

Open Council 26 November 2025 (web version)

MEETING
26 November 2025 10:00 GMT

PUBLISHED
21 November 2025

Meeting of the Council

To be held by videoconference from **10:00** on Wednesday 26 November 2025

Chief Executive and Registrar and Council member briefing **09:15-
09:50**

Agenda

Ron Barclay-Smith
Chair of the Council

Jacqueline Maunder
Council Secretary

- | | | | |
|----------|--|------------|--------------|
| 1 | Welcome and Chair's opening remarks | NMC/25/106 | 10:00 |
| 2 | Apologies for absence | NMC/25/107 | |
| 3 | Declarations of interest | NMC/25/108 | |
| 4 | Minutes of the previous meetings | NMC/25/109 | |
| | 4.1 24 September 2025 | | |
| | 4.2 21 October 2025 | | |
| | Chair of the Council | | |
| 5 | Summary of actions | NMC/25/110 | |
| | Secretary | | |

Matters for discussion

- | | | | |
|----------|---|------------|--------------------------------------|
| 6 | Executive report | NMC/25/111 | 10:05-
10:25
(20 mins) |
| | Chief Executive and Registrar/Executive | | |

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7	Quarterly corporate performance report	NMC/25/112	10:25-10:55 (30 mins)
	7.1 Quarterly corporate performance report Q2 performance (to cover mid-year progress)		
	7.2 Risk report and full corporate risk register		
	Interim Executive Director, Resources and Technology Services		
8	Financial performance at end September 2025	NMC/25/113	10:55-11:15 (20 mins)
	Interim Executive Director, Resources and Technology Services		

Refreshment break (10 mins)

Matter for decision

9	Review of the quality of nursing and midwifery practice learning: Outcome of the key lines of enquiry and recommendations for next steps	NMC/25/114	11:25-11:45 (20 mins)
	Acting Executive Director, Professional Practice		

Matters for discussion

10	Safeguarding Board quarterly report Q2 2025-2026	NMC/25/115	11:45-12:00 (15 mins)
	Acting Executive Director, Professional Practice		
11	EDI Workshop plan for Council	NMC/25/116	12:00-12:10 (10 mins)
	Executive Director, People and Culture		

Matters for decision

12	Questions from observers	NMC/25/117	12:25-12:40 (15 mins)
	Chair	(Oral)	

Matters for information

13	Finance and Resources Committee report	NMC/25/118	
	Chair of the Committee		

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|-----------|--|------------|
| 14 | Audit and Risk Committee report
Chair of the Committee | NMC/25/119 |
| 15 | People and Culture Committee Report
Chair of the Committee | NMC/25/120 |
| 16 | Appointments Board report
Secretary to the Council | NMC/25/121 |
| 17 | Investment Committee report
Former Chair of the Committee | NMC25/122 |
| 18 | Accommodation Committee report
Former Chair of the Committee | NMC/25/123 |
| 19 | Chair's actions taken since the last meeting
Chair | NMC/25/124 |

**CLOSE & BREAK (30 mins) – RESUME
FOR EXTRAORDINARY CONFIDENTIAL
MEETING AT 13:10**

12:40

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Item 4.1
 NMC/25/109
 26 November 2025

Meeting of the Council
 Held on Wednesday 24 September 2025 at Surgeons Quarter, Nicolson Street,
 Edinburgh

Minutes

Ron Barclay-Smith	Chair
Anna Walker	Member
Sue Whelan Tracy	Member
Eileen McEaney	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	Independent Adviser

NMC Officers

Paul Rees	Chief Executive and Registrar
Tom Moore	Acting Executive Director, Resources and Technology Services
Paul Johnson	Deputy Director, Professional Regulation
Ravi Chand	Executive Director, People and Culture
Emma Westcott	Executive Director, Strategy and Insight
Julia Corkey	Executive Director, Communications and Engagement
Donna O'Boyle	Acting Executive Director, Professional Practice
Alice Hilken	General Counsel
Jacqueline Maunder	Secretary to the Council
Alice Horsley	Senior Governance Manager

For item 5:

Shadae Cazeau Head of Regulatory EDI

For item 6:

Justine Craig Chief Midwifery Officer, Scotland

For item 10:

Preth Rao Head of Strategy

For item 13:

Charlotte Eimer Assistant Director, Culture Change and Transformation

A list of observers is at Annexe A.

Minutes

NMC/25/83 Welcome and Chair's opening remarks

1. The Chair welcomed all attendees and observers to the meeting in Edinburgh. He noted that Council meetings and visits outside London provided an opportunity to engage more directly with the professions, partners, and stakeholders across the devolved nations and England, as well as giving Council and Executive colleagues a better understanding of local perspectives and issues. Council members, the Independent Adviser, and members of the Executive had visited various sites across a breadth of different health and social care services and met with a range of colleagues and partners the previous day. The Chair thanked everyone who took time out of their busy schedule to talk about their work and the challenges and achievements for nursing and midwifery in Scotland.
2. The Chair extended a special welcome to Justine Craig, the Chief Midwifery Officer for Scotland, who would present to the Council later on the agenda.
3. The Chair noted that it was the last Open Council meeting for two Council members: Claire Johnston and Sue Whelan Tracy, whose terms as Council members ended on 30 September 2025.

NMC/25/84 Apologies for absence

1. There were apologies received from Helen Herniman, Executive Director, Resources and Technology Services, and Lesley Maslen, Executive Director, Professional Regulation.
2. Tom Moore, Acting Executive Director, Resources and Technology Services was attending the meeting as deputy for the Executive Director, Resources and Technology Services, and Paul Johnson was attending as deputy for the Executive Director, Professional Regulation.

NMC/25/85 Declarations of interest

1. There were no declarations of interest recorded.

NMC/25/86 Minutes of the previous meeting

1. The minutes of the meeting on 23 July 2025 were agreed as an accurate record and would be signed by the Chair.
2. Relating to **NMC/25/74: Quarterly corporate performance report – Q1 2025** – considering whether to review the factors relating to the increase in the number of internationally educated professionals providing supporting information from employers as part of their application to join

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the register for the first time following the Health Foundations review should be captured as an action.

3. Relating to **NMC/25/78: Employer Link Service summary activity 2024-2025** – including more information on outcomes in future iterations of the report should be captured as an action.

NMC/25/87 Summary of actions

1. The Council noted progress on actions arising from previous meetings.
2. In discussion, the following points were noted:
 - a) Arising from **NMC/25/20: Executive Report** – the due date for providing the Council with the findings of the annual perception survey had been postponed from September to November as a result of a sequencing issue.
 - b) Arising from **NMC/25/62: Equality, Diversity and Inclusion (EDI) Strategic Objectives and 2025-2026 Year 1 actions** – the Head of Regulatory EDI provided an update on the approach to the work to mitigate against bias in early decision makers. The Head of Regulatory EDI, the Assistant Director, Rapid Resolution Team, and the Deputy General Counsel would run a stocktake exercise through a series of workshops that would set the legal basis for the regulatory EDI work and seek views from colleagues on proposed interventions. There would be three workshops over October, November and December 2025, after which a paper would be presented to the Executive Board and then to the Council setting out the planned interventions and outcome measures, for commencement in January 2026. In discussion the following points were noted:
 - i) Whilst addressing EDI in Fitness to Practise (FtP) processes was the immediate focus, the work relating to regulatory EDI in the longer term was broader.
 - ii) It would be important to review the governance process relating to regulatory EDI reporting. It was suggested that it would be more appropriately considered as part of performance reporting, rather than as part of reports to the People and Culture Committee.
 - iii) The Employer Link Service (ELS) would be a crucial part of addressing regulatory EDI and disparities in referrals.
 - iv) Capacity in the EDI team had been increased significantly in recent months, including the appointment of the Head of Regulatory EDI and the Head of Workforce EDI.

Action: Present a paper to the Council setting out the planned interventions to mitigate against bias in early decision makers as well as related outcome measures.
For: Executive Director, People and Culture
By: 29 January 2026

NMC/25/88 Presentation from the Chief Midwifery Officer, Scotland

1. The Chief Midwifery Officer (CMidO), Scotland welcomed the Council to Scotland and provided a brief oral presentation covering the state of the nursing and midwifery profession in Scotland, and current challenges and opportunities.
2. It was noted that the previous day the NMC Council members and Executive Board members had visited a range of services in Scotland – including:
 - i) The State Hospital, Carstairs
 - ii) NHS Lothian Maternity Unit and Birth Centre
 - iii) Rachel House, Children’s Hospice
 - iv) The University of Edinburgh nursing education services, and
 - v) Redmill Care Home.
3. The Council noted that the visits to the broad range of health and social care sites in Scotland had been valuable and impressive. Thanks were conveyed to the organisers and those who kindly hosted the informative visits.
4. The Chair thanked the CMidO for her informative presentation on the picture in Scotland.

NMC/25/89 Executive Report

1. The Chief Executive and Registrar (CER) extended his welcome to colleagues and observers to the meeting, noting that as an organisation that regulates healthcare professionals across the four countries, it was important to hold Council meetings in the devolved nations.
2. The CER noted:
 - a) It was productive to meet the previous day with the Cabinet Secretary for Health, Neil Gray, as well as the incoming Scottish Chief Nursing Officer, Aisha Holloway, who was due to start in the role in November 2025.
 - b) Thanks to the current Acting Scottish Chief Nursing Officer Anne Armstrong, who was to demit her role shortly, and also to Jason Birch as Deputy Director, with whom the NMC worked closely.

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- c) Thanks also to the Scottish CMidO, Justine Craig, for meeting NMC colleagues the previous day, and for her informative presentation at this meeting.

3. The CER introduced the Executive Report. The following points were noted:

- a) It had been another busy period for the NMC, since the last Open Council meeting on 23 July 2025, as work to turnaround the organisation continued.
- b) There was ongoing steady improvement of FtP, with the timeliness rate increasing to 70.1 percent of cases being dealt with end-to-end within 15 months. This was the highest rate since March 2021 and a significant improvement on summer 2024, when only 60.1 percent of cases were dealt with within 15 months. This improvement was the result of a continued high number of decisions being made at Screening and across FtP.
- c) The caseload had reduced to around 6,200 from 6,600 at the start of the year, although the latest figures showed the caseload had increased slightly, it was still down on where it was nine months previously, which was a real achievement given that the number of referrals continued to grow.
- d) 18 months ago the average number of referrals per months was around 450, with this figure now sometimes up to over 600 per month.
- e) Whilst there was still a significant amount of work to do to improve FtP processes, it was encouraging to see the timeliness rate improving.
- f) The Safeguarding Hub which was established a year ago continued to go from strength to strength. The Hub was now fully resourced and since it was established 1,262 cases in FtP had been reviewed, with 416 cases being assessed as being high risk, 591 cases being assessed as medium risk, and 161 cases being assessed as low risk. Additionally, in 94 cases wellbeing concerns were highlighted with registrants in the process.
- g) Relating to education and standards, on 11 September 2025 a UK-wide survey was launched inviting professionals, students, employers, and the public to comment on the future of the Code and Revalidation. The purpose was to ensure that the Code and Revalidation reflect the current health and social care landscape, and the new and emerging challenges faced by professionals in practice.
- h) The NMC had appointed Professor Sharon Arkell MBE as Chair of the independent steering group for the reviews of the Code ad revalidation. Professor Arkell's experience and expertise make

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her ideally suited to the role, and colleagues looked forward to working with her and with stakeholders across all four countries of the UK as the landmark reviews progressed.

- i) The NMC continued to make progress with the transformation of its culture, with 27 out of 37 recommendations in the Independent Culture Review (ICR) now completed. While these recommendations were activities, the NMC also wanted to make sure that it was tracking the impact of the changes made in response to the ICR, and from the initiatives set out in its Culture Transformation Plan. The issue of impact was covered in the Culture Maturity Model, which was a later agenda item for this meeting.
- j) The NMC had appointed two new Heads of EDI to ensure the continued improvements of its EDI work.
- k) In July and August, the NMC marked South Asian Heritage Month, with a number of events and a well-attended webinar with Nafiza Anwar, co-founder of the Association of South Asian Midwives. This was an important moment to celebrate the contributions of people of South Asian heritage to nursing and midwifery and to the NMC, while recognising the barriers such colleagues still often face.
- l) The NMC welcomed the announcement that Baroness Amos would lead the rapid national investigation into NHS maternity and neonatal care. The NMC looked forward to working with her taskforce and the Department of Health and Social Care to tackle the many challenges in maternity services.
- m) The NMC would continue to engage with the all-Wales maternity services assessment.
- n) It was important for NMC colleagues to visit services to see what the challenges were on the front line. In August, the CER and the Acting Executive Director, Professional Practice joined Deborah Sturdy, Chief Nurse for Adult Social Care in England, on a visit to Aspen Court Care Home, in East London to see nurses working on the frontline of social care.
- o) Earlier in September, the CER and the Chair visited the Northampton Objective Structured Clinical Examination (OSCE) test centre with colleagues from the Nursing Council of New Zealand, who wanted to see how the NMC ran its test of competence. It was a good opportunity to share learning and showcase the NMC's approach to international competence testing.

- p) The NMC was strengthening its communications work to demonstrate to the sector how it was rebuilding as a strong and independent regulator.

4.

In discussion, the following points were noted:

- a) Details about the NMC’s engagement with stakeholders would be shared with the Council more frequently and at an earlier stage, ensuring this incorporated engagement activity with all four nations of the UK.
- b) There were upcoming elections in both Wales and Scotland and the NMC’s work to engage with health and social care ministers, and shadow ministers should be reflected in the Executive Report in future months.
- c) Inappropriate FtP referrals and disparities in referrals was a significant challenge to be addressed by the NMC, particularly in the health and social care sector. There was ongoing engagement with Deborah Sturdy, Chief Nurse for Adult Social Care in England, about the matter, and the Executive Director, Professional Practice and the Executive Director, Communications and Engagement were meeting later in the week with the UK’s Chief Nursing Officers to discuss ways to promote and encourage only referrals which were appropriate.
- d) Relating to the rapid national investigation into NHS maternity and neonatal care, the disparity in the mortality rate for Black, Asian and Minority Ethnic (BME) women in the UK was ‘disgraceful’. The NMC was engaging closely with the CNO for England and considering ways in which it could support the investigation. Whilst the current case management system (CMS) did not allow the NMC to automatically generate valuable data for the investigation, this functionality was being incorporated into the operation of the new CMS being developed.

