over our role as a regulator. As we get further details about this investigation and the Terms of Reference, we will be monitoring its impact on the NMC through a cross-organisational working group and proactively engaging with our stakeholders, including our Midwifery Strategic Advisory Group, which met on 10 July to discuss this important work.

10 Year Health Plan for England

- 2 On 3 July, the government published its 10 Year Health Plan, setting out wide-ranging reforms that will reshape how health and care is delivered in England. The Plan marks a significant change in the external environment we work in, and in the expectations placed on the professionals we regulate.
- 3 There are significant implications for the nursing and midwifery workforce, particularly the move towards more autonomous, community-based roles. For the NMC, the Plan confirms that we will be supported to consult on standards for advanced practice in 2027-2028, with a clear expectation that effective systems of accreditation and regulation will be introduced as soon as possible.
- 4 The Plan outlines the need to transition to a world of real-time feedback and continuous skill development, with regulators being asked to renew their revalidation systems to that end. We have started work to modernise our revalidation process throughout 2025 and 2026.
- 5 The Plan explicitly mentions that the government will support the NMC to consult on advanced practice standards in 2027 to 2028, as well as the intention to go ahead with regulatory reform for the NMC after the General Medical Council (GMC). This reflects the extensive engagement we have had with the Department for Health and Social Care at all levels on these issues.

- 6 A refresh of the Long-Term Workforce Plan will now follow, and we will be engaging with the National Health Service in England and the Department for Health and Social Care on its contents.

The Terminally Ill Adults (End of Life) Bill

- 7 The Terminally Ill Adults (End of Life) Bill is currently at its second reading in the House of Lords, having passed through the House of Commons. The role of nurses outlined in this Bill is very limited, but there are differences in how the services in the different jurisdictions would operate if assisted dying becomes legal (with similar Bills in debate in Scotland, The Isle of Man, and Jersey). As the final shape of the Bill becomes clear, we are considering updating our conscientious objection guidance as this may need to change.

Key stakeholder engagement moments

The Regulators' Workforce Race Equality & ED&I (EDI) Roundtable event

- 8 The Interim Chief Executive and Registrar recently spoke at the Regulators' Workforce Race Equality & ED&I (EDI) Roundtable event organised by the Care Quality Commission, GMC and NHS Race & Health Observatory. The roundtable was an opportunity to learn from other healthcare organisations in the field of EDI so that we can further improve our own regulatory work in this area.

Meetings with the Chief Nursing Officer for Northern Ireland

- 9 In early July, we held a series of meetings with Maria McIlgorm, Chief Nursing Officer (CNO) for Northern Ireland, and representatives from the Department of Health Northern Ireland. Discussions centred on the Muckamore Abbey Inquiry case reviews, and updates on the Professional Standards Authority's review and our new EDI strategic objectives. The CNO acknowledged the positive and constructive nature of our engagement, particularly regarding Muckamore Abbey Hospital, and expressed a strong interest in maintaining this open and collaborative dialogue with us.

Meeting with the Royal College of Nursing

- 10 On 7 July, we met with Nicola Ranger, Chief Executive of the Royal College of Nursing (RCN) and Bejoy Sebastian, President of the RCN. These meetings were part of our ongoing working relationship with the RCN, demonstrating that our fitness to practise improvement work is delivering meaningful progress and will lead to better outcomes for RCN members. It also provided an opportunity to gather feedback on our EDI strategic objectives, understand the RCN's response to the latest *Ambitious for Change* report, and identify potential areas where we can support the RCN's strategic priorities. The Interim Chief Executive and Registrar also attended the RCN Council meeting on 16 July.

Annual report and accounts and fitness to practise annual report 2024-2025

- 11 On 14 July, we published our annual report and accounts and our fitness to practise report for 2024-2025. We communicated this work through a series of internal and external channels, including stakeholder engagement, website

updates and social media posts. While our reports acknowledge that this has been another difficult year for the NMC, we are taking action to put things right. We will continue to collaborate with our stakeholders as we work to turn the organisation around.

Annual surveys

- 12 Our insight strategy commits us to making better use of regular surveys, because hearing from key stakeholders helps to shape our regulatory work and to influence the environment for learning and practice in our professions. Surveys also help us to track trends over time, and to share comparative insights by profession, by country and by protected characteristics.
- 13 We recently heard from over 5,000 members of the public on their experiences of care. We held additional interviews with people with learning disabilities and people with English as an additional language.
- 14 Our first survey of the professionals on our register received almost 38,000 responses. The survey asked about professionals' experiences of practice over the last year; any barriers to good standards of care, and career intentions. We asked a small number of questions about the NMC, which will help us track perceptions of our performance over time.
- 15 We plan to publish the findings of both surveys in the autumn.

Significant media coverage

- 16 Following the announcement of a rapid national investigation into NHS maternity and neonatal services, we issued a supportive statement on our website which was reported by BBC Radio Sussex. We also made a statement to BBC South-East in response to bereaved parents calling for improvements in how regulatory organisations support families looking for answers.

Next Steps

- 17 The Council is invited to discuss the updates in the Executive report.

Implications

The following were considered when preparing this paper:

Implication:	Yes/No/NA	Location if in paper:	Content if not in paper:
Public protection/impact for people.	Yes	1,2,3,4,5,6,7,8	

The four country factors and considerations.	Yes	7,9	
Resource implications including information on the actual and expected costs involved.	Not applicable		
Risk implications associated with the work and the controls proposed/ in place.	Not applicable		
Legal considerations.	Not applicable		
Midwives and/or nursing associates.	Yes	1,16	
Equality, diversity, and inclusion.	Yes	8	
Stakeholder implications and any external stakeholders consulted.	Yes	Stakeholder engagement captured throughout the paper.	
Regulatory Reform.	Not Applicable		

Quarterly Performance Report

Q1 2025 (April-May 2025 data only)

Action requested:	<p>For discussion.</p> <p>The Council is asked to review and comment on our performance.</p>
Key background and decision trail:	<ul style="list-style-type: none"> • This is our performance report to Council. It includes: <ul style="list-style-type: none"> ○ Performance indicators related to core business supporting within our Corporate Plan (annexe 1) ○ Performance indicators related to the commitments we have made within our Corporate Plan to deliver transformation activity (annexe 2) ○ individual performance updates on key deliverables, success and challenges within our five priorities ('Discussion' section of this paper) • Performance commentary is provided by the relevant Executive Directors, who may also reference data beyond the core business and commitments scorecards. This will be included where necessary. • Any non-performance or delivery focused updates on progress we are making to achieve our corporate priorities, can be found in the Executive Report, which as an agenda item for this meeting.
Key questions:	<ol style="list-style-type: none"> 1. Is our delivery of key initiatives on track, and therefore can we assume delivery of our intended benefits/outcomes? 2. What are the challenges or blockers we need to address to ensure activity can remain on track, and how should we reduce their impact?
Annexes:	<p>The following annexes are attached to this paper:</p> <ul style="list-style-type: none"> • Annexe 1: Core business scorecards • Annexe 2: Commitments scorecards
Further information:	<p>Due to timing of the meeting data is only available for April and May 2025, but commentary has been provided to cover key activity within the full quarter.</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>Paul Rees</p>

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Quarterly Performance Report

Discussion

Priority 1: Build a new culture and implement the learning from reviews

Independent Culture Review actions

- 1 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. For tracking progress of the recommendations, we have split recommendation 1 into two parts to give a total of 37 recommendations.
- 2 As at **annexe 2**, progress to date by end of June 2025: 24 delivered and complete; 10 in progress and on track; 3 have moderate concerns; and no significant concerns. All actions were recently reviewed by the Executive and have plans in place.

Culture Transformation Plan actions

- 3 We have engaged five independent coaches who have begun a programme of coaching around different elements of the Culture Transformation programme beginning with Psychological Safety in Q1. Feedback via a new survey has been positive and averages 3.7 overall of a maximum of 5.
- 4 Since the launch of the plan, we have held seven Town Halls face-to-face and have also ensured that there is a virtual session for those that cannot attend in person to ensure that people are hearing what is going on across the culture programme and have a chance to share their views and questions.
- 5 We have held a Hybrid working consultation, engaging over 1,100 views from across the NMC - a proposal for the new arrangements was presented to Executive Board on 12 June 2025. Details for the final hybrid working policy are being finalised to share with colleagues, ahead of implementation in September 2025. This will start from week of 14th July, key points of the new approach to hybrid working have been shared with colleagues at all staff calls.
- 6 We have also held a consultation on our Values, engaging 400 colleagues across all sites and virtually. Proposals for our new set of values were presented at Executive Board on 12 June 2025, and then Council for sign off.
- 7 The new values are: Integrity, Fairness, Respect, Equity and Effectiveness. In the coming months these will be embedded into our behaviour framework, recruitment and coaching.
- 8 To date four Culture Transformation Steering Groups have been held, bringing together progress on the work and making decisions on interventions to improve our culture. Alongside this, our Culture Transformation Network has been set up

with 34 diverse colleagues. They have held an initial familiarisation meeting and will meet each month with a speaker from a key strand of the plan to help embed initiatives and feedback to the Steering Group. They have also attended the People and Culture Committee to share their views and help the Committee to better understand colleague sentiment.

- 9 The Independent Oversight Group meets every six weeks to scrutinise progress on the Culture Transformation Programme and Fitness to Practise (FtP) plan. At their meeting in June 2025, the group focused on progress of the recommendations from the ICR, and asked for more detail on how we will report outcomes. This was planned for discussion at the September Council and will be reported back to the IOG following the Council meeting. They also asked for future items on safeguarding and FTP.
- 10 We have piloted our new EDI learning suite of six modules with three levels of progression. The modules below will complement our coaching offer:
- EDI Fundamentals
 - Conscious Inclusion
 - Inclusive Communication
 - Accessibility, Sensitivity and Inclusion
 - EDI for Leadership
 - EDI Policy and Procedures

Professional Standards Authority (PSA) review 2023-2024

- 11 On 19 June 2025, the PSA published its report on the NMC's performance during the period July 2023 to December 2024. We met 11 out of the 18 Standards for Good Regulation (SOGR), a significant shift from previous years when we met 17 of 18.
- 12 Work is already under way across the organisation to improve our performance. We now need to co-ordinate this work so we can better monitor and evidence how we meet the SOGR in line with the PSA published evidence framework guidance. By the end of July 2025, we will have launched a revised process dedicated to gathering this evidence, which will allow us to better report on progress and performance. This will include increased collaboration with internal PSA Champions and business leads, more regular engagement with the PSA and greater scrutiny through tracking of improvement works and quarterly reporting to the Executive Board and Council on confidence levels on compliance with each Standard. We aim to include such performance data in our next performance report to Council in September 2025.

Log and Learn

- 13 Executive Board and our Audit and Risk Committee have recently been updated on the challenges we have faced relating to the roll out of the new Log and Learn system. We are pleased that these issues are being managed with support from IT colleagues and we were able to proceed to a soft launch of the new system on 23 June 2025. The soft launch will involve the Quality Decision Making, Case Examiner, Safeguarding and Quality Improvement teams. We have developed training materials for all colleagues which will be made available on Learning Pool

shortly, and are holding dedicated intro sessions with the Log and Learn Champions in each directorate.

Hybrid working changes implementation

- 14 The hybrid working office transformation working group meets weekly. We are working through some high-level options to use the space in Portland Place effectively following feedback from colleagues through the recent consultation exercise. The intent is to make the office a nicer place to work, balancing this with the need for everyone to have access to desk space when in the office. Given the structure of the building, our changes are likely to be mostly cosmetic refreshing the feel of the space with some reconfiguration to make them work better.
- 15 We have worked with Executive colleagues to establish the “anchor” day or days (days when entire teams will be in the office) for each team. We believe by “anchoring” teams on the same day, this will further help improve the culture and also give colleagues certainty, so they can plan for the return to the office.

Priority 2: Strengthen leadership at the organisation, to drive through change

- 16 We have made significant progress in stabilising and strengthening the Executive Team since January 2025. In April 2025, we appointed Professor Donna O’Boyle MBE as Acting Executive Director of Professional Practice and in June, we also appointed Emma Westcott as our Executive Director of Strategy and Insight. Both Donna and Emma have had roles in NMC and bring significant experience and leadership in their areas.
- 17 Our new Executive Director of Communications and Engagement, Julia Corkey, joined us on 1 July 2025. Julia has over 25 years’ of communications experience, and previously served as Chief Executive of ICC Belfast and prior to that, she held the role of Executive Director of Policy, Performance and Communications at Westminster City Council.
- 18 Our new Executive Director of People and Culture, Ravi Chand CBE, joined us on 7 July 2025. Ravi joined the NMC from The Cabinet Office, where he was the Director for the Civil Service People and Places directorate – leading the Government’s Places for Growth portfolio and sponsoring the Government Property Agency. Ravi has over 20 years HR and EDI leadership experience.
- 19 On 17 July, Paul Rees MBE was appointed as the permanent Chief Executive and Registrar after his being Interim Chief Executive and Registrar since January.
- 20 As noted above our coaching programme is progressing well, with five coaches covering a multi-year plan, linked to our values and culture it is one of the most significant in regulation. We started with psychological safety and we have now held nine, these include follow up actions for each colleague to be shared with the coach. Of those that have attended and replied to the survey, 6 said it was not very good (and they gained little insight), 29 said it was good, 25 said it was very good, and 14 said it was great (and extremely insightful). The next stage of this (including individual actions) will start in October/November 2025.

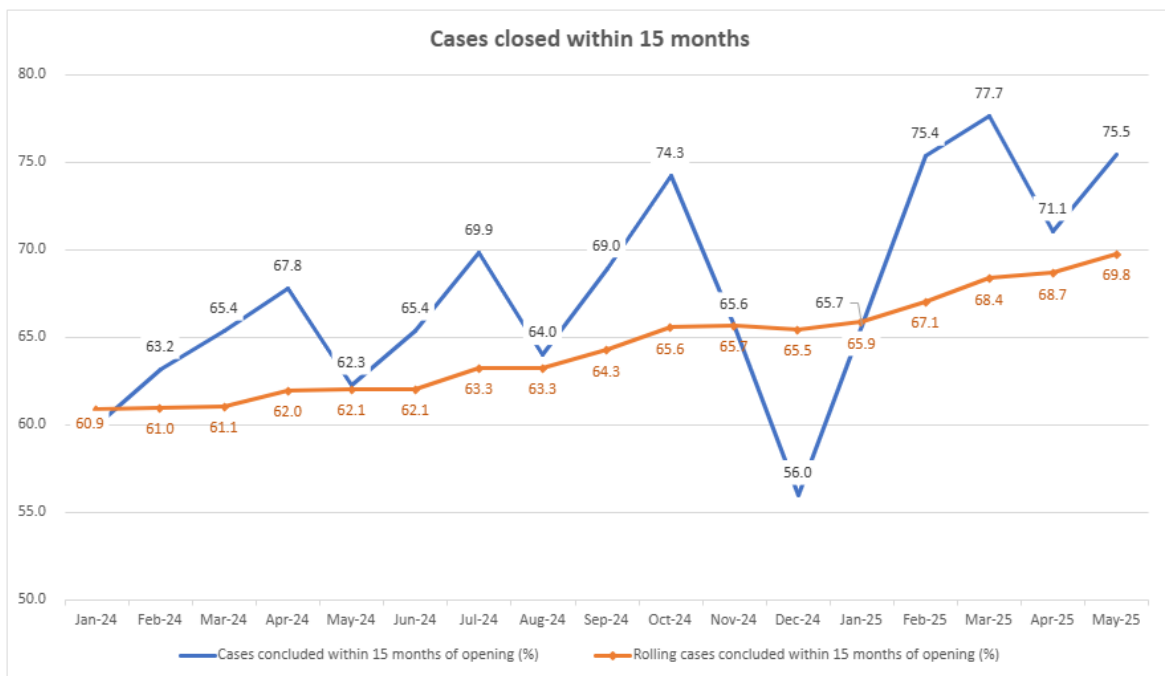
21 In June and July 2025, we also started with the values based leadership coaching which is progressing on schedule. Of the 14 colleagues who have answered the survey so far, all have rated the training as at least good, and all but one felt the coaching would help them in their role day to day. We also start the EDI coaching and roll out of new EDI face to face learning in July 2025.

22 The selection process for two new Council members (one lay and one registrant) is progressing according to the agreed timetable. The Selection Panel agreed the longlist on 8 July 2025. The search consultants are now undertaking preliminary interviews with longlisted candidates ahead of the shortlisting meeting on 13 August 2025.

Priority 3: Improve fitness to practise

23 As seen in Annexe 1, we concluded a rolling average of 69.8% of FtP cases within 15 months during May 2025 (the month actual was 75.5%). This is an improvement from April 2025. Screening improvements have driven the improved performance against our 15 month KPI, because newer cases are concluding more rapidly at that stage.

24 Notwithstanding our improved Screening performance, the majority of cases at the later stages of the process are outside of our 15 month timeliness target. In addition to returning to our physical hearing centres, we continue to develop plans to increase efficiency and therefore the outcomes we can achieve per month.



25 May performance against our interim order KPI was 47 percent of IOs imposed within 28 days of opening the case, equating to 17 out of 36. This compares to 24

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out of 32 for April (75 percent), and 27 out of 40 for March (67.5 percent). Monthly performance fluctuates due to a variety of reasons relating to casework, scheduling and panels, and team capacity. The lower performance in May was due to a number of factors, including lack of panel availability for IO hearings, small delays in cases due to absences, and longer delays due to issues such as obtaining police information. As previously highlighted we will be seeking views from the Council on our IO KPI after we have concluded a review. There is no consistent approach to measuring the KPI across healthcare regulators.

26 Further detail on FtP performance is provided as usual at item 8, however in the future it will be incorporated here.

Modernisation of Technology Services (MoTS)

27 The NMC Online project has experienced challenges, which have the potential to affect delivery timeframes. The quality of coding has continued to be below the quality standards we had anticipated which has caused more rework than expected. This coupled with other technical issues has caused concern. The project is reviewing its approach to business assurance for the solution so that operational colleagues are equipped to make an informed business decision about its release closer to the release date.

28 The replacement of case management system (CMS) continues to go to plan but is impacted by the necessary diversion of resources to the NMC Online project. Currently these impacts are manageable as we adopt agile resource management across both projects.

Priority 4: Maintain our other core regulatory functions, including developing our standards to support nursing and midwifery professionals and protect the public

Improved approach to Education Quality Assurance

29 Two Education Quality Assurance conferences were held in May 2025 in Birmingham and Edinburgh; the team shared their future vision, and very positive feedback was received from approved education institution (AEI) colleagues regarding changes already made and those planned. The vision for collaborative and supportive engagement with AEI colleagues was widely embraced. These events have energised the team and positioned them to confidently embrace more agile and innovative approaches to their work.

Supporting information from employers (SIFE) data

30 5,316 internationally educated professionals provided [SIFE](#) as part of the English language evidence requirement for initial registration between April 2024 and March 2025. This was 25.7 percent of the total number (20,671) of internationally educated professionals who joined the register during this time.

31 This is an increase compared with February 2023 (when we introduced SIFE) to March 2024, when 2,706 internationally educated professionals provided SIFE as part of their application to join the register for the first time.

32 Our data indicates that we have received no fitness to practise referrals related to the English language competency of professionals who used SIFE to join the register. We will continue to monitor the impact of SIFE.

SIFE Demographic data	February 2023 - March 2024	April 2024 - March 2025
Registration type	2,690 nurses 12 midwives 4 nursing associates Total: 2,706	5,196 nurses 101 midwives 19 nursing associates Total: 5,316
Age	Most aged 31-40 years old (53 per cent).	Most aged 31-40 years old (55 per cent.)
Gender	2,006 identified as a woman (74 per cent). 700 identified as a man (26 per cent).	4,140 identified as a woman (78 per cent). 1,176 identified as a man (22 per cent).
Top three qualification countries of applicants	India (1,877), 69 per cent. The Philippines (264), 10 per cent. Nigeria (158), 6 per cent.	India (3,350), 63 per cent. The Philippines (568), 11 per cent. Ghana (373), 7 per cent.

Priority 5: Address our most significant challenges

Safeguarding

33 In May 2025, we attended Open Council to update on the high-level safeguarding plan and the intention to further strengthen the safeguarding function in the NMC through a number of initiatives driven by the new Safeguarding Principles.

34 Since then, we have reviewed the relevant strategic risk and its score (see the Strategic Risk Report within this meeting's agenda for more details), finalised our FtP procedures and developed training resources for colleagues to support their understanding of safeguarding concerns and how best to handle them.

35 At annexe 1 we report this strategic workplan has had some moderate challenges initially in Q1, largely due to the finalisation and sign-off of the safeguarding work plan taking place within the first part of Q1; but we know that this work will be reporting as on track for June 2025 in the full Q1 report.

36 In terms of our safeguarding concerns caseload:

- We had a consistent caseload so far in Q1, with 233 concerns raised for both April and May 2025.
- Of these cases, there were 120 hub cases and 113 advice requests in April 2025 and 101 hub cases and 132 advice requests in May 2025.
- Advice requests include safeguarding concerns raised across the whole of the business. An advice request will be considered in scope for our data if it is safeguarding advice on a matter we have not previously seen or a new or different safeguarding risk on a case where safeguarding risk has previously been identified.

Education Quality Assurance concerns

37 The Education Quality Assurance Improvement Plan business case has been deferred in being presented to Portfolio Board; this is following the suggestion that we underwent a period of discovery to ensure we are utilising the very best solutions possible to assure full system integration.

38 The final two critical concerns that were ongoing were de-escalated and closed at the Quality Assurance Board on 2 June 2025. Since July 2024, due to additional expert fixed term staffing, 11 critical concerns have been supported and closed.

Data roadmap

39 In August 2025, we are providing the next release of regionalised FtP data to the Chief Nursing and Chief Midwifery Officers. This release builds on the data previously shared with them in May 2025 by including additional information such as area of qualification. We will convene a meeting of the Data Capability Group following release of the data to seek feedback from the four countries.

40 The Reference Data project, a key project to improve confidence in our data through standardisation across the organisation has commenced, which will build on work underway in MoTS. This project is anticipated to deliver the necessary infrastructure by October 2025, with the datasets being delivered from November 2025 through to July 2026.

41 The Chief Information Officer and Executive Director of RTS met with the Chief Executive and Registrar and a member of Council to share our approach to Data Quality in the MoTS programme, and the intended outcomes for improving the completeness, correctness and consistency of our data, in conjunction with the Reference Data project and a planned Modern Data Platform.

Legislative Change Programme

42 The legislative change team is receiving new sections of the draft GMC Order each week from Department of Health and Social Care (DHSC) for review and comment. Our responses draw on policy development work undertaken in 2022 and 2023, with updating and fresh input from subject matter experts across the business. The programme board is changing shape to make sure it has the expertise to provide oversight of the implementation phases for the rule changes until they are embedded.

43 We are waiting to hear whether our Regulatory Reform Section 60 order will be the vehicle for the changes needed to allow us to regulate nursing associates in Wales, as requested by the Welsh Government.

Next Steps

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

Implications

The following were considered when preparing this paper:

Implication:		Location if in paper:	Content if not in paper:
Public protection/impact for people.	Yes	Throughout	
Safeguarding considerations	Yes	Throughout. Particularly within Priority 5	
The four country factors and considerations.	Yes	Throughout	
Resource implications including information on the actual and expected costs involved.	Yes	Throughout. Cost detail explored further in Financial Report, this is an agenda item for this meeting.	
Risk implications associated with the work and the controls proposed/ in place.	Yes	Throughout, detail explored further in Strategic Risk Report, this is an agenda item for this meeting.	

Legal considerations.	Yes	Throughout	
Midwives and/or nursing associates.	Yes	Throughout	
Equality, diversity, and inclusion.	Yes	Throughout. Particularly within Priority 1 and 2.	
Stakeholder implications and any external stakeholders consulted.	Yes	Throughout. Detail included in Executive Report, this is an agenda item for this meeting.	
Regulatory Reform.	Yes	Within Priority 5	

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Core Business Scorecards

	Target	Results			Trend*		Overall RAG Status***
		Apr-25	May-25	Q1 Avg	% Change vs Prev. Qtr **		
Fitness to Practise (Priority 3)							
% Cases concluded within 15 months of opening (12-month rolling average)	80%	69%	70%	70%	▲	3%	●
No. of cases closed per month	-	605	691	648	▼	-3%	-
Volume of the overall fitness to practise caseload	-	6,380	6,229	6,305	▼	-2%	-
Total No. of decisions made per month (both progressions and closures)	-	943	1,118	1,031	▬	0%	-
% Cases concluded within 15 months of opening (per month)	80%	71%	76%	73%	▬	0%	●
% IOs Imposed Within 28 Days (Under review)	80%	75%	47%	61%	▼	-13%	●
% IOs Imposed Within 28 Days (12-month rolling average) (Under Review)	80%	66%	65%	65%	▼	-2%	●
<i>In development: Quality measure for Q2 reporting</i>	-	-	-	-	-	-	-

	Target	Results			Trend		Overall RAG Status
		Apr-25	May-25	Q1 Avg	% Change vs Prev. Qtr		
Registrations (Priority 4)							
%UK initial registration applications with no concerns, completed in one day (month actual)	97%	100%	100%	100%	▬	0%	●
% UK initial registration applications with concerns, completed within 60 days (month actual)	90%	100%	89%	94%	▲	5%	●
% Overseas registration applications assessed within 30 days (month actual)	95%	100%	100%	100%	▬	0%	●
% Readmission applications completed within 21 days (month actual)	95%	99%	97%	98%	▲	1%	●

	Target	Results			Trend		Overall RAG Status
		Apr-25	May-25	Q1 Avg	% Change vs Prev. Qtr		
Education Quality Assurance and Standards (Priority 4)							
Proportion of critical concerns with QA Board ratified action plans	100%	0/0	0/0	0/0	-	-	-
Progress of PP roadmap (Advanced Practice and Practice Learning) <i>Note: Code and Revalidation reviews launch in July 2025 and therefore not included in this assessment until Q2</i>	-	●	●	●	▲	-	●

	Target	Results			Trend		Overall RAG Status
		Apr-25	May-25	Q1 Avg	% Change vs Prev. Qtr		
Safeguarding (Priority 4)							
Progress of strategic workplan	-	●	●	●	-	-	●

Key:
* The icon shows whether the trend is tracking up, down or stable, the icon color indicates whether the change is positive, negative or neutral.
** The trend column displays the percentage change between the Q1 average and the Q4 2024/25 average. For rolling average KPIs, the comparison was made between the latest month in Q1 and the latest month in Q4.
*** The RAG ratings are based on the average values for Q1 vs target. For KPIs RAG ratings are based on KPI RAG rating Table; and programme delivery is RAG rated against our Delivery Confidence Assessment.

KPI RAG Rating Table

R	Significant Risks	Significantly below target More than 8% below target
A	Off Target	Off target Between 0 and 8% below target
G	Within Range	Within range On or above target

Delivery Confidence Assessment - BRAG Descriptions

Key	Description
R	Significant Concern: Time: There is a significant risk/issue to the programme/project/Standard schedule that could affect delivering its objective (output/outcome). Costs: The budget is or could be overspent by more than 10% (including its contingency) outside approved tolerance. Risk: An aggregated risk factor of a collection of moderate risks occurring or a single risk event that would be catastrophic to the delivery of the project/programme. Resources: Significant resourcing events are or could affect capacity or capability which put the delivery of the initiative schedule in jeopardy. Benefits: Significant risk/issue to realising the benefits
A	Moderate Concern: Time: There is a moderate risk/issue to the programme/project/Standard schedule that could affect delivering its objective to the time agreed (output/outcome). Costs: The current financial forecasts put the project/programme budget over the approved budget but within its contingency or there is uncertainty on meeting the financial budget due to unforeseen circumstances which are currently being assessed. Risks: There are several moderate level risks to the programme/project delivery which are being actively managed. Or waiting to assess the effectiveness of management actions to see if the risk score is reduced. Resources: Moderate resourcing events are or could affect capacity or capability which will put the delivery of the initiative schedule at risk. Benefits: Moderate risk/issue to realising the benefits
G	Minor Concern/On Track/Complete: Time: The programme/project/Standard schedule is on track to be delivered on time with any changes to the deliverables absorbed in the float. Costs: The budget spend forecast is on track to meet the costs approved in the BC or at completion is anticipated to not exceed the approved budget. Risks: A low risk factor with all the risks identified and mitigated accordingly. Resources: The required resources have been scheduled and allocated accordingly with no anticipated challenges to capacity or capability that would affect delivery of the project and programme. Benefits: The benefits and benefits realisation plan is on track to be delivered.

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Commitments scorecards

	Target	Results			Trend		Overall RAG Status
		Apr-25	May-25	Q1 Avg	% Change vs Prev. Qtr		
Culture Transformation							
Rolling number of ICR recommendations completed	37	3	3	3	0%		*
EDI Targets - development of the implementation plan	-				-		
Unison anti-racist organisation charter - development of implementation plan	-				- -		
Median Pay Gaps per Gender	0% by 2030	8%	11%	9%	-18%		
Median Pay Gaps per Ethnicity	0% by 2030	32%	32%	32%	0%		
Median Pay Gaps per Health Condition	=<0% by 2030	-11%	-12%	-11%	-8%		**
% of Black and Minority ethnic colleagues represented in grades 6 and above	30%	27%	28%	27%	4%		

*Based on delivery confidence assessment we are reporting minor concerns. In June 2025 data indicates 24 recommendations will be completed.

**We are reporting a negative median pay gap by health condition. Whilst 0% is ideal, this is acceptable as we do not want to discourage declaring of health conditions, and therefore rated green for Q1. We will explore setting ranges +/- 0% in future reporting.

Reporting start date		
Regulatory Transformation		
PSA confidence assessment for addressing 7 Standards of Good Regulation not achieved within 2023-24 review	September	Data will be available in Q1 full report
PSA confidence assessment to achieve 18 Standards of Good Regulation for 2024-25 review	September	Data will be available in Q1 full report

Key:
* The icon shows whether the trend is tracking up, down or stable, the icon color indicates whether the change is positive, negative or neutral.
** The trend column displays the percentage change between the Q1 average and the Q4 2024/25 average. For rolling average KPIs, the comparison was made between the latest month in Q1 and the latest month in Q4.
*** The RAG ratings are based on the average values for Q1 vs target. For KPIs RAG ratings are based on KPI RAG rating Table; and programme delivery is RAG rated against our Delivery Confidence Assessment.

KPI RAG Rating Table

RAG Rating	Category	Description
R	Significant Risks	Significantly below target More than 8% below target
A	Off Target	Off target Between 0 and 8% below target
G	Within Range	Within range On or above target

Delivery Confidence Assessment - BRAG Descriptions

Key	Description
R	<p>Significant Concern: Time: There is a significant risk/issue to the programme/project/Standard schedule that could affect delivering its objective (output/outcome). Costs: The budget is or could be overspent by more than 10% (including its contingency) outside approved tolerance. Risks: An aggregated risk factor of a collection of moderate risks occurring or a single risk event that would be catastrophic to the delivery of the project/programme. Resources: Significant resourcing events are or could affect capacity or capability which put the delivery of the initiative schedule in jeopardy. Benefits: Significant risk/issue to realising the benefits</p>
A	<p>Moderate Concern: Time: There is a moderate risk/issue to the programme/project/Standard schedule that could affect delivering its objective to the time agreed (output/outcome). Costs: The current financial forecasts put the project/programme budget over the approved budget but within its contingency or there is uncertainty on meeting the financial budget due to unforeseen circumstances which are currently being assessed. Risks: There are several moderate level risks to the programme/project delivery which are being actively managed. Or waiting to assess the effectiveness of management actions to see if the risk score is reduced. Resources: Moderate resourcing events are or could affect capacity or capability which will put the delivery of the initiative schedule at risk. Benefits: Moderate risk/issue to realising the benefits</p>
G	<p>Minor Concern/On Track/Complete: Time: The programme/project/Standard schedule is on track to be delivered on time with any changes to the deliverables absorbed in the float. Costs: The budget spend forecast is on track to meet the costs approved in the BC or at completion is anticipated to not exceed the approved budget. Risks: A low risk factor with all the risks identified and mitigated accordingly. Resources: The required resources have been scheduled and allocated accordingly with no anticipated challenges to capacity or capability that would affect delivery of the project and programme. Benefits: The benefits and benefits realisation plan is on track to be delivered.</p>

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Council

Quarterly strategic risk exposure report (Quarter 1)

Action requested:	<p>For Council to consider our corporate risk position.</p> <p>For discussion</p> <p>The Council is asked to discuss the current risks that we face and how we are managing them.</p>	
Key background and decision trail:	<ul style="list-style-type: none"> • This is our refreshed quarterly risk report to Council and is contributed to by stakeholders from across the NMC. The paper includes key themes from risk discussions with our risk network, which includes risk owners, Senior and Executive Business Managers from all directorates, stakeholders from our operational and people teams, portfolio management office and those that are managing our key priorities. • We have included commentary and rationale for those risks that have been updated since the Executive last reported to the Council in May 2025. 	
Key questions:	<p>1 Are we managing strategic risks appropriately, or are there any exceptions to consider addressing?</p>	
Annexes:	<p>The following annexes are attached to this paper:</p> <ul style="list-style-type: none"> • Annexe 1: Strategic risks (July 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>Author: Rebecca Calver Phone: 0204 524 1309 rebecca.calver@nmc-uk.org</p> <p>Author: Karen Sellick Phone: 07708 658256 karen.sellick@nmc-uk.org</p>	<p>Paul Rees Interim Chief Executive and Registrar paul.rees@nmc-uk.org</p>

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Quarterly strategic risk exposure report

Discussion

Quarterly aggregate risk review

- 1 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, which has been the case since Q4 2023-2024. This remains the top concern raised across all teams in risk discussions. Sustained pressure on our capacity can impact both colleague wellbeing, and our ability to deliver strategic projects, core business and embed change effectively.
- 2 In response, our existing Corporate Plan puts people and culture at the forefront of our priorities, recognising their importance in achieving our core and transformational work. Maturity of our portfolio management processes and governance are helping to manage the sequencing of activity and allocation of resources, and we have committed to further prioritisation of in-coming recommendations in the autumn, to continue to manage pressure on colleagues.
- 3 Based on the developments to our portfolio management practices mentioned above, Strategic risk GOV24/01 regarding our ability to prioritise effectively, will be reviewed in August 2025, we expect we can reduce the likelihood score as a result.