Action:	Share with the Council details about the NMC’s engagement with stakeholders more frequently and at an earlier stage, ensuring this incorporated engagement activity with all four nations of the UK.
For:	Chief Executive and Registrar
By:	26 November 2025
Action	Include in the Executive Report details related to the NMC’s work to engage with health and social care ministers, and shadow ministers in the coming months, as elections in both Wales and Scotland approach.
For:	Executive Director, Communications and Engagement
By:	26 November 2025

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NMC/25/90 Quarterly corporate performance report

Quarterly corporate performance report – Q1 2025 (part 2)

1. The Acting Executive Director, Resources and Technology Services introduced the full quarterly corporate performance report for Q1 2025.
2. In discussion, the following points were noted:
 - a) The Council welcomed the incorporation of the FtP casework report into the quarterly Performance Report, which saved duplication and recognised that the improvement of FtP processes impacted on all areas of the NMC’s business.
 - b) It was important that quality measures be included in updates relating to FtP casework.
 - c) It was also agreed that numbers of third-party investigation cases would be included in future FtP casework reports to the Council.
 - d) A Council discussion regarding the FtP improvement plan was scheduled for October 2025 to update on the additional interventions developed to accelerate the delivery of the FtP plan and the changes required.
 - e) Work was underway between the NMC and representative bodies to encourage the right FtP referrals and improve the quality of referrals.
 - f) The Council would welcome an in-depth discussion at a Seminar session regarding the development of a strategy for clinical advice in casework.
 - g) It was positive that the log and learn process was being implemented across the NMC and that there had been good levels of engagement to-date, acknowledging that log and learn was central to the culture transformation work. It was requested that updates about log and learn rates of engagement and trends be presented to both the Council and the Audit and Risk Committee from the end of Q3 2025-2026.
 - h) Relating to the Modernisation of Technology Services (MoTS), the NMC Online project had experienced significant challenges and delays, including poor delivery from external partners. Despite huge effort by the team, it would no longer be possible to meet the original delivery date of November 2025, which was disappointing particularly as it was the second time the delivery date had not been met. A paper was being submitted to the Council in October 2025 to outline the changes and the revised plan.
 - i) On 13 August, the NMC published a press release and news story to announce it had approved Canterbury Christ Church

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University's (CCCU) new midwifery programme. This approval came two years after the NMC had withdrawn approval of the previous course in 2023, following concerns it could no longer adequately equip students to meet the requirements needed to join the NMC professional register.

- j) Information about the NMC's progress towards meeting the Professional Standards Authority's (PSA) Standards would be shared at the Confidential Council meeting in October 2025.
- k) Relating to leadership improvements, it was acknowledged that the Council Associate scheme was very successful. Recruitment to the scheme was paused on a temporary basis whilst there was an evaluation of the scheme and the skills mix required by the Council. There would be two new Council members – one lay and one registrant – taking up office from 1 October 2025.
- l) Relating to the EDI learning suite, it was important to involve the Council and incorporate EDI into its learning and development plan, as well as to consider ways the Council could promote and role model this work.
- m) The NMC was on track to ensure the office environment and reasonable adjustments were in place to support the new hybrid working model to be implemented from 29 September 2025.

Quarterly Strategy Risk Exposure Report - Q1 2025 (part 2)

The Acting Executive Director, Resources and Technology Services introduced the item.

3.

In discussion, the following points were noted:

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- a) As requested by the Council at the previous meeting, the trajectories of each strategic risk over the past four quarters had been included within the regular overview of strategic risk.
- b) Whilst there were consistently high scoring risks in the report, assurance was provided that due to the mitigations in place, it was expected that the scores would be lowered soon.
- c) There was one increased risk: Finances **FIN21/02**.

Quarterly finance report – Q1 2025 (part 2)

The Acting Executive Director, Resources and Technology Services introduced the item.

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In discussion, the following points were noted:

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- 6.
- a) The paper provided an overview of the NMC’s financial performance for the four-month period of 2025-2026, ending 31 July 2025.
 - b) The NMC remained financially stable in the short term with reserves (measured by total cash and investments) of £65 million. However, reserves had reduced by £18.5 million since March 2025 and were forecast to reduce to £30-35 million by March 2026.
 - c) The NMC was operating in a challenging context, with a budget deficit of £24 million alongside £6 million in planned capital expenditure.
 - d) The increased likelihood of not having a sustainable budget to meet the NMC’s strategic ambitions was largely due to the registration fee remaining the same over the past ten years, effectively reducing the value of the NMC’s fee by 28 percent in real terms, and the significant investment required to turnaround the organisation.
 - e) The urgent need for cost savings was being addressed separately by the Executive Board and the Council.
 - f) One efficiency measure implemented in August 2025 was an NMC-wide recruitment freeze. Assurance was provided that the recruitment freeze was being managed to ensure roles critical to allow the NMC to discharge its statutory responsibilities were not lost, with a recruitment panel established to review requests to fill a position left vacant by a departing employee in detail.

Action:	Include quality measures in future updates relating to FtP casework.
For:	Executive Director, Professional Regulation
By:	29 January 2026
Action:	Include numbers of third-party investigation cases in future FtP casework reports to the Council.
For:	Executive Director, Professional Regulation
By:	26 November 2025
Action:	Schedule an in-depth discussion at a Seminar session regarding the development of a strategy for clinical advice in casework.
For:	Secretary to the Council / Executive Director, Professional Practice
By:	29 January 2026
Action:	Present updates about log and learn rates of engagement and trends to both Confidential Council and the Audit and Risk Committee from the end of Q3 2025-2026.
For:	Executive Director, Resources and Technology Services

24 February 2026

Action: Relating to the EDI learning suite, involve the Council and incorporate EDI into its learning and development plan, as well as to consider ways the Council could promote and role model this work.

For: Secretary to the Council

By: 29 January 2026

NMC/25/91 Safeguarding Board Quarterly report (Q1)

1. The Executive Director, Professional Practice introduced the report. The following points were highlighted:
 - a) Strategic risk **REG24/01** (*we fail to meet out statutory responsibilities to protect people who come into contact with the NMC through our work from abuse and mistreatment*) was reviewed in July 2025. Whilst there had been a significant amount of work to reduce the risk, it was not fully embedded and completed, and therefore the risk remained at 20. There was a further risk review due in September 2025.
 - b) Level one training had been reviewed and redesigned and was now mandatory for all NMC staff.
 - c) A safeguarding handbook was being produced in collaboration with colleagues across the NMC and would soon be ready for final sign-off. The handbook was a resource guide for all staff relating to safeguarding, including access to the safeguarding team and the emergency helpline, information sharing, agencies, and education and training.
 - d) The Safeguarding Hub was key to discharging the NMC's safeguarding responsibilities by ensuring the consistent identification and management of safeguarding concerns and risks for all new referrals into the FtP process.
 - e) The Safeguarding Hub data had been continuously developed over the year and now included outcome measures to demonstrate impact, and from September 2025, would be available monthly.
2. In discussion, the following points were noted:
 - a) Providing Safeguarding Hub outcome data on a regular basis was an objective, although was currently at the infancy stage of development.
 - b) It was important to track safeguarding risks across the FtP process. The Safeguarding Hub was constantly engaged with the FtP process as cases progressed, acknowledging that issues can arise and providing ongoing assurance.

- c) The Council welcomed the EDI data provided, acknowledging though that it did not include ethnicity. Assurance was provided that work was underway to incorporate ethnicity into the EDI data.
- d) The Council commended the progress made relating to safeguarding at the NMC and thanked the team for all its work.
- e) Support was expressed for the continued development of the Safeguarding Hub as a centre for excellence.

NMC/25/92 NMC Strategy 2025-2027

1. The CER introduced the item, noting there were three key drivers to transform the NMC: the Strategy 2025-2027, the Culture Transformation Plan, and the behaviour framework. The NMC Strategy 2025-2027 set out clearly the direction of travel for the NMC and what it was the organisation was trying to achieve over the next 18 months.

2. The Executive Director, Strategy and Insight noted that there had been an intense, focused period of turnaround at the NMC in recent months. It was time now for an updated vision and mission for a new NMC, with wider and higher aspirations, to account for public, stakeholder and registrant needs.

3. The Head of Strategy introduced the NMC Strategy 2025-2027. The following points were highlighted:
 - a) The strategy set out the NMC’s priorities over the next 18 months and marked a return to greater stability for the organisation under new leadership.
 - b) The strategy was largely informed by existing plans and ambitions, such as the Culture Transformation Plan, the FtP Improvement Plan, the People Strategic Objectives and EDI Strategic Objectives. As well as the most recent Professional Standards Authority (PSA) performance review, staff surveys, and learnings from other reviews.
 - c) Five key themes had been explored for the strategy:
 - i) Ensuring trust in professionals
 - ii) Improving FtP
 - iii) Culture transformation
 - iv) Strengthening leadership
 - v) Modernising the NMC
 - d) Under the strategy, fairness and equity would be at the heart of all the NMC’s work.
 - e) The strategy aimed to drive the NMC to be a stronger, fairer, and more trusted regulator.

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4. f) Thanks to the Council who had helped develop the strategy.

In discussion, the following points were noted:

- a) The Council was supportive of the content of the NMC Strategy 2025-2027, emphasising that it should not be regarded as a plan.
- b) It was appropriate to have a bridging strategy for the next 18 months, with plans for a longer-term strategy from 2027, which would involve more extensive engagement.
- c) The request that there be further clarity relating to outcomes, to allow the Council to monitor progress.

5. Summing up, the Chair thanked and congratulated colleagues on the production of the NMC's Strategy for 2025-2027. He highlighted that it was a strategy and not a plan – it set an approach under which detailed planning must fall.

6. **Decision: The Council approved the NMC's Strategy for 2025-2027.**

NMC/25/93 Annual Health and Safety Report

1. The Acting Executive Director, Resources and Technology Services, introduced the Annual Health and Safety Report 2024-2025 and the priorities for 2025-2026.

2. In discussion, the following points were noted:

- a) In terms of health, safety, and security, the NMC was a relatively low risk environment.
- b) The Professional Regulation directorate published a separate health and safety annual report, focused on professionals and other people who come into contact with the NMC in connection with FtP, including Professional Regulation colleagues, and covering safeguarding.
- c) Relating to hybrid working and plans to return to the office, the NMC's offices at 10 George Street, One Westfield Avenue and 2 Stratford Place were fit-for-purpose. There were works ongoing at 23 Portland Place to improve furnishings and increase private as well as collaborative working spaces, although the scope for improvement was limited by the nature of the building and financial constraints. There would be a further review of improvements when more colleagues had returned to the office and there was more information about how the space was being utilised.
- d) The Accommodation Committee was soon to be subsumed into the Finance and Resources Committee. It was important to ensure that any outstanding items on the agenda relating to

improving the office space at 23 Portland Place be incorporated to the Forward Plan for the Finance and Resources Committee.

Action: Ensure any outstanding items on the Accommodation Committee agenda relating to improving the office space at 23 Portland Place be incorporated to the Forward Plan for the Finance and Resources Committee.
For: Secretary to the Council
By: 26 November 2025

NMC/25/94 Finance and Resources Committee: Terms of Reference

1. The Secretary to the Council introduced the item.
2. In discussion, the following points were noted:
 - a) The Finance and Resources Committee's Terms of Reference were approved by the Council on 27 March 2025.
 - b) The Terms of Reference were updated following an initial discussion with the Interim Chair of the Finance and Resources Committee and the Executive Director, Resources and Technology Services.
 - c) At its inaugural meeting on 30 June, the revised Terms of Reference were further amended. After this meeting some additional minor changes were discussed between the Secretary to the Council and the Interim Chair, which have been incorporated to the version submitted for approval.
 - d) There was currently no reference to reviewing quality in the Terms of Reference which required consideration.
 - e) The Terms of Reference will be kept under review for the next 12 months and will be further updated in partnership with the Chair of the Finance and Resources Committee once appointed.
 - f) The Finance and Resources Committee is scheduled to meet next on 21 October.

Action: Consider incorporating quality to the Terms of Reference for the Finance and Resources Committee.
For: Secretary to the Council.
By: 29 January 2026

NMC/25/95 Culture Transformation Plan / Independent Culture Review: Maturity Model

1. The CER introduced the item, noting that 27 out of the 37 recommendations in the ICR report had now been delivered. Whilst this

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output-focused progress was important, successful cultural transformation was not measured by the completion of tasks alone. The NMC was now committed to demonstrating to its workforce, stakeholders and registrants that it had fundamentally changed.

2. The Executive Director, People and Culture noted that cultural change at an organisation took time to embed. To move from activity to impact, the NMC had developed a Culture Maturity Model. The model sets out what cultural change looks like in practice at different stages of maturity across three years.
3. The Assistant Director, Culture Change and Transformation highlighted the following points:
 - a) The Culture Maturity Model presented at the meeting was a draft, work-in-progress document and would be discussed in more detail at the People and Culture Committee meeting on 30 September 2025.
 - b) The Culture Maturity Model was designed to work as a practical, monitoring tool, to enable the NMC to know when the culture was changing 'on the ground'. It provided a mechanism for measuring impact over time and describes the outcomes of the activities being delivered, shifting the focus away from tracking outputs.
 - c) The Model covers each of the six pillars in the Culture Transformation Plan separately.
 - d) The maturity stages were aligned to leading academic models in each area, with the exception of the Regulatory Fairness model which was designed in-house. The NMC was seeking input from other regulators regarding the Regulatory Fairness model.
 - e) Against each of the six pillars covered by the Model, the data sets used to measure progress were highlighted.
 - f) There was also a model aligned to the UNISON anti-racism charter which the NMC signed in April 2025.
4. In discussion, the following points were noted:
 - a) The embedding of the Culture Transformation Plan and the utilisation of the Culture Maturity Model was essential to the delivery of the NMC Strategy.
 - b) There needed to be consideration about whether reference to psychological safety in the Model appropriately encompassed the NMC's 'speak up' culture.
 - c) EDI were grouped together in the Model, and whether these should be treated separately to avoid duplication should be considered

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5. d) The feedback provided by the Council would be discussed with the People and Culture Committee at its upcoming meeting and incorporated into the next iteration of the Maturity Model.