Strategic risk changes.

- 4 Since the last Council report in May 2025, the following changes have been agreed by the Executive Board, please see **annexe 1** for full risk descriptions:
 - 4.1 Strategic risk FIN21/02: Increased risk score
 - 4.1.1 On 24 June 2025, the Executive reviewed the financial landscape. Due to the potential increase in costs to address the recommendations and actions from external reviews, the likelihood has increased, increasing the overall risk score from Amber 12 to Red 20. We are looking at potential counter-measures to address this.
 - 4.2 Strategic risk REG22/04: Decreased risk score
 - 4.2.1 We have reduced critical concerns from 11 to 0 since July 2024 and have established closer working partnerships with approved education institutions (AEIs). We have also increased our team to ensure we have early conversations around potential concerns and resolve them quickly. The Executive Board, at its meeting on 24 June 2025, agreed that the risk likelihood score should be reduced, decreasing the overall score from Red 20 to Red 16.
 - 4.3 Strategic risk REG24/01: Decreased risk score
 - 4.3.1 The embedding of the Safeguarding hub provides a more robust process for reviewing cases within our FtP Screening teams.

Therefore, a reduction in the likelihood score was approved by the Executive Board at its meeting on 4 June 2025, resulting in the risk score decreasing from Red 25 to Red 20.

4.4 Strategic risk STR24/01: Changes to risk description

4.4.1 The risk description was originally written with Regulatory Reform happening imminently and included the question around the NMC's independence. Although the score remains the same, the content and description have been updated:

from:

'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.'

to:

'In the longer term, people's safety and their confidence in the NMC may be compromised if we cannot manage legislative change effectively or implement change in a way that realises the benefits.'

5 These changes have been reflected in our strategic risk register, summarised at **annexe 1**.

6 **Risk exposures: areas of uncertainty that we are mitigating against (risks)**

6.1 **The impact on the morale of our people throughout periods of change** – relates to strategic risk **PEO24/01**.

6.1.1 **Hybrid working preparations:** Following the announced changes, Technology and Estates teams raised concerns around being ready for the late September 2025 launch. The hybrid working office transformation working group is looking at requirements and developing plans to manage this risk. Colleague feedback continues to shape plans and colleagues are being kept updated of changes to support their readiness for September 2025.

7 **Materialised risks (issues): areas that we are currently managing**

7.1 **Education Quality Assurance (QA):** This issue relates to strategic risk **REG22/04**.

7.1.1 As previously reported, the Quality Assurance Agency for Higher Education (QAA) have undertaken a robust review into Southampton Solent University's (SSU) education programme. Our action plan was ratified at QA Board on 2 June 2025.

7.1.2 SSU employed an educational consultant to review their actions and have submitted observations to QAA, with work being expedited to align with final year students completing their programmes in July 2025.

If the observations review requires changes to programmes, the current action plan will also change. We are continuing to work closely with SSU and QAA to progress this work.

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

7.2.1 The Executive recognise the complexity of this risk including both safeguarding and wellbeing related concerns, that require differing approaches and mitigations. The decision has been taken that the wellbeing-related elements of this risk will be integrated to existing operational risks managed within Professional Regulation. This work is being supported by our Specialist Advisor for safeguarding, from Professional Practice.

7.2.2 To best articulate this risk, more work is planned to separate cases with safeguarding concerns that we have already identified to address, and those which are yet to be allocated within our FtP processes. This will help give us a clearer understanding of scale, to assess and allocate resources to better address this risk.

7.3 International registration fraud computer-based tests (CBT) this issue relates to strategic risk **REG18/01**:

7.3.1 The Assistant Registrar has considered 241 complete applications with fraud concerns. So far, 210 have been refused on the basis that they do not meet the character requirements for registration and 11 have been approved. We have concluded 23 registration appeals, 6 were allowed and 17 dismissed.

7.3.2 34 hearings (both Incorrect/Fraudulent Entry and Registration Appeals) are scheduled to take place by mid-August 2025, with an aim to schedule the remaining 51 hearings by December 2025.

Next Steps

8 The Executive will reflect on any discussions and recommendations from the Council on our strategic risks and risk exposure.

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	

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Safeguarding considerations	Yes	Within Risk REG24/01 para 7.2	
The four country factors and considerations.	Yes	All risks	Within annexe 1
Resource implications including information on the actual and expected costs involved.	No		This is covered in the finance paper
Risk implications associated with the work and the controls proposed/ in place.	Yes	All risks	Within annexe 1
Legal considerations.	Yes	All risks	Within annexe 1
Midwives and/or nursing associates.	Yes	All Registration, FtP and Education QA risks	Within annexe 1
Equality, diversity, and inclusion.	Yes	People risks at para 6.1	Within annexe 1
Stakeholder implications and any external stakeholders consulted.	No		Not covered in this paper
Regulatory Reform.	Yes	Within risk STR24/01 para 4.4	

Strategic risks (July 2025)

1. Overview of strategic risks

Risk ref	Current rating			Strategic risk description (L = Likelihood. I = Impact)
	L	I	L x I	
REG24/01 <i>change to risk score see cover paper para 4.3</i>	5 4	5	25 20	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 <i>change to risk score see cover paper para 4.2</i>	5 4	4	20 16	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)

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Risk ref	Current rating			Strategic risk description (L = Likelihood. I = Impact)
	L	I	L x I	
PEO24/01	5	4	20	Risk that our organisational culture impacts on the productivity, performance, learning and morale of the organisation (<i>Risk factors:</i> fairness, wellbeing, lack of improvement or progression, equality, and diversity)
PEO24/05	5	4	20	Risk of low morale, engagement, and increased turnover due to the challenges of the last year and planned changes this year. The volume of turnover within the Executive Board, and Council members may create a feeling of instability, continual changes to priorities and direction, as well as the loss of talent, expertise and corporate knowledge. (<i>Risk factors:</i> wellbeing, lack of trust in the team, disruption of or work, consistency issues, corporate memory compromised)
STR18/01	4	4	16	Risk that we fail to meet internal and external expectations about delivering our regulatory functions. (<i>Risk factors:</i> 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. (<i>Risk factors:</i> 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. (<i>Risk factors:</i> 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. (<i>Risk factors:</i> 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 <i>change to risk description see cover paper para 4.4</i>	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. we cannot manage legislative change effectively or implement change in a way that realises the benefits. (<i>Risk factors:</i> government priorities meaning that regulatory reform plans may change, limited ability to improve our regulatory process, wasted resources)
FIN21/02 <i>change to risk score see cover paper para 4.1</i>	3 5	4	12 20	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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Council

Update on progressing the Fitness to Practise casework

Action requested:	<p>To update the Council on our Fitness to Practise (FtP) work.</p> <p>For discussion</p> <p>The Council is asked to discuss the report.</p>
Key background and decision trail:	<ul style="list-style-type: none"> • Making improvements to our FtP processes is a key corporate priority. • 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.” • FtP improvements are set out in our FtP plan here: Our plan for fitness to practise 2024-2026. • This is a regular report focusing on the progress we are making. • This action from a previous Council meeting is now complete: <ul style="list-style-type: none"> • <i>“Present the recommendations relating to the FtP process emerging from PwC’s work.”</i> This paper reports on our current position with the PwC work (paragraphs 2–5). The Council discussed the recommendations in June and have a further session on 23 July 2025.
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: FtP performance dashboard at 31 May 2025. • Annexe 2: Caseload data by registrant type and country. • Annexe 3: Advice from Anthony Omo.

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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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Discussion

Introduction

- 1 Delivering effective regulation to support safe and effective health and social care is our core purpose at the NMC. As part of this, we want to deliver a fair, fast and effective FtP process in a consistent way for everyone involved.
- 2 Since the last Council update in May 2025, our FtP plan activity has continued at full pace whilst in parallel, there has been significant effort to consider enhancements to our improvement plans with the aim of delivering more quickly and sustainably. We have been considering learning from:
 - 2.1 Reports recently shared such as the Professional Standard Authority’s 2023–2024 performance review and the University of Greenwich’s latest Ambitious for Change research.
 - 2.2 PwC’s work with us and their recommendations for boosting our FtP plan, referred to as turnaround work.
- 3 One of the challenges around our FtP plan has been ensuring that colleagues can learn from new insights, engage with, shape and implement change whilst keeping our core daily operations running.
- 4 Partnering with PwC earlier this year provided extra capacity to review ways of working and address these challenges. Since receiving their recommendations in April 2025, we have analysed the options for enhancing our FtP plan and ways of working. We want to deliver sustainable improvements to quality, timeliness and experience of FtP, whilst supporting our colleagues to drive change.
- 5 Decisions are still to be confirmed on a future phase of this work and we will report back at the September 2025 Council meeting.

Advice from Anthony Omo

- 6 The Council has previously been updated on the work of Anthony Omo during his three month secondment with us as an Executive Advisor, including his attendance at the meeting of Council on 27 November 2024.
- 7 Anthony met with colleagues across the organisation to understand the issues we were facing and to advise on potential solutions. A summary of his advice is provided at **Annexe 3**.
- 8 We have made important progress in delivering our FtP plan and have already taken forward a number of Anthony’s advice points. These include:
 - 8.1 New Screening guidance in May 2025, re-focusing our teams on assessing the risk of the concern raised to enable quicker decision making.

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- 8.2 Significantly reducing the number of unallocated cases at Screening and also cases awaiting a legal review before being considered by panels of the Fitness to Practise Committee.
- 8.3 Changes to our referral forms to ensure we're enabling referrers to provide as much information as possible at the start of our process.
- 8.4 Beginning a review of our key performance indicator for the imposition of interim orders to ensure it remains fit for purpose.
- 8.5 Our safety and experience project board, as part of the FtP plan, is overseeing the review of our clinical advice model.

9 As we continue to build on this momentum, we are prioritising the most impactful areas to ensure sustainable improvement. In parallel we are closely monitoring areas of ongoing challenge, including the growing volume of cases at the investigation stage that are not currently allocated to a dedicated investigator. Our focus is now shifting to the latter stages of our FtP process so that we continue to make progress in concluding cases at the earliest possible opportunity.

10 We are continually reflecting on and using the advice of experts, such as Anthony and Bates Wells, to inform and improve our work. We continue to maintain these close, collaborative relationships. Our ability to action remaining recommendations at pace will be influenced by decisions on our turnaround work in the coming months. Ensuring we have the right resources in place will be key to maintaining progress and achieving the full ambition of our FtP plan.

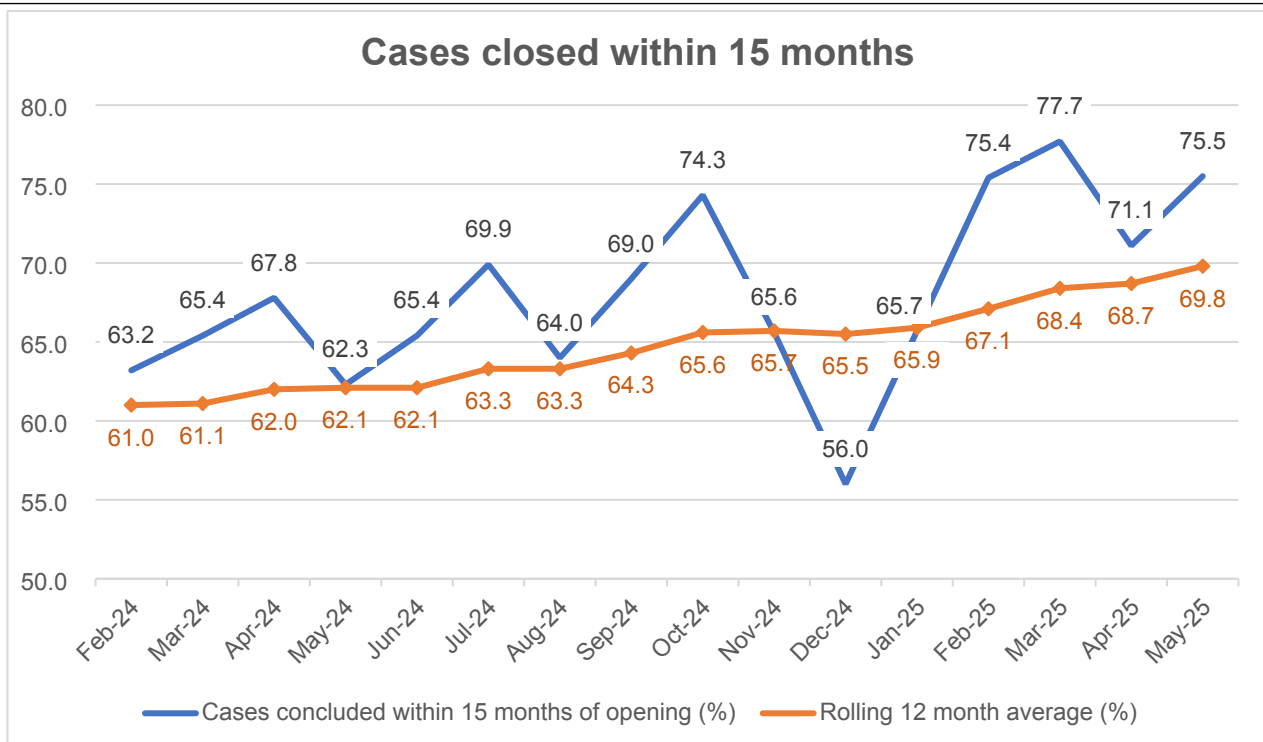
Recent performance highlights

11 Our FtP plan involves phased workstreams to deliver better timeliness, quality and safety, person-centredness and cost outcomes. This report focuses on notable changes since the last update, rather than an update on all work.

Prevent delays and make prompt decisions at every stage of fitness to practise

12 We concluded a rolling average of 69.8 percent of FtP cases within 15 months as at May 2025. This average trend has been on an improving trajectory (see chart below).

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- 13 Decision-making levels remain strong, with 10,800 made in June 2024–May 2025 (average 900 per month) compared to 9,550 in the previous 12 month period (average 796 per month). This has been driven by improvements in screening since September 2024, after a summer of recruitment and training. A record 809 screening decisions were made in May, surpassing the previous high of 806 in March 2025 (Chart D1 in Annexe 1).
- 14 Screening improvements are contributing to the fall in overall caseload, from 6,633 cases in December to 6,229 in May 2025 (Chart A1). Screening improvements are also driving the improved performance against our 15 month timeliness measure shown above, because newer cases are concluding more rapidly at that stage.
- 15 Our work to make hearings operations more efficient is yielding improvements. As at May 2025, 63 percent of cases held by the Adjudication team were listed for a hearing, an increase from 40 percent during the 2024 year. This means proportionally more people having certainty about their hearing date, compared to last year. Chart D4 shows that in May we made our highest number of Adjudication decisions (76) since October 2023, contributing to the overall decision numbers mentioned above.
- 16 We are keeping the impact of our work to increase physical hearings under review, but to date we have seen an improved rate of events completing for the first time and on average our physical hearings conclude sooner than our virtual hearings. Over the last three months our physical hearings have concluded at first listing in 74 percent of cases, compared to 68 percent of virtual hearings. This also indicates a positive impact from the work we’re doing to improve our virtual events as well.

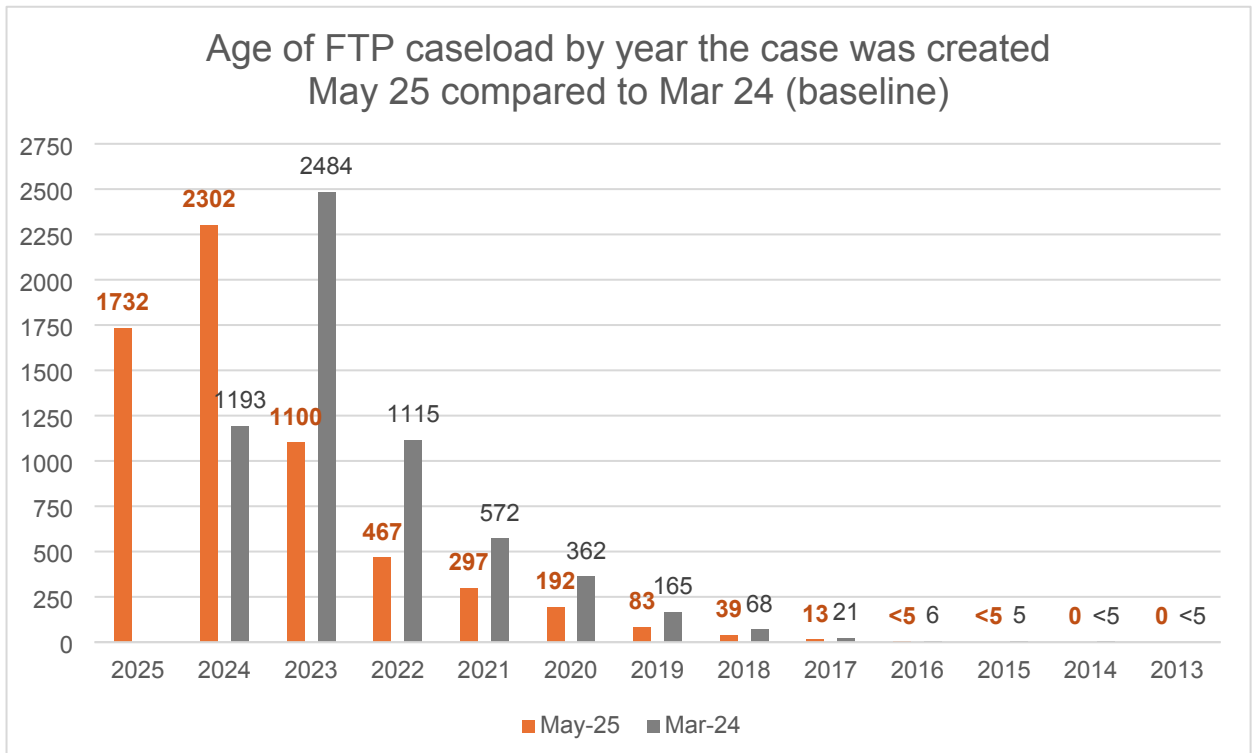
17 We recently engaged with panel members on their experiences of physical hearings and have received positive feedback on improved communication and improved access to our staff members to resolve issues that are delaying hearings.

Age profile of our open caseload

18 Correction: We are learning from recent reviews, including the Independent Culture Review, and are committed to being transparent in our performance reporting. In our May 2025 report, we provided a breakdown of the caseload by age in weeks as another way of showing the time people spend in our FtP process. Following further checks on our data, we confirmed that the March 2024 (baseline) data in the chart was incorrect across the age categories. This was due to an error when manually manipulating the data into the age in weeks categories. The 2025 data was correct. The impact is that the chart overstated the reduction between March 2024 and March 2025 in the proportion and volume of cases aged over 18 months. We sincerely apologise for this error.

19 Stakeholders fed back that this presentation of the caseload age profile was not the most helpful presentation of the data. Accordingly, we have amended the format to show the age profiling by year the case was created.

20 We now provide corrected March 2024 data and in a new format. The chart below shows the March 2024 baseline caseload (5,994), compared to the May 2025 caseload (6,229).



21 The March 2024 to May 2025 time comparison shows our work to progress older cases (towards the next stage or to a conclusion) is resulting in the very oldest cases concluding, thereby leaving our caseload. Cases received in 2013 and 2014 have closed since March 2024. The number of cases received in 2015, 2016 and 2017 have reduced.

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22 Of the 50 oldest cases that we held in 2024–2025:

22.1 We closed 22 cases (44 percent).

22.2 28/50 cases remain open (17 were previously delayed due to third party investigation).

23 With regard to the May 2025 caseload, 11 percent of cases (676 cases) have been or are currently on hold, due to third party investigation (Chart A1).

Timeliness challenges

24 The number of cases at the investigations stage that are not yet allocated to a dedicated investigator has risen to 834. The investigations caseload is growing, now at 2,536 cases up from 2,466 in April. This is being driven by progress in screening and staff retention and turnover challenges at investigations. Approximately 50 percent of our investigators have one year or less service experience with the NMC. Our turnaround plans include aims to address the pressure at investigations.

Appropriately manage incoming concerns and new referrals

25 The sustained high volumes of referrals or new concerns, as seen in Chart B1, continue to be a pressure. The average referral rate over the past 12 months (June 2024 – May 2025) has increased to 555 per month. This compares to the previous 12 month average of 515 per month.

26 We are currently considering options for how we might better engage with employers on managing concerns. We are building on our collaborative relationship with the Chief Nursing Officers to ensure that we receive referrals that are for the NMC and with the information we need to respond in a timely manner.

Being consistent in making proportionate decisions

27 With respect to our Interim Order KPI (IO imposed within 28 days of case opening), May performance was 47 percent, equating to 17 out of 36. This compares to 24 IOs out of 32 for April (75 percent), and 27 out of 40 for March (67.5 percent).

28 Monthly performance fluctuates due to a variety of reasons relating to casework, scheduling and panels, and team capacity. The lower performance in May was due to a number of factors, including lack of panel availability for IO hearings, small delays in cases due to absences, and longer delays due to issues such as obtaining police information.

29 As previously highlighted we will be seeking views from the Council on our IO KPI after we have concluded a review. There is no consistent approach to measuring the KPI across healthcare regulators.

30 We are aiming for all 59 screening decision makers, case examiners and case assessors in PR to have attended our new, mandatory training workshops on ‘fair and unbiased decision-making’ by September 2025. The workshops have been well received so far and are being used to build a learning community for decision-makers.

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31 A first phase of work to create more operational consistency in our processes and the application of them, has seen us update 20 priority FtP standard operating procedures (SOPs) and launch a new SOP central library in June. These are important tools to help standardise our FtP casework and make guidance more accessible to staff. We are reviewing more priority SOPs, including standards for contacting case parties.

Better support vulnerable registrants involved in our processes

32 Our new safeguarding standard operating procedure draws together all the necessary duties and actions which FtP teams are responsible for into a comprehensive tool for staff, to enable consistent identification and management of safeguarding concerns in our FtP work. The SOP launches in July supported by communications and training.

33 We engaged with organisations that support registrants to significantly update our guidance on the cancellation of hearings. The guidance published on 9 June 2025 allows us to take a more flexible approach where registrants are seriously unwell. In certain circumstances, panel members can decide to cancel a hearing and close a case.

34 We have increased the capacity of our Professionals Support and Engagement Team (PSET). This enables the, still small, team to deliver registrant engagement improvement projects while actively progressing casework and developing the skills of FtP colleagues. One example has been the introduction of drop-in case clinics. These are held twice a week for caseworkers to seek guidance and support on how to best engage with registrants who may need enhanced or tailored support. Colleagues may be given practical advice on developing a needs-led communication plan or support package for instance, which will improve engagement and progression of the specific case and which also furthers their knowledge and skills that can be applied in other situations.

35 We will hold a Seminar with Council to review the PSET’s work and seek views to shape our plans for the service.

36 We know that our FtP process can be stressful, difficult and emotional for everyone involved. Our staff regularly have difficult conversations with those involved. To better support our staff, decompression sessions are being offered. Feedback from staff has been positive, with colleagues feeling better equipped and more confident when approaching sensitive conversations in future after sharing their experiences and approaches in these safe space sessions. We recognise there is still more to do however and we’re working with others to improve the offering available.

37 On 12 June 2025 we held a joint webinar with the representative bodies of the RCM, RCN, Unison and Unite the union. It was aimed at registrants and improving their understanding of our FtP process and the support available from the organisations on the call. Over 500 people attended and feedback indicates it was a valuable session.

Promote equality, diversity and inclusion and embed a working culture where people thrive

38 We recognise that we need to go further to ensure that people in our FtP process are not being disadvantaged and experience a fair and equitable process, and that we have an inclusive work culture. Our new corporate EDI targets were launched in June and are informed by the Ambitious for Change research programme.

39 We are now ensuring that our FtP improvements are aligned to achieve the EDI targets.

Next Steps

- 40 Our plan has always been about evolution. We are considering our next phase of turnaround activity to enhance and accelerate our FtP improvements.
- 41 The latest published reviews and research bring valuable insights and we will carefully assess each recommendation and how to best manage their implementation. This approach will support our organisation’s capacity to deliver and absorb change effectively.
- 42 By maintaining a 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 and sustainable. 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	Para 32	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 UK stakeholders. Caseload data is at Annexe 2.
Resource implications including information on the actual and expected costs involved.	Yes		Part of the current Turnaround decision-making round.
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.	No		No specific implications.
Equality, diversity, and inclusion.	Yes		We are aware that certain groups are over-represented in the referrals we receive and therefore taking too long to progress cases will further impact those groups disproportionately. However, we have not identified any adverse implications of our FtP plan approach.
Stakeholder implications and any external stakeholders consulted.	Yes		Our work on the plan includes and is dependent on engagement with 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

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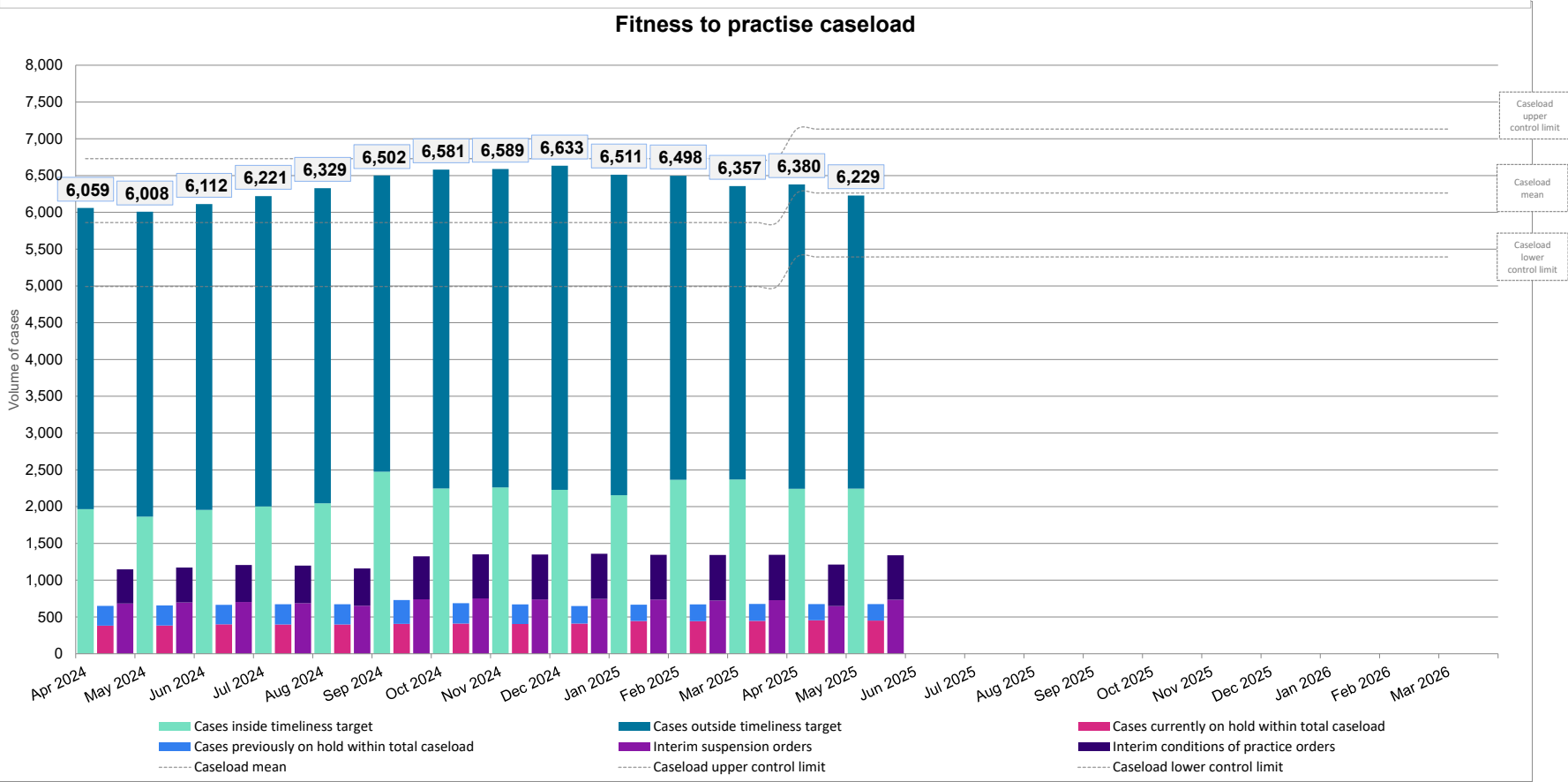
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			significant changes in ways of working.
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Fitness to Practise Council performance dashboard May 2025

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.

A1



Commentary May 2025

Caseload has been decreasing since December 2024.

The green bars show as at May 2025, 3,985 or 64 percent of our open cases are outside of their timeliness target for the FtP stage they are at. This compares to 65 percent for April.

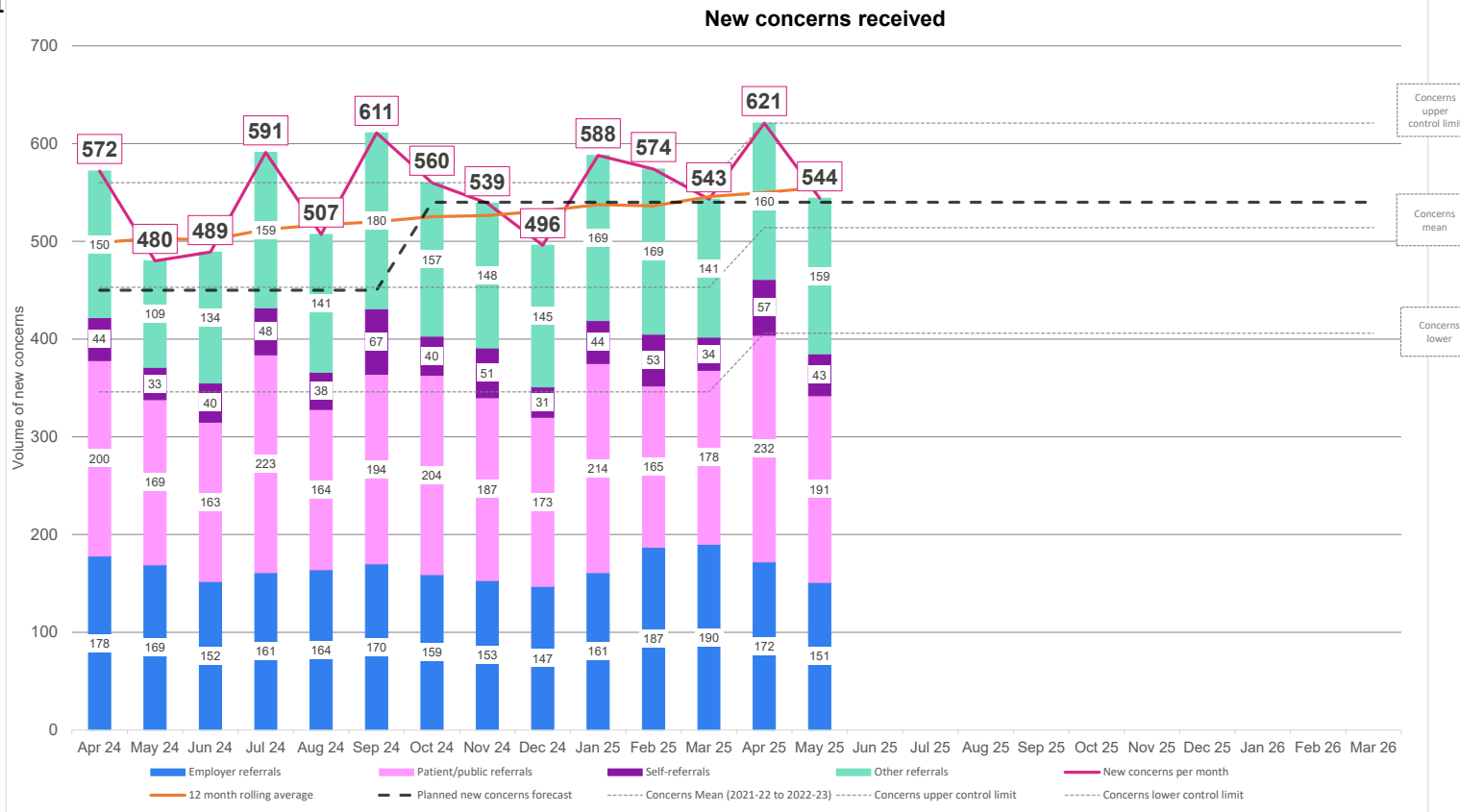
1,338 cases had an interim order in place during May, of which 734 are interim suspension orders and 604 interim conditions of practice orders. This means that out of the 6,229 caseload, 88 percent of professionals with an open case are able to work whilst we progress their case.

Mean, upper and lower control limit lines:- The data for April 2024 to Mar 2025 is based on two financial years' worth of data from 2022-2023 to 2023-2024, while the data for April 2025 onwards is based on two financial years' worth of data from 2023-2024 to 2024-2025.

Fitness to Practise Council performance dashboard May 2025

The chart below shows the total number of new concerns we have received into fitness to practise on a monthly basis, and also our rolling 12 month average for the concerns we have received. The chart also includes our planned forecast for referrals for the financial year. 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: 414
Undertakings caseload: 158

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 May 2025

We received an average of 555 referrals per month between June 2024 and May 2025, compared to the same period last year (June 2023 to May 2024) where the average was 515 per month.

Most referrals in May were from patients and the public (191 referrals).

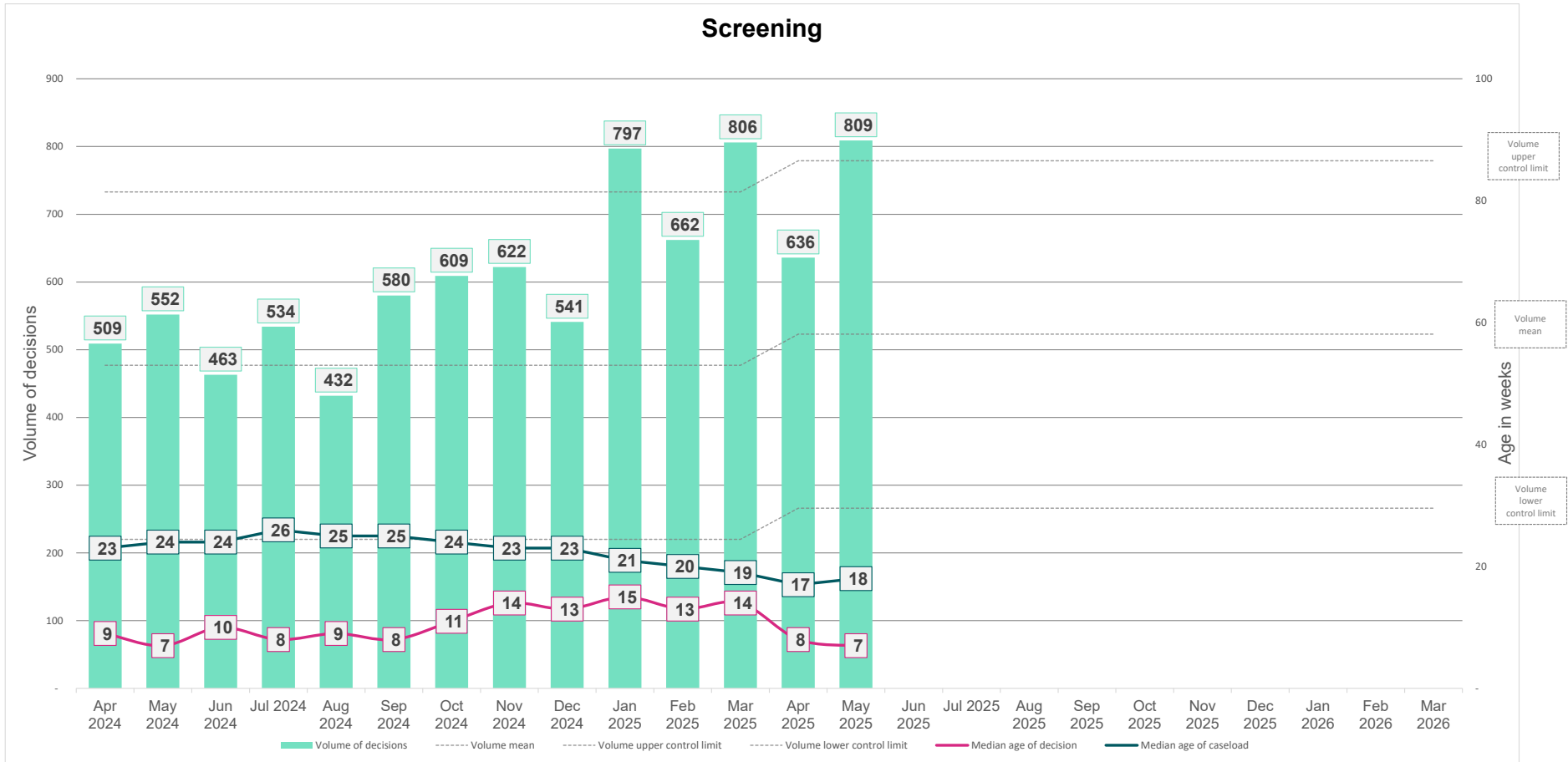
Mean, upper and lower control limit lines:- The data for April 2024 to Mar 2025 is based on two financial years' worth of data from 2022-2023 to 2023-2024, while the data for April 2025 onwards is based on two financial years' worth of data from 2023-2024 to 2024-2025.

Planned new concerns forecast line:- We revised our assumption from 450 a month to 540 a month in October 2024 to reflect actual volumes received.

Fitness to Practise Council performance dashboard May 2025

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.

D1



Commentary May 2025

A record 810 screening decisions were made in May, surpassing the previous high of 806 decisions for March. This was with the backdrop of us anticipating a possible slowing in decisions performance in May due to the team focusing on launching changes to our screening guidance, including training time.

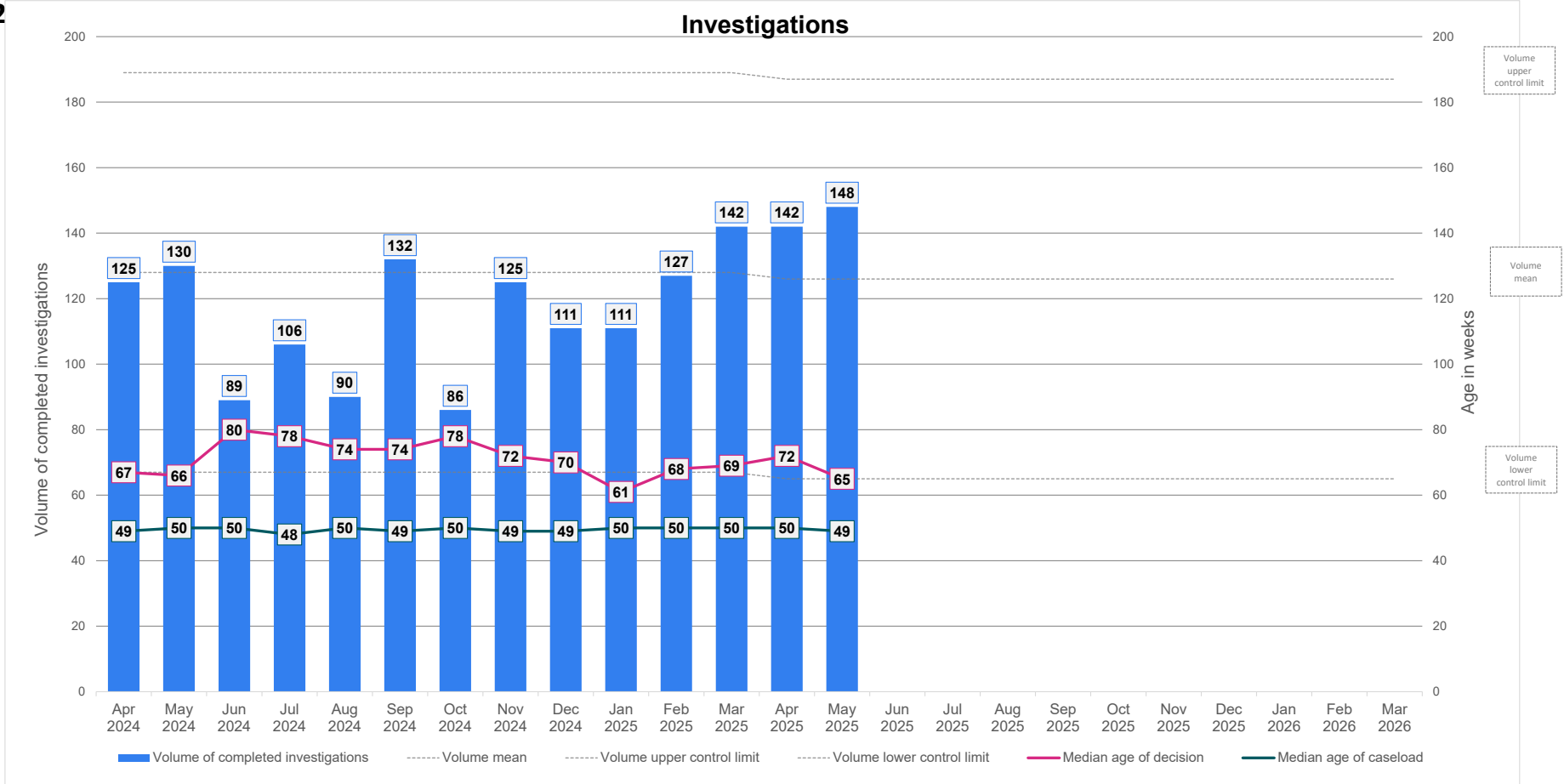
Median age of caseload has been on a downward trend, reflecting our focus on progressing the oldest cases.

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Fitness to Practise Council performance dashboard May 2025

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 May 2025

May saw 148 completed investigations (or 'progressions'), continuing our improved outputs performance in recent months.

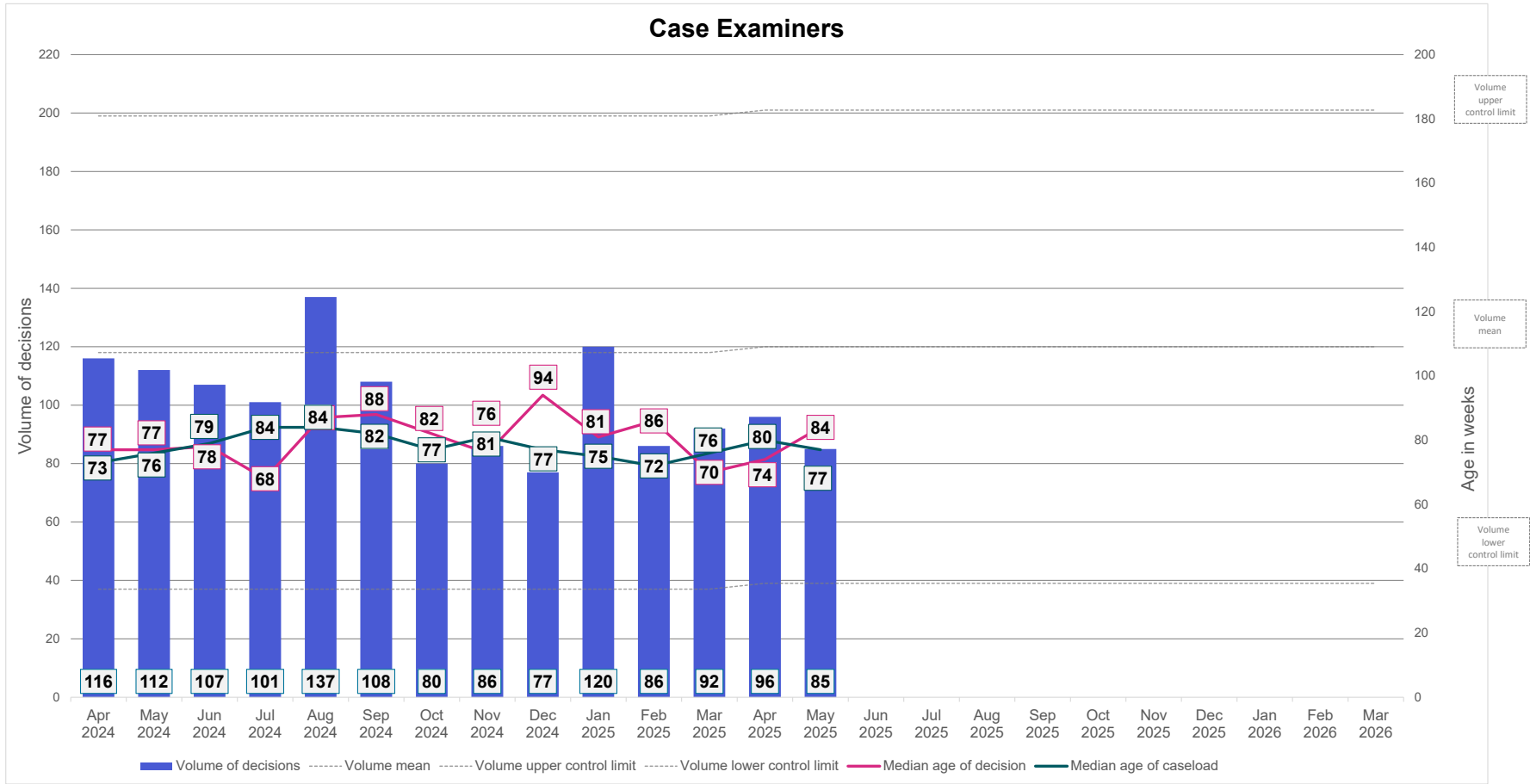
As part of our current turnaround activity, we are considering further support in this area to improve timeliness and to the volume of the Investigations caseload which is growing.

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Fitness to Practise Council performance dashboard May 2025

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 May 2025

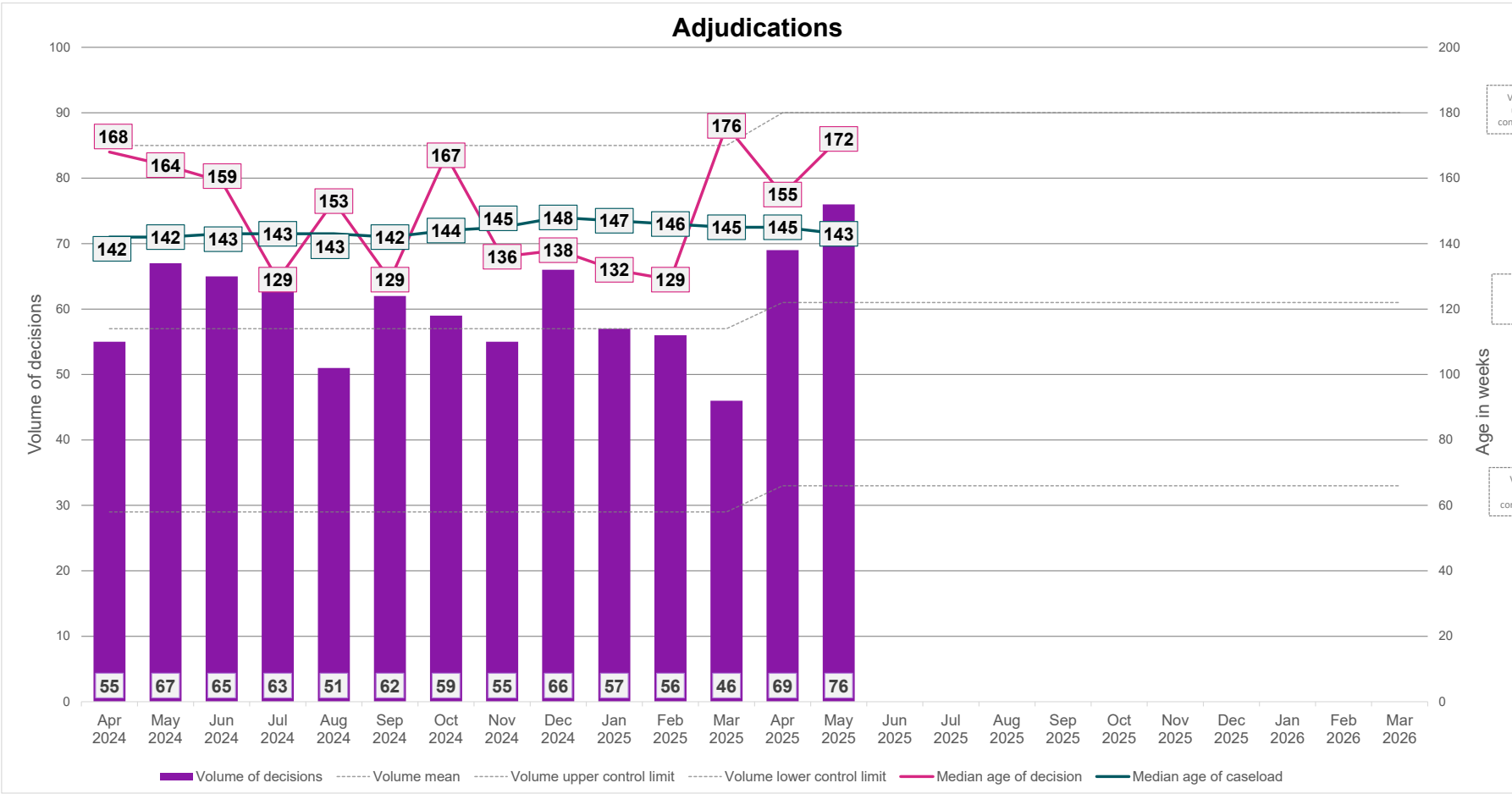
The level of decisions made by Case Examiners is dependent on incoming volumes from the Investigations team, and the team has broadly been keeping pace with the incoming work over the year.

85 decisions were made in May, lower compared to previous months, partly due to capacity challenges in the team and partly due to higher volumes coming in from Investigations in recent months. The caseload volume at this stage is relatively lower compared to other stages (434 cases in May, compared to the next largest caseholder which is Adjudications with 1,126 cases in May).

Fitness to Practise Council performance dashboard May 2025

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 May 2025
 We saw good performance in May with 76 decisions made, our highest month since October 2023. Making efficiencies at the Adjudication stage continues to be a focus for us.

Annexe 2: Caseload data by registrant type and country

Data is as at 31 May 2025.

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 registration type

The proportion of professionals on our register as at 31 March 2025 was 92.3 percent nurses, 5.5 percent midwives, 0.7 percent dual-registered and 1.5 percent nursing associates.

Fitness to practise caseload by registration type broken down into our stages, as of May 2025 caseload	Screening stage	Investigations stage	Case Examiners stage	Adjudication stage	Total caseload
Nurse	1,539	2,391	400	1,076	5,406
Midwife	114	122	30	46	312
Nurse & Midwife	2	3		1	6
Nursing Associate	19	20	4	3	46
No Registrant PIN linked to case	459				459
Grand Total	2,133	2,536	434	1,126	6,229

Fitness to practise caseload by registration type broken down into our stages, as of May 2025 caseload	Screening stage	Investigations stage	Case Examiners stage	Adjudication stage	Total caseload
Nurse	72.2%	94.3%	92.2%	95.6%	86.8%
Midwife	5.3%	4.8%	6.9%	4.1%	5.0%
Nurse & Midwife	0.1%	0.1%	0.0%	0.1%	0.1%
Nursing Associate	0.9%	0.8%	0.9%	0.3%	0.7%
No Registrant PIN linked to case	21.5%				7.4%
Grand Total	100%	100%	100%	100%	100%

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Caseload by UK country of registered address

Fitness to practise caseload by country of registered address broken down into our stages, as of May 2025 caseload	Screening stage	Investigations stage	Case Examiners stage	Adjudication stage	Total caseload
England	1,315	2,003	360	906	4,584
Scotland	171	231	28	98	528
Wales	93	109	23	58	283
Northern Ireland	57	118	16	31	222
Overseas	38	75	7	33	153
No Registrant PIN linked to case	459				459
Grand Total	2,133	2,536	434	1,126	6,229

Fitness to practise caseload by country of registered address broken down into our stages, as of May 2025 caseload	Screening stage	Investigations stage	Case Examiners stage	Adjudication stage	Total caseload
England	61.7%	79.0%	82.9%	80.5%	73.6%
Scotland	8.0%	9.1%	6.5%	8.7%	8.5%
Wales	4.4%	4.3%	5.3%	5.2%	4.5%
Northern Ireland	2.7%	4.7%	3.7%	2.8%	3.6%
Overseas	1.8%	3.0%	1.6%	2.9%	2.5%
No Registrant PIN linked to case	21.5%				7.4%
Grand Total	100%	100%	100%	100%	100%

Advice from Anthony Omo, General Counsel and Director of Fitness to Practise at the General Medical Council

Introduction

- 1 As part of the response to the recommendations of the independent culture review and concerns about the performance of the fitness to practise (FtP) function, the NMC asked Anthony Omo to join the NMC for a three month period as a seconded executive adviser. His role was to work in partnership with the Professional Regulation team to provide insight, support and advice on potential improvements to the FtP process. Below is a summary of the advice and insights Anthony provided to the NMC at the conclusion of his secondment.
- 2 It was agreed that Anthony's primary focus would be on the screening function. However, based on conversations with colleagues from across the NMC or where relevant to and would help with recovery, and informed by a review of guidance, policy and other documents, he was also able to provide insights across a range of areas.
- 3 Anthony expressed his gratitude to the many colleagues and stakeholders he met during his secondment for their open welcome, help, and engagement. He commented on the hard work of many colleagues across the NMC as well as the effect of a challenged fitness to practise process on registrants and members of the public caught in the process.

Screening

- 4 The Screening function within the NMC's fitness to practise process has been struggling to manage a volume of often complex concerns consistently and promptly. This has a major impact on the volume and throughput of cases with adverse knock-on effects on complainants, registrants and on other stages of the fitness to practise process.
- 5 The purpose of screening cases is to make sure that the NMC is the right organisation to consider the concern and that the concern is serious enough that regulatory action is taken. However, the nature of investigation undertaken at the Screening stage in many cases is currently taking too long and appears to be too extensive for this stage of the process.
- 6 If the threshold and investigation at the screening stage are not set at the right level, there is a real risk that Screening will attempt to undertake a full investigation and adopt the role of the Case Examiners, with the challenge of doing this on a large scale given the volume of concerns received in Screening, and without the tools available to the Case Examiners.
- 7 The NMC should consider a reset of the threshold for screening concerns, with a simpler approach based on risk and a rebalance of the investigation undertaken at Screening where the allegation is unclear. If a concern is capable of amounting to impaired fitness to practise, if proved, it should be moved to investigation and if not it should be closed or referred elsewhere as appropriate. If the facts are disputed, then unless a simple enquiry can show conclusively that the alleged fact is or is not correct, it is not for Screening to decide whether the facts alleged will be proven. Referral for further investigation will enable clarification of the facts conclusively one way or the other.

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8 This revised approach would align more closely with what is intended within the NMC's legislation, and would also allow a quicker assessment of a large volume of concerns, with a more detailed examination of risk taking place in the cases sent forward at the investigation stage. It would also enable the NMC close out concerns that do not meet the threshold for referral while promptly promoting those that it needs to consider further.

Referrals: Employer first and managing concerns in the right place at the right time

9 The NMC must by law consider all concerns raised with it and determine whether the concerns meet its threshold for regulatory action. To do so swiftly, it needs to have the relevant information. Often time and resource is spent seeking information on referrals with insufficient information or on those that will not meet the threshold but have been referred to the NMC by employers or others acting in a public capacity.

10 Employers have a responsibility and duty to manage concerns that arise in their settings, and to only refer to the NMC if the risk posed by the registrant to patients, the public or public confidence cannot be managed. While there may be questions about local clinical governance and the ability to manage concerns, it is not possible or desirable for the NMC to manage all concerns, or the risk associated with those concerns.

11 The following need to be considered:

11.1 **The threshold for referral** to the NMC needs to be agreed with local clinical governance leads and employers across the four countries. The NMC should seek to agree the threshold for discussion about emerging concerns and the threshold for when a referral needs to be made to the NMC.

11.2 **Agreeing local management of concerns** – the NMC should do more work with employers and others on how emerging concerns should be appropriately managed locally to ensure the risk to patients and the public are mitigated. This may include providing support for those charged with managing concerns locally, providing guidance about what needs referral to the NMC and when, and ensuring the sharing of relevant fitness to practise information with and within the healthcare system to avoid gaps in public protection.

11.3 The NMC should set out for employers and others responsible locally for clinical governance the form in which it requires referrals to be made and the supporting material that will be necessary when making a referral. This should include but is not limited to details of the context, whether the registrant has raised concerns locally and if yes, what happened to the concerns. A referral should also include any welfare or wellbeing concerns about the registrant and any steps taken by the employer/organisation to support the registrant. This will help in identifying whistle-blowers and the relevant context, those who are vulnerable and should enable the NMC better understand and provide support as appropriate.

11.4 If there is an ongoing investigation by a competent authority/local third-party the NMC needs to consider whether it needs to act at that stage, for example, by seeking an interim order. If the NMC does not need to act, it should consider monitoring the third-party investigation before deciding on next steps. This will ensure the NMC is engaged only when necessary while appropriately managing risk to patients and the public. This will need further consideration including whether the existing third-party guidance needs to be updated.

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11.5 Where there are questions about the ability of an Employer to manage concerns locally or the registrant has left the setting, the NMC needs to consider how it will, with others, manage the risk; for example, by engaging with those responsible for commissioning.

12 **Referrals to the NMC should be made on the right form with the right information to support a swift decision.** The NMC is considering updating its online complaint form and what it will need to assess a complaint. This is in line with good practice as dealing with complaints that are not for the NMC, or which come without the information necessary to decide require time and resources that could be better directed to managing those concerns that are for the NMC. It can also add to the frustration of complainants.

13 Accessibility considerations of complainants must be front and centre, and the NMC must, where necessary, make reasonable adjustments for those who are unable to follow its defined process.

14 Identification of registrants is an issue as most patients and members of the public cannot usually (not unreasonably) provide these details. It would be useful in redesigning the online form/requirements to seek details of the location of the incident as this may help identify the registrants and allow the Employer Link Service (ELS) work with employers to identify the registrants quicker. In the absence of a PIN or location of incident, consideration needs to be given to what other information would be useful in identifying the registrant as a matter of urgency.

15 As with employer referrals, where the NMC decides that the concern referred by a member of the public is one that it could consider but there is no immediate risk to patients, public safety or public confidence, and there is an ongoing local investigation, it should consider whether it wants to pause its consideration to allow the local processes to complete. This needs to be considered alongside the policy and guidance on how the NMC manages concerns alongside third-party investigations.

Access to expert advice

16 **Clinical voice/clinical advice** - access to expertise in the fitness to practise processes - during screening/investigation and at hearings appears to be at times conflated with having a 'clinical voice' in the process. As a first step it would be helpful to unpack what exactly is meant by 'clinical voices' in the fitness to practise process and the form that this takes (or ought to take). This will ensure that all are clear about the issue, and what the answer/solution looks like.

17 It appears that clinical voice or input is used at the NMC to cover both engagement with registrant voices to shape policy and processes in fitness to practise (and other areas) and access to experts, where appropriate, in assessing or evidencing concerns. However, this is not helpful as while these both involve experts, they are not the same thing and have different requirements.

18 There is no provision within the NMC's legislation that requires expert evidence as part of decision making at the NMC. This recognises that it will not be necessary in every case and that it is for the decision maker to determine what they need to make a reasonable, robust, and proportionate decision that will stand up to judicial scrutiny.

19 Access to expert advice at all stages of the fitness to practise process is essential in appropriate cases. This will include clinical advice, safeguarding advice and other expert advice as needed. However, in Screening this advice is limited to helping clarify the

concerns and whether the threshold is met, and if the concerns are unclear, what a focused investigation would look like.

20 The NMC should consider further the following.

20.1 How it might use the expertise of its clinical case examiners (and potentially other registrants in the NMC) to provide case advice (not expert evidence) and case direction/management as they are in many cases both clinical experts and familiar with regulatory requirements and how the NMC operates. There is no bar to this in the NMC legislation or does it raise any conflicts of interest that cannot be managed with appropriate guidance.

20.2 Setting up a panel or pool of experts who can provide a quick view on issues and who would also be prepared to provide a fuller expert report should the concern be promoted for investigation. This would avoid an element of reworking and potentially save on costs. Access to expert advice will also help when dealing with vulnerable registrants or complainants and in ascertaining the reasonable adjustments needed and or to sign post to appropriate support.

Safeguarding responsibilities

21 The NMC has an overarching objective, in law, to protect the public which it looks to achieve through the exercise of its statutory functions, but this is essentially achieved through the functions of registration and maintaining standards.

22 There is nothing in the NMC's legislation nor assigned to it by other legislation, any specific safeguarding duties or functions like those assigned to NHS Trusts and Local Authorities. However, the NMC is a registered charity, and it therefore has a responsibility imposed by Charity Commission (CC) guidance to have robust arrangements in place to safeguard and promote the welfare of children and adults at risk. This is a responsibility that lies with everyone who works at the NMC or is working on behalf of the NMC.

23 The approach the NMC adopts to safeguarding needs to apply to anyone who comes into contact with the NMC including patients, members of the public, registrants, and colleagues. It is not a duty to the public at large or even to those members of the public who come into contact with registrants but not the NMC.

24 The CC guidance asks that organisations have appropriate policies including safeguarding policies, provide training to ensure everyone is aware of their responsibilities and what to do, and provide an annual report on safeguarding activity to the CC. The policies and training need to ensure all colleagues can recognise, record and report safeguarding concerns appropriately.

25 To bring this to life, if a safeguarding concern arises in a healthcare setting, the registrants who are dealing with the issues are subject to duties in respect of reporting safeguarding issues. If these duties are followed, the safeguarding issues will be referred to the right organisation for the risk or harm to be managed. If a registrant fails to comply with such a duty, this may raise a fitness to practise issue.

26 If through its regulatory activity the NMC receives a safeguarding concern, it needs to decide whether the concern ought to be shared with another appropriate organisation - local authority or police. If there is an immediate risk the NMC should contact the emergency services and where the actions of the registrant may have caused harm, consider this via the fitness to practise process. If there is a concern about the vulnerability or health of a registrant/complainant, this is then about how the NMC

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supports the registrant or complainant through the process including making reasonable adjustments. This may include signposting to other sources of support and help or the involvement of third parties who may be better placed to help.

- 27 The NMC needs to agree an overarching strategy for safeguarding recognising the limits of its responsibilities and an implementation plan for how it will deliver on those responsibilities alongside its statutory functions. This ought to include clarity around roles and responsibilities, the development of guidance, processes, and training for all colleagues. It also ought to include a report to Council, in their role as Trustees, which can serve as the annual report to the CC as well as vehicle for organisational learning.