6. Summing up, the Chair thanked colleagues for the excellent work in producing the Culture Maturity Model. The Council would look forward to future reports and to using the Model to monitor progress.

Decision: The Council approved the Culture Maturity Model, subject to consideration of the feedback provided.

Action: Consider incorporating the feedback provided to the next iteration of the Maturity Model, including whether:

- reference to psychological safety in the Model appropriately encompassed the NMC’s ‘speak up’ culture.
- whether EDI should be treated separately to avoid duplication.

For: Executive Director, People and Culture
By: 26 November 2025

NMC/25/96 Questions from observers

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

NMC/25/97 Welsh Language Standards Regulations Annual Monitoring Report 2024-2025

1. The Council noted the Welsh Language Standards Regulations Annual Monitoring Report 2024-2025.

NMC/25/98 Investment Committee Report

1. The Council noted the Investment Committee Report.

NMC/25/99 Chair’s actions taken since the last meeting

1. There had been one Chair’s action since the last meeting:
- Approval for Surinder Birdi to be appointed as a Pension Trustee (**07-2025**).

Closing remarks

1. On behalf of the Council, the Chair expressed thanks to Claire Johnston, who was appointed as a Council member in September 2018, and Sue Whelan Tracy, who was appointed as a Council member in October 2020, who would be coming to the end of their second terms of office at the end of September 2025. The NMC was grateful to Sue and Claire for their dedication and public service. On behalf of the professionals we regulate and the public we serve, thank you for all you have done to guide and support the NMC, and we wish you well for the future.
2. The Chair thanked all attendees and observers for joining the meeting, noting that the next scheduled Open Council meeting would be held online on 26 November 2025.

Confirmed by the Council as a correct record:

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Annexe A: Observers

Aisha Holloway	Professor of Nursing Studies and Co-Director of Edinburgh Global Nursing Initiative, University of Edinburgh
Alice McInnes	Director of Midwifery, NHS Tayside
Alison McBride	Head of Midwifery, NHS Forth Valley
Amanda Gotch	Consultant Midwife, NHS Grampian
Andrew Carruthers	Associate Director - Care Quality, Scottish Ambulance Service
Chidi Izunwanne	
David Munday	Lead professional officer, Unite the union
Elizabeth Claxton-Bordon	
Gail Adams	Head of Professional Services, UNISON
Ian Somerville	Policy and External Affairs Manager, GMC
Justine Craig	Chief Midwifery Officer, Scottish Government
Karen Lawrie	Partnership Lead, NHS Borders
Karen Wilson	Deputy Chief Executive & Executive Nurse Director, NHS Education for Scotland
Karen Johnson	Karen Johnson, Scottish Care
Lee-Anne Abel	Midwife, NHS
Lorna Low	National Officer, Royal College of Midwives
Nasreen Anderson	Senior Associate, Financial Conduct Authority
Peter Bates	Director, NMC Watch: Registrant Care CIC
Rebecca Wright	
Rhys McCarthy	Professional Standards Authority
Rupam Sharma	
Samia Kaddeer	
Sheona Brown	Midwifery Lecturer, University of the West of Scotland
Sonja Bunting	Clinical Nurse Interviewer, NHS Professionals
Stephanie Gardiner	Senior midwife, NHS Tayside
Stuart Beardsley	

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Susan Dawkes Dean, Professor, School of Health and Social Care, Edinburgh Napier University

Susan Peart Head of Fitness to Practise, Scottish Social Service Council

Tom Miller Senior Solicitor, Scottish Social Services Council

Sue Murray Meeting Observer

NMC Officers

Amber Chishti Case Officer

Charlotte Eimer Asst. Director, Culture Change & Transformation

Corinn Head Investigator

Elaine Stewart Adjudications Senior Manager

Emma Norbury-Perrott Hearings Coordinator

Graeme King Senior Adjudication Manager

Joanna Le Bert-Franceis Paralegal/Trainee solicitor

John Kennedy HC

Joycelyn Fletcher ELS Advisor

Preth Rao Head of Strategy

Sarah McLuckie Senior Invetigatins Manager

Shadae Cazeau Head of Regulatory EDI

Tara Hoole-Maddison Hearings Manager

Verena Wallace Senior Midwifery Advisor

Xenia Menzl Senior Training Advisor

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Annexe B: Observer questions

Question: *The NMC has confirmed that it has no policy on “vexatious referrals”: referrals that appear to be made mostly for the benefit of the person referring. (One NMCWatch member was referred by the same person 6 times). Other regulators do, so does Council have a plan for such a policy at NMC? – Peter Bates, Treasurer, NMC Watch*

Response: *We appreciate that a number of concerns raised with us may potentially be malicious, and our screening process is our first opportunity to identify this. This includes a consideration of contextual factors, and our decision makers are trained in recognising unconscious bias. This means we look at a concern from different perspectives and in the fairest way possible.*

On your question about a policy, we do not have a specific pathway or process for vexatious concerns, all concerns raised with us are dealt with in the same way. It is important to us that we deal with concerns in the same way to be fair to both those who raise concerns and those who have concerns raised against them. However, we do have guidance for our screening team on what to do with allegations raised without any supporting evidence. The relevant section outlined below refers:

Allegations without any supporting evidence

Sometimes people can interpret events differently, particularly if a distressing or traumatic event has taken place. We’ll always make an objective assessment of the evidence we’ve been given, rather than rely on an individual’s interpretation of the evidence.

Where someone makes a serious allegation asserting the professional’s behaviour is causing harm to the public or public confidence, but doesn’t provide us with any supporting evidence, we’ll decide whether to make further enquiries to establish if there’s some evidence to support the concern (this might be an account from the person who witnessed the professional’s conduct, or a request for the relevant medical records). We’ll usually ask the person raising the concern for more information. If this isn’t possible, for example, where we don’t know the identity of the person raising the concern, we’ll assess the potential risks to decide whether it’s reasonable and proportionate to make enquiries to verify it (or whether another body may be better placed to investigate the matter, for example the police).

Where we’ve carried out reasonable and proportionate enquiries but are left with a bare allegation, (one which is not supported by evidence), we won’t be able to take the matter further.

Question: *A new Report “NMC Insights: Experiences of professionals involved with FtP” (Sept. 2025) has been circulated to those involved in the study in 2024. It documents the poor experiences during FtP of a small, self-selected, group of registrants. This NMC Report it is not currently available on the NMC website or mentioned in “Latest News”. Will the Insights from this report be made available more widely to Council and others? – NMC Watch*

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Response: *The slide deck to which the question refers is not ‘a new report’. It is an internal document about some interviews that were conducted with a group of registrants who had negative experiences of FtP. It has been used for internal discussion purposes to support our FtP improvement plan but it was never intended for external publication, as colleagues involved were fully aware. Participants were self-selecting, the group was not representative of our register or our cases, and some of the experiences were from quite a long time ago.*

We have published on the insight area of our website an overview of some linked pieces of work into FtP experience, carried out by our research team at the request of FtP colleagues. The purpose was to enhance our use of feedback for improvement. We have used quotes from the interviews in this publication.

We have shared the slide deck with the people we interviewed and pointed them to the fuller report of related work on the website, where they can learn more about resulting actions.

Questions: *The NMC had established a new ‘First Contact Pilot’ process where new approaches to contacting those who have been referred will be trialled. Would Paul Rees, as CEO agree to pause the pilot to enable further discussions on the approach to take place with the representative bodies who have concerns about their lack of involvement to date. – David Munday, Lead professional officer, Unite the union.*

Response: *The pilot is scheduled to run for 3 months, the NMC has modelled its approach on that undertaken by the GMC and is using the opportunity of contacting people to encourage them to either speak with their representatives or to seek representation where they do not have it. We will set up a session with the representative bodies in the coming weeks to set out in more detail how the process works and will take any feedback they have to improve the approach.*

Comment: *The International Code of Ethics for Nurses reminds us that our role is to: Alleviate Suffering and Advocate for Equality and Social Justice, regardless of, amongst other issues- An individual's Gender, Faith, Culture, Ethnicity and Political Situation. Medicine Sans Frontier reported this week 1,722 Health workers have been killed to date in Gaza. You will be fully conversant with the ongoing slaughter and starvation of innocent men, women, and children within Palestine. More than 50,000 children have been killed or injured in the conflict to date (UNICEF, September 2025).*

Please do not underestimate the NMC's potential to significantly influence the UK's political decision makers and importantly- public opinion.

The Royal College of Nursing (RCN) (Letter to UK Gov; June 2025) and British Medical Association (BMA) have been increasingly vociferous on this matter- with the BMA acknowledging the term genocide.

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I urge the Council to recognise their power to impact political and public opinion, and apply this effectively in a constructive, visible and confident manner, in order to influence the outcome of this devastating genocide and stand on the right side of history. - Sue Murray- Meeting Observer

Response: The Chief Executive and Registrar noted that whilst colleagues were severely concerned by events in the Middle East, the NMC was not planning to make a statement. The NMC was the regulator of nurses and midwives in the UK, its duty and role was public protection and maintaining public confidence in nurses, midwives and nursing associates, and upholding professional standards.

The Independent Adviser outlined his thoughts that the NMC should consider making a statement and to be clear about its 'stand on the right side of international law'.

Question: *The NMC had appointed PwC to provide FtP caseload support and paid approximately £3.5 million for this outsourced contract. Could the NMC set out the benefits of this support for transparency? Secondly, could the NMC provide further details about the recruitment freeze and why this was being implemented at a time when there were 600 FtP referrals per month and the NMC was paying to outsource case reviews? - Gail Adams, Head of Professional Services, UNISON*

Response: *The NMC had appointed PwC specialists as a key part of continued improvement of FtP processes and timeliness rates. A summary of PwC's findings and the improvements implemented as a result could be shared in the future. Relating to the recruitment freeze, assurance was provided that mission critical roles in FtP would still be recruited, with the NMC working with a range of stakeholders and colleagues to ensure its commitments were honoured.*

Question: *For transparency and accountability, how much oversight did the Council have of the NMC's finances and how much money was spent on outsourced legal and consultancy fees? Secondly, there was a concern that not enough was being done to address the safeguarding risk as part of the FtP process. - Nasreen Anderson, Senior Associate, Financial Conduct Authority*

Response: *The Chair of the Audit and Risk Committee highlighted that the NMC had established a Finance and Resources Committee to allow for closer monitoring of finances on a project-by-project basis. The Audit and Risk Committee would continue to undertake comprehensive reviews related to additional costs and ensure the NMC was not overspending on external contracts, when the work could be undertaken internally. Additionally, she noted that the Council fully supported the appointment of PwC specialists as part of the continued improvement of FtP processes.*

Relating to safeguarding, the Safeguarding Hub had been established for a year and real progress and improvement had been made in this area to improve the support available to those involved in FtP processes.

Item 4.2
NMC/25/109
26 November 2025

Extraordinary Meeting of the Council
Held on Tuesday 21 October 2025 at 23 Portland Place, London W1B 1PZ

Minutes

Ron Barclay-Smith
Anna Walker
Eileen McEneaney
Flo Panel-Coates
Rhiannon Beaumont-Wood
Lindsay Foyster
Lynne Wiggins
Deborah Harris-Ugbomah
Margaret McGuire
Nadine Pemberton Jn Baptiste
Peter Herbert

Chair
Member
Member
Member
Member
Member
Member
Member (*virtually from item 4.2*)
Member
Member
Independent Adviser (*virtually*)

NMC Officers

Paul Rees
Tom Moore

Chief Executive and Registrar
Acting Executive Director, Resources and Technology Services

Lesley Maslen
Ravi Chand
Emma Westcott
Julia Corkey
Donna O'Boyle
Alice Hilken
Ben Wesson
Jacqueline Maunder
Alice Horsley

Executive Director, Professional Regulation
Executive Director, People and Culture
Executive Director, Strategy and Insight
Executive Director, Communications and Engagement
Acting Executive Director, Professional Practice
General Counsel
Chief of Staff
Secretary to the Council
Senior Governance Manager

For item 4.1:

Sinead McKenna
Razia Karim

Legal Lead, Legislative Change
Head of Regulatory Reform Policy

For item 4.2:

Darren Shell
Sinead McKenna

Head of Policy and Legislation
Legal Lead, Legislative Change

A list of observers is at Annexe A.

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Minutes

NMC/25/100 Welcome and Chair's opening remarks

1. The Chair welcomed all attendees and observers to the extraordinary meeting, which had been convened to consider requests for approval to launch public consultations.
2. On behalf of the Council, the Chair congratulated Paul Rees MBE, Chief Executive and Registrar (CER), on having been awarded the Inclusive Leader of the Year award at the 2025 National BAME Health and Care Awards which spotlights the achievements of Black, Asian and minority ethnic (BAME) staff and allies who build inclusivity.
3. The Chair noted that he was pleased to confirm that after an open and competitive recruitment process, the Privy Council had approved the appointment of two new Council Members, Hussein Khatib, a registrant member, and Dr Julia Mundy, lay member, who would join the NMC for a three-year term. The Chair noted that Julia Mundy would be the Council's finance lead and chair the new Finance and Resources Committee.