Third-Party cases/Escalation and enforcement

- 28 On occasion, the NMC receives concerns where there is a separate ongoing investigation by a third-party such as the police or a Trust. In many cases those investigations will be at an early stage and the NMC will often need to await the outcome of that investigation which can take a long time before concluding its own proceedings. While in some cases that outcome will not assist the NMC and it will need to run its own full investigation, there will be more cases where that outcome will assist the NMC in a quicker assessment of the concerns and next steps. This will mean a quicker more focused NMC investigation if indeed one is needed.
- 29 The NMC needs to consider its position where there is an ongoing investigation by a competent third-party. Specifically, the NMC needs to consider whether it can await the outcome of that investigation if there is no immediate risk to the public requiring an interim order and the concern is being appropriately investigated. If an interim order is needed, then the NMC will be engaged.
- 30 If the NMC decides that it wants to go ahead with its own investigation alongside a third-party investigation, then it can do so provided it does not prejudice the third party investigation. It would be prudent to review the 'Third Party Investigation guidance' and to examine how this is working in practice so that any NMC investigation complements the third-party investigation.
- 31 When there are third-party investigations, it is almost inevitable that there will be delays in those investigations concluding and when they do conclude in the provision of information that might help the NMC in its consideration. There are also often time lags in the provision of information while the third-party investigation is ongoing. All of which makes it imperative to have an initiative-taking process for chasing information and for escalation, and where appropriate, enforcement to obtain information.
- 32 The NMC should review its escalation policies and processes across its screening and investigation process to build in check points and an escalation process where key performance indicators have been exceeded. Any review should include consideration of management information that will help managers understand and manage performance with these cases.

Delegation and decision makers

- 33 An increase in the volume of referrals to the NMC means that the NMC needs to increase the number of its decision makers in Screening (and perhaps elsewhere) to manage the increase in referrals. Currently, the function of Screening decision making is delegated to 'Screening decision makers' (SDMs).

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- 34 There is provision in the NMC legislation for the Council, upon nomination of the Registrar to appoint a member of staff as a Deputy Registrar or an Assistant Registrar (AR). The Registrar may authorise in writing any person so appointed to act on their behalf.
- 35 The NMC should consider nominating colleagues who can help in decision making across NMC for Council to appoint as ARs and then consider what they should/could be authorised to do in terms of decision-making – ensuring support, training and guidance is available as appropriate. If the NMC wishes to use outside resources, then this would need them to be characterised as employees for the purposes of employment law before any delegation could be effected.

Case backlog and prioritisation of cases

- 36 When concerns are received in the NMC, they are assessed to decide whether an interim order (IO) is required. In simple terms, if an IO is needed, then the concern is considered high risk and allocated for case progression with the focus being on obtaining the IO. If an IO is not needed, the concern awaits allocation until there is the resource to deal with it.
- 37 While this is an appropriate method of prioritising and ensuring focus on high-risk concerns, it does mean that those concerns classed as not high risk are in effect deprioritised. This method of allocation/prioritisation only works if the deprioritised concerns are progressed within a reasonable timeframe otherwise the number of deprioritised concerns grows, and a backlog develops.
- 38 This is one of the key challenges facing the NMC as the backlog keeps growing and with this, the number of complainants and registrants stuck in the process for an extended period. As the lower priority cases have been classed as low risk at each stage of the fitness to practise process, it is likely (assuming there has been no change in circumstances and given the passage of time) that a number of these cases can be promoted or closed quickly. This will release registrants and others from the process and free up staff/resources to focus on those cases that need NMC action.
- 39 The NMC should consider how it might reduce the pots of lower priority cases across its process and what will be required to achieve this. To prevent the backlog growing, it should review the method of allocating concerns and cases.

Investigations/post investigations work

- 40 Investigation teams pick up concerns promoted by Screening as matters that the NMC needs to investigate and pass to Case Examiners to consider whether regulatory action is needed. The investigations team assesses concerns against a set of criteria, and, in terms, high risk cases are allocated to investigators and lower risk cases are held pending allocation for case progression. For those cases that are immediately progressed, colleagues collect evidence from witnesses, experts, and documents to support or clarify the broad areas of concerns. The case is then disclosed to the registrant and subsequently passed to the Case Examiners for a decision. If the Case Examiners decision is to refer the case onward, then it is passed to the Case Preparation and Presentation team (CPP).
- 41 There are numerous issues currently affecting performance and resulting in delays within the investigations stage of the FtP process, with two key issues for early consideration:
 - 41.1 **Post investigation work** – following a Case Examiner referral, the Case Preparation and Presentation Team (CPP) conduct the necessary preparation of

cases for a hearing including the drafting of charges. It is however not uncommon for CPP to return cases to Investigations for further evidence collection or to investigate additional or different concerns. This causes several issues including delays in progressing the case and the consequences that flow from that. This process needs to be reviewed urgently with a focus on having a single investigation process so that once a Case Examiner referral is made, CPP can finalise the case for a hearing with no need to return the case for further investigation. To facilitate this, there needs to be a clearer more focused investigation plan drawn up at the start of a post-screening investigation. Once the evidence collection is completed, draft allegations can be put to the registrant prior to the case progressing to Case Examiners. This will ensure that when the Case Examiners make their decision, the totality of the NMC case and the response (if provided) are available.

- 41.2 **The use of broad areas of concern** is a linked area and needs to be considered in conjunction with the changes suggested above to the investigation process. While I understand the principle behind using broad areas of concern so as not to narrow concerns too early, it can drive investigations that can be extensive and disproportionate to the risk under consideration. It may also deter registrants from engaging because of the wide-ranging nature of the allegations some of which may not impair fitness to practise.

Interim Orders

- 42 Article 31 of the NMC Order provides the framework for interim orders (IOs). In terms it provides that any time after the referral to the Case Examiners or Practice Committee, an IO can be imposed if the relevant grounds are met.
- 43 There is no specific power to refer for an IO. However, when a concern is received, the screening team conducts an initial risk assessment including whether it is likely that the panel would impose an IO based on one or more of the three grounds – whether it is necessary for public protection, is otherwise in the public interest or is in the registrant’s interests. SDMs make the decision to refer based on the same guidance as that used by Panels.
- 44 The key assessment needed for an IO includes consideration of the seriousness of risk to the public if the registrant were to continue to hold unrestricted registration and/or would be likely damage to public confidence if the registrant were to continue unrestricted and/or whether it is in the registrant interests, for example where there is a lack of insight due to health issues or an inadequacy of local measures to safeguard the public.
- 45 IOs draw resources and costs particularly as they need to be regularly reviewed and can only be extended by the High Court when the initial term imposed has expired. The current levels of delay in the fitness to practise process can mean that the IOs are in place for extended periods, and this has an impact on those subject to the order as well as having an impact on the cost and resources of the NMC. The IO KPI drives behaviour and a focus on the referral within the timeframe which can result in cases not meeting the 28 day KPI being deprioritised.
- 46 The NMC should also consider the following:

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- 46.1 Collecting or and analysing data on allegation types that tend to require IOs and whether it receives more of this type of allegation such that it will be inevitable it needs more IOs.
 - 46.2 Whether the current KPI for seeking and obtaining IOs within Screening remains fit for purpose or should be revised. This could mean looking at a risk tier - allegations of a more serious nature like serious criminal charges should be sent to Investigations for the IO, others worked up within Screening.
 - 46.3 Reviewing the data on how many cases with IOs end up with substantive sanctions.
 - 46.4 Whether its threshold for referral for an IO or the test applied by the Panel in granting an IO are in the right place.
 - 46.5 Whether the IO process is being used to manage risk that is best managed elsewhere – for example, by an Employer and if it is, how to better manage risk at a local level via the ELS.

Other areas for consideration

- 47 Given the scale of issues and challenge, it will take some time to deliver sustained improvement. The NMC needs to prioritise but not lose sight of other areas where it might be able to make small but meaningful progress. Below are suggested areas to explore.
- 48 **EDI** – discrimination allegations/differential referral and outcomes – there was not the time to investigate this area, but it appears that there is an issue with overrepresentation of registrants from an ethnic minority background in the fitness to practise process and a challenge of differential attainment in education. There is a need for more effort in this space both to understand the nature of the problem and identify potential solutions.
- 49 **QDM** - The test for reviewing screening decisions [and perhaps Case Examiner decisions] will need to be considered to bring it in line with any changes to the Screening threshold or guidance and extent of investigation. In terms of numbers, for the period November 2023 to November 2024, a total of 220 screening decisions were reviewed and just over half were overturned for a variety of reasons. These reasons included new information, problems with the original decision, a combination of new information/problems with original decision and further information needed. There are plans to do more feedback and learning from reviews and this should be taken forward at pace as part of any future work.
- 50 **No PIN cases** –There are at any given time some 500-800 cases where there is no PIN and the registrant has not been identified. These are cases where such identification is essential to understanding whether the NMC is empowered to act. The NMC needs to explore what it can do to aid earlier identification of registrants when complaints are made including whether it needs to amend its online form to require other details such as location of incident which would help in narrowing down the search area. It should also consider whether there is more that it can do through its patient engagement service or the ELS to aid quicker identification of registrants.
- 51 **Language** – The NMC needs to consider its language and tone when communicating with complainants and registrants. The NMC should consider reviewing how and when it

communicates with complainants and registrants including more use of calls where appropriate.

- 52 **Handoffs – case ownership** – The current NMC fitness to practise process involves cases being handed off between colleagues at the different stages of the process and the engagement of different lawyers in the different teams. While an element of hand off between teams is inevitable, this should be minimised wherever possible as it can cause delays, difficulties for complainants and registrants – particularly those who are vulnerable and it is inefficient.
- 53 **Source support to flex** - when volumes overwhelm the resourcing model/colleagues the use of paralegals/junior barristers on a temporary agreement could assist. The NMC should consider standing arrangements to deal with increased volumes that cannot be managed within its model. Alongside this the NMC ought to consider whether current contracts with legal firms best support the NMC to progress its caseload in the most efficient and cost-effective manner.
- 54 **QA and learning** – The NMC should consider how it better embeds quality assurance and learning across its fitness to practise process. This is not limited to but should include peer review for decision makers and a QA framework to encourage learning including thematic learning.
- 55 **Stakeholder engagement** – the arrival of the interim CEO and Registrar and revisions to the fitness to practise plan presents the NMC with an opportunity to reset relations with stakeholders and ensure their engagement with the FtP plan.
- 56 **Data and Management Information** – the NMC needs to explore two linked but separate issues – data that is/ought to be available to manage performance at a granular level as well as a departmental level. And data – usually thematic – that will equip local governance systems with information to manage risk locally and appropriately.
- 57 **Pilots/Post implementation reviews** – the NMC should consider more use of pilots to evaluate changes to policy, guidance, and processes before scaling up, if a pilot is successful. The NMC should also consider post implementation reviews to assess impact and importantly whether the change has had the desired effect.

Council

Raising Concerns Policy (including whistleblowing (Public interest disclosures))

Action requested:	<p>Provides the Raising Concerns Policy for Council</p> <p>For decision</p> <p>Council is recommended to approve the policy</p>
Key background and decision trail:	<ul style="list-style-type: none"> • Following the Independent Culture Review we committed to reviewing our whistleblowing policy to ensure it aligned with best practice, supported colleagues to raise concerns and embedded any learning from recent whistleblowing cases. • We had intended to review the policy after the Omambala report had been finalised, but due to the delays the decision was taken to review the policy first. Now that the Omambala report is being re-commissioned we will review the policy once we receive this report. • This version of the policy has been developed following advice and consultation with: <ul style="list-style-type: none"> ○ Council whistleblowing leads and Council Empowered to Speak Up Champion. ○ Colleagues from General Counsel and Change and Continuous Improvement. ○ An EQIA was also used to identify learning, such as adding that colleagues can be accompanied by someone who can help with any specific support needs ○ Bates Wells (specialist legal firm) – the lead lawyer who provided advice is also the Chair of Protect (leading whistleblowing charity) • The policy is approved by Audit and Risk Committee, as the next meeting is not until September it has been agreed that the approval will be reserved to Council.

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Key questions:	<ul style="list-style-type: none"> • Does our revised policy provide an effective approach? • Does it empower colleagues to raise concerns? • Does it provide a clear process for colleagues to address concerns? 			
Annexes:	<p>The following annexes are attached to this paper:</p> <ul style="list-style-type: none"> • Annexe 1: Draft Raising Concerns Policy • Annexe 2: Speak up flowchart 			
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="379 963 1404 1366"> <tr> <td data-bbox="379 963 858 1366"> <p>Author: Peter Clapp peter.clapp@nmc-uk.org</p> </td> <td data-bbox="858 963 1404 1366"> <p>Senior leads:</p> <p>Alice Hilken, General Counsel alice.hilken@nmc-uk.org</p> <p>Ben Wesson, Chief of Staff ben.wesson@nmc-uk.org</p> </td> </tr> </table>		<p>Author: Peter Clapp peter.clapp@nmc-uk.org</p>	<p>Senior leads:</p> <p>Alice Hilken, General Counsel alice.hilken@nmc-uk.org</p> <p>Ben Wesson, Chief of Staff ben.wesson@nmc-uk.org</p>
<p>Author: Peter Clapp peter.clapp@nmc-uk.org</p>	<p>Senior leads:</p> <p>Alice Hilken, General Counsel alice.hilken@nmc-uk.org</p> <p>Ben Wesson, Chief of Staff ben.wesson@nmc-uk.org</p>			

Raising Concerns Policy (including whistleblowing (Public interest disclosures))

Discussion

- 1 The revised policy is attached at **Annexe 1**. Key changes and updates are listed below.
- 2 **Broadening the policy from “whistleblowing” to “raising concerns” to remove barriers and challenges.** Previously the policy covered whistleblowing only. In order to qualify as whistleblowing, a concern needs to meet specific conditions set out in law (is then termed protected disclosure). This can lead to a number of barriers and challenges:
 - 2.1 Potential barrier to the person raising concerns: people can be uncertain about whether or not their concern meets the criteria for whistleblowing or may not wish to be a “whistleblower”.
 - 2.2 Operational challenges: Assessing whether a concern meets the criteria can lead to operational challenges and delays in dealing with the concern itself.
- 3 To mitigate these, we have broadened the policy to a raising concerns policy so that the focus is on raising and addressing concerns. This means that whilst the policy does have a section on whistleblowing, the focus is on raising concerns, rather than only those concerns that meet whistleblowing criteria.
- 4 It is important to note that a person raising a protected disclosure has legal protections to stop them suffering any detriment or disadvantage from their employer for raising the concern. In broadening the policy, we have made clear that whether the concern is whistleblowing or not, we will not tolerate the harassment or victimisation of anyone raising a concern.
- 5 **Empowering colleagues to raise concerns by:**
 - 5.1 signposting to support from the Speak Up Guardians (e.g. para 19)
 - 5.2 clarifying that someone raising a concern can be accompanied by someone who can help with any specific support needs (para 21)
 - 5.3 Adding a section on why raising concerns is important to the NMC (para 6-7) and amending language more broadly to be more open, inviting, and inclusive
 - 5.4 Adding a process map at the end of the policy to make the process easier to follow.
- 6 **Clarifying the circumstances where confidentiality cannot be maintained and that we may be obliged to share information.** We have added additional content

to draw out examples of when we may be obliged to share a person's name or situations in which someone's identity could be known to others (para 16-17)

- 7 **Additional clarity on how a concern will be handled:** We have added additional content on how a concern may be looked into, for instance formal investigation (para 30) and who will be involved.
- 8 **Linking the policy to other learning approaches and policies to develop a unified approach:** Colleagues from General Counsel, Governance and Change and Continuous Improvement have worked together to ensure the policy functions within a wider learning approach. In particular:
 - 8.1 There are a number of different policies for managing issues at the NMC (grievance, log and learn) to help guide colleagues we have developed a flowchart to guide colleagues to the right policy (Annexe 2). We will work with Comms to agree how best to share this with organisation.
 - 8.2 Lessons learned review guidance: Colleagues in the Office of the Chair and Chief Executive (OCCE) are developing guidance on commissioning lessons learned reviews to help ensure clarity, fairness, and a focus on learning rather than blame. To ensure consistency the Raising Concerns policy links to this guidance when a formal investigation is being commissioned (para 30).
- 9 **Clarifying the role of Council members:** We have clarified the roles of the whistleblowing Council leads, Empowered to Speak Up Council Champion, the Audit and Risk Committee Chair and the Chair of Council. Detail can be found in the roles and responsibilities annexe of the policy (Annexe 1).
- 10 **Recommendation: Council is asked to approve the policy.**

Next Steps

- 11 Following approval we will socialise the policy with colleagues, through a comms and engagement plan. We recognise that we will need to inform colleagues both about how to raise a concern and what to do when a concern is raised with them, and that this will need to be tailored to different groups within the organisation, particularly depending on seniority.
- 12 To make sure the policy is functioning as intended, we will review and seek feedback on the policy after three months and will also feed in any learning from the re-commissioned Omambala report.

Implications

The following were considered when preparing this paper:

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Implication:		Location if in paper:	Content if not in paper:
Public protection/impact for people.	Yes		Ensuring colleagues are able to raise concerns is key for ensuring we are able to
Safeguarding considerations	Yes		Concerns raised by colleagues may relate to safeguarding so we need to ensure an effective means for colleagues to raise their concerns. We also recognise that raising concerns can be stressful and impact people's wellbeing and in certain cases lead to safeguarding concerns. An effective policy for raising concerns will help mitigate these issues.
The four country factors and considerations.	Not Applicable		
Resource implications including information on the actual and expected costs involved.	Not Applicable		
Risk implications associated with the work and the controls proposed/ in place.	Yes		Failure to effectively support colleagues to raise concerns or failure to address concerns, can lead to

			issues going unaddressed that have significant impact on the NMC.
Legal considerations.	Yes		The Public Interest Disclosure Act 1998 (PIDA) sets out legal protections for whistleblowers. This policy has been developed with General Counsel and Bates Wells to ensure it meets our legal obligations.
Midwives and/or nursing associates.	Not Applicable		
Equality, diversity, and inclusion and Welsh Language impact.	Yes		An EQIA has been undertaken to identify any potential for discrimination, inequality, or disadvantage and to ensure that the initiative promotes equality and does not inadvertently create or worsen existing disparities.
Stakeholder implications and any external stakeholders consulted.	Yes/Not Applicable		Consulted with Bates Wells

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Regulatory Reform.	Not Applicable		
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Nursing and Midwifery Council

Raising Concerns Policy (including whistleblowing (Public interest disclosures))

Policy title	Raising Concerns Policy (including Whistleblowing (Public interest disclosures))
Summary	<p>Provides guidance on how to raise concerns within the NMC. Outlines an operational framework for addressing concerns and responding to staff who speak up.</p> <p>This policy is for concerns raised by people who work for or with us and relates to how the NMC carries out its work. There is a separate policy which governs how we deal with concerns raised with the NMC as a prescribed person (see below).</p>
Policy Owner	Assistant Director of Governance
Approved	<p>Audit Committee 4 November 2020</p> <p>Minor amends April 2021 (new designated member added)</p> <p>Minor amends August 2021 (Employee Assistance Programme details updated)</p> <p>Minor amend April 2021 (Contact details for the former Executive Director, People and Organisational Effectiveness removed)</p> <p>Minor amend January 2025 (contact details for staff covering AD, Governance role)</p>
Next review date	To be reviewed following the publication of the Omambala report.

If you have any questions about this policy, please contact the Assistant Director of Governance who is the policy owner and operational whistleblowing lead for the NMC.

Other related policies and guidance mentioned in this policy you may find helpful to look at:

Whistleblowing – guidance for staff	TRIM: 4303595
Whistleblowing – guidance for managers	TRIM: 5606257
Anti-fraud and anti-bribery policy	TRIM: 4920715
Dignity at work policy	TRIM: 6963487

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Grievance Policy	TRIM: 6755949
Disciplinary Policy	TRIM: 6755940
Policy on Whistleblowing to the NMC as a prescribed person	TRIM: 4902183
Policy on safeguarding and protecting people	TRIM: 9870496
Log and Learn policy	TRIM: TO BE ADDED.
Lessons learned guidance	TRIM: TO BE ADDED.

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Introduction

1. The Council and Executive are committed to an open, honest and inclusive culture which promotes improvement when things go wrong. We have developed this policy to guide and reassure you that it is safe and important to speak up to help the NMC keep improving the working environment for our staff and the services we provide to the public and professionals on the register. In the best interests of staff, public and professionals on the register we encourage you to raise any concern you have as early as possible. We would prefer that you raise a matter when you become concerned about it, rather than waiting so that we can address it as soon as possible.
2. You may feel worried about raising a concern, and we understand this, but please don't be put off. We will take reasonable steps to ensure you do not experience any detriment as a consequence of raising concerns with us, such as harassment or victimisation.
3. The NMC has a duty under the equality act to promote equality and diversity. Discrimination on the grounds of sex, disability, age, sexual orientation, religion or belief, race, gender reassignment, marriage and civil partnership, pregnancy and maternity is against the law and will not be tolerated.
4. This policy applies to all staff working at the NMC, whether full-time or part-time, and those undertaking duties or activities on behalf of the NMC, including those who work through an agency or as a contractor, as well as our partners and members of the Fitness to Practise Committees (referred to collectively in this policy as "staff"). Former staff who wish to raise concerns should do so under this policy. We would expect such concerns to be raised within three months of the working relationship with the NMC ending.
5. If you have any questions about this policy, please contact the Assistant Director of Governance who is the policy owner and operational whistleblowing lead for the NMC.

Why raising concerns is important to the NMC

6. We want colleagues to feel empowered to raise concerns and to be confident that these will be listened to and acted on appropriately. This is important to us because:
 - We are a learning organisation that takes action to continuously improve. By sharing your concerns, we will be able to look into them, and where there are improvements to be made, we will take action to strengthen our approach.
 - Treating seriously any concerns raised and appropriately addressing them helps to create a fair workplace and a positive, empowering, and inclusive culture for all colleagues.
7. Raising concerns may include making whistleblowing disclosures. The types of concerns that fall within this definition, and what this means for you and the NMC

is defined in the section termed “Whistleblowing” below. Whistleblowing is encouraged and taken very seriously by the NMC. However, we recognise that the term whistleblowing can sometimes be a barrier to raising concerns – people can be uncertain about whether or not their concern meets the criteria for whistleblowing or they may not wish to be a “whistleblower”. That’s why this policy is broader and covers any concerns. What is important to us is that concerns are raised and can be addressed. Whether your concern is whistleblowing or not, we will not tolerate the harassment or victimisation of anyone raising a concern.

What concerns should I raise?

8. It can sometimes be hard to know whether you should raise a concern. You should be guided by this question: if you let the situation carry on is it likely to result in harm to others or trust and confidence in the NMC?
9. If in doubt, you should always err on the side of caution and raise your concern
10. Issues you might have concerns about could include:
 - Breach of health and safety policy
 - Inadequate induction or training for staff
 - Deliberate breach of GDPR/data protection policies
 - Suspected fraud
 - Suspected criminal activity
 - Bullying, harassment or discrimination across a team or organisation
 - Breach of a legal or professional obligation
 - Breach of internal policy
 - Our processes are failing to protect people or putting people at risk of harm.

Feel safe to raise your concern

11. If you raise a concern, we will take reasonable steps to make sure that you do not suffer any form of detriment as a result. It does not matter if it turns out that you are mistaken. We will not tolerate the harassment or victimisation of anyone raising a concern. If you do experience any detriment, you should inform the Assistant Director of Governance or, if not appropriate, the Chief Executive and Registrar. We consider such behaviour a disciplinary matter.
12. We will discuss with you any specific concerns that you may have so that appropriate safeguards can be put in place.
13. Of course, we do not extend this assurance to someone who maliciously raises a matter they know is untrue, for instance in order to make knowingly false allegations about a colleague. Raising a deliberately false concern will be addressed under our disciplinary policy.
14. If at any stage you experience harassment or victimisation for raising a concern please immediately contact one of the following:
 - the person you raised the concern with
 - Assistant Director of Governance

- HR colleague
- Empowered to Speak Up Ambassador or Guardian.

This type of behaviour against you will be dealt with under the Grievance Policy or the Disciplinary Policy.

15. Support is available to you through the Employee Assistance Programme (EAP) accessed through a 24/7 helpline 0800 030 5182, via the Perkbox app or online at www.perkbox.com.

Confidentiality and anonymity

16. With the above assurances, we hope you will raise your concern openly. However, we recognise that there may be circumstances when you would prefer to speak to someone confidentially first. Confidentiality means that while you are willing for your identity to be known to the person you report your concern to, you do not want anyone else to know your identity. If you request confidentiality, we will make every effort to protect your identity. However, it is important to note, that we cannot guarantee that your identity won't become known to others. For instance:

- Those involved in the investigation of your concern
- Those who are able to identify you during the course of an investigation due to the nature of your concern
- If required by law, we would disclose your identity, for example if there was a police investigation or public inquiry
- Where our duty of care to others overrides your request for confidentiality.

17. Confidentiality is different from anonymity. We would always encourage the raising of a concern confidentially rather than anonymously. If you do decide that you need to raise a concern anonymously it will be considered, but it will be much more difficult for us to investigate the matter and we may not be able to provide you with details on any action we are taking in response to your concern. If you do not provide any contact details, we will be unable to provide you with any information.

How to raise a concern

18. Please remember that you do not need to have firm evidence before raising a concern. However, we do ask that you explain as fully as you can the information or circumstances that gave rise to your concern.

19. In most circumstances, the easiest way to get your concern resolved will be to raise it informally or formally with your line manager. Where you don't feel comfortable, or don't think it is appropriate to do this, you can use any of the options set out below:

- Report your concern to the next senior manager in line – for example your Head of Service, Assistant/Deputy Director or Executive Director
- Contact a Trades Union / Staff side representative
- Contact Human Resources

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- Contact an Empowered to Speak Up Ambassador – Ambassadors are based locally and can signpost you to the relevant person or process to raise a concern.
- Contact the Empowered to Speak Up Guardian– they can support you in raising your concern
- Use the online Log and Learn system to raise a concern.

20. When you first raise your concern, the person you raise it with should discuss with you whether you want your identity to remain confidential and what this means in practical terms for how we can take matters forward. In some circumstances, a request for confidentiality may limit the action we can take. They will also discuss with you any specific concerns that you may have about any potential detriment you think you might experience as a result of raising the concern, and consider any protective measures that should be put in place.

21. Whoever you raise your concern with, you can bring along an NMC colleague or Union representative with you to any meeting should you wish. You can also bring someone who can help with any specific support needs, for example, a disability or mental health condition.

22. In the majority of cases, concerns can be resolved with the person you raise it with. They should thank you for speaking up, listen to your concern and agree with you a way to seek a resolution. This might include a conclusion:

- That, following discussion, there was no issue to resolve
- That a Log and Learn case should be reported
- Signposting to an alternative process such as Grievance, Complaints policy or Dignity at Work
- That this should be escalated to the Assistant Director of Governance or another person named in this policy as per paragraph 23.

What happens if this doesn't resolve my concern?

23. If it's not possible to resolve the matter, then you should raise this concern with the Assistant Director of Governance or if you feel unable to raise it with them for any reason then you should raise it with one of the following:

- Executive Director of People and Culture
- Chief Executive and Registrar
- Council leads for raising concerns (known in other organisations as whistleblowing leads)
- Empowered to Speak Up Council Champion

24. If the concern relates directly to the governance team, it should be reported to the Chief Executive.

25. If your concern relates to the Chief Executive and Registrar then you should raise it with the Council leads for raising concerns. They will inform the Chair of Council and liaise with the Assistant Director of Governance to ensure they have appropriate support to respond. If the Assistant Director of Governance is directly

implicated, they will identify an alternative operational lead in the NMC. The Council leads for raising concerns will maintain their usual role in overseeing such concerns (set out later in this policy). It is at the discretion of the Chair of Council whether the concern requires oversight from other Council members, including the Chair of Audit and Risk Committee.

26. If they think your concern falls more properly within our grievance, dignity at work , complaints, log and learning policy or other relevant policy, you will be advised on how you can take your concern forward under that policy.
27. If it appears that there has been no attempt to resolve the concern with an immediate line manager or senior leader in that directorate, we will explore the reasons for this and potentially refer it to the team for it to be initially resolved (if possible) at that level.

What action will be taken?

28. To decide an appropriate course of action, your concerns will then be considered by appropriate colleagues, generally from amongst the Assistant Director of Governance, General Counsel and HR.
29. As part of developing an approach and agreeing who will be involved, we will reflect on potential conflicts of interest to ensure impartiality. We will also consider whether the person raising concerns could potentially experience any detriment as a consequence of raising those concerns and what steps it is appropriate to take to mitigate this, including ensuring confidentiality within a small group
30. Appropriate action to address the concern includes but is not limited to
- An immediate answer being given, including that no action is required.
 - Taking direct action, such as changing an NMC policy or procedure
 - A fact finding review
 - Commissioning a formal investigation: this will be objective and evidence based, and will produce a report that focuses on learning lessons to prevent problems recurring. When commissioning a formal investigation, we will follow our lessons learned review guidance to help ensure a clear, fair investigation that is focused on learning rather than blame
 - Referral to counter-fraud, the police or other external body.
31. Where a concern needs an investigation, the decision about whether this is conducted internally or externally will take into account factors such as:
- The issue raised is such that it would be impossible for an internal investigation to be fully independent, for instance where all senior leaders would have a conflict of interest
 - The issue raised requires expertise in particular aspects of our work, and would therefore best be investigated by someone internal.
32. If the concern requires escalation or further investigation, an appropriate person will be identified to oversee the case. The details of your concern will be recorded by the Governance Team which will include the date and details of the concern,

whether you have requested confidentiality and dates when we have given you updates or feedback.

Timing and Outcomes

33. We will acknowledge receipt of your concern within five working days. Once we have decided on how the matter will be handled, we will write to you summarising our understanding of your concern and setting out how we propose to handle it. You will be kept up to date and informed of the outcome whenever possible.
34. Our aim is to reach an outcome in respect of your concern in 20 working days. Depending on the nature of the concern this may not be possible, in which case we will tell you the expected timetable. The outcome of any process under this policy will normally be considered final. In exceptional cases, should fresh information become available, consideration may be given to whether there are grounds for further review.
35. Following the outcome of your concern, we will give you the opportunity to provide feedback about how your concern has been addressed. If you feel that insufficient steps have been taken by the NMC to address your concern you should raise this at this stage. This will be considered by the Assistant Director of Governance and Council raising concerns leads. However, this does not mean we will reopen or review the previous process or change the findings. While we cannot guarantee that we will respond to all matters in the way that you might wish, we will carefully consider all points raised.
36. Whenever possible, we will give you feedback on the particular findings in relation to your concern and any recommendations arising, provided this would not interfere with the confidentiality we owe to another person or to their rights under UK GDPR.

Audit and Risk Committee and Council leads

37. Where a concern has been escalated to one of the people named at paragraph 23 and is not considered through an alternative policy:
 - A summary of the concern will be shared with the Chair of Audit and Risk Committee and the Council leads for raising concerns for their input and oversight. The Audit and Risk Committee Chair's role is limited to ensuring that this policy is followed. If the person raising the concern has requested confidentiality, where possible their identity will not be shared with these individuals. In respect of investigations, once an investigation has been completed the report will be shared with the Council leads for raising concerns.
 - Audit and Risk Committee will receive a summary of the concern at its next meeting, including a summary of the outcome of any investigation. Any learning actions will be tracked by Audit and Risk Committee.

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Public reporting

38. Occasionally we may publicly publish the findings of an investigation and/or a report stemming from an investigation. In such cases we will endeavour to protect the identity of the person who raised the concerns.

Whistleblowing

39. Whistleblowing is taken very seriously by the NMC.

40. In order to qualify as whistleblowing, a concern needs to meet specific conditions set out in law. The concern must be about:

- a criminal offence
- a failure to comply with any legal obligation
- a miscarriage of justice
- a danger to the health and safety of any individual
- damage to the environment
- or a deliberate cover-up of any of the above.

41. There also needs to be a public interest element to the disclosure. For the NMC this would include a risk to patients, customers, staff or the organisation itself.

42. If it meets these conditions, then it is a “protected disclosure” and the person raising it has specific legal protections to stop them suffering any detriment or disadvantage from their employer for raising the concern.

43. Please be assured that whether your concern is a protected disclosure or not, we take all concerns seriously and will take reasonable steps to make sure that you do not suffer any form of detriment as a result.

44. While whistleblowers are protected from retaliation for reporting wrongdoing, they are not immune to separately facing disciplinary action or performance management, if their performance or conduct is genuinely substandard

45. Where a case meets whistleblowing criteria we will follow the same process as set out at paragraphs 23-36.

46. We will also provide a high level summary of whistleblowing concerns and the outcomes in our statutory Annual Report. In doing so we will endeavour to protect the identity of the person who raised the concerns.

47. If you are unsure about raising a concern, you can also get independent advice from *Protect* on [020 3117 2520](tel:02031172520) or by email at whistle@protect-advice.org.uk. Their advisers can talk you through your options and can help you raise a concern about malpractice at work.

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Reporting concerns externally

48. While we hope this policy gives you the assurance you need to raise your concern internally with us, we recognise that there may be circumstances where you feel unable to do so and you consider reporting a concern to an external body. We would rather you raised the concern externally than not at all. This could include the:

- Charity Commission for England and Wales (which also covers Northern Ireland at present). To contact, send an email to whistleblowing@charitycommission.gov.uk
- Office of the Scottish Charity Regulator. To contact, see the website at <https://www.oscr.org.uk/about-charities/raise-a-concern/whistleblowing/>; or
- Professional Standards Authority for Health and Social Care (PSA). Contact by telephone on 020 7389 8030 or email info@professionalstandards.org.uk.

Monitoring of our practices around addressing concerns

49. The Audit and Risk Committee is responsible for this policy and reviews it regularly. The Assistant Director, Governance will maintain confidential records of all matters raised which are the subject of investigation. All cases managed through this policy are reported to the Audit and Risk Committee along with outcomes. The Committee will also review key performance indicators to assess the effectiveness of the process. The Assistant Director, Governance will also arrange for audits to be conducted on the implementation of this policy to ensure that it is being appropriately applied.

50. If you have any comments or questions, please do not hesitate to contact the Assistant Director, Governance.

Other information

51. We are committed to ensuring that team or other working relationships are not damaged as a result of raising concern under this policy, or that relationships are actively repaired once any processes are complete.

How we handle the information you provide to us (GDPR)

52. We will process the data you give us in accordance with the UK General Data Protection Regulation (UK GDPR) and data protection legislation for the purposes of addressing or investigating your concern.

53. Information about data collection, storage and processing is contained in the Privacy Notice for Employees and Contractors.

First approved by the Audit Committee: April 2016

Reviewed and approved: June 2017

Reviewed and approved: November 2017

Reviewed and approved: October 2018

Reviewed and approved: November 2020

Updates: April 2021, August 2021, May 2023, March 2024, April 2024, January 2025

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Annexe 1

The names and contact details for those you can contact about a concern:

Assistant Director of Governance	Mary Anne Poxton Head of Governance Ph: 020 7681 5440 Maryanne.Poxton@nmc-uk.org Peter Clapp Senior Governance Manager Ph: 020 7681 1298 Peter.Clapp@nmc-uk.org
Interim Executive Director of People and Culture	Gavin Kennedy Ph: 020 7681 5160 gavin.kennedy@nmc-uk.org
Interim Chief Executive and Registrar	Paul Rees Ph: 020 7462 5841 Paul.Rees@nmc-uk.org
Council lead for raising concerns	Eileen McEaney Eileen.McEaney@nmc-uk.org
Council lead for raising concerns	Lindsay Foyster Lindsay.Foyster@nmc-uk.org
Empowered to Speak Up Council Champion	Sue Whelan Tracy Sue.whelanytracy@nmc-uk.org

Annexe 2

Roles and responsibilities

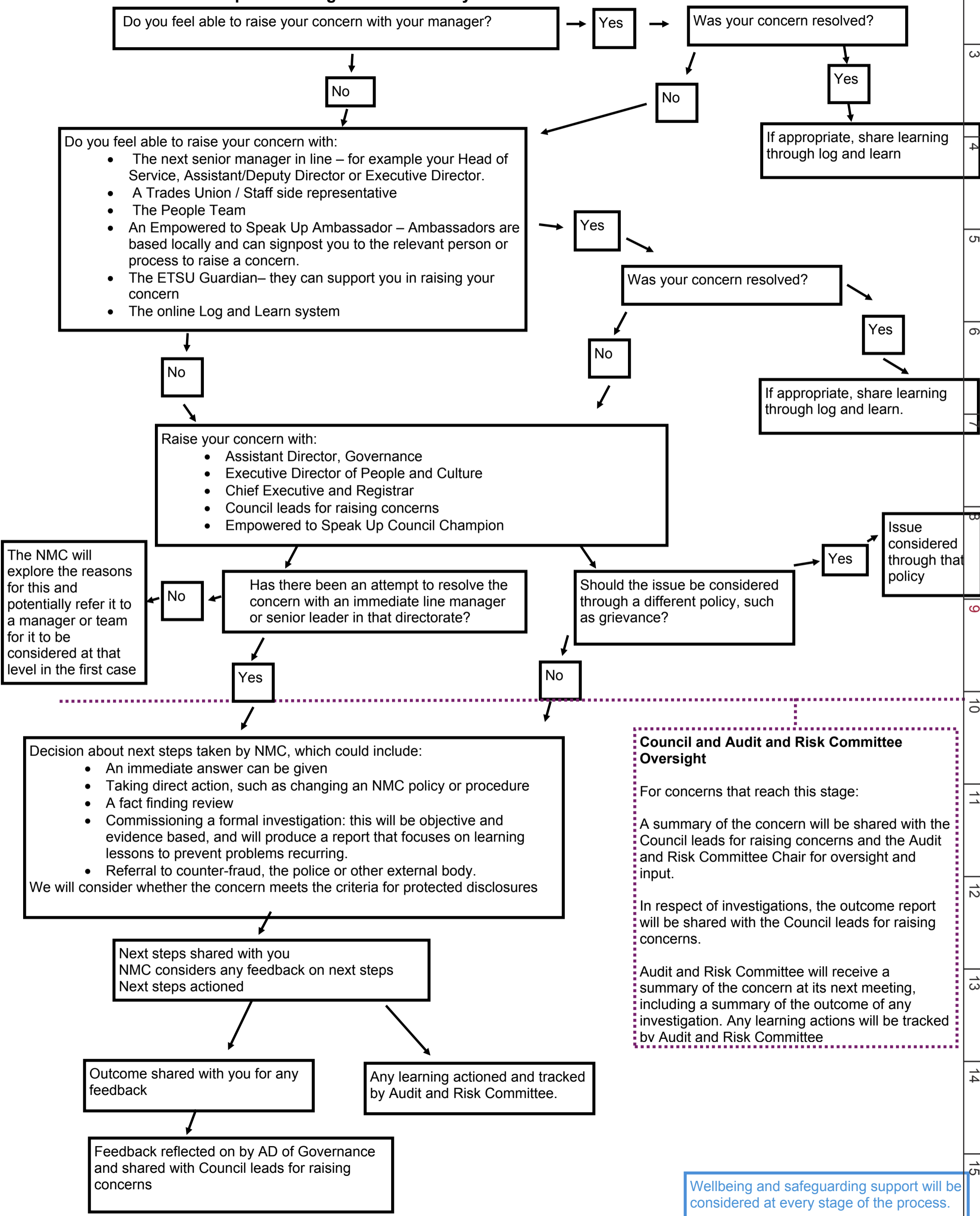
Role	Responsibilities
Audit and Risk Committee	Responsible for: <ul style="list-style-type: none"> • approving and regularly reviewing the Raising Concerns policy • monitoring the use of the policy and ensuring it is being implemented effectively and that any learning from concerns is implemented.
Assistant Director of Governance	Responsible for managing and reporting on the use of the Raising Concerns policy.
Executive Director of People and Culture	A named person that colleagues can share concerns with. Responsible for responding to such concerns, as appropriate, in line with the policy. Where relevant learning has been identified by an investigation, responsible for ensuring learning is embedded.
Chief Executive and Registrar	A named person that colleagues can share concerns with. Responsible for responding to such concerns, as appropriate, in line with the policy. Responsible for considering the outcome of investigations and ensuring learning is embedded.
Council lead for raising concerns	A named person that colleagues can share concerns with. In other organisations they are commonly known as whistleblowing leads, and whilst their focus at the NMC is not only on protected disclosures, ensuring oversight of protected disclosures is an important part of their role. Where a concern has been escalated to one of the people named at paragraph 23 and is not considered through an alternative policy,

	a summary of the concern will be shared with the Council leads for raising concerns for their input and oversight. In respect of investigations, once an investigation has been completed the report will be shared with the Council leads for raising concern
Audit and Risk Committee Chair	Where a concern has been escalated to one of the people named at paragraph 23 and is not considered through an alternative policy, a summary of the concern will be shared with the ARC Chair to ensure that this policy is followed.
General Counsel lead	To support in triaging the concerns and developing an appropriate response.
HR lead	Where appropriate, to provide support in triaging the concerns and developing an appropriate response.
Empowered to Speak Up Ambassador Empowered to Speak Up Guardian Council Empowered to Speak Up Champion UNISON Rep	To offer advice to colleagues who have concerns.

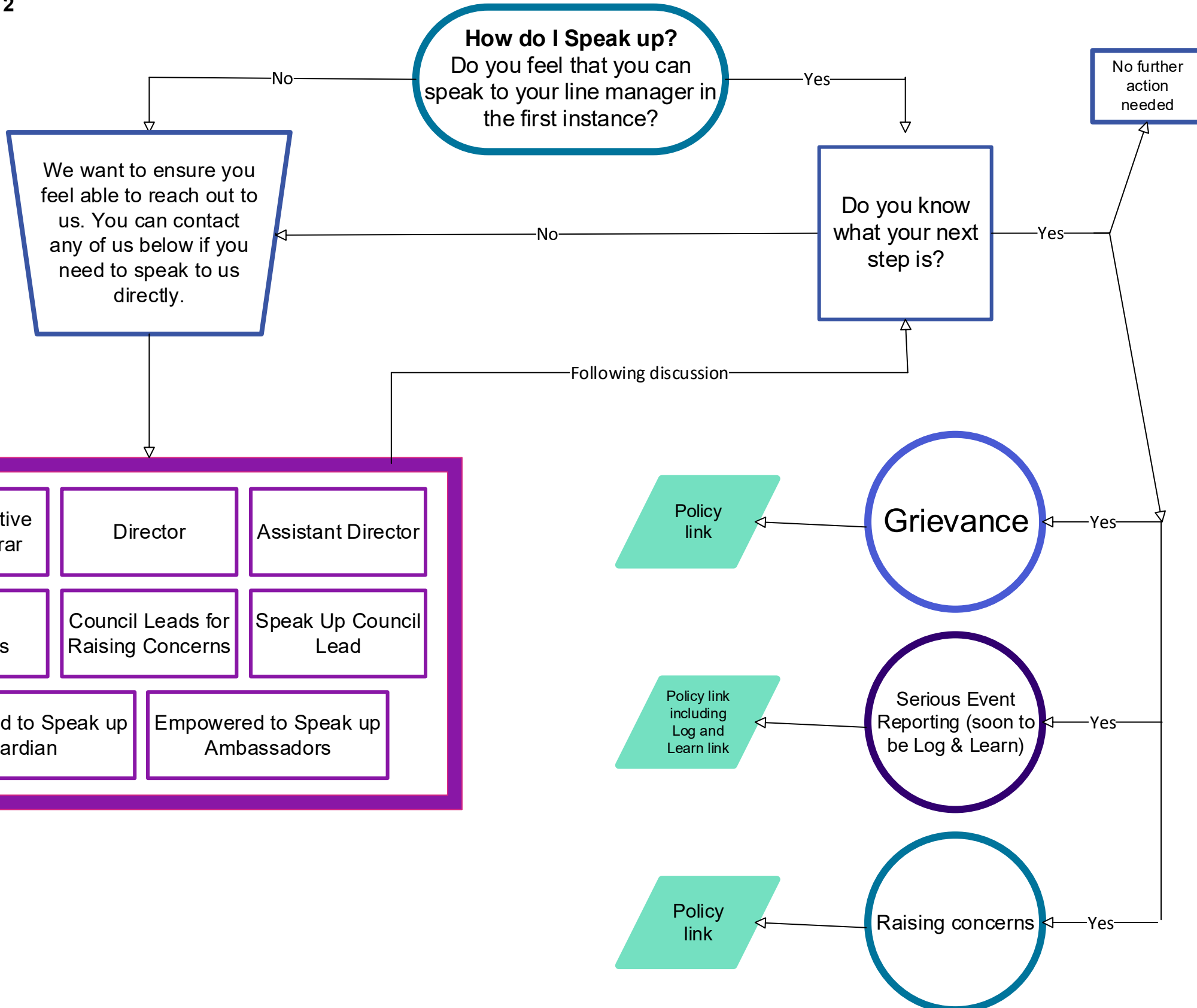
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Annexe 3: Process map for Raising Concerns Policy



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| Chief Executive and Registrar | Director | Assistant Director |
| Human Resources | Council Leads for Raising Concerns | Speak Up Council Lead |
| Empowered to Speak up Guardian | Empowered to Speak up Ambassadors | |

Lessons Learned

The Nursing and Midwifery Council (NMC) is committed to learning from its experiences to improve its processes and services. While most issues can be addressed through standard investigations, some situations require a more detailed review. For more information about how we approve and commission a review, please review the policy (link to policy).

How to *Speak up* - we're listening to you

We welcome and encourage you to speak up if something happens you are concerned about. We want to ensure that anything you raise with us is dealt with at right time, to the right place and the right person.

Ways you can reach out

In most situations, informally sharing what has happened with your line manager or other senior colleague is the best course of action (informal resolution). They can work with you to address what has happened and get it resolved as well as trying to prevent it from happening again. They can also advise you on if the matter needs to be escalated to one of the more formal processes.

Grievance
 Where a serious issue is between you and another employee arises and informal resolution hasn't resolved matters, you can raise a grievance. Our Grievance Policy sets out how this works. This process is about difficult issues in employee relations.

Serious Event Reporting (soon to be Log and Learn)
 For lots of reasons, sometimes policies aren't followed, and processes are not completed or don't work out as expected. When this occurs, a Serious Event Report (SER) needs to be completed. Our Serious Event Report Policy sets out how to do this and the process is overseen by our colleagues in Change and Continuous Improvement. They will ensure that the event is reported proportionally, in line with its seriousness, and that any learning on preventing reoccurrence is identified, shared and embedded in our organisation.

Raising Concerns
 The NMC encourages you to raise any concern you have as early as possible. You may feel worried about raising a concern, and we understand this, but please don't be put off. The NMC encourages colleagues to raise concerns. As well as speaking to colleagues in the organisation (identified in the policy), you can also seek external advice such as the Empowered to Speak up Guardian and the free independent Protect helpline (Protect is the UK charity for whistleblowing).

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Council

An update on NMC Culture Transformation

<p>Action requested:</p>	<p>This paper provides an update on the progression of the Independent Culture Review (ICR) recommendations and the overarching Culture Transformation Plan.</p> <p>For discussion</p> <p>The Council is asked to discuss the progress of the ICR recommendations and the Culture Transformation Plan.</p>
<p>Key background and decision trail:</p>	<ul style="list-style-type: none"> • The Independent Culture Review (ICR) was published July 2024. All 36 recommendations were accepted by the Executive Board and the Council. • July 2025 is one year on from publication of the ICR. Providing a written update at this stage will provide the Executive Board and Council the opportunity to demonstrate the progress that has been made to date, to scrutinise progress and set the direction for future improvements. • The Executive Board and Council acknowledged that implementing the ICR recommendations is a positive step towards transforming our culture, but more needed to be done. • Under the leadership of our Interim Chief Executive and Registrar, the NMC published a Culture Transformation Plan (CTP) in March 2025. This sets out a commitment to a three-year resourced programme of activity to transform the culture of the NMC that builds on and goes beyond the recommendations from the ICR. • In addition, we have an ambitious set of Equality, Diversity and Inclusion (EDI) objectives and targets in place. • We have now completed the first quarter of implementing the ICR recommendations.
<p>Key questions:</p>	<ul style="list-style-type: none"> • What progress has been made with the implementation of the ICR recommendations? • What progress has been made with the delivery of wider culture transformation at the NMC?

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Annexes:	<ul style="list-style-type: none"> Annexe 1: Culture Transformation Plan Q1 update Annexe 2: Independent Culture Review (ICR) progress update July 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>	
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An update on NMC Culture Transformation

Discussion

Culture Transformation Plan Q1 update

- 1 **Annexe 1** provides an update on progress of Q1 of the CTP. In September 2025, we will provide the Council with the outputs from the quarterly review and the measures used as indicators of key results.

Independent Culture Review (ICR) progress update

- 2 The Executive Board has reviewed the approach to reporting against the recommendations in detail and have agreed to report on delivery of the outputs linked to the recommendations. The Executive Board will continue to monitor the recommendations alongside the significant other work that is being done to demonstrate outcomes and impact in improving our culture.
- 3 Reporting on the outputs from the ICR and other actions in place gives a more complete and joined up view of what is going on across the NMC, and includes aspects like the EDI objectives and targets, the coaching programme, improvements to recruitment, Rising Higher etc.
- 4 At the meeting of the Council on 21 May 2025, it was reported that three ICR recommendations had been delivered. As of July, we are reporting that 24 recommendations have been delivered. (See **Annexe 2** for more detail). This reflects this new approach, as of July 2025.
- 5 Culture transformation will take some time for the organisation to realise. Nevertheless, we will continue to be robust in implementing actions in line with our plans and each quarter we will review progress made against the CTP and report transparently. In addition to reporting through our internal governance processes, we will continue to welcome scrutiny from the PSA's Independent Oversight Group.
- 6 Since May, all ICR recommendations have been reviewed by their senior responsible officers, who are members of the Executive, and have mapped against the outcomes which form the six pillars of the Culture Transformation Plan.
- 7 Recommendations 30, 33 and 34 of the ICR recommendations are not covered by pillars of the Culture Transformation Plan. However, recommendation 30, which is to consider the structure of the Professional Regulation Directorate is now complete.
- 8 Recommendation 33, which is for the NMC to retain a focus on its core regulatory purpose is also complete with the publication of our Corporate Plan in April 2025.
- 9 Recommendation 34, which is to transform into a data-driven organisation and improving our data maturity is covered in our data strategy and is being actively progressed via a separate plan to the CTP.

10 We will monitor outcomes and impact to make sure they reach maturity and will report to the Council about progress against outcomes at a future date.

Next Steps

11 We are in the process of baselining all outcomes measures in line with the six pillars of the CTP.

12 We will provide a report to the Council in September on progress against outcomes.

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	All	Our culture transformation work is fundamental to improving all aspects of our work and what it means for the public, including protection and impact
Safeguarding considerations	Yes	Annex	No specific safeguarding considerations for the purposes of this paper. Actions that relate to safeguarding are covered in the annex
The four country factors and considerations.	Yes		None specific for this paper

Resource implications including information on the actual and expected costs involved.	Not Applicable	All	Resource implications have been considered as part of the development of the recommendations and plans and are monitored
Risk implications associated with the work and the controls proposed/ in place.	Yes	All	Risks are monitored for each of the areas separately
Legal considerations.	Not Applicable	All	No specific legal considerations for the purposes of this paper
Midwives and/or nursing associates.	Yes	All	Our culture work is fundamental to improving all aspects of our work and what it means for our registrants
Equality, diversity, and inclusion.	Yes	All	Our culture work is fundamental to improving the experience of colleagues from Black, Asian and ethnic minority backgrounds.
Stakeholder implications and any external stakeholders consulted.	Not Applicable	N/A	N/A – Noted in our reporting to PSA and Independent Oversight Group etc

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Regulatory Reform.	Not Applicable	N/A	N/A
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Culture Transformation Plan Q1 Update

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Culture Transformation Outcomes

1	Strong and Effective Leadership Leaders who are clear, transparent and supportive, fostering a strong leadership culture that respectfully oversees performance management and drives organisational success – with managers being held to account for delivering the new vision.
2	Values-based decision making All leadership decisions are made in line with the new values, and staff – at all levels – act in line with the new values and behaviours.
3	Embedding Equality, diversity and Inclusion A genuinely inclusive workplace where equality and diversity are embedded in every practice, enhancing innovation and employee satisfaction.

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Culture Transformation Outcomes

4	Ensuring psychological safety A culture where every team member feels safe to voice their opinions and concerns respectfully without fear of repercussions, enhancing overall workplace engagement and satisfaction.
5	Enjoying work An environment where employees find enjoyment and pride in their work, contributing to high morale and better performance across regulatory functions.
6	Regulatory fairness Regulatory practices that are timely, fair and effective, ensuring the fitness to practise process is expeditious, person-centred and humane. We must also ensure it is as compassionate, transparent and proportionate as possible while protecting the public.

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Culture Transformation Dashboard – Q1 25/26



Pillars	Tasks	On target (cost)	On schedule (time)	Risks/Issues/ Dependencies	Resources	Business Readiness
Strong & Effective Leadership	Implementing new staff engagement & tracking frequency and feedback of comms events	G	G	G	G	G
	Coaching delivery	G	G	G	G	G
	Definition of People Objectives	G	G	G	G	G
Values-based decision-making	Values & Hybrid consultations	G	G	G	G	G
Embedding EDI	EDI team recruitment	G	G	G	G	G
	Definition of EDI objectives	G	G	G	G	G
	EDI training modules roll-out	G	G	A	G	G
Ensuring Psychological Safety	Coaching delivery	G	G	G	G	G

Q1 Key Deliverables (completed)

- Enhanced staff engagement
- Values and Hybrid consultations
- People and EDI objectives
- Leadership and Psych Safety coaching
- EDI recruitment

Next steps:

- Q1 review meeting
- Review Q2 plan
- On board Heads-of EDI
- Delivery of Q2 coaching
- Roll-out EDI training
- Values and Behaviour Framework launch
- Hybrid launch prep

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Jeanette Purcell
Effective team
working



Mac Alonge
Equality, Diversity and
Inclusion



Tom Ayers
Enjoying work



Sridevi Kalidindi
Psychological safety



John Frost
Values-based coaching

Our Culture Transformation Coaching Team

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Coaching Delivery



Our highly-ambitious leadership development offer got underway in Q1 with two topics:

- Strong and Effective leadership with Jeanette Purcell (two sessions with EB)
- Psychological Safety with Dr Sri Kalidindi (All band 8s and above, and all line managers at bands 4-7) – rated 3.5 out of 5 by participants.

This development programme expands in Q2 to cover three more pillars:

- Values-based decision-making with John Frost (underway, rating 3.5 so far)
- Embedding EDI with Mac Alonge (supported by the all-NMC roll-out of mandatory EDI training modules)
- Enjoyment at Work with Tom Ayers.

Every line manager from grade 4 upwards is taking part – 345 people in total - and that's deliberate.

We want everyone who leads people to have the same strong foundation - practical tools, a shared language and understanding, and the confidence to lead with integrity, clarity and compassion.

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Culture Network Launch



Juliet Rayment: “Sometimes being part of an organisation going through a difficult time can be tiring and demoralising. The only thing for it is to be a part of the solution. I was delighted to meet so many inspiring colleagues at the first Culture Transformation Network meeting and I hope that together we can be a force for good at the NMC.”

Priyam Jain: “The first culture transformation network meeting was truly an amalgamation of some of the most passionate and driven individuals across NMC. The energy was infectious, and it was great to build on the experience each one brought to the network. I am sure, together as a group, we will transform, inspire, and innovate to create a culture which fosters inclusivity and embodies the NMC's values. I am humbled to be part of this team and drive change within NMC.”

Mimi Asika: “The first meeting felt energising and left me feeling hopeful. It reminded me that no single leader can transform culture alone — cultural transformation is both collective and personal work, and I encourage everybody to be invested in this change. I hope to bring a commitment to creating spaces where diverse voices are heard and valued as we turn our cultural aspirations into meaningful everyday practices.”

Gurinder Whall: “I attended the first Culture Transformation Network meeting on Tuesday and left feeling genuinely inspired and uplifted. It was incredibly powerful to hear such a range of experiences, perspectives, and hopes for what’s possible. What stood out most was the shared commitment to making real, lasting change — not just through plans, but through how we show up every day. I'm excited and privileged to be part of this network and am looking forward to working with an amazing set of passionate colleagues, and to help turn these conversations into meaningful action for all.”

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Network interests



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Network look ahead



Date	Agenda items
2 nd July	<p>Values and Behaviours Top burning question: Trauma Awareness with Linda Kenward Ways of working Q&A - communication feedback loop</p>
31 st July	<p>Outcomes and Measures</p> <ul style="list-style-type: none"> • Q1 Culture Plan review <p>Meet Shadae Cazeau (Head of Regulatory EDI) Q&A - communication feedback loop</p>
29 th August	<p>Hybrid Working update Change Management skills Meet Ravi Chand (Executive Director of People and Culture) Q&A - communication feedback loop</p>
29 th September	<p>Leadership and Development deep dive</p> <ul style="list-style-type: none"> • Management Development Programme • Leadership Coaching <p>Meet our coaches - John Frost and Jeanette Purcell Q&A - communication feedback loop</p>
TBC October	<p>Trauma-Informed Approach with Linda Kenward Introducing Dee Sekar (Head of Workforce EDI) Hybrid Working feedback Q&A - communication feedback loop</p>

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Independent Culture Review (ICR) progress update – Open Council 23 July 2025

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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. For tracking progress of the recommendations, we have split 1a and 1b for a total of 37 recommendations.
- Most recommendations are being incorporated into established plans, such as Fitness to Practise plan, Safeguarding plan and the EDI and People strategic objectives, which form part of the Culture Transformation Plan.
- The ownership of the remaining recommendations were agreed by Executive Board and are managed by several teams across the organisation.

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Corporate Priorities

1. Build a new culture and implement the learning from reviews

2. Strengthen leadership at the organisation to drive through change

- 4 – Dignity at work, EDI dashboard, grievances
- 5 – bullying and harassment
- 6 – screening, investigation and adjudication backlogs, revisit FtP plan
- 7 – stakeholder engagement, adjudication decisions
- 8 – op data, performance reporting, FtP timescales
- 9 – specialist team for complex and serious cases
- 10 – detailed annual reviews from PSA
- 11 – contact and case update arrangements
- 12 – Independent Oversight Group
- 14 – attrition, reducing turnover, learning academy
- 15 – hybrid working policy, accommodation strategy
- 16 – QA framework
- 17 – reduce and eliminate FTC, invest in L&D
- 19 – Rising Higher programme
- 20 – anti-racist action plan
- 22 – gender, ethnicity and disability pay gaps
- 23 – exit survey and interviews
- 26 – safeguarding requirements and Charity Commission, Council assurance of public protection
- 27 – agency collaboration for sharing info and safeguarding concerns
- 28 – FtP process involving criminal case, safeguarding concerns
- 29 – safeguarding hub and obligations
- 30 – PR structure
- 32 – NMC legal expertise and multi-disciplinary working
- 33 – core regulatory purpose and foresight
- 34 – data driven organisation, improve data maturity
- 35 – revalidation process audit, transparency in stakeholder requests
- 36 – increase ethnic diversity among panel members

- 1a – people focus, values, behaviours, 360 feedback
- 1b – appraisals, people management, reducing turnover
- 21 – appoint 30% Black and ethnic minority managers
- 24 – return to work interviews, team absences, reasonable adjustments, return to work process improvements
- 31 – accommodation and estates strategy, exec team visibility

- 2 – reverse mentoring
- 3 – leadership, multi-professional team working, FtP plan
- 13 – recruitment training, biased decision making, equal opportunities
- 18 – raise capabilities of leaders to be effective managers
- 25 – union membership, senior leader support

* The FtP focussed recommendations also align to corporate priority 3 **Improve FtP**; and the Safeguarding recommendation align with corporate priority 5 **Address our most significant challenges**.

Progress on the implementation of the recommendations

Progress status	July update
Complete	24
Minor concern or On track	10
Moderate concern	3
Significant concern	0



N.B. 13 ICR recommendations sit outside of the three main plans mentioned above.

SROs: FtP: Lesley EDI & People Strategic Objectives: Ravi Safeguarding Plan: Donna

Recommendation progress

Complete	Minor concern or On track	Moderate concern	
<p>1b – Appraisals, people management, reduce turnover</p> <p>3 - leadership, multi-professional team working, FtP plan</p> <p>4 - Dignity at work policy, EDI dashboard, grievances</p> <p>5 - bullying and harassment policies</p> <p>7 - stakeholder engagement, adjudications decisions</p> <p>9 - specialist team for complex and serious cases</p> <p>10 - detailed annual reviews from PSA</p> <p>12 - Independent Oversight Board</p> <p>13 - recruitment training, biased decision making, equal opportunities</p> <p>14 - attrition, reducing turnover, learning academy in FtP</p> <p>17 - reduce and eliminate FTC, invest in learning and development</p> <p>18 - raise capabilities of leaders to be effective managers</p> <p>19 - revisit Rising Higher programme</p>	<p>20 -anti-racist action plan</p> <p>22 - gender, ethnicity and disability pay gap</p> <p>23 - exit survey and interviews to identify strengths and issues</p> <p>25 - union membership, senior leader support</p> <p>26 - safeguarding requirements and Charity Commission, Council assurance to enable public protection</p> <p>27 - agency collaboration for sharing information and safeguarding concerns</p> <p>29 - safeguarding hub and obligations</p> <p>30 - PR structure</p> <p>31 - accommodation and estates strategy, visibility and access to executive team</p> <p>33 - core regulatory purpose</p> <p>36 - increase ethnic diversity among panel members</p>	<p>1a – people focus, values, behaviours, 360 feedback</p> <p>2 – reverse mentoring</p> <p>8 - operational data and performance reporting, FtP timescales</p> <p>11 - contact and case update arrangements</p> <p>15 - hybrid working policy, accommodation strategy</p> <p>21 - appoint 30% Black and ethnic minority managers</p> <p>24 - return to work interviews, team absences, reasonable adjustments and turn to work process improvements</p> <p>28 - FtP process involving criminal case, safeguarding concerns</p> <p>32 - NMC legal expertise and multi-disciplinary working</p> <p>35 - revalidation process audit, transparency in stakeholder requests</p>	<p>6 - screening, investigations and adjudications backlogs, revisit FtP plan</p> <p>16 - quality assurance framework</p> <p>34 - data driven organisation, improve data maturity</p>
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Recommendation 1a – people focus, values, behaviours, 360 feedback

1a - The NMC needs to transform itself into a people focused organisation with significant investment in its people. The NMCs values need to be revisited, with a clear understanding of the behaviours expected to uphold these values. This should form part of the soon to be launched competency framework and make colleagues accountable for how they deliver through appraisals.

a. As part of the commitment to investment in people, starting with its Executive, the leadership group and all line managers should have 360 feedback to inform appraisals, together with feedback from the annual staff survey and other relevant data sources.

SRO: Ravi Chand (PaC ED)
Lead: Charlotte W & Jo S

Progress update:

- The Behaviour Framework was published in November 2024 and following the agreement of our new values in July: Integrity, Fairness Respectful, Equity and Effectiveness we are now refreshing the framework. From January 2025, a pilot with RTS went live to test embedding the framework in our recruitment. The pilot has been evaluated, and we have extended the roll out to all directorates; PR, the final directorate to adopt the framework, is on schedule for September.
- We are also piloting values-based recruitment as part of the current Executive Board recruitment as part of a more robust process to senior appointments.
- The Executive Board completed a pilot of our new 360 degree feedback tool in January as part of the end of year Ambitious Appraisals (AA) check-in window. We collated feedback from Directors and colleagues who participated to understand their experience with the process and identified areas for improvement, including reviewing the EQIA and action plan. Taking this on board, we have started rolling-out to Deputy Directors and Assistant Directors in July, following which another review period will be in place ahead of roll out with Heads of in September, both in line with subsequent Appraisal check in windows.
- An organisation-wide consultation to shape our new values as part of the Culture Transformation Plan has concluded and our new values have been agreed. In line with the new values we have already reviewed our Behaviour Framework and are finalising the new draft.

Culture Outcome:
Values-based decision making

New status update:
Minor concern or On track

Last status update:
Minor concern or On track

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Recommendation 1b – Appraisals, people management, reducing turnover (1/2)

1b – Appraisals should achieve at least 95% completion rate next year and include people management objectives for managers and EDI outcomes for all employees. All colleagues should have meaningful career discussions and development plans in place that support their growth. Appraisal completion rates should be monitored by directorates - and line managers need to be trained to address poor performance quickly and effectively.