NMC/25/101 Apologies for absence

1. There were apologies received from the two newly appointed members of the Council, Hussein Khatib and Julia Mundy.

NMC/25/102 Declarations of interest

1. The following declarations of interest were recorded:
 - a) **NMC/25/103 Item 4: Request for approval to launch a public consultation** - All registrant members and the Executive Director, Professional Practice, declared an interest in the registrant Fees and Fitness to Practise (FtP) rules changes consultation.
2. These interests were not considered material such as to require the individuals concerned to withdraw from discussion.

NMC/25/103 Request for approval to launch a public consultation

On proposals to increase the fees

1. The CER introduced the item, which sought Council's approval to consult on an increase to the registration fee. The following points were highlighted:
 - a) The NMC had not increased the registration fee since 2015 in recognition of the impact of the cost-of-living crisis on the professionals on the register. As a result, the NMC had effectively

imposed a cut in fee income in real terms of more than 28 percent over the last ten years, which was equivalent to foregoing around £180 million in income to March 2026.

- b) Over the same period, the NMC's workload had grown significantly, and the organisation had also invested in essential regulatory improvements.
- c) There was a need at this stage to increase costs to meet the NMC's demands and to enable it to meet its core priorities of protecting the public, maintaining confidence in the nursing and midwifery professions and upholding the standards of proficiency.
- d) The request for approval to consult on an increase to the registration fees coincided with an internal efficiency programme, including the launch, two weeks ago, of a proposed workforce restructuring programme to ensure a sustainable financial position and focus resources on the effective delivery of core regulatory work.

2. The Executive Director, Strategy and Insight highlighted the following points:

- a) Subject to the Council's approval, a 12-week public consultation period would be launched in autumn 2025, in partnership with a research organisation, *Thinks*. An online survey would be issued to gather stakeholder feedback as part of the consultation.
- b) On the closure of the proposed consultation, the responses would be analysed and scrutinised by the Council.
- c) The intention was for the new fee to come into force from 1 October 2026, subject to Privy Council approval, the parliamentary process and operational readiness.

3. In discussion, the following points were noted:

- a) The Council supported the proposed consultation on an increase to the registration fee.
- b) The restructuring work the NMC was doing internally to ensure a sustainable financial position and to focus resources on effective delivery of core regulatory work was welcomed.
- c) Assurance was provided that the consultation would reach all four UK countries and that the research organisation *Thinks* would be required to monitor response rates and provide regular updates to the NMC.
- d) The proposed fee increase applied to all professionals regulated by the NMC.
- e) The NMC was not considering a lower fee for Nursing Associates. The rationale for this approach would be set out in the consultation document, and would include that the regulation

of nurses, midwives, and nursing associates was the same regardless of income.

- f) It was recognised that the registration fee was not a negligible amount of money.
- g) Some other regulators offered a discount 'joining' registration fee, which was attractive to professionals at the start of their professions. This approach would not be included as part of the upcoming proposed consultation, but in future, more regular increases, a discount may be incorporated.
- h) Following regulatory reform, the process for increasing registration fees would not require Parliamentary approval. It would be easier for the NMC to set a registration fee policy year-on-year, rather than having to undertake a laborious consultation period for each rise.

4. **Decision: The Council approved:**

- **the consultation on proposals to increase the registration fee and**
- **a 12-week consultation period in autumn 2025.**

On proposed Fitness to Practise rule changes

- 5. The Executive Director, Strategy and Insight introduced the item, noting that the NMC was working with the Department of Health and Social Care (DHSC) on a regulatory reform programme to replace its current legislation, which would provide the NMC with greater flexibility in how it regulates. The DHSC had recently confirmed that it intends to replace the General Medical Council's (GMC) legislation first, followed by that of the NMC and Health and Care Professions Council (HCPC), and that they intend to complete this within this parliamentary term.
- 6. The Executive Director, Strategy and Insight noted that to support the improvement work, DHSC had agreed to support a limited number of amendments to the NMC's rules ahead of the wider reforms. Strategy and Insight colleagues had worked with Professional Regulation colleagues to consider what the most beneficial changes were that could be made by relatively minor amendments to the rules. The Council's approval was being sought to consult on amendments to the NMC (FtP) Rules 2004 to enable the six operational changes set out in the accompanying paper to support the NMC's FtP plan.
- 7. In discussion, the following points were noted:
 - a) The Council supported the proposal to consult on the amendments to the NMC FtP Rules, which would allow for the implementation of a suite of operational changes to modernise the FtP process and deliver efficiencies.

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- b) The NMC had been wanting to progress the proposed FtP rule amendments for some time.
- c) The benefits of the proposed FtP rule changes for registrants involved in the FtP process included the NMC having increased control over pace and focus, which would improve timeliness. The amendments would also allow for more flexibility, enabling a more person-centred approach.
- d) The Council welcomed the proposed amendment to give the NMC the power to appoint legally qualified chairs to Practice Committee panels. The appointment of legally qualified chairs to such panels had proved beneficial at other regulatory organisations.
- e) The legally qualified chair would be at the heart of a case, improving and strengthening case management and adherence to the rules.
- f) Assurance was provided that the appointment of legally qualified chairs would not make the FtP process more adversarial.
- g) To meet the requirement to be a legally qualified chair, an individual needed to be 10 years post qualification, with the expectation that they would have significant regulatory experience.
- h) One of the proposed amendments was the provision for vulnerable witnesses, acknowledging that the language to define vulnerable witnesses currently was overly prescriptive.
- i) Subject to approval, it would be important for the implementation of any FtP rule amendments to account for the full organisational context, including the ambitious culture transformation work, the efficiency programme, and the focus on the experience of the registrant.

8. **Decision: The Council agreed to proceed to public consultation on proposed changes to the rules in autumn 2025.**

NMC/25/104 Independent reviews

- 1. The Executive Director, Strategy and Insight introduced the item, which provided an overview of two independent reviews into the NMC's past treatment of FtP cases involving concerns outside of work, and the NMC's handling of a whistleblower who raised concerns about its approach. The following points were highlighted:
 - a) Acknowledgement that raising a concern at work took courage and could be a lonely experience. It was essential that legal frameworks were adhered to and that whistleblowers received appropriate protection.

- b) There had been a significant amount of work at the NMC in recent months relating to culture transformation and improving policies and processes related to raising concerns. The NMC was committed to listening to all concerns raised and embedding a culture whereby colleagues feel a duty to speak out about a concern.
- c) The NMC originally commissioned the two independent reviews in 2023. The reviews were recommissioned in July 2025 when the previous supplier was for personal reasons unable to deliver the reports in the agreed time.
- d) Victoria Butler-Cole KC and David Hopkins authored the review on FtP cases and Lucy McLynn, a national expert on whistleblowing, authored the review of the NMC’s handling of the whistleblower.
- e) The two review reports were received and published at the end of September 2025. The NMC fully accepted and welcomed the findings and recommendations in the reviews.
- f) The headline of the review of the whistleblower was that they had been handled appropriately and that they had suffered no detriment at the hands of the NMC for having raised concerns.
- g) The NMC had refreshed and improved its related policy, now titled ‘Raising Concerns’, which addressed the independent reviewer’s conclusion that the previous policy gave unrealistic assurance about the extent to which the NMC could maintain a whistleblower’s confidentiality.
- h) The reviewer provided a number of recommendations for ways to improve the policy and process around raising concerns, which the NMC had been considering in strengthening its approach in this area.
- i) Relating to the FtP case review, Victoria Butler-Cole KC and David Hopkins concluded that in 19 out of the 20 cases that were raised by a whistleblower, the right decision had in the final instance been reached, meaning there were no outstanding public protection concerns and no cause to revisit those decisions. In the final case, the registrant had in any case left the register and so did not pose a risk to the public.
- j) The reviewers did consider the guidance published related to registrants’ private lives in 2023 was inadequate and that its application, in some cases, was wrong.
- k) Since the material time, the NMC had revised and strengthened its guidance on concerns arising outside practice.

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- l) The NMC would focus on enhancing the governance processes related to the FtP guidance and improving ways in which colleagues can raise concerns about cases and thematic issues, to strengthen public protection. It was agreed that a report would be submitted to the Council on progress with actions resulting from the reviews in six months.

2.

In discussion, the following points were noted:

- a) The Council welcomed the two review reports and noted the findings and steers regarding learning and resulting actions.
- b) It was acknowledged that the length of time it took for the review reports to be published since they were first commissioned in 2023 was disappointing, and that this was the result of the first supplier being unable to deliver the reports in time due to personal circumstances.
- c) The NMC's objective should be to become an organisation where whistleblowing is not required, by embedding a strong 'speak up' culture.
- d) Embedding a strong 'speak up' culture at the NMC was a key part of the Culture Transformation Plan, with good progress having been made in recent months. The approach to raising concerns was to ensure that all concerns had an appropriate route, such as raising with a manager, an Empowered to Speak Up Ambassador, the Independent Guardian, or an Empowered to Speak Up Council Lead, or through Log and Learn.
- e) It was important that more serious, public interest concerns had the appropriate protections in place, with no detriment to the individual raising the matter.
- f) The Council would be updated on the latest amendments to the NMC Raising Concerns policy at the October Seminar session. The policy now incorporated all the recommendations in the review of the whistleblowing matter. It was important that the Raising Concerns policy was continually monitored, to ensure it remained up-to-date. Whilst the previous policy was deemed adequate in the review, the amended Raising Concerns policy was commended as a 'state of the art' modern policy which supported a speak up culture.
- g) It was important that those who spoke up about a concern were able to see the difference their action made.
- h) Relating to the report on the review of FtP cases, it was important that FtP colleagues were able to interpret the FtP guidance based on the circumstances of a particular case.

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- i) The Council would be interested in the thematic issues emerging from FtP cases related to registrants' private lives.
- j) The Council had not been aware of the changes to the guidance and process related to registrants' private lives until after they were in place. It is important that the Council's involvement is sought at the appropriate stage related to such significant changes.

Action: Provide a report to the Council in six months on progress with actions resulting from the reviews, including the work to enhance the governance processes related to the FtP guidance and improving the ways in which colleagues can raise concerns about cases and thematic issues.

For: Executive Director, Strategy and Insight

By: 20 May 2026

NMC/25/105 Questions from observers

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

Closing remarks

- 1. The Chair thanked all attendees and observers for joining the meeting, noting that the next scheduled Open Council meeting would be held online on 26 November 2025.

Confirmed by the Council as a correct record:

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Annexe A: Observers

- Gail Adams Head of Professional Services, UNISON

- Tessa Alexander Senior Nurse Lecturer, COSTAATT, Trinidad and Tobago W.I.

- Michelle Lyne Professional Advisor Education, RCM

- Rhys McCarthy Scrutiny Officer, Professional Standards Authority

- David Munday Lead professional officer, Unite the Union

- Meury Febres Team Lead, NELFT

- Caroline Keown Chief Midwifery Officer, Northern Ireland

- Joyce Sarpong Independent NMC Audit and Risk Committee member

Press

- Shruti Trivedi Senior Journalist, Standard/RCNi

- Megan Ford Deputy Editor, Nursing in Practice

- Carolyn Scott Editor, Nursing in Practice, Cogora

NMC observers

- James Brindley Senior Coordinator, Case Examiner Business Unit

- Caitlin Law Senior External Affairs Officer

- Rachael Truswell Head of Strategic Projects

Annexe B: Observer questions

Question(s): *I wanted to start by expressing my solidarity to those NMC staff who are fearful for their jobs today and extend that solidarity to the UNISON branch members.*

1. Whilst this fee rise appears to have been considered by the NMC Executive Board since July 2024 why has it needed to come to an extraordinary meeting separate to a regular Council meeting with, I assume associated extra costs to us all, rather than being considered at a regular meeting?

2. It is highlighted that whilst the register grew 24% between 2015 and today FtP has 'only' risen by 21%. Doesn't this actually mean the NMC should be in a better position today as it receives the majority of its income through registration fees?

3. I have repeatedly asked, and received some assurances, including at an open Council meeting, that in any fee consultation we will see a breakdown of costs related to the work done following on from the independent culture report, the money lost due to the Pearson View scandal and the need to recommission the recent independent reviews. Can you confirm this has been included in the consultation paper.

4. In the paper to Council, and it's been repeated today, that since the fee was last raised in 2015, if the fee had risen in line with inflation, it would be 28% greater today or £166 versus the current £120. Does the chief executive know how much the fee would be today if it had risen in line with inflation from the fee as it was 3 years before, in 2012? - David Munday, Lead Professional Officer, Unite

Response:

1. There is a long gestation to decisions to consult on the fee because Council takes this decision very seriously. We needed to take the 'approval to consult' decision in mid-October in order for the proposals, if they go forward, to be laid before Privy Council before parliamentary recess in summer 2026. While we do not have to take this step in a public Council meeting we felt it was right to do so in order to give stakeholders the opportunity to raise questions on such an important question.

2. In our paper and presentation to the Council meeting we highlighted a number of reasons for our financial pressures. It is true that the register (and hence fee income) has got bigger over this period. Our fitness to practise costs have gone up not solely due to the number of cases but also the complexity of cases, including those under investigation by more than one agency. We also highlighted areas of work such as safeguarding and responding to inquiries and reviews where we have had to invest significant amounts in order to meet legitimate expectations of the public, our professions and other stakeholders.

3. We do not include this level of detail on costs in our fee consultation material but we have been or will be transparent about these costs once we have the ability to do so. In relation to CBT and the independent reviews work there are still matters to be

resolved before we can issue accurate figures. The work in response to the ICR is ongoing and so a summative figure is not available.

4. The NMC had not increased the registration fee for ten years, during which period the number of registrants had expanded and the scope and complexity of the NMC's work had increased. The registration fee had contracted in real terms over ten years because of inflation and there was a growing financial gap between the NMC's spending and income. The NMC was now utilising reserves to fund its day-to-day activities, which was not sustainable. To address the financial pressures, the NMC was proposing a reduction in staff headcount and consulting on registrant fee increases. There were registration fee increases across the regulatory landscape.