In teams with high turnover there should also be specific objectives for leaders and managers, around stabilising the team and reducing avoidable turnover (including probation turnover). In teams with high levels of absence due to stress anxiety and depression, or in teams with high numbers of formal and informal grievances, targeted and additional support should be provided on wellbeing, engagement and learning.

SRO: Ravi Chand (PaC ED)
Lead: Charlotte W

Progress update:

- For four consecutive quarters we have exceeded the 95% completion rate for Ambitious Appraisals (AA) (July window = 97.3%, October = 98.9% and January = 97%; April = 96.4%) July is now live and in progress.
- As part of Year 3 of the People Strategic Objectives, we are reviewing AAs with colleagues now we have completed a full cycle of activity. The review is focused on improving the quality of appraisal conversations and SMART objectives and the process, we are also looking to make improvements to the system to make it quicker. This is planned for EB in August.
- We have introduced support for colleague's careers as part of this work, highlights include 28 apprenticeships as part of roll out of apprenticeship at NMC, 65 Mentees and 58 Mentors on our Rising Together scheme. Twenty-eight colleagues receiving coaching and our first social mobility apprentices started in February 2025. We have also introduced training and guidance on holding career conversations and as part of the AA review are looking to embed these once a year in the cycle.
- Notably we are progressing our coaching programme and it is going well, leadership coaching is at its second round with the Executive Board and in June and July we held events on Psychological Safety, Values based Leadership and EDI. Attendance by managers and leaders has been variable but is being reinforced. Feedback from the sessions has been very encouraging, with scores of 3.5/5 for psychological safety coaching, and 3.48/5 for values coaching.
- Managers will be supported by our refreshed leadership and management offer in tackling issues and enabling colleagues. The pilot Management Development Programme (building on and replacing Management Essentials) has been developed and the pilot started in May; this includes a specific module on performance and development.

Culture Outcome:
Strong and effective Leadership

Final status update:
Complete

Recommendation 1b – Appraisals, people management, reducing turnover (2/2)

1b – Appraisals should achieve at least 95% completion rate next year and include people management objectives for managers and EDI outcomes for all employees. All colleagues should have meaningful career discussions and development plans in place that support their growth. Appraisal completion rates should be monitored by directorates - and line managers need to be trained to address poor performance quickly and effectively.

In teams with high turnover there should also be specific objectives for leaders and managers, around stabilising the team and reducing avoidable turnover (including probation turnover). In teams with high levels of absence due to stress anxiety and depression, or in teams with high numbers of formal and informal grievances, targeted and additional support should be provided on wellbeing, engagement and learning.

SRO: Ravi Chand (PaC ED)
Lead: Charlotte W

Progress update:

- Q3 and interventions like over-recruitment in teams like investigations are in place. Work to identify high levels of absence was undertaken in Q4 24/25. Work on turnover rates and absence levels are being taken forward. We now have resources in place to support this work.

Culture Outcome:
Strong and effective Leadership

Final status update:
Complete

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Recommendation 2 – reverse mentoring

2 - Senior leadership to engage in reverse mentoring to understand colleagues different lived experiences.

SRO: Ravi Chand (PaC ED)
Lead: Jo S

Progress update:

- This is currently an optional part of the Rising Together Programme – and in some cases is already being taken up by colleagues across the organisation.
- A delivery proposal was agreed by EB this month and we are now progressing with a pilot in July. This will form part of the positive action work the purpose of the scheme is to facilitate a two-way relationship between senior leaders and Black, Asian and Ethnic Minority colleagues that fosters shared learning, growth to better lead diverse teams and support development enabling high performing and inclusive teams. The pilot is limited to volunteers and will be evaluated in Q3 with recommendations for its development.

Culture Outcome:
Embedding EDI

New status update:
Minor concern or on track

Last status update:
Minor concern or On track

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Recommendation 3 – leadership, multi-professional team working, FtP plan (1/2)

3 - NMC should invest in its leadership and ways of working to develop effective multi-professional team-working and ensure that it delivers ambitions in this area, as set out in its Fitness to Practice Plan. It must ensure that the right people are in the right place at the right time to enable the right decisions to be made, whether that’s clinical, safeguarding, legal or other specialist areas.

SRO: Ravi Chand (Interim POE ED) & Lesley Maslen (PR ED)

Lead: Jo S

Progress update:

- We have made immediate changes to team structures: the Change and Continuous Improvement Team is located within the Resources and Technology Services team to strengthen the alignment of planning and delivery teams. The Culture Team in a refreshed People and Culture Directorate that will include the EDI and the People Teams. These moves have better aligned plans, activity and people. We’ve also successfully appointed two Heads of EDI (Workforce and Regulatory).
- Organisation design and development work is ongoing with teams in Professional Regulation with the support of an external provider to consider ways of working, governance, structures etc, all to contribute to the delivery of the FtP plan. Multi professional team working is a BAU activity in the FTP plan.
- We’ve successfully appointed substantive Executive Directors for People and Culture, Strategy and Insight, and Communications and Engagement with all people in post as of July. Substantive CER recruitment complete and we expect to announce once we have completed the three stages of governance to approve the appointment.
- As part of the Leadership Development Programme, we have launched a coaching offer across the organisation, led by the Culture team. This will be in place for all managers, up to the Executive Board, for at least the next 12 months across the 5 pillars of the Culture Transformation Plan. This will be fundamental to stabilising EB as they welcome new members, and increasing the leadership capability across the organisation and helping managers to lead to a new culture.

Culture Outcome:
Regulatory fairness

Final status update:
Complete

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Recommendation 3 – leadership, multi-professional team working, FtP plan (2/2)

3 - NMC should invest in its leadership and ways of working to develop effective multi-professional team-working and ensure that it delivers ambitions in this area, as set out in its Fitness to Practice Plan. It must ensure that the right people are in the right place at the right time to enable the right decisions to be made, whether that’s clinical, safeguarding, legal or other specialist areas.

SRO: Ravi Chand (Interim POE ED) & Lesley Maslen (PR ED)

Lead: Jo S

Progress update:

- We have been running a series of feedback workshops with Leaders and colleagues across the NMC to co-create the new Management Development Programme course, and using this feedback, we launched the pilot in May. With positive feedback already, evaluation is due in Summer ready for roll out Q4. The Management Development Programme is aimed at equipping managers to manage effectively, for example inducting colleagues, performance management, development and having difficult conversations and using people policies effectively. This differs from our coaching programme which is about the consistent behaviours, values and equity for managers and leaders in NMC.
- There has been substantial investment within the safeguarding team. A number of new roles have been created, which includes a safeguarding educator, three senior safeguarding advisors, a part-time mental health practitioner and a coordinator.

Culture Outcome:
Regulatory fairness

Final status update:
Complete

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Recommendation 4 – Dignity at work policy, EDI dashboard, grievances

4 - The recently updated Dignity at Work policy should be better communicated to employees and included in mandatory training for managers at NMC. In addition, the newly published EDI dashboard on NMC intranet should be updated to include more transparent information on grievances and bullying, harassment and discrimination (within GDPR considerations) and the related policies that can support people, including Dignity at Work.

SRO: Ravi Chand (PaC ED)
Lead: Jo F & Charlotte W

Progress update:

- The EDI learning review, which will support the embedding of our policies, continues. We are partnering with the Equal Group to develop a new EDI learning curriculum. A pilot group is testing and reviewing module content across all 3 levels, the modules are almost complete (we are updating some to include more specific learning on islamophobia and antisemitism) and the first tranche of learning went live in July .
- There will be six modules across three levels, tailored to colleagues' roles within the NMC; it will be an 18-month programme of learning for colleagues.
- In June, we signed off a revised approach with EB to ensure we take account of other mandatory learning across 25/26 and the impact on our resources. Module 1 begun roll out in July 2025.
- The updated Dignity at Work policy was published at the end March along with updates to our Grievance, EDI and Reasonable Adjustment policies. Policies are frequently reviewed and updated.
- To date, we have launched 22 different policy and guidance updates to include the Independent Culture Review recommendations and will continue with a cycle of feedback, learning and improvement. A further tranche of policies is being worked on – we have recently concluded informal consultation with our Staff Networks, Employee Forum and UNISON and are incorporating their rich feedback prior to finalization.
- The new EDI dashboard has been reviewed, and improvements have been made as part of the policy review work – the changes will be made live when the dashboard is next published. This will be reviewed and improved regularly.

Culture Outcome:
Ensuring psychological safety

Final status update:
Complete

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Recommendation 5 – bullying and harassment policies

5 - NMC should consider what more it can do to strengthen policies and learning on bullying and harassment to eliminate it from its culture

SRO: Ravi Chand (PaC ED)
Lead: Jo F

Progress update:

- Updated and agreed policies have been published following expert review by The Equal Group and extensive colleague engagement. Work is now underway to embed these policies.
- Speak-up Guardian and ambassadors are helping to better identify, support and report bullying and harassment so that we can improve NMC culture. We have seen a positive change in Empowered to Speak Up, with fewer colleagues remaining anonymous and more feeling confident to approach them. The team have new Council and EB sponsors and meet regularly to feedback trends and themes to support change.
- We have run a communications campaign with colleagues to remind them of the options available to raise concerns and have them dealt with.
- We have actioned our policies robustly and have exited 5 people in the last 12 months whose behaviours have not been in line with our policies

Culture Outcome:
Ensuring psychological safety

Final status update:
Complete

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Recommendation 6 – screening, investigations and adjudications backlogs, revisit FtP plan (1/2)

6 - Commit to eliminating the screening backlog by 2025 so that, on average, cases remain at screening for no longer than two months. A further commitment should be made to eliminating the backlog of cases at investigations by 2026. The NMC should revisit its Fitness to Practise plan to identify whether additional technology and external resources can be used for further sustained progress and to ensure that the current timeline for removing the backlog in adjudications is brought forward from March 2027

SRO: Lesley Maslen (PR ED)
 Lead: Shahneela G, Paul J & Linda

Progress update: Screening:

- We have seen referrals continue to rise. Current 12 month average is 555 per month compared to previous average of 514 pm for Jun 2023 – May 2024. This continues to be a pressure to our FtP process and achieving our targets.
- However, we have seen significant improvement at Screening. We deployed additional resource to increase our case progression and capacity (a temporary surge team, case examiners assisting with decision-making, casework support from PwC on over 200 cases). As a result, since September 2024 we made more Screening decisions (either case closures or progressions onto the Investigations stage for a full case investigation). An average of 709 decisions per month in Dec 24 – May 25, compared to a 540 in the previous 6 months. Decisions have exceeded incoming referral volumes per month resulting in a reducing Screening caseload. We have also reduced the backlog of cases awaiting allocation to a caseworker and our median case age has reduced from 26 weeks in July 2024 to 18 weeks in May 2025.

Investigations:

- With sustained high throughput into this stage and outcomes not keeping pace, we are seeing a growing caseload and unallocated cases which risks us not meeting the target by Dec 2026. Without decisive action the number of cases awaiting allocation to an Investigator are likely to continue to new highs, putting the ICR recommendation significantly at risk. As part of our turnaround work, decisions to invest in the proposed operational excellence and casework support at investigations interventions will stop the position worsening, allocate around 350 cases immediately and help us develop a more efficient and cost-effective operating model to continue to progress through the high volume of cases in a high quality, safe way. We will report on our revised trajectory after investment decisions have been made.

Culture Outcome:
 Regulatory fairness

New status update:
 Moderate concern

Last status update:
 Moderate concern

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Recommendation 6 – screening, investigations and adjudications backlogs, revisit FtP plan (2/2)

6 - Commit to eliminating the screening backlog by 2025 so that, on average, cases remain at screening for no longer than two months. A further commitment should be made to eliminating the backlog of cases at investigations by 2026. The NMC should revisit its Fitness to Practise plan to identify whether additional technology and external resources can be used for further sustained progress and to ensure that the current timeline for removing the backlog in adjudications is brought forward from March 2027

SRO: Lesley Maslen (PR ED)
 Lead: Shahneela G, Paul J & Linda

Progress update:

Adjudications:

- Our Adjudications caseload remains a challenge, and we are continuing our work to: focus on quality to achieve greater efficiency; make the most effective use of panel member time; and focus on reducing the length of hearings, and these focuses will maximise the number of outcomes we can deliver with the resource available.
- There is a risk of us not meeting the target in Dec 2027 and as part of the current turnaround activity we have considered further actions to take. A decision to invest in operational excellence proposals will deliver operational management training to all FtP managers to drive performance and improve culture, and introduce improvements such as quality frameworks, case profile and case outcome frameworks and evidential standards quality frameworks - to ensure consistent and proportionate evidence gathering and pathways for cases, and reduction of rework. In combination, these interventions will enable us to increase productivity, increase hearing capacity and reduce cost per case - meaning we can incrementally achieve more outcomes and build stakeholder confidence.

Culture Outcome:
 Regulatory fairness

New status update:
 Moderate concern

Last status update:
 Moderate concern

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Recommendation 7 – stakeholder engagement, adjudications decisions

7 - The NMC must engage more effectively with stakeholders to ensure they are efficiently and effectively using resources to complete more adjudications decisions each month.

SRO: Lesley Maslen (PR ED)
Lead: Shahneela

Progress update:

- Effective relationships with stakeholders is critical to us progressing cases to a final Adjudication outcome in a timely manner and are a key condition of success for this FtP stage. Greater engagement with our stakeholder groups, focused on obtaining the information required and considering ways of working, will ensure we’re able to make the right decisions at the right time and in the most efficient way possible.
- Over the year we sought stronger relationships and more collaboration with various stakeholders, through new and existing channels such as our regular monthly meetings with representative bodies. Adjudications colleagues attended a variety of NMC meetings with stakeholders to explain our plans and seek test and challenge. For example, engaging with the representative bodies to improve the way in which we work together operationally and in policy development. Examples of discussion topics include our work to hold more hearings in-person. We sought their views, for example around registrants and their representatives attending in-person.
- In June 2025 we collaborated with the RCN, RCM, Unite and UNISON to deliver a webinar for professionals on the register to provide clear, practical information about what the FtP process involves, how it works and support available from the NMC and unions. Nearly 550 people attended. A poll at the end showed three quarters of attendees left with good or high confidence in their understanding of the FtP process. We aim to develop a schedule of future similar collaborative events.
- We are now holding significantly more in-person hearings than we were in July 2024. In-person hearings provide us with a great opportunity to engage with stakeholders at our hearings centres, to learn about how we can be more efficient and complete more decisions each month.
- In 2024 we completed on average 59 substantive decisions per month and so far in 2025, we have completed 69 decisions per month - 10 more decisions on average. This is a result of an increased focus on efficiency and timeliness overall within our Case Preparation and Adjudication Operations departments and ongoing work under our FtP Plan. We have also increased the number of cases concluded by agreed removal - in 2025, the number of cases resolved by agreed removal per month is 50% higher compared to 2024.
- This recommendation is complete, but we will continue to deliver adjudications efficiencies and more outcomes, in collaboration with stakeholders, to bring peoples’ cases to a conclusion at the earliest opportunity.

Culture Outcome:
Regulatory fairness

Final status update:
Complete

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Recommendation 8 - operational data and performance reporting, FtP timescales

8 - The NMC should improve its operational data and performance reporting, to include publishing the timescales that registrants are in a Fitness to Practise process transparently (min and max).

SRO: Lesley Maslen (PR ED) & Helen Herniman (RTS ED)
Lead: Rob B, Patrick C

Progress update: We continue to develop the measures for corporate reporting (to EB and Council). Council have requested monthly and quarterly updates based on the delivery of core business (FtP, registrations, culture, education QA and safeguarding); and on the commitments made following recent reviews (ICR, Unison anti-racism charter, PSA). On FtP, this includes the % cases closed in 15-months and % interim orders imposed within 28 days. Executive Board requested a further quality measure to be developed. The FtP caseload data aims to be consumed into the overall performance reporting for September 2025.

Culture Outcome:
Regulatory fairness

Fitness to Practise reporting:

- A framework to measure the FtP plan internally was delivered in June 2024. This tracks the four outcomes of the FtP plan [improved timeliness and reducing the oldest cases, improved quality and safety, people centred and proportionate service, and cost efficiency] and is underpinned by approximately 70 operational performance metrics covering the end-to-end FtP process. Key metrics have been reported monthly to senior managers via an FtP data scorecard which includes baselines and targets.
- This analysis informs the FtP casework report presented at every Open Council meeting. The report includes our 15 month KPI on closed cases and also a dashboard which shows timeliness, decisions, overall case holding, and referral numbers. The plan from Q2 is to provide this report as part of an embedded corporate performance report per above.
- We explored how we could best provide more granularity on how long people are within our processes without overwhelming readers. In July 2025 we provided publicly the FTP caseload volume by year that a case was created. This visual was informed by feedback from key stakeholders such as representative bodies and CNOs. This data shows how long case parties have been waiting for cases to conclude. We aim to continue to report this data.
- We have engaged with stakeholders such as the CNOs and CMiDOs on our data, to help their understanding and to seek feedback on our reports. Some improvements have been made based on stakeholder feedback.

New status update:
Minor concern or on track

Last status update:
Minor concern or on track

The recommendation remains open whilst we seek feedback from the Council on 23 July on the new Q1 corporate performance report and on the caseload data by year a case was created.

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Recommendation 9 – specialist team for complex and serious cases

9 - Complex and serious cases should be managed by a specialist team who understand all of the risks involved in not processing these cases appropriately in a timely fashion.

SRO: Lesley Maslen (PR ED)
Lead: Linda E

Progress update:

- We already have a specialist team, established in 2020, who manage complex and serious cases. Prior to the Independent Culture Review we had started to consider how we might improve our work in this area.
- Since July 2024, we have created and recruited to a dedicated full-time head of service role to strengthen the team’s leadership and capacity, and they start at the end of July 2025. Until then, our Assistant Director Legal is providing additional senior oversight. A new senior lawyer joined the team in March 2025. We have a paralegal seconded to the team for two months and we are recruiting for a senior paralegal. These team changes will better enable us to identify and deliver ongoing improvements to how we progress complex and serious cases.
- Since July 2024, the team has closed 71 cases and has a current caseload of 209 cases. These cases can be complex and involve public inquiries and third-party investigations. We have seen the value of a specialist, dedicated team in progressing some of the most difficult and complex cases through developing strong, effective working relationships with third parties to build mutual understanding and trust.

Culture Outcome:
Regulatory fairness

Final status update:
Complete

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Recommendation 10 – detailed annual reviews from PSA

<p>10 - To ask the Professional Standards Authority to revert to more detailed annual reviews of the NMC’s performance against its standards, conducting a more in-depth review of randomly selected cases at each stage of the NMC’s processes.</p>	<p>SRO: Helen Herniman (RTS ED)</p> <p>Lead: Silvia D</p>
<p>Progress update:</p> <ul style="list-style-type: none"> We received the most recent PSA detailed review, which covers the period from July 2023 to December 2024, and this report was published in mid June 2025. At the monthly PSA/NMC meeting on Thursday, 12 June we asked the PSA to consider this recommendation. Their current position – confirmed in writing by the Scrutiny Officer on 23 June - is that the Information Oversight Group provides them with additional scrutiny they feel is required. They reserve the right to revisit this once the Omambala reports are published, and will consider these to determine whether any further scrutiny is required. 	<p>Culture Outcome: Regulatory fairness</p> <p>Last status update: Complete</p>

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Recommendation 11 – contact and case update arrangements

11 - The NMC needs to review the contact and case update arrangements for registrants and witnesses to ensure they have a better experience and make improvements as needed.

SRO: Lesley Maslen (PR ED) & Paul Johnson (PR DD)
Lead: Franka Chiedu, Nicky Scantori

Progress update:

- We have refreshed our standard operating procedure (SOP) around communicating with case parties, to ensure we have clear guidelines for contacting registrants. We are in the stages of finalising the SOP and will then roll out the updates to all FtP teams in July-August 2025 and monitor the impact. To aid this, we are also considering reporting tools, e.g. whether we can generate alerts where there has been no recent contact made.
- More holistically, as part of the turnaround work, we are reviewing recommendations from PwC about changing to a more customer-centric approach across our FtP operations, so that the experience of case parties is improved. We are making decisions now and if the proposed operational workstream is approved by our Council, we will move into delivery mode. The changes we propose to implement will enhance the improvements that we have made so far or that are in train as part of our FtP plan. Some of these initiatives have been:
 - Reviewing the registrant’s journey through our FtP process, to see where we can make improvements.
 - Learning from recent incidents and feedback. In April 2025, our FtP teams started to use improved letter content in some of our communication letters with registrants. The revisions include acknowledgement that the letter may contain distressing content for registrants, revised language around reflection to encourage engagement without assuming fault or guilt and softer closure messages to more clearly explain the case has been closed and when/if it might be revisited.
 - Developing a pilot to try a different approach to engaging with and supporting registrants at the Screening stage who have been referred to us, aiming to provide better first contact with them after initial referral. We aim to launch the pilot by August 2025.
 - Having a queue of cases waiting to be allocated to a caseworker means that people are waiting longer for their case to progress and case updates are therefore important. Over 2024/25 we reduced the number of unallocated cases at Screening and Case Preparation and Presentation stages (screening cases reduced by 57% and CPP cases reduced by 87%), resulting in more cases moving to a decision point or final adjudication.

Culture Outcome:
Regulatory fairness

New status update:
Minor concern or on track

Last status update:
Moderate concern

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Recommendation 12 – Independent Oversight Board

12 - Introduce an Independent Oversight Board to manage progress on achieving greater transparency, learning in the organisation and on how complaints/whistle-blowers are dealt with.

SRO: Emma W

Progress update:

- This recommendation is considered delivered and was reported as such to the PSA Independent Oversight Group in November 2024.
- We continue to meet with the PSA Independent Oversight Group regularly providing updated on the ICR recommendations, Culture Transformation Plan, FtP and Safeguarding plans.

Culture Outcome:
Strong and effective Leadership

Final status update:
Complete

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Recommendation 13 – recruitment training, biased decision making, equal opportunities

13 - Mandatory training has recently been introduced for all hiring managers. This should be reviewed annually, and no hiring manager should sit on a recruitment panel without completing this training. Leadership should tackle biased decision making and ensure fair and open recruitment decisions, so the NMC has a diverse and capable team where everyone has equal opportunities to progress.

SRO: Ravi Chand (PaC ED)
Lead: Charlotte W

Progress update:

- Mandatory recruitment and selection training for all panels and hiring managers was rolled out from November 2023, giving colleagues a year to complete the training before we enforced it; it is now in force
- We regularly run training and have trained all colleagues who can recruit at NMC. This ensures that anyone who has gone through the training can sit on a recruitment panel. The training content is regularly reviewed, and is being updated in line with plans to embed the behaviour framework in recruitment.
- Targets are now in place to increase representation at grade 6 and above. We have seen encouraging figures in the percentage of Black, Asian and ethnic minority candidates (including internal candidates) gaining promotion or roles at grade 8 and above but our ethnicity pay gap remains high, and we are seeing only marginal and inconsistent improvement trends. We have undertaken some targeted work to support completion rates of EDI data as we know our information is incomplete. In July we announced positive action in support of targets for our Rising Together/Higher programme and for diverse shortlists at grade 6 and above (middle leadership grade)
- While we have closed the specific actions related to this deliverable, we are conscious that the wider outcome of having unbiased decision making is an outcome that will only be evident when we have improved diversity at more senior levels in NMC. We will continue to update this action and openly report our progress against the ethnicity pay gaps.
- As part of our EDI strategic objectives, we have developed further positive action targets around diverse shortlists, tiebreaker provisions at interview, diverse selection panels, Rising Together and reverse mentoring.

Culture Outcome:
Embedding EDI

Last status update:
Complete

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Recommendation 14 – attrition, reducing turnover, learning academy in FtP (1/2)

14 - Attrition levels are too high in some directorates and this is causing instability and adding additional workload. The NMC should prioritise reducing avoidable turnover and develop a learning academy to support the induction and development of professionals in the Fitness to Practise directorate. This will enable investment in frontline teams and to improve retention where there is higher turnover.

SRO: Ravi Chand (PaC ED)
Lead: Jo S

Progress update:

- This is a focus of the People Strategic Objectives in 25-26. Work is already delivering to reduce turnover in FtP including reduction of use of FTCs. In October 2024, over 160 colleagues were converted from FTC to permanent contracts.
- We have targeted support for teams like Investigations to have more frequent campaigns that help to overrecruit and cover vacancies – this is now in place and working well. From a workforce perspective we know that turnover is highest (but still reasonably low) in grades 1-5 which are overrepresented in PR. At the other end of the scale turnover is too low in grades 8 to 11 (grades 8-9 is 5.6% and 10-11 is 17.9%). Encouragingly many people from this group go on to get roles in other teams across NMC.
- We recognise the learning needs in PR but are also conscious that we need to sequence learning so that we do not overwhelm colleagues and enable them to carry out their roles. We have prioritised NMC wide learning, for example the new EDI learning for all colleagues and the coaching programme to balance the time of our colleagues and particularly PR.
- Our coaching programme is progressing well, with five coaches covering a multi year plan, linked to our values and culture it is one of the most significant in regulation. We started with Psychological safety, and we have now held nine sessions, these include follow up actions for each colleague to be shared with the coach. Of those that have attended and replied to the survey, 6 said it was not very good (and they gained little insight), 29 said it was good, 25 said it was very good, and 14 said it was great (and extremely insightful). In June and July we also started with the values based leadership coaching which is progressing on schedule. Of the 14 colleagues who have answered the survey so far, all have rated the training as at least good, and all but one felt the coaching would help them in their role day to day. We also start the EDI coaching and roll out of new EDI face to face learning in July. We received feedback scores of 3.5/5 for psychological safety coaching, and 3.48/5 for values coaching.

Culture Outcome:
Regulatory fairness

Final status update:
Complete

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Recommendation 14 – attrition, reducing turnover, learning academy in FtP (2/2)

14 - Attrition levels are too high in some directorates and this is causing instability and adding additional workload. The NMC should prioritise reducing avoidable turnover and develop a learning academy to support the induction and development of professionals in the Fitness to Practise directorate. This will enable investment in frontline teams and to improve retention where there is higher turnover.

SRO: Ravi Chand (PaC ED)

Lead: Jo S

Progress update:

- The next stage of this (including individual actions) will start in October/November.
- Work on induction and learning for PR. The capability assessment needs further scoping and the timeline for this will be agreed in the context of business planning and the refresh of policies and SOPs promoted by the independent investigations and rollout of MOTS. Specifically identified priorities such as the EDI and safeguarding training are being progressed as part of the more immediate doubling of the L&OD budget.

Culture Outcome:
Regulatory fairness

Final status update:
Complete

Recommendation 15 – hybrid working policy, accommodation strategy

<p>15 - Refresh the hybrid working policy and accommodation strategy with a view to achieving consistency in expectations on office and home working. This should enable collaboration across teams, supporting effective multi-disciplinary working, improved access to onsite learning and development and better visibility and accessibility of senior leadership.</p>	<p>SRO: Ravi Chand (PaC ED) & Helen Herniman (RTS ED)</p> <p>Lead: Jo F</p>
<p>Progress update:</p> <ul style="list-style-type: none"> • Our Culture Transformation Plan set out our roadmap starting with an all NMC consultation on hybrid working in Q1, which will be followed by necessary accommodation changes to 23PP in Q2 and hybrid working roll-out in Q3 25/26. This consultation has now concluded, and Executive Board are reviewing the outcomes to inform decisions on the updated policy which will set a clear, consistent expectation of minimum 2 days a week in the office. The consultation ran until the end of May, and we received c. 1000 responses. • It is fair to say that colleagues' feelings are mixed, some have had only occasional visits to NMC offices and are unhappy with the expectations, but most already have frequent office attendance. • w/c 14 July directorate led communications will release the detail around directorate anchor days at Portland Place which will be key to collaboration. • The updated policy has been drafted and is being formally consulted upon with UNISON - it will be published at the end of July. The Employee Forum have also received a draft of the policy for feedback. • The visibility of the Executive Team has increased particularly with the recruitment of the interim CER who has put in place a rhythm of Town Halls and has a frequent presence in our Stratford office. We're working alongside Estates and IT colleagues to ensure the offices are ready for use in line with policy implementation in late September. • We have training and support planned for managers over the summer to ensure consistent and fair application of the policy. • The basic principles have been announced with a go live date of end of September (delayed in response to consultation). We are currently in a consultation period with UNISON. We have kept colleagues updated throughout the process by the use of FAQs, Manager briefings, All NMC Briefings and Leadership Huddles. 	<p>Culture Outcome: Strong and effective Leadership</p>
	<p>New status update: Minor concern or On track</p>
	<p>Last status update: Minor concern or On track</p>
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Recommendation 16 – quality assurance framework

16 - The NMC should develop a quality assurance framework which ensures that there are consistent standards across its fitness to practise work which applies to internal and outsourced teams.

SRO: Lesley Maslen (PR ED)
Lead: Charlotte B

Progress update:

- During 2023 we conducted a comprehensive review of the current quality measures in place across the FtP teams. The review found that we have quality controls in place across our fitness to practise operations, for example checks on the content of letters.
- The 2023 review informed the need for a new quality strategy and framework. This strategic work is part of the FtP Plan and we have scoped what a framework might look like. Our recent work with PwC has helped inform this further, as will further learning and insights from recently published reviews of NMC work.
- The next phase of our Turnaround work will deliver a quality framework, with decisions about the actions and investment to be made by our Council in July 2025. Then following the launch of the next phase, we are looking to design the framework in months 1 to 3 and embed the work in months 4 to 6.

Culture Outcome:
Regulatory fairness

New status update:
Moderate concern

Last status update:
Moderate concern

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Recommendation 17 – reduce and eliminate FTC, invest in learning and development

17 - The NMC needs to improve stability in frontline teams and make workload more manageable. To do this they should immediately reduce and then eliminate the use of fixed term contracts, use interims much less frequently and invest more in learning and development to support skills needed for the future.

SRO: Ravi Chand (PaC ED)
Lead: Jo S

Progress update:

- This is a focus of the People Strategic Objectives in 25-26. Work is already delivering to reduce turnover in FtP including reduction of use of FTCs. As of October 2024, over 160 colleagues had been converted from FTC to permanent contracts.
- We are significantly reducing our use of FTC but, we are not going to eliminate FTCs. We have worked with the Resourcing Team to ensure that there is a reduced use of FTCs across the organisation, and this is now reflected in the policy and used when only appropriate for the organisation and for specific reasons.
- Further work to scope requirements on L&D are being undertaken alongside a learning needs analysis to understand the requirements as part of the Learning Academy previously referenced in recommendation 14. We have invested in psychological safety which has had good feedback from our pilot in operations, and are now rolling out more widely, identifying teams based on analysis of Your Voice scores via the coaching programme.
- As previously mentioned, both the LDP and MDP are successfully contributing to achieving this.
- We’ve launched apprenticeship programmes across the NMC across Data, Legal, HR, IT, Finance, Admin, Regulatory Compliance, Coaching and Leadership & Management, with 40 people due across these programmes by the end of 2025 we are reviewing the impact of the recent changes announced by the government, but we expect them to be manageable.

Culture Outcome:
Enjoying work

Final status update:
Complete

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Recommendation 18 – raise capabilities of leaders to be effective managers

18 - The NMC needs to invest more to raise the capabilities of leaders and ensure they have access to support to enable them to be effective managers who can lead well and support a culture of learning and high performance.

SRO: Ravi Chand (PaC ED)
Lead: Jo S

Progress update:

- This is a key part of the People Strategic Objectives for 2025/26. We already have Management Essentials in place, which is mandatory training for all Leaders in the NMC. This was completed in 2023 with over 350 Managers going through the training.
- This was evaluated in 2024 with changes made and then rolled out to all new managers joining the NMC.
- At the end of 2024, Management Essentials was evaluated again, and a series of workshops have been completed to co-create content with managers and colleagues across NMC, to ensure that this product moving forward meets the needs of colleagues and the organisation. From this feedback a new version of Management Essentials, now called the Management Development Programme, had been developed and updates have been provided under recommendation 3.
- The roll out of 360 feedback also contributes to this, and again updates have been provided updates under recommendation 1a.
- People strategic objectives sets out a coaching plan to equip all our managers to be great leaders. Our coaching programme is progressing well, with five coaches covering a multi year plan, linked to our values and culture it is one of the most significant in regulation. We started with Psychological safety, and we have now held nine sessions, these include follow up actions for each colleague to be shared with the coach. Of those that have attended and replied to the survey, 6 said it was not very good (and they gained little insight), 29 said it was good, 25 said it was very good, and 14 said it was great (and extremely insightful). In June and July, we also started with the values based leadership coaching which is progressing on schedule. Of the 14 colleagues who have answered the survey so far, all have rated the training as at least good, and all but one felt the coaching would help them in their role day to day. We also start the EDI coaching and roll our of new EDI face to face learning in July. We received feedback scores of 3.5/5 for psychological safety coaching, and 3.48/5 for values coaching.

Culture Outcome:
Strong and effective Leadership

Final status update:
Complete

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Recommendation 19 – revisit Rising Higher programme

19 - The Rising Higher programme should be revisited within the next six months to reflect the ambition for colleagues who are from Black and ethnic minority backgrounds and who are currently underrepresented in senior positions. The programme should ensure they are given the opportunity to gain exposure, insight and first-hand experience of what senior leadership involves and to develop their skills and experience to equip them for senior positions.

SRO: Ravi Chand (PaC ED)
Lead: Jo S

Progress update:

- Rising Higher was rolled out in 2024. This included additional training and support for colleagues who wanted to progress within the NMC including opportunities for colleagues to be coached, mentored, additional leadership and development opportunities and focused 121’s to support them to further their careers.
- On completion of the Rising Higher Programme, we have changed our recruitment process giving colleagues a guaranteed interview if they apply for a role in the NMC and meet the minimum advert criteria. This is endorsed in the new Resourcing guidance.
- This approach was evaluated in Q2 2025/26, and was discussed at EB in July, evaluation noted:
 - The mentorship element has the highest impact
 - Networking and shadowing receive very positive feedback and help colleagues to assess new roles and opportunities better
 - 15 of 65 (23%), since graduation have secured a new lateral role move (4) or promotion within NMC (11)
- Plans already being developed for the next cohort using the evaluation which will include:
 - Target of 80% of all places to go to Black, Asian and Ethnic minority applicants
 - Maintain the mentorship which is the most impactful part of the programme according to the feedback, particularly in relation to practical steps to finding and applying for new roles but encourage more mentors to apply.
 - Raise more awareness of the programme with networks and have more drop-in sessions during the application process.
 - Consider if the programme should be longer and how more colleagues can be automatically placed in Rising Higher (a targeted scheme at getting skills to apply for roles and some guaranteed interviews)

Culture Outcome:
Embedding EDI

Final status update:
Complete

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Recommendation 20 – anti-racist action plan (1/2)

20 - The NMC should develop an Anti-racist Action Plan to ensure racial equity, build trust between staff groups and value the contributions of people of colour. Implementation will require deep and sustained cultural and behavioural change within the context of NMC’s four core values: Fairness, Kindness, Ambition, Collaboration.

The immediate focus of the Plan should be to:

- Improve the experience of ethnic minorities;
- Introduce mandatory and contextualised anti-racism training for all, including Board, Executive, employees, staff groups/teams eg; Independent Panels, lawyers. The training should be set in the context of NMC’s role, baseline data, and go beyond the moral case for anti-racism (the right thing to do).;
- Accelerate actions to progress minority ethnic staff into senior positions.;
- Review 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 anti-racism into professional practice.;
- Strengthen the People Plan 2023-26 – acknowledge ethnic minorities’ experience of racism, weave in specific anti-racist actions into the remaining years of the plan.;
- Implement an end-to-end review of the NMC employee career life cycle to embed anti-racist best practice.;
- An ambitious set of targets (cultural and quantitative) and milestones should be developed to drive forward the Plan, ensuring that there is a clear line to the insights gained from this Review, and that previous research findings and reports are tackled once and for all. Each Directorate should be required to translate the NMC’s commitment to Anti-racism within its own context and develop actions.

SRO: Ravi Chand (PaC ED)

Lead: Heads of EDI

Culture Outcome:
Embedding EDI

Progress update:

- The rollout of EDI Learning commenced early July, with expected roll-out of all 6 modules by end of Q3. This has been agreed with capacity in mind.
- NMC signed up to Unison anti-racist charter, confirming actions supporting the 20 commitments.
- Following the findings of the University of Greenwich Ambitious for Change Research which shows evidence of bias in treatment of Men and Black professionals in our FtP process we have published clear flagship targets to eliminate disparities of treatment based on ethnicity and gender.
- The University of Greenwich research has also led to the roll out of de-biasing training for decision-makers in FtP (65 of 65 have attended)
- In conversation with the ED for Professional Regulation on the EDI Strategic Objectives and the FtP Programme it has also been agreed that we will build in EDI into the refreshed FtP Plan and turnaround activities, with a focus on quality assurance and process controls, as well as performance on discrimination cases.

Final status update:
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Recommendation 20 – anti-racist action plan (2/2)

20 - The NMC should develop an Anti-racist Action Plan to ensure racial equity, build trust between staff groups and value the contributions of people of colour. Implementation will require deep and sustained cultural and behavioural change within the context of NMC’s four core values: Fairness, Kindness, Ambition, Collaboration.

The immediate focus of the Plan should be to:

- Improve the experience of ethnic minorities;
- Introduce mandatory and contextualised anti-racism training for all, including Board, Executive, employees, staff groups/teams eg; Independent Panels, lawyers. The training should be set in the context of NMC’s role, baseline data, and go beyond the moral case for anti-racism (the right thing to do).;
- Accelerate actions to progress minority ethnic staff into senior positions.;
- Review 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 anti-racism into professional practice.;
- Strengthen the People Plan 2023-26 – acknowledge ethnic minorities’ experience of racism, weave in specific anti-racist actions into the remaining years of the plan.;
- Implement an end-to-end review of the NMC employee career life cycle to embed anti-racist best practice.;
- An ambitious set of targets (cultural and quantitative) and milestones should be developed to drive forward the Plan, ensuring that there is a clear line to the insights gained from this Review, and that previous research findings and reports are tackled once and for all. Each Directorate should be required to translate the NMC’s commitment to Anti-racism within its own context and develop actions.

SRO: Ravi Chand (PaC ED)

Lead: Heads of EDI

Culture Outcome:
Embedding EDI

Progress update:

- Other flagship targets have been set on employer referrals, disparities in nursing and midwifery education, NMC pay gap and workforce diversity and representation at Grade 6 and above. These clear targets will help to tackle ethnic inequalities.
- The EDI Strategic Objectives were signed off by Council on the 2 July, and due for publication by the end of July.

Final status update:
Complete

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Recommendation 21 – appoint 30% Black and ethnic minority managers (1/2)

21 - The NHS Workforce Race Equality Standard shows people from Black and ethnic minority backgrounds make up a quarter of the workforce. The NMC should aim to appoint 30% of Black and ethnic minority managers so they can better regulate the communities they serve within the next three years. The measures recommended above, including career pathway planning and management training will facilitate this.

SRO: Ravi Chand (PaC ED)
Lead: Charlotte W, Jo F, Jo S, Michelle H

Progress update:

- As of June 2025, grade 6 and above roles, 60.4% are White and 28.1% Black, Minority Ethnic. This compares with 63.5% White and 25.5% Black, Minority Ethnic at March 2024. As of June 2025 20.5%, of our grade 8-11 colleagues are Black, Asian or ethnic minority up from 18.5% in March 2024.
- In 2024-25, we had 171 total promotions, representing people progressing their careers in NMC at all grades, 48% of which were Black or Minority Ethnic colleagues. In 2025-26 so far, 3 colleagues have had a promotion to grades 8-11 between April 2025 and June 2025. None so far were Black, Asian or ethnic minority colleagues. This trend is changing when we consider grades 5-7 where there have been 13 promotions of which 62% were Black, Asian or ethnic minority colleagues compared to 38% white colleagues. We have made other senior appointments externally that have made small improvements in representation.
- To date we have completed the following:
 - Recent appointments to diversify our senior leadership partnering with recruitment firms who specialise in EDI.
 - Roll out of the behaviour framework in recruitment has commenced, supporting our recruitment being fairer and more transparent.
 - The Rising Higher programme supports a diverse pipeline of candidates in applying for roles, by giving guaranteed interviews. In addition, the Rising Together programme has committed to ensuring 80% of its cohorts are Black, Asian or Minority Ethnic colleagues.
 - We are running Careers workshops to heavily support internal candidates in career progression.
 - Recruitment and Selection training - we have trained all recruiters in NMC and are educating panels to take a more inclusive approach to recruitment, developing an awareness of their biases.

Culture Outcome:
Strong and effective Leadership

New status update:
Minor concern or On track

Last status update:
Minor concern or On track

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Recommendation 21 – appoint 30% Black and ethnic minority managers (2/2)

21 - The NHS Workforce Race Equality Standard shows people from Black and ethnic minority backgrounds make up a quarter of the workforce. The NMC should aim to appoint 30% of Black and ethnic minority managers so they can better regulate the communities they serve within the next three years. The measures recommended above, including career pathway planning and management training will facilitate this.

SRO: Ravi Chand (PaC ED)
 Lead: Charlotte W, Jo F, Jo S, Michelle H

Progress update:

- As part of the 2025/26 People Strategic Objectives, we have agreed a range of positive action. This includes targets for grades 6+ having ethnically diverse shortlists; diverse panel membership; a tie breaker provision at interview and working with specialist search firms.
- Rising Together and Rising Higher will have a minimum of 80% of colleagues who are Black, Asian and ethnic minority and we are also introducing a reverse mentoring programme.

Culture Outcome:
 Strong and effective Leadership

New status update:
 Minor concern or On track

Last status update:
 Minor concern or On track

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Recommendation 22 – gender, ethnicity and disability pay gap

22 - The NMC should continue producing its public reports on the gender, ethnicity and disability pay gaps. These reports explain pay gaps at the NMC and set out what actions are taken to reduce these gaps. Thorough analyses by Directorate and by Grade can assist in identifying areas requiring improvement. With respect to the negative disability gap, and to the NMC’s acknowledgment, this is likely due to under-reporting of disability at the NMC, so actions are needed to improve the reporting of disability data.

SRO: Ravi Chand (PaC ED)

Lead: Jo F

Progress update:

- We will continue to publish information on gender, ethnicity and disability pay gaps in our annual report and monthly reporting to all colleagues via our intranet.
- To increase representation, we are doing deep dives into Directorate/grade representation rates (and pay gaps). We reported in Q4 24/25 against our pay gaps.
- As BAU activity we are always looking for ways to improve reporting, and as part of this we will develop, publish and promote a single guide to updating HR self-service to improve the reporting of disability data due to team absences, and continue to work proactively with colleagues, in particular our Work Around network to promote the need to improve this data in the coming months.

Culture Outcome:
Embedding EDI

Final status update:
Complete

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Recommendation 23 – exit survey and interviews to identify strengths and issues

<p>23 - The NMC should conduct exit survey and/or interviews whenever an employee leaves a team for a different role within the NMC to identify strengths and issues within teams.</p>	<p>SRO: Ravi Chand (PaC ED)</p> <p>Lead: Jo F, Jo S, Mark E</p>
<p>Progress update:</p> <ul style="list-style-type: none"> • We have implemented an updated approach to Exit Interviews for both permanent leavers and internal movers. This includes a survey to capture people who do not want to complete an exit interview. This went live in April and data has been incorporated into our regular reporting to Executive Board and People and Culture Committee. • Any evidence of bullying, harassment and discrimination is investigated quickly with action taken. • As of June 2025, turnover (12 month rolling average) stands at 9.1%. Of people who have completed the survey since 1 April, 60% leaver cited career progression as the key reason. As of June 2025, 30% of eligible colleagues have completed an internal mover interview with Career Progression again be the main reason for moving. In both surveys colleagues lowest scoring question is "I think that people from all backgrounds are treated fairly at the NMC." Survey data from coaching sessions points to people being positive about the future of NMCs culture. • Four colleagues have raised "bullying, harassment or other concerns" (1 internal mover and 3 leavers) which the People team have taken forward. This data is updated monthly and formally reported to Executive Board and People and Culture Committee quarterly. • While this recommendation is complete, we are proactively looking at improving completions and are planning some tailored communications and engagement on this. 	<p>Culture Outcome: Ensuring psychological safety</p> <p>Final status update: Complete</p>

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Recommendation 24 – return to work interviews, team absences, reasonable adjustments and return to work process improvements

24 - Line managers frequently fail in their role to hold ‘return to work’ interviews following mental health absences, or fail to refer people returning to work which may require reasonable adjustments to Occupational Health. Line managers should be held accountable through their annual appraisals with respect to (i) their teams’ number, frequency and type of absences (as per health and wellbeing data recorded), and (ii) team members’ reintegration to work following sickness as per HR best practices. The reasonable adjustments and return to work processes require improvement by developing a comprehensive policy and process and ensuring its application by line managers.

SRO: Ravi Chand (PaC ED)
Lead: Jo F

Progress update:

- Our HRBPs and HRAs continue to proactively support managers in monitoring absences and holding effective ‘return to work’ conversations.
- We published our updated Reasonable Adjustments policy in March.
- Ambitious Appraisals continues to offer a fantastically improved way for colleagues to raise concerns about reasonable adjustments that the People team then pick up with them. At the end of Q1 in April 2025, there was a slight increase to 32 colleagues reporting that adjustments were not in place and/ or not working properly, compared to 27 in January 2025 but these largely seem to positively reflect proactive consideration of needs related to increased office attendance from September 2025. Lowest number yet (just 1) related to IT reflecting brilliant work by the team.
- We have audited all RTW conversations in 2024/25 to help inform additional targeted support and updates to our Supporting Attendance policy. We are also working with our Employee Forum on this following proposals they made to improve wellbeing.
- Updates to our Hybrid policy from September 2025 also appear to be driving some improvements here as colleagues and their managers are proactively looking at reasonable adjustments and seeking updated occupational health advice where needed.

Culture Outcome:
Ensuring psychological safety

New status update:
Minor concern or On track

Last status update:
Minor concern or On track

Recommendation 25 – union membership, senior leader support,

25 - Union membership needs to be encouraged. UNISON should be more involved in induction at NMC and actively supported by the HR team. Senior leadership should be clear in supporting union membership and take immediate action if they suspect union members are disadvantaged or discriminated against for joining the union or for seeking advice or representation.

SRO: Ravi Chand (PaC ED)
Lead: Jo F

Progress update:

- To encourage UNISON membership continues an objective has been added to 25-26 People Strategic Objectives focused on promoting a culture of positive employee relations and address any barriers, real or perceived, to colleagues accessing union support as part of their employment journey with the NMC.
- We are doing this by ensuring clear policies, guidance and practical support mechanisms such as access to communications channels and participation in corporate induction are in place (Q1-4).
- UNISON also have regular meetings with the Interim CER and Interim ED of People and Culture to maintain momentum and ensure regular communication and feedback.
- We positively encourage Unison membership through relevant policies related to raising concerns.
- The Interim CER also emphasised Unison membership at the Town Halls held in January 2025.

Culture Outcome:
Strong and effective Leadership

New status update:
Complete

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Recommendation 26 – safeguarding requirements and Charity Commission, Council assurance to enable public protection

26 - Urgently review the NMC’s responsibilities regarding the delivery of safeguarding requirements in line with what is expected by the Charity Commission. It is critical that this includes plans to give Council assurance that in all regulatory functions, at every stage, employees have the right knowledge and skills to enable the NMC’s public protection role to be discharged

SRO: Donna O’Boyle (Interim PP ED)
Lead: Nicola B-M

Progress update:

- Safeguarding stocktake workshops completed and Safeguarding Risk Framework and associated Safeguarding Plan now completed from co-production with safeguarding , legal and professional regulation colleagues. Presented at May Open Council.
- Safeguarding Principles to be rolled out with a communication plan following presentation at team briefing in June,
- Safeguarding champions advert has gone live and a final cohort of champions will be chosen and trained by September
- Training Needs Analysis completed, and Level 1 Mandatory Training has been finalised and is due to go live imminently
- Safeguarding Action Plan triangulated with Safeguarding Risk Framework and quarterly deliverables agreed for 2025-2026.
- Business case to substantiate team for current and future capacity and service delivery awaiting progress update.
- Safeguarding Team have launched a helpline for staff to contact Monday-Friday for high risk, urgent and emergency wellbeing concerns including self harm and suicidal ideation to give immediate support and guidance.
- Safeguarding Handbook approved and is due to go live with the SOP for FtP shortly with safeguarding decision tree development commenced. The SOP and handbook include information on how safeguarding works in the four nations.
- Trauma informed practice module with staff care plan launched to support staff's wellbeing when dealing with safeguarding concerns.
- Work commenced on mental capacity knowledge and considerations for registrants with reduced and fluctuating mental capacity concerns.
- Initiated work to develop guidelines for Panel members to manage safeguarding concerns. A task and finish group will be commenced shortly with final guidelines to be agreed by the end of the year.
- This quarter we will be reviewing our self-harm and suicide protocol and safeguarding policies to ensure that these are up-to-date and in line with best practice.

Culture Outcome:
Regulatory fairness

Final status update:
Complete

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Recommendation 27 – agency collaboration for sharing information and safeguarding concerns

27 - Seek to work more collaboratively with other agencies – police, local authorities, other regulators, and healthcare services – in the sharing of information and safeguarding concerns even when the registrant case is not being pursued by the NMC.

SRO: Donna O’Boyle (Interim PP ED)

Lead: Nicola Burns-Muir

- Progress update:**
- The safeguarding team has reviewed its ways of working and established a refreshed mechanism for raising and recording safeguarding concerns which will enable colleagues to better track and monitor safeguarding risk.
 - MOU with National Police Commissioner Council was finalised January 2025.
 - We have a new MoU with Care Inspectorate Scotland.
 - Four Nation Safeguarding processes have been mapped and included into the new Safeguarding Handbook.
 - The Safeguarding Hub has been in effect since September 2024. A review will shortly be undertaken to consider in the impact of the hub in its first year and how the hub could function in the long-term future.
- Culture Outcome:**
Regulatory fairness
- Final status update:**
Complete

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Recommendation 28 – FtP process involving criminal case, safeguarding concerns

28 - There needs to be a clearly defined process for managing fitness to practise cases when a criminal case is underway – due to the length of time this can take and also when the criminal case ends with no further action but may have safeguarding concerns for the public because of the role the registrant undertakes.

SRO: Lesley Maslen (PR ED) & Paul Johnson (PR DD)

Lead: Dil Sander

Progress update:

- We are looking to implement improvements to our handling of conviction cases, to reduce delays in case progression.
- A pilot is going live in July 2025 within our External Investigations Team, aimed at obtaining information from the police and other third parties more quickly once a criminal investigation has concluded. This will enable us to progress our work in a timely manner. Following the pilots, we will consider wider implementation across FtP for September 2025.
- We are also looking to implement a change to our evidential quality standards in Q3 25/26 that will improve timeliness for investigations when they are progressing conviction cases to the Case Examiners.
- With regard to safeguarding the public when a criminal case ends with no further action, a key decision-making aid for our FtP teams is our guidance around allegations of misconduct outside of professional practice, which was published in February 2024. It sets out what we should consider with regard to allegations suggesting potential risk to people receiving care. Our safeguarding action plan also sets out further improvements we will make with regard to safeguarding the public as well as all case parties and our staff.

Culture Outcome:
Regulatory fairness

New status update:
Minor concern or On track

Last status update:
Minor concern or On track

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Recommendation 29 – safeguarding hub and obligations

29 - Ensure that the development of a safeguarding hub is underway in this calendar year, with a clear and consistent message from the executive team that safeguarding is a priority. The NMC should ensure that there are appropriate levels of staffing to support its safeguarding obligations and that all staff have an awareness of these obligations.

SRO: Donna O’Boyle
(Interim PP ED)

Lead: Nicola B-M

Progress update:

- Safeguarding hub established and running successfully for 10 months evaluation completed and new terms of reference developed for approval at the Safeguarding Board in June.
- During the safeguarding stocktake it was agreed the safeguarding hub was a best practice model and should be further developed into a 'Centre of Excellence' approach for cases outside of screening.
- All safeguarding team roles have been approved and will be permanent roles for the NMC.

Culture Outcome:
Regulatory fairness

Final status update:
Complete

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Recommendation 30 – PR structure

30 - Consider different structure of Professional Regulation so as to more effectively manage it.

SRO: Ravi Chand (PaC ED) & Lesley Maslen (PR ED)
Lead: Linda E & Paul J

- Progress update:**
- A revised senior leadership structure is now in place in Professional Regulation. The Executive Director is supported by two Deputy Directors who are responsible for leading operational delivery.
 - One portfolio focuses on end to end core fitness to practise casework progression and the services needed to support casework delivery. The second portfolio includes registration and revalidation operations and the directorate’s business management unit (for example budgeting, data and risk management).
 - The portfolios for each Assistant Director have also been reviewed in line with Deputy Director responsibilities, with the intention of enabling focus and clarity for delivery and improvement of the fitness to practise process. For example, we have aligned the legal aspects of our casework under our ADs for Legal.
 - Within these portfolios, we made changes to the spans of management control to ensure managers do not have too many line reports to enable them to better manage teams. We now keep this under regular review and see some exceptions (for example, temporarily managing additional staff ahead of their new manager starting).
 - The revised PR structure was further bolstered by the secondment of a senior registrant advisor in early 2025. She has helped us to strengthen key strategic relationships, for example advising on our data meetings with the CNOs, and provided policy and clinical expertise on our casework, for example helping us scope improvements around our clinical advice function, which we will take forward.

Final status update:
Complete

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Recommendation 31 – accommodation and estates strategy, visibility and access to executive team

31 - As part of the NMC’s upcoming accommodation and estates strategy (due by end 2024), the NMC must ensure it includes a need for greater co-location of colleagues to support cultural change and to improve the visibility and accessibility of the executive team.

SRO: Ravi Chand (PaC ED) & Helen Herniman (RTS ED)
Lead: David P

Progress update:

- Updated strategic accommodation plan and modelling produced and delivered to Executive Board (19.09.24) and Council Accommodation Committee (01.10.24). The strategic accommodation plan was accepted.
- This is linked to recommendation 15, the hybrid working consultation was successfully completed end of May and staff will be coming back to the office two days per week from 29 September.
- The longer strategy modelling has been done, further scenarios will be produced.
- Visibility and accessibility of the Executive team has increased - holding EB meetings at OWA and 23PP, Town Halls in all sites featuring different members of the Executive team, all NMC briefings and Huddles; meetings with Networks, Employee Forum, and UNISON.

Culture Outcome:
Strong and effective Leadership

Final status update:
Complete

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Recommendation 32 – NMC legal expertise and multi-disciplinary working

32 - Clarify the relationships between legal teams across the NMC and the role of legal expertise in multi professional teams.

SRO: Alice Hilken (General Counsel)

Leads: Miranda S, Eva W and Shonali R

Progress update:

- Purpose and Scope, outcomes and benefits are clearly defined
- The Assistant Director, Legal in Professional Regulation and Deputy General Counsel are in post with a clear mandate to lead and role-model a collaborative, multi-disciplinary approach with clear lines of accountability for advice and decision-making.
- Senior Legal Leadership Group (SLLG) monthly meetings are now in train for GC and Legal ADs, focusing on legal risk management, development of legal services strategy and NMC legal professional issues.
- Work is in train to develop a legal risk management framework showing clear lines of accountability for advice and decision-making.
- New Legal Professional Services Lead now in role and has attended one SLLG meeting as part of induction with probation objectives set relating to supporting a sustainable learning and development programme for NMC legal professionals with focus on legal risk, EDI and developing professional excellence.
- Discussion held with wider Legal Leadership Group on 24th March which focused on the NMC’s Culture Transformation Plan which included a discussion around Recommendation 32. The outcome was that the group felt they would like further time to consider the topic, whilst supporting the general approach and concept around achieving clarity of role and purpose. This will be fed back and discussed at the next SLLG meeting.
- We are monitoring two areas to ‘test’ out approach to multidisciplinary working (i) litigation which involves multiple legal teams working with each other to advise non-legal clients and also involves drawing in non-legal expertise to ensure robust decision-making, and (ii) safeguarding, where legal colleagues across different teams are working with each other and safeguarding colleagues to role model multidisciplinary working and ensure appropriate escalation and resolution of risk.

Culture Outcome:
Regulatory fairness

New status update:
Minor concern or On track

Last status update:
Minor concern or On track

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Recommendation 33 – core regulatory purpose

33 - The NMC needs to retain a focus on its core regulatory purposes, and how best to deliver its mandate to protect the public within a changing environment.

SRO: Emma Westcott (S&I ED)
 Lead: Sara Kovach-Clark, Preth Rao

Progress update:

- Corporate plan reflects a strong focus on our core regulatory purposes: FtP is a critical focus and despite pressures we have agreed to move forward with the Code and revalidation reviews, because of their significance to public protection.
- Budget demonstrates our focus on core purpose and reflects significant investment in FtP improvement but also other priorities such as education QA and the integrity of the register.
- We conduct twice-yearly horizon-scanning exercises with Council and Executive to ensure we make sound decisions based on emerging considerations.
- We are developing a near term strategy that will reaffirm our tight focus and explain the choices we are making for this phase of recovery.
- When the refreshed versions of the PSA's Standards of Good Regulation and Right Touch Regulation are published, we will strengthen induction/CPD on regulatory work, using our Order, Rules and these frameworks.
- We have reviewed and refreshed our approach to monitoring our performance against the Standards of Good Regulation to provide Council and our Executive with regular assessments of our performance against these standards.

Culture Outcome:
 Strong and effective Leadership

Final status update:
 Complete

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Recommendation 34 – data driven organisation, improve data maturity

34 - The NMC needs to transform itself into a data driven organisation to support the more effective and efficient delivery of its regulatory processes. As part of its Modernisation of Technology Services programme and its data strategy, the NMC should urgently seek to improve its data maturity to enable open access of data in the near future.

SRO: Helen Herniman (RTS ED)

Lead: Patrick C

Progress update:

- The data cleansing activity completed in March 2025 resulted in the first data set based on the end March open caseload. In April, this data went through an internal review process which included checking and verification by Silver (responsible for process) and Gold (responsible for data) teams. This was the first time we have carried out such a review and production took slightly longer than anticipated. We released data to CNO/CMidO nominated data representatives week commencing 6th May. The next data set will show cases to the end of June and will be published in August due to summer leave.
- Development on this dataset continues, adding to the reported dimensions with a view to creating a consistent dataset and dashboard for all four countries by the end of the year.
- We have recently commenced the design phase for the replacement of our CMS solution (in line with our plans), which will fully deliver in 2026 as planned. This programme will deliver much improved data controls and data availability, which will improve our data maturity.
- In line with this we have commenced design work on an automated dual reporting process to combine FtP reporting from the existing and new CMS for EB, Council, PSA etc.
- As part of the Data Strategy, we have also launched our reference data project, which will fully deliver late 2026. This is also in the design stage.
- A cautious BRAG has been included as the timescales continue beyond the end of 2025 and to reflect that we need to consider the recommendations current turnaround work.

New status update:
Moderate concern

Last status update:
Moderate concern

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Recommendation 35 – revalidation process audit, transparency in stakeholder requests

35 - Greater transparency over the process of auditing the revalidation process is required. Without knowledge of the percentage of cases being audited, or how they are assessed, policy makers cannot have confidence in the effectiveness or quality assurance of a fundamental function of the regulator. The NMC must commit to greater transparency in responding to stakeholder requests.

SRO: Emma Westcott (S&ED)
Lead: Sara K-C

Progress update:

- We will publish the verification data in the annual revalidation report. The first data publication will be in this year's revalidation report due later in 2025.

Culture Outcome:
Regulatory fairness

New status update:
Minor concern or On track

Last status update:
Minor concern or On track

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Recommendation 36 – increase ethnic diversity among panel members

36 - The pool of registrant panel members is not sufficiently diverse and is significantly below that of the register. The NMC should target increasing the ethnic diversity among the registrant panel members pool, from under-represented groups, to proportionately reflect the ethnic diversity of the professions.

SRO: Ben Wesson (Chief of Staff)

Lead: David R

Progress update:

- On 29 January 2025 Council appointed the new cohort of Panel Members and Panel Chairs at its Open meeting following our recent selection process. The selection process will have the following impact on the ethnic diversity of the Panel Member pools:
 - Lay Panel Members: 24 percent of the Panel Member pool will be from Black and minority ethnic groups (increase of 3 percent), compared to 19 percent of the UK population
 - Registrant Panel Members: 23 percent of these members are Black, Asian or ethnic minority members. This panel member pool is still less diverse than the register, where 32.5 percent of registrants are from Black, Asian or ethnic minority backgrounds. However, we have increased the percentage of Black, Asian or ethnic minority registrant Panel Members by 8 percent up from 15 percent currently prior to recent recruitment round.
- We will continue to diversify our panel member pool even further and aim to ensure the registrant panel member pool reflects the diversity of the register and we will continue to progress this through reporting on panel data, future recruitment and embedding the success and learning from the recent recruitment have been included into the Panel Support Team’s 3-year plan.

Culture Outcome:
Embedding EDI

Final status update:
Complete

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Acronyms

AA	Ambitious Appraisal
BAU	Business as Usual
BRAG	Blue Red Amber Green status
CER	Chief Executive and Registrar
CMidO	Chief Midwifery Officer
CMS	Case Management System
CNO	Chief Nursing Officer
EB	Executive Board
ED	Executive Director
EDI	Equality, Diversity and Inclusion
EQJA	Equality Impact Assessment
FtP	Fitness to Practise
ICR	Independent Culture Review
LDP	Leadership Development Programme
MDP	Management Development Programme
MOU	Memorandum of Understanding
OWA	One Westfield Avenue (NMC office location)
PR	Professional Regulation
PSA	Professional Standards Authority
PwC	Price waterhouse Cooper
RCM	Royal College of Midwives
RCN	Royal College of Nurses
RTS	Resources and Technology Services
RTW	Return to Work
SLLG	Senior Legal Leadership Group
SOP	Standard Operating Procedure
23PP	23 Portland Place (NMC office location)

Council

Employer Link Service Summary of Activity 2024-2025

Action requested:	<p>The Council is invited to note the Employer Link Service (ELS) annual review of its activity for the period 1 April 2024 – 31 March 2025.</p> <p>For discussion</p> <p>The Council is asked to discuss the report at Annexe 1.</p>	
Key background and decision trail:	<p>The review provides a summary of the activities of the ELS team in its engagement with employers and other key stakeholders across the four UK countries. This annual review has been provided to Council for the last two years and was requested again this year.</p>	
Key questions:	<p>Questions this paper addresses:</p> <ul style="list-style-type: none"> • How does the ELS support the delivery of the NMC’s priorities? • How is the ELS delivering preventative regulation? 	
Annexes:	<p>The following annexe is attached to this paper:</p> <ul style="list-style-type: none"> • Annexe 1: Employer Link Service – Annual Review of Activity 2024-2025 	
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>Author: PJ Mansell pj.mansell@nmc-uk.org</p>	<p>Acting Executive Director: Donna O’Boyle donna.oboyle@nmc-uk.org</p>

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Employer Link Service (ELS) Summary of Activity 2024-2025

Discussion

- 1 The ELS provides the NMC’s UK-wide outreach service, collaborating with professionals, employers, and partners across the four countries to focus on preventative regulation. It works to promote safe, inclusive workplace cultures, share insights to inform policy, and empower local resolution of concerns through clear guidance, practical tools, and a shared understanding of the NMC’s role and strategic aims. The ELS provides an important support service for employers of NMC registrants, which aims to ensure that decisions to refer a registrant into the fitness to practise process, are accurate and of good quality. This Annual Review of Activity provides:
 - 1.1 Summary of the Employer Advice line activity
 - 1.2 Examples of how ELS work across the NMC
 - 1.3 A summary of Regional / National engagement activity
 - 1.4 How we are supporting work to reduce referral disparities
 - 1.5 The work with the Independent Health & Social Care sector

Report Highlights

- 2 We have seen an increase in the volume of calls made to our **employer advice line**, resulting in the highest number of requests for advice since the team was established in 2016-2017. We have also seen a 10 percent increase in the advice to employers, that a fitness to practise referrals should be made.