Question: *Would the appointment of legally qualified chairs to Practice Committee panels increase the costs involved in the FtP process for the NMC? - Shruti Trivedi, Senior Journalist, Standard/RcNi*

Response: *The NMC currently paid for panelists and legal assessors, who provided legal advice to panellists. It was that over time the appointment of legally qualified chairs would reduce the costs involved in the FtP process, rather than cause them to increase.*

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Council

Summary of actions

Action requested:	The purpose of this report is to provide an update on progress against 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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Council Action Log For Meeting 26 November 2025

Minute Ref	Minute Ref and Action	Owner	Due date	Progress	Status
26 March 2025					
NMC/25/20	Executive Report Action: Provide the Council with the findings of the annual perception survey, including details about response rates and any variation in these rates post the Independent Culture Review.	Executive Director, Strategy and Insight	26 November 2025	17/11/2025 - The summary of findings from the professionals, public and stakeholder research was shared with the Council in mid-September, and sessions to discuss this research were held with the Council in October. Action completed.	COMPLETED
NMC/25/23 (26 March 2025) And NMC/25/56 (2 July 2025)	Safeguarding update Action: Provide a report setting out the approach to Council member champion and lead roles. NMC/25/56 Summary of actions Action: At the meeting on 2 July 2025, it was agreed that Council members would	Secretary to the Council	30 May 2025 24 September 2025 26 November 2025 29 January 2026	05/11/2025 - The Council member champion and lead roles will be reviewed as part of the upcoming Council effectiveness review. A report setting out the approach to the roles will then be submitted to the Open Council meeting on 29 January, coinciding with the report on the outcomes of the	IN PROGRESS

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Minute Ref	Minute Ref and Action	Owner	Due date	Progress	Status
	have an opportunity to input to the report, before it was submitted to Open Council in September 2025.			Council effectiveness review. There will be opportunities for Council members to provide feedback and have input into the report in early January 2026.	
NMC/25/27	Pay Gap and Workforce Race Equality Standard (WRES) Report Action: In future Pay Gap and WRES reports to include data about the overall demographic among the local population.	Executive Director, People and Culture	25 March 2026	18/11/2025 - Not yet due	IN PROGRESS
2 July 2025					
NMC/25/56	Summary of actions - (relating to NMC/24/98) Action: Schedule an opportunity for the Chair, Independent Adviser and People and Culture Committee members to share their feedback and learnings following their	Secretary to the Council	24 September 2025 26 November 2025	03/11/2025 - An update was provided at the People and Culture Committee meeting on 30 September 2025, and a report on the Committee's activity is on the meeting agenda at item 16. It was agreed the Chair of Council and	COMPLETED

Minute Ref	Minute Ref and Action	Owner	Due date	Progress	Status
	meetings with the chairs of Staff Networks and with Union members.			Independent Adviser's views about areas for development relating to Staff Networks and Unions would be incorporated into the improvements being considered as part of the current Council Effectiveness Review process. The results of the Council Effectiveness Review will be presented at the Open Council meeting on 29 January 2026.	
NMC/25/60	Draft Annual Fitness to Practise Report 2024-2025 Action: Provide numbers as well as percentages for FtP caseload figures in future reports.	Executive Director, Professional Regulation	1 July 2026	17/11/2025 - Not yet due. 16/07/2025 - Numbers as well as percentages will be incorporated for the Annual Fitness to Practise Report for 2025-2026.	IN PROGRESS
NMC/25/60	Draft Annual Fitness to Practise Report 2024-2025 Action: Arrange a Council Seminar to present the	Secretary to the Council	24 September 2025	17/11/2025 - Not yet due. 12/09/2025 - A Council Seminar session on the	IN PROGRESS

Minute Ref	Minute Ref and Action	Owner	Due date	Progress	Status
	different processes and stages of the FtP and the support mechanisms available.		24 February 2026	different processes and stages of FtP and the support mechanisms available is scheduled for February 2026	
23 July 2025					
NMC/25/74	Quarterly corporate performance report Action: A Seminar discussion to be scheduled regarding the programme of work to improve data access and reporting at the NMC.	Executive Director, Resources and Technology Services / Secretary to the Council	29 January 2026	17/11/2025 - Not yet due.	IN PROGRESS
NMC/25/74 And NMC/25/86	Quarterly corporate performance report Action: Following the Health Foundations review, consider whether to review the factors relating to the increase in the number of internationally educated professionals providing supporting information from employers as part of their application to join the register for the first time.	Executive Director, Strategy and Insight	29 January 2026	17/11/2025 - Not yet due.	IN PROGRESS
NMC/25/78 And	Employer Link Service summary activity 2024-2025	Acting Executive Director,	July 2026	17/11/2025 - Not yet due.	IN PROGRESS

Minute Ref	Minute Ref and Action	Owner	Due date	Progress	Status
NMC/25/86	Action: Include more information on outcomes in future iterations of the report.	Professional Practice			
24 September 2025					
NMC/25/87	Summary of actions: Equality, Diversity and Inclusion (EDI) Strategic Objectives and 2025-2026 Year 1 actions Action: Present a paper to the Council setting out the planned interventions to mitigate against bias in early decision makers as well as related outcome measures.	Executive Director, People and Culture	29 January 2026	17/11/2025 - Not yet due.	IN PROGRESS
NMC/25/89	Executive Report Action: Share with the Council details about the NMC's engagement with stakeholders more frequently and at an earlier stage, ensuring this incorporated engagement activity with all four nations of the UK.	Chief of Staff	26 November 2025	18/11/2025 – On the 10 November 2025 the Head of Office circulated an “external engagement forward plan” Members outlining the Chief Executive and Registrar and Chair’s engagement with stakeholders bi-weekly, ensuring this incorporates engagement activity with	COMPLETED

Minute Ref	Minute Ref and Action	Owner	Due date	Progress	Status
				all four nations of the UK. Going forward the forward plan will be shared on a monthly basis. Action completed.	
NMC/25/89	Executive Report Action: Include in the Executive Report details related to the NMC's work to engage with health and social care ministers, and shadow ministers in the coming months, as elections in both Wales and Scotland approach.	Executive Director, Communications and Engagement	29 January 2026	17/11/2025 – Details related to the NMC's work to engage with Ministers / Cabinet Secretaries of Health and Social Care and shadow Ministers, as elections in both Wales and Scotland approach, would be included in future iterations of the Executive Report.	IN PROGRESS
NMC/25/90	Quarterly corporate performance report Action: Include quality measures in future updates relating to FtP casework.	Executive Director, Professional Regulation	29 January 2026	17/11/2025 - Not yet due.	IN PROGRESS
NMC/25/90	Quarterly corporate performance report Action: Include numbers of third-party investigation cases in future FtP	Executive Director, Professional Regulation	26 November 2025	14/11/2025 - The regular FtP caseload graph indicates these numbers as bars in the graph; however, we will include the exact totals too. This	COMPLETED

Minute Ref	Minute Ref and Action	Owner	Due date	Progress	Status
	casework reports to the Council.			is provided in the latest quarterly corporate performance report, which is on the agenda at item 7.1. Action completed.	
NMC/25/90	Quarterly corporate performance report Action: Schedule an in-depth discussion at a Seminar session regarding the development of a strategy for clinical advice in casework.	Secretary to the Council / Action Executive Director, Professional Practice	29 January 2026	17/11/2025 - Not yet due.	IN PROGRESS
NMC/25/90	Quarterly corporate performance report Action: Present updates about log and learn rates of engagement and trends to both Confidential Council and the Audit and Risk Committee from the end of Q3 2025-2026.	Acting Executive Director, Resources and Technology Services	24 February 2026	17/11/2025 - Not yet due.	IN PROGRESS
NMC/25/90	Quarterly corporate performance report	Secretary to the Council	29 January 2026	18/11/2025 – An EDI Workshop plan for Council is on the agenda	IN PROGRESS

Minute Ref	Minute Ref and Action	Owner	Due date	Progress	Status
	<p>Action: Relating to the EDI learning suite, involve the Council and incorporate EDI into its learning and development plan, as well as to consider ways the Council could promote and role model this work.</p>			for this meeting at agenda item 11.	
NMC/25/93	<p>Annual Health and Safety Report</p> <p>Actions: Ensure any outstanding items on the Accommodation Committee agenda relating to improving the office space at 23 Portland Place are incorporated to the Forward Plan for the Finance and Resources Committee.</p>	Secretary to the Council	26 November 2025	<p>05/11/2025 – Legacy Reports from the Investment Committee and the Accommodation Committee to capture any outstanding, ongoing business to be incorporated to the Forward Plan for the Finance and Resources Committee are included on the agenda for this meeting at items 14 and 18. Action completed.</p>	COMPLETED

Minute Ref	Minute Ref and Action	Owner	Due date	Progress	Status
NMC/25/94	<p>Finance and Resources Committee: Terms of Reference</p> <p>Action: Consider incorporating quality to the Terms of Reference for the Finance and Resources Committee.</p>	Secretary to the Council	<p>26 November 2025</p> <p>29 January 2025</p>	<p>05/11/2025 – The Terms of Reference for each of the Committees would be reviewed in Q4 2025-2026, to include the consideration of incorporating quality to the Terms of Reference for the Finance and Resources Committee. This would also be considered as part of the Council Effectiveness Review, which was underway.</p>	IN PROGRESS
NMC/25/95	<p>Culture Transformation Plan / Independent Culture Review: Maturity Model</p> <p>Action: Consider incorporating the feedback provided to the next iteration of the Maturity Model, including whether:</p> <ul style="list-style-type: none"> reference to psychological safety in 	Executive Director, People and Culture	<p>26 November 2025</p> <p>29 January 2026</p>	<p>17/11/2025 - The Maturity Model will be presented at future Council meetings, at sequenced intervals. We are working with our psychological safety coach feedback and speak up Guardian data to design the next iteration of the</p>	IN PROGRESS

Minute Ref	Minute Ref and Action	Owner	Due date	Progress	Status
	<p>the Model appropriately encompassed the NMC's 'speak up' culture.</p> <ul style="list-style-type: none"> whether EDI should be treated separately to avoid duplication. 			psychological safety offer. Included on the agenda for this meeting is a paper presenting an EDI workshop plan for Council members (see agenda item 11).	
21 October 2025					
NMC/25/104	<p>Independent reviews</p> <p>Action: Provide a report to the Council in six months on progress with actions resulting from the reviews, including the work to enhance the governance processes related to the FtP guidance and improving the ways in which colleagues can raise concerns about cases and thematic issues.</p>	Executive Director, Strategy and Insight Executive Director, Strategy and Insight	20 May 2026	17/11/2025 - Not yet due.	IN PROGRESS

Key	
	For actions in progress, not yet due
	For actions in progress, with unplanned delay to the work (i.e. completion date rescheduled)
	For actions categorised as completed

Council

Executive report

Action requested:	<p>The Council is asked to discuss the Executive’s report on key developments during 2025-2026, up to 26 November 2025.</p> <p>For discussion</p>	
Key questions:	<ul style="list-style-type: none"> • How have we responded to key developments in the external environment? • 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 information on key developments and updates since the last Council meeting on 24 September 2025</p> <p>The Executive Report is structured around the five agreed priorities of the 2025-2026 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 stakeholder engagement moments

Key stakeholder meetings

- 1 We have been engaging openly and transparently with stakeholders across the UK through regular meetings. Recent engagement includes meetings with Chief Nursing Officers (CNO) and Chief Midwifery Officers (CMidO), unions including the Royal College of Nursing, Royal College of Midwives, Unison, Unite, political leader Mike Nesbitt, MLA, Minister of Health for Northern Ireland, Chair of the Health and Social Care Committee Layla Moran MP, and Shadow Health Secretary Stuart Andrew MP.
- 2 We have been updating stakeholders and seeking feedback on key pieces of work including new guidance on sanctions, impairment, health, and clinical advice which we will publish in December, improvements we are making in fitness to practise, and our public consultation to increase the registration fee. We are grateful to these stakeholders for their continued insights which help to inform our regulatory responses, and support professional practice across the UK.
- 3 October also marked a significant milestone as we hosted our first joint conference with senior nursing and midwifery leaders from across the UK, alongside our Executive team and Council members. CNOs and CMidOs shared their national priorities and discussed the NMC's performance over the past year. Stakeholder feedback was positive, helping us to build renewed trust and confidence as we build a new NMC.
- 4 In October, the GMC (General Medical Council) met with our Executive Board to present their approach to Regulatory Reform and how they are managing this significant change programme. These valuable insights will help to inform our planning, preparation and implementation of this new legislative framework, ensuring a smooth and effective transition.

International Nursing Regulator Collaborative

- 5 On 1 and 2 October, we joined our partner regulatory bodies for the International Nursing Regulator Collaborative Conference – an international forum that brings nursing regulatory body leaders together from around the world. Our professions are internationally mobile, so it is important that we understand each other's processes, and the trends and challenges we face, to maintain the integrity of our own register. We will continue to engage and share insights with fellow regulatory

bodies so that we can learn from each other and continue to ensure safe, effective care for people using health and care services around the world.

Council of Deans of Health Autumn Conference 2025

- 6 At the Council of Deans for Health autumn conference, the NMC engaged with leaders across health and education to shape the future of healthcare education. By exchanging insights and best practices, this will help us to drive improvements, foster innovation, and ensure the next generation of nursing and midwifery professionals are prepared to meet evolving healthcare needs.

Alliance of Senior Kerala Nurses Conference

- 7 On 19 October, our Chief Executive and Registrar, Paul Rees MBE, attended the Alliance of Senior Kerala Nurses Conference. With 70,000 nurses of Indian heritage on the NMC register, this was an opportunity to share our ongoing work to build a new NMC focused on equity, fairness, and inclusion. We remain committed to supporting registrants from Black and Minority Ethnic backgrounds and fostering allyship across health and care.