- 1152 calls or requests for advice
- 670 (60 percent) callers were advised to refer (ATR)
- 370 (32 percent) of employers were advised that a referral was not required at the time of the call or

- 3 95 percent of employers who completed our evaluation form said they were ‘very satisfied’ with the support they received from the advice line. 100 percent said they would call the advice line again and 94 percent of callers said the advice would help them manage professional concerns in the future.
- 4 The ELS delivered over 1800 **engagement activities across the four nations:**
 - 4.1 51 percent of that engagement is recorded as meetings with senior nursing or midwifery leads in NHS providers or regions
 - 4.2 16 percent with independent health or social care providers

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- 5 These other engagement activities included meeting with operational or HR leads, other regulators, agency providers, armed forces and education providers as well as various stakeholder meetings and learning sessions.
- 6 ELS delivered 239 **learning sessions** this year. Evaluation feedback is very positive, where sessions related to the NMC's Fitness to Practise (FtP) processes, 90 percent of attendees felt more confident in identifying cases which should be referred to the NMC.
- 7 **Working to reduce disparities in referrals:** In response to the findings of our Ambitious for Change research, the ELS along with other internal NMC teams, has surveyed employers to better understand the causes of the disparities in referrals received into our fitness to practice processes. The survey findings will be used to support focused conversations with employers.
- 8 The ELS continues to deliver the '**Welcome to the UK**' sessions to internationally educated nurses and midwives. Fewer requests for these sessions were received this year compared to last year. Of the 21 sessions delivered this year all have been welcomed by those attending with very positive feedback. Many of the attendees have had good experiences of joining the NHS/Health Boards across the UK. However, as in previous years there are still some sessions where international recruits have had very poor experiences. We heard instances of racism, bullying, contracts with an 'exit fee' and differences in career progression opportunities.
- 9 The ELS has led the delivery of the **Supporting Appropriate Referrals** part of the FtP improvement plan, leading to a review of the public web pages, including development of a new concerns checklist, and development of the new screening guidance.
- 10 **The Independent Health and Social Care (IHSC) sector** was a focus for ELS this year with the introduction of a new regulation adviser role for independent health and social care employers (the existing regional and country-based roles have focused on the NHS in the main). This role was created to engage with key stakeholders across the IHSC sector and lay the foundations for expansion of the team in line with recommendations in the 2021 report of the ELS function review, recruiting seven new ELS advisers to further focus on the social care sector.

Next Steps

Planning for ELS engagement over the coming year linked to priorities set out in the Corporate and FtP plans, and EDI objectives.

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Implications

The following were considered when preparing this paper:

Implication:		Location if in paper:	Content if not in paper:
Public protection/impact for people.	Yes	Throughout the report	Public protection and the impact on professionals is key to the ELS function
Safeguarding considerations	Yes	Para 2	
The four country factors and considerations.	Yes	Throughout the report	There are Regulation Advisers (RAs) for each of the devolved administrations and the national RA for IHSC works across the UK
Resource implications including information on the actual and expected costs involved.	Not Applicable		
Risk implications associated with the work and the controls proposed/ in place.	Yes		Outreach activities are linked to the supporting appropriate referrals work and upstream preventative work.
Legal considerations.	Not Applicable		
Midwives and/or nursing associates.	Yes	Throughout the report	
Equality, diversity, and inclusion and Welsh Language impact.	Yes	Paras 6 and 7	
Stakeholder implications and any external stakeholders consulted.	Yes	Throughout the report	The ELS main function is engaging with stakeholders
Regulatory Reform.	Not Applicable		

Employer Link Service (ELS) Annual review of activity 2024-2025

Contents

- Summary of the Employer Advice line activity
- Examples of how ELS work across the NMC
- A summary of Regional / National engagement activity
- How we are supporting work to reduce referral disparities
- The work with the Independent Health & Social Care sector

Item 11: Annexe 1
NMC/25/78
23 July 2025



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ELS Advice Line

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

This year we received the highest number of calls [or direct requests for advice] since the ELS was established.

- 1152 calls or requests for advice
- 670 (60%) callers were advised to refer (ATR)
- 370 (32%) of callers were advised that a referral was not required at the time of the call or to investigate or manage locally first

95% of callers said they were 'very satisfied that the support they received met their needs'

100% of callers would call the advice line again

94% of callers said the advice would help them manage professional concerns in the future

Advice line calls

2024-25	1152
2023-24	1081
2022-23	993
2021-22	744
2020-21	1044
2019-20	658
2018-19	746

RAs referred 10 cases to screening colleagues to consider opening a referral under article 22(6).

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

Rise in calls with advice to refer

This year, alongside the increase in calls received, we saw an increase from 55% to 60% of calls where we advised the employer to make a referral.

There was a significant increase in Q4 to 66%.

% advised to refer:
Q4 – 66%
Q3 – 60%
Q2 – 51%
Q1 – 58%

Insight from the advice line

Calls by country

England – 935
Scotland – 104
Northern Ireland – 59
Wales – 44
Jersey & Guernsey - 10

I spoke with an individual who completely understood my concern and queryand I felt fully supported.

By Sector

- NHS – 278
- Social care - 221
- Independent healthcare – 98
- Primary Care – 95
- Community/home care - 48
- Agency – 24
- Integrated Care System (ICS) Local Authority – 17
- Hospice - 14
- Continuing Healthcare /Personal Independence Payment CHC/PIP – 5
- Prison services – 3
- School - 3
- Charity – 3
- Armed Forces - 2
- Police - 2
- Ambulance - 2
- Other – 16

Employment status

We completed advice line template insight forms for 788 requests for advice. This told us that:

- 205 registrants were still at work
- 212 were still employed but off sick or suspended
- 145 had been dismissed
- 136 had left employment
- 90 were employed via an agency

Of the 417 calls about professionals still employed at the time of the request for advice, 189 (45%) were advised to refer.

Concerns about individuals that were not, or no longer, employed were much more likely to be advised to refer at 80%. In these cases, there is less assurance that concerns can be managed locally.

Working across the NMC

The work carried out by the ELS team supports other parts of the wider NMC. Examples include:

Supporting Appropriate Referrals

Lead for FtP improvement plan Workstream 1.1 – Supporting Appropriate Referrals.

This improvement plan was developed with a range of initiatives designed to:

- a) **Reduce inappropriate referrals**
- b) **Improve the quality of those referrals we should receive.**

Two initiatives were delivered in this reporting year:

Employer First A – new referral web pages for the public. This provides better information for people, encouraged raising concerns with the employer first where appropriate, provided clearer advice on raising concerns or complaints across the range of providers, and included a checklist to identify whether the NMC was the right organisation to respond to their concerns.

Employer First B – new screening guidance has been developed and launched. This introduces a new approach to 're-direct' low risk concerns received from the public, that would be likely to close at the early FtP stages, back to the employer where it is appropriate to do so. This places the emphasis for responding to concerns, back to the employer where there is no clear need for NMC regulatory actions.

Information and intelligence sharing

ELS undertake a vital role in the flow of information in and out of the organisation. We have strengthened links with other internal NMC teams this year, to improve cross team working.

The team manages the internal Regional and National oversight meetings to ensure consistent information sharing across teams related to individual providers, themes, practice placements and emerging concerns. Escalation of issues requiring heightened oversight is to the cross-directorate Intelligence Sharing Hub (ISH). ISH is also responsible for invoking the Emerging Concerns Protocol to share information with other signatories via a Regulatory Review Panel

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Regional and National Engagement - Overview of activity 2024-25

Who we engage with:	Engagement
NHS Executive Nursing lead	805
Independent health or care organisations	282
Regional ICS/ICB [England]	78
NHS operations lead	54
Systems regulators	51
NHS Executive Midwifery leads	47
Professional Regulator	30
NHS Exec Nursing and Midwifery lead	23
Agency providers	22
Stakeholder group meetings	19
Rep body engagement	23
National / Regional Nursing leads	21
NHS HR leads	15
National/Regional Midwifery leads	13
Armed forces	12
Education organisations	6
Local Government	6

Over **1800 engagement activities** were **recorded** in the ELS section of CMS *[excluding advice line activity]*

Examples of the type of engagement

- Case list reviews - 630
- Delivering key messages externally – 374
- Learning Sessions - 239
- Discussions related to organisation/system risk and Quality issues – 208
- Registration and revalidation - 72
- National or Regional speaking engagements – 12

“I found the session so interesting and relevant to my work. Particularly around kindness and support to colleagues.”

“Assuring that being referred does not always lead to losing your job”

“Session was great - non clinical and HR new to NMC - very informative”

Learning sessions

239 Learning sessions delivered across the UK

1113 evaluation forms completed by individuals attending learning sessions delivered by Regulation Advisers between 01/04/2024 and 31/03/2025



Excellent presentation. We possibly don't use the advice line to its best advantage but will do so in the future

Brilliant talk and very informative. Gave me confidence in my role

"Really great session to relate to our area of work which is different to the hospital locations."

Evaluation of sessions

90% felt more confident in identifying cases which should be referred to the NMC (FtP sessions)

86% felt the RA created an interactive atmosphere

89% understood local management action can be undertaken before considering making a referral to the NMC

89% felt the RA demonstrated a good knowledge of the subject

Healthcare Assessment provider
 RA delivered a tailored learning session to a healthcare assessment provider to support healthcare assessors to understand the NMC's non-punitive approach to FtP: During the session the RA was told that healthcare assessors can sometimes struggle with revalidation. The RA arranged for one of our Nursing Education Advisers to link with the provider to develop a 'revalidation story' specific to healthcare assessors.

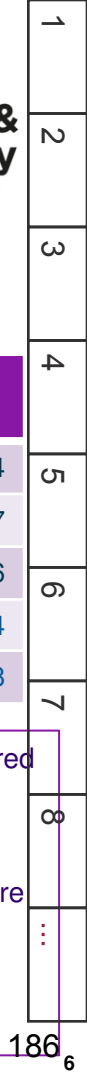
"The examples were great and very relevant to our area of work"

Where sessions were delivered:

England	164
Scotland	37
Northern Ireland	6
Jersey & Guernsey	4
Wales	28

Most sessions were delivered in the NHS (167)

Other areas include: Independent health and care Education institutes, Royal colleges, ICS/Bs, Healthcare assessment providers



Highlights from around the UK – Scotland, Wales and Northern Ireland

Scotland

Glasgow's Safer Drug Consumption Facility (SDCF), opened on 13 January 2025. Part of NHS Greater Glasgow and Clyde and the first of its kind in the UK. The SDCF provides a controlled setting where service users (over 18 years) can consume drugs obtained elsewhere. The RA for Scotland was approached by SDCF prior to its opening to discuss implications for registered nurses working at the facility and providing those services. The RA was able to provide advice to ensure services provided would not breach the Code/Standards of Nursing. This was followed up by a visit to the SDCF on 25 September 2024 to deliver a learning session about the NMC, The Code, Fitness to Practice to the nursing staff which was well received.

Wales

The RA for Wales was asked for support in a Health Board (HB) regarding concerns relating to the experience of student midwives in their learning environments. In collaboration with the HB the RA delivered a learning session focusing on the Standards, professionalism and compassionate leadership. The session was delivered jointly with the Head of Midwifery at the HB to emphasise a joined-up approach to supporting positive learning cultures.

Three sessions were held on MS Teams to increase accessibility across the geographical spread of the Health Board, for Practice Education Facilitators and Practice Supervisors over a three-month period. Feedback from participants was extremely positive

Northern Ireland

Development of a Patient Safety Culture Assessment Framework for Health and Social Care

ELS have a representative on each of the three workstreams taking forward the development of the Patient Safety Culture Assessment Framework:

- Safe and Compassionate
- Just and Open
- Learning and improving

The aim of the work streams is to set out what good looks in respect of Patient Safety

Culture, and to agree the enabling system factors and metrics by which it may be assessed. The workstreams will continue into 2025-26

ELS focus on EDI and disparities

Working to reduce disparities in referrals:

In response to the findings of our Ambitious for Change research, and working in collaboration with colleagues across the NMC, we surveyed employers to help us identify the potential causes of disparities in referrals received into our fitness to practice processes. We know from the research that black and/or male professionals are more likely to be referred and that some settings are seeing more disparities than others .

We are also identifying and learning about good work and practices adopted by employer to ensure that their fitness to practice referral decision are fair and unbiased.

Analysis and reporting on survey responses will be completed in 2025, which will allow for a more targeted and informed approach to work with employers to mitigate against biases and achieve fairness in their decision-making processes.

We also continue to deliver our 'Welcome to the UK' sessions, which supports internationally educated nurses and midwives as they transition to UK practice.



Welcome to the UK

The Welcome to the UK programme delivers a half day face-to-face (or 2.5 hour online) interactive workshop.

Aims of the Welcome to the UK workshops:

1. Prepare internationally recruited nurses and midwives for the cultural and ethical differences of working in the UK
2. Set the tone for a positive regulatory relationship and raise awareness of the NMC's role and what it means to be regulated
3. Improve retention of internationally recruited nurses and midwives
4. Reduce the number of NMC referrals of internationally recruited nurses and midwives

We received fewer requests for these sessions this year compared with the 39 delivered last year due to decrease in demand from employers. Of the 21 sessions delivered this year all have been welcomed by those attending with very positive feedback. Many of the attendees have had good experiences of joining the NHS/Health Boards. However, as in previous years there are still some sessions where international recruits have had very poor experience. Where we hear about these poor experiences there is often concern around maintaining anonymity. We consider very carefully how to feedback concerns to trust leaders and escalate general concerns more widely.

Some of the concerns we heard include:

- Experienced racism and bullying from colleagues and patients
- Being asked to work as both HCAs and RNs
- Employed on 3 year contracts with a fee to break contract early
- Instilled fear of 'losing their PIN' for a variety of reasons, including sickness
- Lack of recognition and understanding of the differences in IT systems, acceptable ranges for blood sugar levels for example
- Variation in induction and orientation
- Lack of career development and progression

Independent health and social care

The complexity and scale of the provision of independent health and care (IHSC) for each of the four countries has meant that engaging with this sector had proved more difficult for ELS than with providers of NHS healthcare. The care provided by this sector includes care and nursing homes, domiciliary care, mental health and learning disability providers, hospices, clinics and hospitals.

In 2023/24 Skills for Care 2023/24 there were **34,000 registered nurses recorded as working in social care** in England. This is 9% of the **372,400 nursing staff working in the NHS** in England. However, according to our own referral data employers refer more nurses in social care than those figures would suggest - 29% of referrals come from social care employers compared with 49.8% of employer referrals from the NHS.

This year for the first time the ELS introduced a new regulation adviser role with a focus on independent health and social care employers.

This new role focuses on understanding more about the challenges facing the professionals on our register who work in social care, and their employers, and developing a framework for engaging more widely with this sector. In the latter part of the year we recruited to seven new ELS Advisers with experience in social care to further develop our approach to support for this sector.



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Council

Council Effectiveness Review - Update

<p>Action requested:</p>	<p>To provide Council with an update on the implementation of recommendations following the Campbell Tickell Council Effectiveness Review and agree next steps on the internal Effectiveness Review.</p> <p>For decision</p> <p>The Council is asked to discuss and approve the draft survey questions to facilitate a discussion about Council effectiveness</p>			
<p>Key background and decision trail:</p>	<p>This paper gives a further and final progress update on the recommendations from the Council Effectiveness Review undertaken by Campbell Tickell.</p> <p>Campbell Tickell shared its full findings of the review with Council at its Seminar in late July 2023. In summary, the report found that there is generally a good framework for the governance of the NMC.</p> <p>The Council received a further update at the Open Council meeting on 31 January 2024. This included the list of recommendations set out in the report and provided a progress update.</p> <p>This paper gives a final progress update on the list of recommendations set out in the report and recommends the process for an internal Council Effectiveness Review.</p>			
<p>Key questions:</p>	<ul style="list-style-type: none"> • What progress has been made on recommendations? • What are the next steps? 			
<p>Annexes:</p>	<p>The following annexe is attached to this paper:</p> <ul style="list-style-type: none"> • Annexe 1: Campbell Tickell's Final Report recommendations. • Annexe 2: Proposed survey questions. 			
<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> <table border="1" data-bbox="386 1906 1388 2045"> <tr> <td data-bbox="386 1906 858 2045"> <p>Author: Alexa Halabi alexa.halabi@nmc-uk.org</p> </td> <td data-bbox="865 1906 1388 2045"> <p>Interim Chief of Staff: Ben Wesson Ben.Wesson@nmc-uk.org</p> </td> </tr> </table>		<p>Author: Alexa Halabi alexa.halabi@nmc-uk.org</p>	<p>Interim Chief of Staff: Ben Wesson Ben.Wesson@nmc-uk.org</p>
<p>Author: Alexa Halabi alexa.halabi@nmc-uk.org</p>	<p>Interim Chief of Staff: Ben Wesson Ben.Wesson@nmc-uk.org</p>			

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Council Effectiveness Review - Update

Discussion

- 1 As part of its commitment to good governance and continuous improvement, the Council has agreed that, approximately every three years, it will engage an external partner to undertake a Council effectiveness review. This supplements the usual internal effectiveness reviews carried out annually.
- 2 Overall, it was clear from the outcomes of the review that the Council desired to be more strategic in its approach to enable it to make best use of its time in addressing the challenges within its control and influencing wider system issues, both directly and indirectly.
- 3 Campbell Tickell observed that the prospect of regulatory reform, alongside the effectiveness review, presented an opportunity to reshape and reorientate the governance within the organisation.
- 4 There are two overarching themes arising from the Council and Executive’s work; developing a sense of shared endeavour between the Council and Executive, particularly as the NMC moves towards unitary board status, and allowing sufficient time for generative governance discussions.
- 5 A lot of progress has been made on these recommendations since the last update in January. Of the 18 recommendations, 15 have been completed with two in progress either due to complete or on track. One recommendation has not yet been started.
- 6 Annexe 2 is a proposed effectiveness survey to facilitate a discussion about Council effectiveness. We propose to have this discussion at our next Open Council meeting at September.
- 7 **Recommendation: The Council is recommended to discuss and approve the draft survey.**

Next Steps

- 8 We are proposing an internal Council Effectiveness Review for 2025. This will be in the form of a survey. Results will be shared at the October Seminar and November Open Council meeting.

Implications

The following were considered when preparing this paper:

Implication:		Location if in paper:	Content if not in paper:

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Public protection/impact for people.	Not Applicable		
Safeguarding considerations	Not Applicable		
The four country factors and considerations.	Not Applicable		
Resource implications including information on the actual and expected costs involved.	Not Applicable		
Risk implications associated with the work and the controls proposed/ in place.	Not Applicable		
Legal considerations.	Not Applicable		
Midwives and/or nursing associates.	Not Applicable		
Equality, diversity, and inclusion and Welsh Language impact.			The review identifies the need for Council to reflect on its own composition.
Stakeholder implications and any external stakeholders consulted.	Not Applicable		
Regulatory Reform.	Not Applicable		

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Recommendations:		Progress:
<p>#1 Take steps that move Council and the Executive closer to the spirit of a unitary Board</p>	<p>a) A facilitated workshop to focus on a shared view of the cultural changes that can help support the roadmap towards a unitary Board</p>	<p>Completed on 12 December</p>
	<p>b) Examine how the Chair and Vice-Chairs can operate effectively together, and at an appropriate stage (e.g., the ends of terms of the current two Vice-Chairs) reduce to having only one Vice-Chair</p>	<p>Not yet started</p>
	<p>c) The Chair and CEO to reflect on how they operate their relationship to best shape the NMC's leadership culture</p>	<p>Completed – two facilitated sessions with Campbell Tickell.</p>
<p>#2 Redesign the balance of work to enable Council's strategic role</p>	<p>a) Consider the rhythm and content of in-person and online Council meetings – return to in-person seminars for strategic outcomes and be clearer about these outcomes</p>	<p>New proposal on meetings approved.</p>
	<p>b) Engage in more small group work at Seminar days to bring closer collaboration between Council members and Executive and other senior staff and view time as not all exclusively Council and Executive combined, so that Council members can be engaged at a more embryonic stage of thinking</p>	<p>Return to in-person Seminars as part of new meeting format has supported this and has been demonstrated during discussions re the Independent Culture Report.</p>
	<p>c) Agree a Forward Plan for the next 12-18 months that incorporates significant strategic questions and how these are trailed and discussed at an early stage of thinking (in a sequence of concept, discuss, decide) – the Chair, Vice Chair/s and new</p>	<p>Complete – space given for more strategic/generative discussions through the new meeting format. Committee Chairs meetings established quarterly to discuss the</p>

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	<p>Committee Chairs could be usefully involved in these discussions</p>	<p>Forward Work Plan for Committees. We could look to develop a 12-18 month Forward Work Plan for Council that could be shared with the Council/included for information as part of the Open pack, to allow more transparency/input to agenda planning.</p>
	<p>d) Reduce the amount of papers going to Council and use Board intelligence for sharing more information routinely – this will involve the Executive, together with the Governance team, spending time together and re-thinking the workflow and style of papers across Council and committees</p>	<p>In progress – revised paper template aims to support authors in making Council papers more targeted. As part of the consideration of the cycle of Council meetings, the standing items and planned Council business will be reviewed.</p> <p>Data being added to Board Intelligence will take longer, although BI is beginning to be used for other information outside papers.</p>
	<p>e) Agree an updated template for Council papers</p>	<p>Complete.</p>
	<p>f) Agree a format for reporting back from committee Chairs building on some of the good practice that already exists at the NMC</p>	<p>Complete.</p>

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<p>#3 Change the committee structure to better support the work of Council and make best use of committee members' time</p>	<p>a) Establish a committee for Finance and Resources which incorporates the current work of the Investment and Accommodation committees, and gives assurance to Council on these matters</p>	<p>Complete – the first meeting took place on 30 June, and the first full business meeting is on 21 October.</p>
	<p>b) Formally extend the scope of the Remuneration Committee to reflect its wider people focus and incorporate EDI in this scope</p>	<p>Complete.</p>
	<p>c) Introduce independent members to committees to strengthen the skills profile and address skills gaps e.g. a finance person to the Audit Committee, and someone with HR/organisational development experience on the Remuneration Committee. We note that the Investment Committee already takes advantage of external co-opted expertise.</p>	<p>Complete.</p>
<p>#4 Ensure a coherent Golden Thread across the NMC's approach to strategy, risk and performance</p>	<p>a) Continue to evolve the NMC's approach to risk, ensuring that there is a risk and assurance framework that focuses on Council's iteration of the key strategic risks for the NMC, and offers assurance (using something like a three lines of defence model) for the effectiveness of controls on those key risks. This might be about expanding the remit of the Audit Committee to review the corporate risk register and test the strength of assurance on the controls of strategic risks, as well as bring to Council's attention any emerging or 'bubbling under' risks.</p>	<p>Complete – as part of the new committee structure, the committees will contribute to the risk discussion. The Council and Executive have also considered changes in the approach to strategic risk and how this would flow from the Executive and Committees through to the Council.</p>

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	<p>b) Finalise the work ongoing on KPIs to ensure that they reflect both the strategic ambitions of the NMC and the risks to not achieving them</p>	<p>Complete – this work has started with the development of the FtP implementation plan and how Executive Board (FtP), and the Council will hold the organisation to account for delivering the plan’s milestones and outcomes, including benefits realisation.</p>
<p>#5 Council and Executive to have a firm statement about their approach to EDI as a leadership team</p>	<p>c) Create discussion time to revisit the leadership approach to risk appetite across the range of the NMC’s activities</p>	<p>Complete: Joint session EB and Council on risk appetite at Awayday in April 2024 and proposed amendments to the risk framework agreed at Open Council on 24 July.</p>
	<p>a) Council and the Executive to devote some of their planned seminar time to return to the subject of equality, diversity and inclusion, with a view to a stronger challenge to themselves about any targets for their future composition.</p>	<p>Complete.</p>
<p>#6 Continue the work on openness and transparency in relation to the NMC’s work and the commitment to being person-centred</p>	<p>a) Progress public meetings to be held online (or to be streamed) to allow for a wider group of attendees to take part.</p>	<p>Complete.</p>
	<p>b) Introduce a range of learning ‘mission moments’ to the start of either seminar or public meetings – these could be video case studies from patients or students or families, or aspects of learning shared by Council members, but with a view to ensuring that the voices of key stakeholders are brought into the room and that the qualitative elements of the reception of the NMC’s work are made real</p>	<p>Not yet started although there has been a focus on speakers at Council and introduction of ‘inclusion moments’.</p>

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Proposed Survey Questions

Proposed effectiveness survey to facilitate a discussion about Council effectiveness – this will be circulated to Council members via MS Forms. We propose to have this discussion at our next Open Council meeting in September.

Council composition & leadership survey questions

1. Does the Council have enough diversity (e.g., skills, perspectives, experiences) to govern effectively?
A) Strongly agree B) Agree C) Disagree D) Strongly disagree
2. Are Council succession planning and recruitment efforts aligned with the organisation's long-term goals?
A) Completely B) Somewhat C) Not really D) Not at all
3. How well do Council members complement each other's expertise?
A) Very well B) Somewhat well C) Not well D) Poorly
4. What additional perspectives or backgrounds should the Council consider adding?
[open text]

Council committee survey questions

1. How effectively do committees report to the full Council and provide assurance?
A) Very effectively B) Somewhat effectively C) Not effectively D) Not at all
2. What improvements could be made to the reporting from Committees to Council?
[open text]
3. Are committees adequately resourced and supported?
A) Strongly agree B) Agree C) Disagree D) Strongly disagree
4. What improvements could be made to the committee structures or functions?
[open text]

Council meeting survey questions

1. Are Council meetings well-organised with clear objectives?
A) Strongly agree B) Agree C) Disagree D) Strongly disagree

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2. Do Council meetings provide sufficient time for discussion and decision-making?
A) Always B) Often C) Sometimes D) Rarely E) Never
 3. Do Council members receive materials with enough time to prepare?
A) Always B) Often C) Sometimes D) Rarely E) Never
 4. Are Council members conducted in such a way that fosters open dialogue and productive discussions?
A) Strongly agree B) Agree C) Disagree D) Strongly disagree
 5. What could be improved in the way Council meetings are structured and conducted, particularly in reference to the frequency of Open, Confidential and Seminar meetings?
[open text]

Self-assessment survey questions

1. Do you personally contribute meaningfully to Council discussions and decisions?
A) Always B) Often C) Sometimes D) Rarely E) Never
2. How well do you understand your Council member's responsibilities and expectations?
A) Very well B) Somewhat well C) Not well D) Not at all
3. Do you feel adequately informed about the organisation's finances, strategic direction and key risks?
A) Completely B) Somewhat C) Not really D) Not at all
4. What resources or support would make you a more effective Council member?
[open text]

Overall Council engagement survey questions

1. To what extent does the Council communicate clearly and openly to ensure understanding?
A) Always B) Often C) Sometimes D) Rarely E) Never
2. How would you rate the level of participation and engagement of Council members during meetings?
A) Highly engaged B) Moderately engaged C) Occasionally engaged
D) Minimally engaged E) Not engaged
3. All Council members support and debate the NMC's strategy and values, enabling them to set the tone from the top

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- A) All of the time/fully satisfactory B) most of the time/above average C) some of the time/average D) occasionally/below average E) hardly ever/poor
4. Do Council members actively contribute their expertise and insights to discussions?
- A) Always B) Often C) Sometimes D) Rarely E) Never
5. The Council responds positively and constructively to events in order to enable effective decisions and implementation and to encourage transparency
- A) All of the time/fully satisfactory B) most of the time/above average C) some of the time/average D) occasionally/below average E) hardly ever/poor
6. The Chair's leadership style and tone promotes effective decision-making, constructive debate and ensures that the Council works as a team.
- A) All of the time/fully satisfactory B) most of the time/above average
C) some of the time/average D) occasionally/below average E) hardly ever/poor
7. The Council has open channels of communication with executive management and others and is properly briefed.
- A) All of the time/fully satisfactory B) most of the time/above average
C) some of the time/average D) occasionally/below average E) hardly ever/poor

Overall Council effectiveness survey questions

1. Do you believe the Council takes responsibility for its actions?
[open text]
2. Does the Council know and understand the company's values?
[open text]
3. What do you consider the Council's greatest strength(s)?
[open text]
4. The Council takes collective responsibility for the performance of the organisation.
- A) Strongly agree B) Agree C) Disagree D) Strongly disagree
5. The Secretary and governance team act as an appropriate conduit for the provision of information to the Council and support to the Chair and Council Members.
[open text]

Report from Committee to Council

Name of committee	People and Culture Committee
Date of meeting	3 July 2025
Committee chair / report author	Committee Chair: Lynne Wigans Author: Alice Horsley
Date of report	11 July 2025

Key discussions

People and Culture Reporting

- 1 The Committee reviewed the refined proposed approach to reporting metrics and evaluation relating to the NMC Culture Transformation Plan, People Strategic Objectives and Equality, Diversity and Inclusion (EDI) Strategic Objectives.
- 2 The Committee noted that it required a set of Key Performance Indicators (KPIs) and success measures that would enable it to track culture change at the NMC and trends over time. Lynne Wigans, Bola Ogundeji and Lindsay Foyster offered to work with People and Culture directorate colleagues between Committee meetings to agree a set of KPIs and a dashboard for this purpose.
- 3 The Committee highlighted that it was important that the sentiment of colleagues working at the NMC was monitored on a regular basis. Assurance was provided that staff views were captured regularly, including at all staff briefings, Town Hall events and Leadership Huddles, and through a survey about the NMC's culture sent routinely after each coaching session. It was agreed that there would be consideration given to adding a question around how colleagues felt about working at the NMC to the quarterly Ambitious Appraisal form.

Culture Transformation: People Strategic Objectives

- 4 The Committee considered the Culture Transformation: People Strategic Objectives and commended the progress made by People and Culture directorate colleagues, noting that the Objectives were a continuation of the work in the former 'People Plan'.
- 5 It was acknowledged that culture transformation and EDI needed to be embedded at the NMC in a way that did not cause division, and that measurable change was achieved. It was essential that the NMC facilitated

the right conditions to allow all colleagues to have an equitable chance to succeed in their careers.

Freedom to Speak Up Guardian – 12 Month Review

- 6 Anuska Casas Pinto, Independent Freedom to Speak Up Guardian, joined the meeting to provide an oral overview of Freedom to Speak Up activity at the NMC in 2024-2025, covering themes, outcomes and learnings and initiatives.
- 7 The Committee noted that 34 concerns were reported during the period, which was towards the higher end of what was to be expected. Among the concerns reported, there had been no instances of bullying or harassment. There had been no cases where colleagues had alleged to have suffered detriment as a result of speaking up.
- 8 It was recommended that training and coaching be provided to managers to better equip them to have difficult conversations and address concerns raised.
- 9 The Committee noted that the NMC should ensure that managers at all levels became safeguards of the NMC's culture through education, empowerment, and increased accountability, as well as through celebrating positive outcomes and achievements.
- 10 It was reported that the Independent Guardian and NMC Freedom to Speak Up Ambassadors were working well together, with the Independent Guardian impressed by the Ambassadors' commitment to the service.

Culture Transformation Network: Q&A

- 11 The Committee were joined by nine members of the Culture Transformation Network for a Q&A session.
- 12 The Committee welcomed the opportunity to engage with staff networks and hear 'staff stories' on a more regular basis as part of future meetings.

Development session: Effective values-based leadership and the People and Culture Committee

- 13 John Frost, values-based decision-making coach, attended the meeting to facilitate a development session on 'Effective values-based leadership', centred on the NMC's new values: Integrity, Fairness, Respect, Equity and Effectiveness, which was welcomed by Committee members.

People and Culture operational risk register

- 14 The Committee noted but did not discuss in detail the People and Culture operational risk register.

People and Culture Committee matters, including Terms of Reference

- 15 The Committee reviewed its Terms of Reference. The following minor amendments were agreed to reflect the change in title of the 'People Plan' to the 'People Strategic Objectives', and the 'EDI Plan' to the 'EDI Strategic Objectives', as well as to note that meetings of the Committee would ordinarily be held five times a year, and no fewer than four times a year.
- 16 The Committee noted the following suggested amendments for consideration as part of a wider review of its Terms of Reference:
- 16.3 The Partner member role be accounted for throughout
 - 16.4 Further clarity be provided in respect of the Committee's role relating to the objectives and performance of the Chief Executive and Registrar
 - 16.5 Inclusion of the Committee's role and responsibilities relating to the structure of the organisation.
- 17 The meeting on 3 July 2025 was held in person. Reflecting on the meeting, the Committee agreed that opportunities for meeting in person regularly should be considered, with the current annual Committee schedule comprising four virtual meetings and one in person meeting.
- 18 It was agreed that at the end of future meetings the reflections item would be presented by a Committee member by rotation and that the evaluation of the meeting would be structured around the NMC's values.
- 19 On behalf of the Committee, the Chair thanked Gavin Kennedy for his commitment and the progress made towards transforming the NMC's culture in his tenure as Interim Executive Director, People and Culture, at what was his last meeting in the role.