Key developments in the wider landscape

Wider landscape

Strategic Vision for Nursing and Midwifery 2025-2030 (Wales)

- 8 At the CNO Wales conference in Cardiff on 11 November, Chief Nursing Officer Sue Tranka formally launched the [Strategic Vision for Nursing and Midwifery 2025–2030](#), a roadmap designed to ensure the “professions will lead, innovate, influence and strive for excellence at every level of the health and care system”.
- 9 Built around six key themes, we will monitor this strategy and its impact for nursing and midwifery professionals across Wales. Our Chief Executive and Registrar will be meeting Sue Tranka, CNO for Wales, in early 2026 – we will use this opportunity to discuss the strategy and how the NMC can support its implementation.

Condemnation of racism and discrimination

- 10 In his interview with Good Morning Britain on 27 October, our Chief Executive and Registrar, Paul Rees MBE, responded to the Royal College of Nursing’s shocking findings which showed a 55% rise in calls to their advice line from nurses who have been racially abused at work. Our Chief Executive and Registrar explained that we have reached a ‘crisis point’, with some professionals seeing the situation worse now than any time in the last 30 years. The RCN’s findings only reaffirm the importance of the NMC’s culture transformation plan and ongoing commitment to equality, diversity and inclusion (EDI), which to date have included signing

UNISON's Anti-Racism Charter, pledging to de-bias our regulatory processes, and increasing ethnic diversity among panel members who decide on FtP hearings.

- 11 We oppose all forms of racism and discrimination, as exemplified in our recent responses to the attack on the Heaton Park Hebrew Congregation Synagogue, and racial abuse in Yorkshire towards a nurse from the Philippines. We must foster inclusive, respectful environments across health and care where everyone is treated with dignity and respect. This is central to our Culture Transformation Plan and we are working with partners across the sector to challenge discrimination, uphold our professional standards, and promote a culture that champions EDI.
- 12 165 colleagues attended our internal antisemitism awareness webinar with the Community Security Trust, which set out guidance on recognising and challenging antisemitic behaviour, and offered advice on how to respond and support others. We have also written to Lord Mann who is leading a rapid review into how regulators address antisemitism within health and care. In the letter, we offer our full support for the review and highlight the actions we have taken to address racism and discrimination – reaffirming our commitment to meaningful, system-wide change, and building a safer, fairer, and more inclusive health service.
- 13 We promoted an exclusive *Nursing in Practice* blog by our Chief Executive and Registrar, Paul Rees MBE, in which he shared how his experiences of racism have shaped his values. The blog generated strong engagement across our social media channels, reflecting the ongoing interest in the NMC's commitment to EDI and visible, values-led leadership. This aligns with the ambitions of our Culture Transformation Plan, which we will continue to follow to embed inclusive behaviours, build trust, and enable fairer processes for the professionals we regulate and the public we serve.

Political landscape

Maternity care

- 14 We welcome the government's continued focus on improving maternity care across the UK. This includes Wes Streeting MP, the Secretary of State for Health and Social Care's announcement on 20 October, of an independent inquiry into maternity failings at Leeds Teaching Hospitals NHS Trust, following years of campaigning by bereaved families.
- 15 We continue to promote high-quality, person-centred midwifery care within the regulatory space. This includes our latest campaign in collaboration with the General Medical Council (GMC) – '*Good teamwork means better maternity care*' – using case studies to help midwives, neonatal nurses and doctors reflect on what good teamwork looks like for the benefit of mothers, babies and families. The

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campaign has been well-received on social media, and we'll continue to promote it across our corporate channels.

- 16 We have also published our [midwifery action plan](#) – a detailed plan outlining our ongoing work to ensure safe, equitable and person-centred maternity care and education across the UK. The plan sets out our work and priorities across three key areas – Black maternal health, UK-wide maternity review work, and supportive actions to help midwives deliver the highest standards of care. We will continue to engage with professionals, the public and our partners and stakeholders across the UK, as we implement the actions set out in this plan
- 17 Following the House of Commons' annual Baby Loss Awareness Week debate on 13 October – where MPs across the political spectrum discussed maternity safety, culture, and accountability, with several references to the NMC's role as a professional regulator – we have written to Andy MacNae MP, Chair of the All-Party Parliamentary Group on Baby Loss. We are committed to strengthening relationships with key stakeholders in this area, using our position to help drive the cultural and systemic changes needed for safer, more effective maternity care.

Political party conferences

- 18 In his keynote speech in Liverpool on 30 September, Wes Streeting MP, the Secretary of State for Health and Social Care, set out Labour's priorities for the NHS and social care, reaffirming support for the founding principles of the health service. This includes the pledge to introduce the digital service NHS Online, and a £500 million investment in a Fair Pay Agreement for adult care workers across England. We will continue to monitor these developments and how they will impact the future delivery of nursing and midwifery services and the expectations on the NMC's regulatory role.
- 19 In his party conference speech in Birmingham on 7 October, Shadow Health Secretary Stuart Andrew MP reaffirmed that the NHS would remain free at the point of use under a future Conservative government, and confirmed his involvement in cross-party discussions aimed at delivering a long-term solution to the social care crisis.

10-Year Workforce Plan

- 20 Following the Department of Health and Social Care's (DHSC) call for evidence to inform development of the 10 Year Workforce Plan for England, we welcomed the 'three shifts' outlined in the plan, with our Code and revalidation review looking at what this means for our professions. The plan also said that professional regulators' revalidation systems need to transition to a world of real-time feedback and continuous skill development. We are delivering on this via our revalidation review and will continue to engage with DHSC on this plan.

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Proposals to change the NMC’s structure

21 On 9 October, we announced the launch of a proposed workforce restructuring programme to ensure a stable financial position and focus resources on the effective delivery of core regulatory work. This includes a 60-day internal consultation around the difficult decision to propose the removal of 145 posts – around a third of which are vacant – from a total of around 1,400, and to restructure parts of the organisation. The restructuring proposals are essential to building the new NMC – a strong and independent regulator that is financially secure and has the right structures to deliver on the priority areas under our new organisational strategy for 2025-2027.

Two new members of Council

22 We have appointed two new Council members – Dr Julia Mundy (lay member) and Hussein Khatib (registrant member). They bring extensive Board and senior level experience, as well as having repeatedly led significant cultural transformation in a wide range of settings. Their expertise will be invaluable as we build a new NMC and focus on being a strong, independent regulator. We thank Claire Johnston and Sue Whelan Tracy, who completed their terms of office at the end of September.

National Inclusion Week

23 We marked National Inclusion Week (15-21 September) by celebrating our staff networks – showcasing their impact and how they build belonging and inspire change within our organisation. This included sharing stories about our networks’ achievements, and publishing our new Breastfeeding and Expressing Milk policy.

24 A total of 132 colleagues attended our webinar, *Why Inclusion Matters: A Conversation with Our Network Sponsors*. Our network sponsors participated in the webinar, with Council Chair Ron Barclay-Smith also in attendance – underscoring the importance of visible leadership commitment to EDI. Colleagues engaged positively, highlighting continued interest and support for embedding EDI into the NMC’s work and strengthening accountability at every level.

Black History Month

25 We marked Black History Month (1-31 October) by celebrating the achievements of Black professionals and colleagues, as well as recognising the struggle and perseverance that many colleagues and communities face. Our culture transformation work asks us to be honest about those realities and to work together to make this a fairer, more equitable place for everyone.

26 Our celebrations included in-person coffee and cake events across NMC offices with colleagues sharing their lived experiences – helping to create an environment where colleagues felt seen, valued and inspired to be their authentic selves.

Next Steps

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	Captured throughout the paper.	
The four country factors and considerations.	Yes	1,2,3	
Resource implications including information on the actual and expected costs involved.	Not applicable		
Risk implications associated with the work and the controls proposed/ in place.	Not applicable		
Legal considerations.	Not applicable		
Midwives and/or nursing associates.	Yes	8,9, 14,15,16,17	
Equality, diversity, and inclusion and Welsh language impact	Yes	10,11,12,13,20,21 22,23	
Stakeholder implications and any external stakeholders consulted.	Yes	Stakeholder engagement captured throughout the paper.	
Regulatory Reform.	Yes	4	

Council

Quarterly Performance Report

Q2 2025-2026

Action requested:	<p>Provides the quarterly performance report to Council. For discussion.</p> <p>The Council is asked to review and discuss the quarterly report on our performance (paragraph 51).</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. • Data is provided for Q2 (July - September 2025), but commentary extends up to the Council meeting to ensure the most recent events are shared and discussed. • Any non-performance or delivery focused updates on progress we are making to achieve our corporate priorities, can be found in our Executive Report which is an item at 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>

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	<ul style="list-style-type: none"> • Annexe 1: Core business scorecards • Annexe 2: Commitments scorecards • Annexe 3: Fitness to Practise (FtP) performance dashboard • Annexe 4: FtP caseload breakdown (by profession and country) 	
Further information:	<p>If you require clarification about any point in the paper or would like further information, please contact the author or the director named below.</p>	
	<p>Author: Rebecca Desmond rebecca.desmond@nmc-uk.org</p>	<p>Acting Executive Director: Tom Moore tom.moore@nmc-uk.org</p>

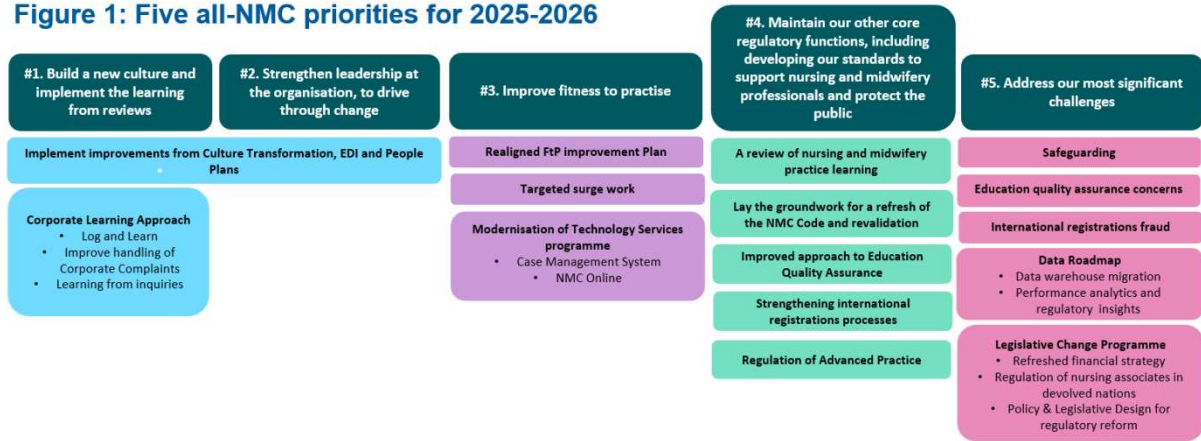
Quarterly Performance Report

Discussion

Mid-year review of progress against the Corporate Plan

1 Six months since launch, a significant amount of activity has been undertaken to drive the NMC’s transformation through a period of recovery, to where we can start to see some positive trends within the priority outcomes of our Corporate Plan (see figure 1).

Figure 1: Five all-NMC priorities for 2025-2026



2 Addressing concerns within our culture has been a particular focus, especially as we know the impact it has on our ability to be a fair and effective regulator. We anticipated it would take time for our culture to look and feel different, beyond ticking off recommendations, so the impact of the Culture Transformation Plan is still at a low level of maturity. The Maturity Model, approved by Council, has been developed to measure progress, ensuring that activity translates into impact, shifting focus from outputs to outcomes. Delivery-wise, activity is on track and recommended actions are being completed; and in terms of outcomes, our disability pay gap is in a positive bias and we have **increased representation of BAME colleagues at manager level and above (annexe 2)**. The recruitment freeze and efficiencies consultation gives the opportunity to pause and strategically drive changes in outcomes around ethnicity and gender pay gaps. Scores within our ambitious appraisal framework for colleague wellbeing and workload also remain at a steady level, in line with scores from early 2024-2025, despite a variety of significant changes across the organisation in the last 12 months. As we move from initiating, to embedding changes, we hope to see more positive shifts in our outcome indicators.

3 Over the past six months, we have seen positive trends within our fitness to practise (FtP) priority - with a **decreasing overall caseload, more cases concluding within 15 months**, and a **decreasing median age of cases within Screening**. This means fewer registrants within our processes, and in particular, those referrals which are not appropriate for us to regulate are closed earlier - reducing the impact to individuals and the overall workforce. To further drive our outcome of improved timeliness, incorporating learning from the achievements in

Screening and recommendations from PwC, our soon to be refreshed FtP

improvement plan will start to address challenges still seen in the latter stages of the FtP process.

- 4 In Q1 and Q2, the FtP improvement programme has closed eight workstreams, resulting in positive impact on the NMC including:
 - 4.1 **Better people management** – Through improved recruitment, deployment and more focus on leadership and team engagement, we are ensuring we have enough staff with relevant skills in place to deliver the interventions in the FtP Plan and achieve its outcomes.
 - 4.2 **More efficient hearings** - Increasing physical hearings has proven to be more efficient for some cases, with the average length taking 2 days less than virtual hearings. Reaching outcomes more quickly benefits our registrants and stakeholders, reduces costs, and reduces our caseload more quickly.
 - 4.3 **Cost saving** - Removing slippage days from listings at Case Preparation and Presentation resulting in a cost saving of £150,000 over the period April-September 2025.
 - 4.4 **Reducing the age of cases** - All FtP stages have targeted the progression of their oldest cases and we have seen some progress, in the reduction in numbers of cases that had been opened in 2023 or before. Reallocation of Case Examiner resource to Screening has helped addressed some of our oldest Screening cases and also reduced the volume of cases awaiting allocation to a case worker by 85%.
- 5 Delivery within our fourth priority (maintain regulatory functions and standards) over the period has been positive, despite our need to refocus on our biggest internal challenges in culture and FtP. We **launched new principles for advanced practice**, and we are making good progress with our review of practice learning, the Code and revalidation process – all of which seek to support our professionals and enhance the care they deliver to the public.
- 6 In terms of addressing our most significant challenges over the first half of this financial year, we have:
 - 6.1 **greatly improved how we identify, assess and manage safeguarding concerns**, through the expansion of the team and set-up of the Safeguarding Hub
 - 6.2 **progressed the majority of the registration cases that were suspected to be fraudulent** following incidents within our computer-based testing and English language testing processes, whilst also addressing partnership working with those who deliver testing services
 - 6.3 **provided greater insight from our data** to inform and support stakeholders with workforce planning and sector issues (with reports annexed to this paper).
- 7 Progress within our legislative change programme is dependent on the government timetable but we are ensuring readiness to start work on the new Nursing and Midwifery Order in early 2026. Meanwhile we are heavily involved in interactions

for the GMC's new draft Order, as that will form a template for other regulators. The UK government has not confirmed that the Welsh Government's request to regulate nursing associates in Wales will be carried forward by a separate s60 Order and we are resuming work with the Welsh Government accordingly.

- 8 Considering the organisation's context when the Plan was launched, and the prolonged period of pressure and negativity we needed to overcome, this recovery period has seen really positive signs of progress – largely in delivering key initiatives – which seek to drive positive outcomes in the second half of the year, and beyond.
- 9 The Executive will reflect on the progress and challenges at this mid-year point, to inform how we utilise resources for the remainder of this year and within our business plans for 2026-2027.

Delivery updates for Q2 2025-2026

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

Independent Culture Review (ICR) actions

- 10 The **Independent Culture Review** (ICR) identified 37 recommendations. As at **annexe 2**, we have completed 25 recommendations, the majority of which were tangible deliverables, however the overall objective of changing culture will be measured against the Maturity Model. Overall progress is rated as Amber.
- 11 Of the remaining actions, 10 are on track or have minor concerns, one has moderate concerns, and one has a significant concern. The action of significant concern is regarding our referral backlog and timeliness within FtP. As the targets set out in the original action are not achievable with our current caseload, we will confirm revised delivery targets over the coming weeks. These will be determined as part of our work to enhance our FtP plan and ensure its successful delivery.

Culture Transformation Plan actions

- 12 Following a concerted push on attendance to our **coaching programme**, two thirds of leaders at bands 8-9, and all leaders in bands 10+, have now attended all their coaching sessions. To accommodate remaining managers to attend, particularly those with reasonable adjustments, we are looking to schedule virtual sessions to ensure completion of the Q2 plan.
- 13 **The Independent Oversight Group** met in September 2025. The discussion centred on safeguarding at the NMC and the improvements we have made over the last 12 months.

Log and Learn

- 14 The new system has been successfully launched, with a staggered roll-out coming to an end in November 2025. Feedback from teams has been positive, with colleagues helping to identify any adjustments needed. The system is a significant contributor towards our risk management framework and corporate learning approach.

Inquiries and Reviews

15 Colleagues attended the quarterly families' meeting related to the Nottingham Maternity Review and maintain regular contact with the Review team and the Nottingham Police. This engagement enables us to uphold our duty of public protection through ensuring we receive the right referrals and can take the right action to protect the public and maintain public confidence in the professions

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

16 We successfully appointed two new Council members who will help ensure a sustainable financial position and focus resources on the effective delivery of core regulatory work.

16.1 Dr Julia Mundy joins as a lay member, bringing extensive Board level and senior level experience in performance management and financial oversight. She is also now Chair of the new Finance and Resources Committee, and a member of the Audit and Risk Committee.

16.2 Hussein Khatib – a highly experienced senior healthcare leader and a paediatric and adult nurse – has been appointed as the Council's new registrant member.

Priority 3: Improve fitness to practise

17 Performance metrics are detailed within **annexe 3** FtP performance dashboard and **annexe 4** FtP caseload breakdown (by profession and country).

Key timeliness headlines

18. The trend of increasing volume of referrals, continues. This consistent increase places more demand across fitness to practise (FtP) and is impacting performance data, masking the gains achieved through various interventions. We received 632 referrals in September 2025, with a 12-month average of 574 referrals a month compared to 520 as at September 2024. (**Annexe 3**, Chart B1 refers)

19. The increased referral rate accords with the anecdotal information provided by other health and social care regulators. We continue data analysis and joint stakeholder engagement activity to best understand and address this trend. A particular focus is appropriate referrals, both employer and member of the public (MoP) - [MoP referrals represent 38 percent of all referrals in September].

20. Both investigations and adjudications performed above their assumptions in September and have strengthened their output performance in the last six months (charts D2 and D4, **Annexe 3**).

21. Improved performance within investigations has been achieved through effective partnership working with our external legal firms, and improved induction processes to accelerate onboarding for new starters.

22. Within Adjudications, we listed a higher number of cases for hearings in April to December 2025, which together with improved conclusion rates and more non-hearings routes, resulted in more cases concluding. 53 hearings concluded in September, the highest number since February 2024. 81 percent of physical hearings concluded in September, the highest conclusion rate since we recommenced physical hearings last year.

23. Consistent, impressive decision-making performance at screening has resulted in caseload reduction for the twelfth consecutive month and stands at 1,928 or 31 percent of the overall caseload. This is despite the increasing demand (referrals) on the team. We expect the caseload reduction to lessen in the coming months as case examiners (CEs) return from their screening secondments to their original CE work. Additionally, we note December is typically a month of higher annual leave and will impact resourcing.
24. Despite the improved outcome volumes across FtP, the consistent increase of referrals is adding pressure to match demand. Additionally, we continue to progress a significant number of older cases within our caseload. The age of our caseload is shown in the age profile chart at annexe 1, with 1,768 cases or 28 percent of the caseload having been opened in 2023 or earlier. The chart shows progress between March 2025 and September 2025 – in that period we concluded some of our oldest cases which were opened in 2022 or before (these make up 13.7 percent of the September 2025 caseload, down from 19 percent of the caseload as at March 2025).
25. Rolling average performance against our 15-month KPI continued to increase, up to an average of 72 percent of cases closing within 15 months of being opened. However, as we continue to conclude older cases and focus on improving outcome volumes at the later FtP stages (after our initial focus on screening,) we anticipate variability in both the monthly and 12 month rolling trend. Dips will not necessarily be negative as these may reflect progress on concluding our oldest cases.

Timeliness challenges

26. In addition to the proportion of older cases we hold, another timeliness challenge is the growing number of cases needing to be progressed at Investigations. Despite the improvements in outputs, the volume of incoming cases from screening remains high and we need to go further to maintain pace with the incoming demand. Over the last six months, we averaged 149 investigation outcomes per month compared to 180 cases received from screening per month. The caseload and number of cases not yet allocated at this stage is growing. The majority (42 percent) of our 6,241 FtP cases are at this stage. We are planning enhancements to our FtP plan to specifically target and address these challenges over the next few months.
27. The case examiner stage is experiencing an increased caseload and timeliness challenges. This was anticipated as we seconded some case examiners into screening and investigations to temporarily support on the challenges here. This increased support in screening assisted with the improved performance. We anticipate their return to CE will have a similar benefit in this area. This is especially the case as the team and their associated caseload are comparatively small, (CE caseload was 575 in September, compared to the next largest case holder of Adjudications with 1,103 cases). Other initiatives are underway to progress cases more quickly, including utilising the new case weighting tool to more effect and also a renewed focus to complete decision-making on the oldest cases at this stage.
28. A priority within adjudications, is the reduction of the number and length of hearings. We are currently reviewing and evaluating the use of alternative ways of concluding cases without a hearing.

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29. Additionally, we are focussing on ensuring our hearing preparations are as efficient as possible, with one initiative underway to streamline our papers process to ensure parties receive their papers sooner.

Quality and safety

30. We are continuing to strengthen our handling of safeguarding concerns. A key initiative to identify and manage these early on in our FtP process has been the safeguarding hub, with a news story published in September 2025 to acknowledge the first year of the hub operating: [Safeguarding hub news story](#). We have also developed a new safeguarding standard operating procedure (SOP) as a key tool for our FtP teams, launched in October, with training and discussions taking place to improve colleagues' understanding of casework specific safeguarding actions.

31. Over the last year we invested in streamlining, developing and improving awareness of processes and SOPs, for example, a new online SOP library which FtP teams now use. This work is the bedrock against which compliance with process can now be measured. However, in some areas there is more to do to define 'what good looks like' in order to measure quality, to increase consistency across the process and to increase visibility of assurance/controls taking place and whether quality standards are being met.

32. Under our FtP plan we are developing a new cross-FtP quality framework and assurance process over the next six months, to bring this consistency and methods of measuring. We are establishing an FtP service quality function to help implement that work and drive forward targeted improvements. Imminent work will involve the function working with operational leads to improve quality checklists and tools, assurance processes, data reporting and analysis that drives continuous improvement. The function can support with cross-team insights and will provide themes and actions to our internal FtP senior management meetings, strengthening our discussions of performance and quality.

Supporting registrants

33. Our newest key initiative launched in September 2025, in which we have started piloting a new approach to making first contact with registrants when they are referred to us. In this initial contact we establish communication preferences and support needs from the start of the process, which we can continue to use to inform our contact with the registrant through their FtP journey. This approach is aimed at better support for registrants, primarily at Screening but also at later stages if cases progress. At the conclusion of the pilot, we will conduct an evaluation to assess the benefits and consider wider rollout.

34. In January 2025, we launched a pilot to better manage cases related to a physical or mental health need at the Investigations stage. The aim is to provide a more fair and timely process and a values-driven and needs-informed approach, which improves the experience registrants have at the Investigations stage of FtP. A mid-point evaluation was carried out, reviewing the 83 cases which were streamed into our multi-disciplinary team during January–July 2025. The evaluation indicates that our multi-disciplinary team approach has resulted in benefits (below). These colleagues have used their different expertise, but also diverse range of

perspectives on a case, to work together to see a more proportionate investigative focus and appropriate support for the registrant.

35. Tangible benefits from the pilot so far include:

- 35.1. caseworkers feeling more equipped and confident in managing complex health cases.
- 35.2. a better understanding of registrants' health needs, leading to proportionate investigative actions.
- 35.3. colleagues sharing expertise and collectively discussing scenarios, meaning better knowledge-sharing and collaboration.
- 35.4. the development of tailored engagement plans which have helped registrants engage with us, which in turn helps us to progress their case.

36. Learning has highlighted the need for clearer referral thresholds, greater awareness amongst staff of potential bias or stigma associated with mental health, and improved sharing of knowledge and insights across teams. Building on these insights, the remainder of the pilot will focus on embedding improvements across Investigations, updated resources and training for staff, enhancing staff wellbeing support and education and training for employers and colleagues.

Continuing to address our FtP challenges and risks

37. We are working towards making our FtP process faster and fairer for everyone involved. The work we have undertaken so far has seen gradual and meaningful improvements, but we need to go further to address the challenges of increasing referrals, rising caseloads in some FtP areas and too many people in our process facing delays. The cost of our operations are not sustainable in the long term.

38. That is why we commissioned PwC in early 2025 to carry out a detailed review of our end-to-end FtP process and make recommendations, co-produced with NMC colleagues, as to how we could improve it further. These findings and recommendations have helped us identify priorities for intervention, establish what we can deliver with internal skills and capabilities, and identify where we need the additional capacity and expertise of a partner to accelerate delivery of solutions. We are in the process of resetting our FtP improvement programme to deliver the recommendations so that we can make the FtP process more streamlined and timelier and more person-centred for all involved. We will prioritise interventions such as developing case pathways, addressing different applications of evidential standards, refreshing hearing room technology, automating redactions and making improvements to our quality gateways and assurance processes. We will bring in external partners to help us with specific, targeted support – starting with development of a new operating model at investigations where there is a growing caseload, followed by improvements to technology and data to support FtP improvement, and help with operational management coaching at all levels across FtP. The procurement process will be thorough, enabling us to choose from a range of suppliers, thoroughly evaluating their skills, experience and the value for money they offer.

Modernisation of Technology Services (MoTS)

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39. The NMC Online project has experienced challenges and is a dependency for multiple critical paths. After some considerable concerns around delays, this work is now confirmed as able to meet its revised timeline to complete in January 2026. This project will deliver an improved user experience for professionals on our register, including better protection of their personal and financial data; as well as efficiencies for colleagues, which in turn protects the integrity of our register.

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

Practice learning review

40. Detail is shared within *Practice learning review: initial report*, which is an agenda item at this meeting.

Refreshing our Code and Revalidation

41. The Independent Steering Group met for the first time on 28 October 2025 to discuss the two projects' progress. To date, advisory groups have been established, we have engaged with senior stakeholders on each review, and we have received a significant volume of responses to our survey (over 13k) which closes in December. Internal and external engagement continued through November 2025, alongside policy development and reviewing initial findings from the survey.

Priority 5: Address our most significant challenges

Safeguarding

42. At **annexe 1** we report this strategic workplan as remaining on track.

43. For further information on our safeguarding work, please see the *Quarterly Safeguarding Update*, which is an agenda item at this meeting.

Education Quality Assurance (QA) concerns

44. We launched an exercise on 22 September to assure ourselves of the registration status of 35 Nursing Associates (NA) who completed their apprenticeship programme at the University of Bradford and did not have the opportunity to record half of their Standards of Proficiency. This was due to an error in the Practice Assessment Document (PAD) that the University of Bradford proactively reported to us earlier this year.

45. We are asking the 35 affected NAs to complete the equivalent of the second half of their PAD in a series of online forms that we have sent to them. We will then make an assessment on their submissions and ask an Assistant Registrar to take a decision on their registration status. Their status is unaffected while we progress this exercise and they can continue to practise as normal.

46. We are working closely with the University of Bradford, relevant employers and representative bodies to ensure that the affected NAs receive as much support as possible through this process. We expect to have received responses to our forms by the end of this year and hope to have closed this exercise early in 2026.

47. We currently have one approved education institute (AEI) that is being supported through our critical concern for education process. Bi-monthly meetings with the

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AEI are providing ongoing support and monitoring of this concern to gain assurance that NMC standards are being met. The situation involves pre-registration students and a cadre of registrants who studied at this university, and we are working with systems partners to provide support.

Data roadmap

48. The Data Capability Group met on 29 September 2025 to discuss the most recent report and to receive an update on developing a dashboard.
49. The Q3 data update for Chief Nursing Officers (CNOs) was produced in early November 2025.
50. The team worked closely with the Department for Health and Social Care (DHSC) and Government Legal Department on proposed amendments to our existing FtP rules to form the consultation documents which launched in November 2025. The consultation will run for 12 weeks, and we anticipate a high volume of engagement.
51. Recommendation: The Council is asked to review and **discuss** the quarterly report on our performance

Next Steps

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

Implications

The following were considered when preparing this paper:

Implication:		Location if in paper:	Content if not in paper:
Public protection/impact for people.	Yes	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	

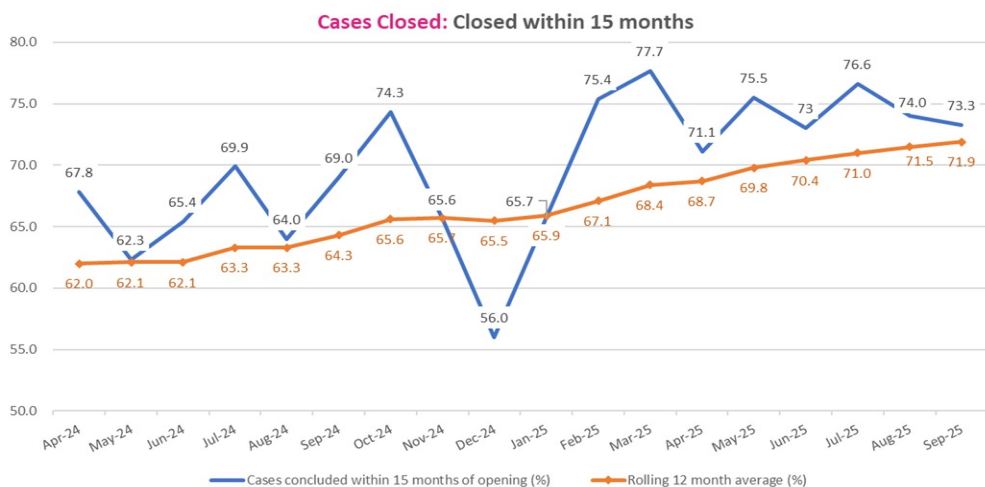
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Q2 2025-2026 Core Business Scorecards

	Target	Results				Trend*	Overall RAG Status***
Fitness to Practise (Priority 3)		Jul-25	Aug-25	Sep-25	Q2 Avg	% Change vs Prev. Qtr **	
% Cases concluded within 15 months of opening (12-month rolling average)	80%	71%	72%	72%	-	▲ 3%	●
No. of cases closed per month	-	694	506	648	616	▼ -6%	-
Volume of the overall fitness to practise caseload	-	6,178	6,231	6,241	6,217	▼ -1%	-
Total No. of decisions made per month (both progressions and closures)	-	1,049	860	1,038	982	▼ -5%	-
% IOs Imposed Within 28 Days (Under review)	80%	80%	62%	71%	71%	▲ 9%	●
% IOs Imposed Within 28 Days (12-month rolling average) (Under Review)	80%	66%	66%	66%	-	■ 0%	●

Further details on FtP performance

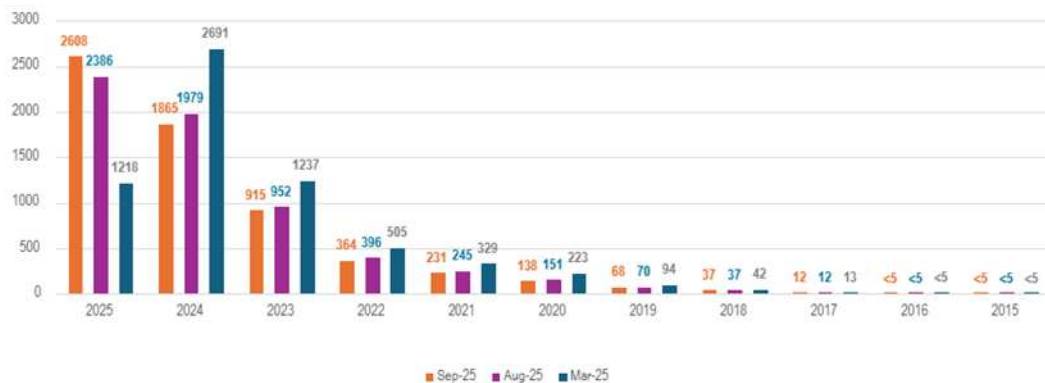
We continued to see improved FtP decision and closure volumes in Q2, though the quarter figures are down compared to Q1, impacted by the August dip in volumes due to higher annual leave.



Rolling average performance continued to increase, up to 71.9 percent in September 2025. However, as we continue to conclude more older cases and focus on improving outcome volumes at the later FtP stages after our initial focus on Screening, we expect this KPI performance to be more variable. Dips will not necessarily be negative as these may reflect progress on concluding our oldest cases.

Correction note: Since the September Council meeting, we updated this KPI chart with August and September 2025 data and shared this within stakeholder briefings. In doing subsequent data checks, we identified that the two August 2025 figures and September 2025 rolling average figure were incorrect and we apologise for this. This chart here includes three corrected figures. It shows the rolling average continuing to increase, contrary to the slight dip we reported to stakeholders in October 2025.

NMC Age profile: FTP caseload
 Comparing March 25 (baseline) vs. Aug 2025 vs Sept 2025 (current performance)



The age of our caseload is shown in the age profile chart here, with 1,768 cases or 28 percent of the caseload having been opened in 2023 or earlier. The chart shows progress between March 2025 and September 2025 – in that period we concluded a number of our oldest cases which were opened in 2022 or before (these make up 14 percent of the September caseload, down from 19 percent of the caseload as of March).

Annexe 1 (continued)

Q2 2025-26

Core Business Scorecards

	Target	Results				Trend		Overall RAG Status
		Jul-25	Aug-25	Sep-25	Q2 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%	100%		0%	
% UK initial registration applications with concerns, completed within 60 days (month actual)	90%	88%	93%	99%	93%		5%	
% Overseas registration applications assessed within 30 days (month actual)	95%	100%	100%	100%	100%		0%	
% Readmission applications completed within 21 days (month actual)	95%	97%	98%	98%	98%		0%	

	Target	Results				Trend		Overall RAG Status
		Jul-25	Aug-25	Sep-25	Q2 Avg	% Change vs Prev. Qtr		
Education Quality Assurance and Standards (Priority 4)								
Proportion of critical concerns with QA Board ratified action plans	100%	1/1	1/1	1/1	-	-	-	-
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
		Jul-25	Aug-25	Sep-25	Q2 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 colour 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.

Delivery Confidence Assessment- RAG Descriptions

Key	Description
R	<p>Significant Concern:</p> <p>Time: There is a significant risk/issue to the programme/project/Standard schedule that could affect delivering its objective (output/outcome).</p> <p>Costs: The budget is or could be overspent by more than 10% (including its contingency) outside approved tolerance.</p> <p>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.</p> <p>Resources: Significant resourcing events are or could affect capacity or capability which put the delivery of the initiative schedule in jeopardy.</p> <p>Benefits: Significant risk/issue to realising the benefits</p>
A	<p>Moderate Concern:</p> <p>Time: There is a moderate risk/issue to the programme/project/Standard schedule that could affect delivering its objective in the time agreed (output/outcome).</p> <p>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.</p> <p>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.</p> <p>Resources: Moderate resourcing events are or could affect capacity or capability which will put the delivery of the initiative schedule at risk.</p> <p>Benefits: Moderate risk/issue to realising the benefits</p>
G	<p>Minor Concern/On Track/Complete:</p> <p>Time: The programme/project/Standard schedule is on track to be delivered on time with any changes to the deliverables absorbed in the float.</p> <p>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.</p> <p>Risks: A low risk factor with all the risks identified and mitigated accordingly.</p> <p>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.</p> <p>Benefits: The benefits and benefits realisation plan is on track to be delivered.</p>

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

Q2 2025-2026 Commitments scorecards

Culture Transformation	Target	Results				Trend		Overall RAG Status
		Jul-25	Aug-25	Sep-25	Q2 Avg	% Change vs Prev. Qtr		
Rolling number of ICR recommendations completed	37	24	25	25	-	▲	4%	●
EDI Targets - development of the implementation plan	-	●	●	●	●	-	-	●
Unison anti-racist organisation charter - development of implementation plan	-	●	●	●	●	-	-	●
Median Pay Gaps per Gender	0% by 2030	11%	13%	12%	12%	▲	20%	-
Median Pay Gaps per Ethnicity	0% by 2030	34%	32%	32%	33%	▲	3%	-
Median Pay Gaps per Health Condition	=<0% by 2030	-13%	-13%	-13%	-13%	▲	8%	-
% of Black and Minority ethnic colleagues represented in grades 6 and above	30%	29%	29%	29%	29%	▲	4%	●

Regulatory Transformation	Target	Results				Trend		Overall RAG Status
		Jul-25	Aug-25	Sep-25	Q2 Avg	% Change vs Prev. Qtr		
Legislative change programme: progress of regulatory reform project	-	●	●	●	-	-	-	●

Key:

- * The icon shows whether the trend is tracking up, down or stable, the icon colour 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.

Delivery Confidence Assessment- RAG 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>

KPI RAG Rating Table

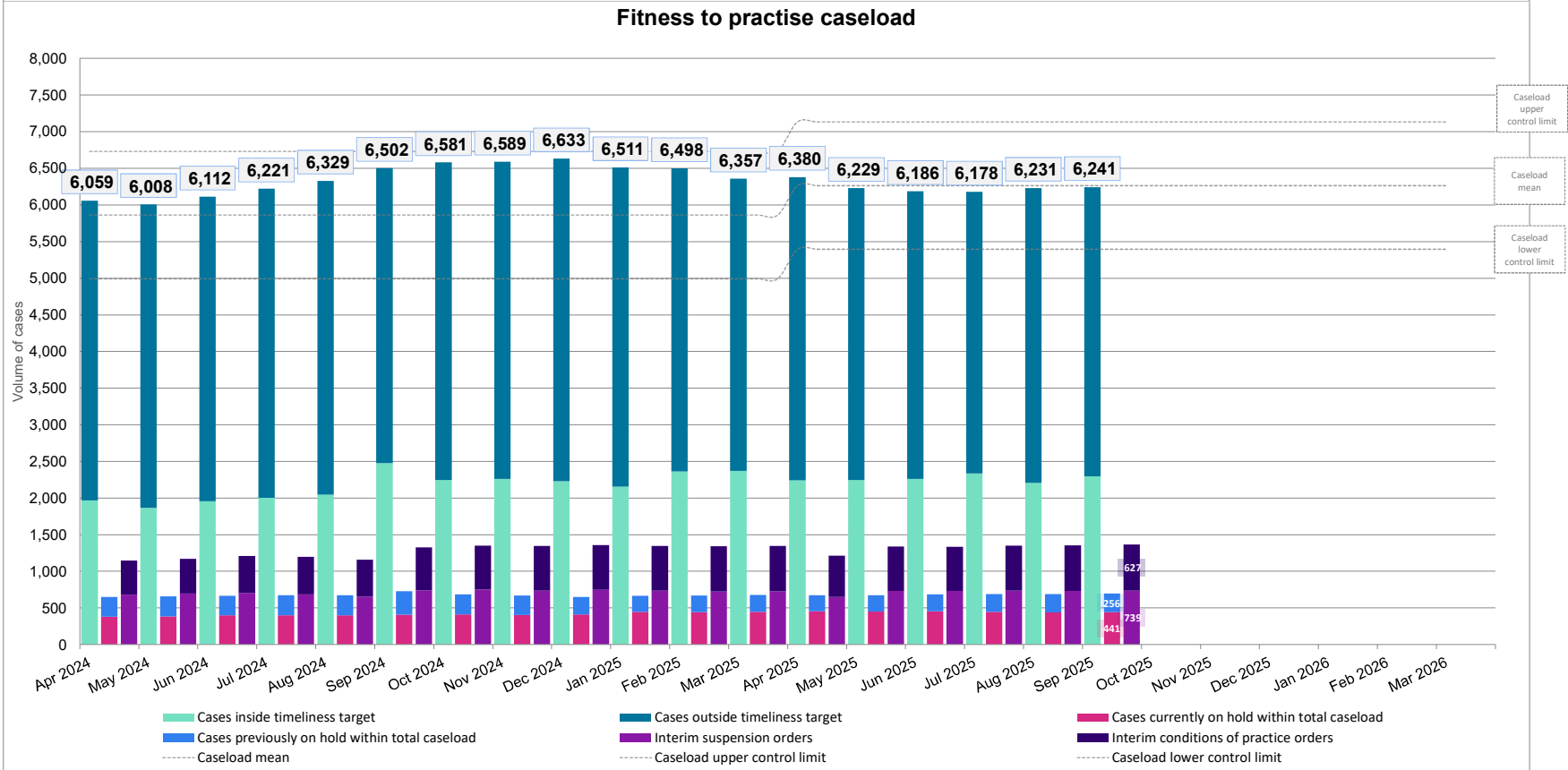
R	Significant Risks	Significantly below target More than 8% below target
A	Off Target	Off target Between 0 and 8% below target
G	Within Range	Within range On or above target

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Annexe 3: Fitness to Practise Council performance dashboard September 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 September 2025

Caseload has slightly increased for the second month in a row, driven by persistently high referrals flowing through our casework.

The green bars show as at September 2025, 3,943 or 63 percent of our open cases are outside of the timeliness target for the FIP stage they are at. This compares to 65 percent in April. This indicates the number of aged cases at various stages that we still need to progress, before seeing further improvements to timeliness across FIP.

1,366 cases had an interim order in place during September, of which 739 are interim suspension orders and 627 interim conditions of practice orders. This means that out of the 6,241 caseload, 88 percent of professionals with an open case are able to work whilst we progress their case.

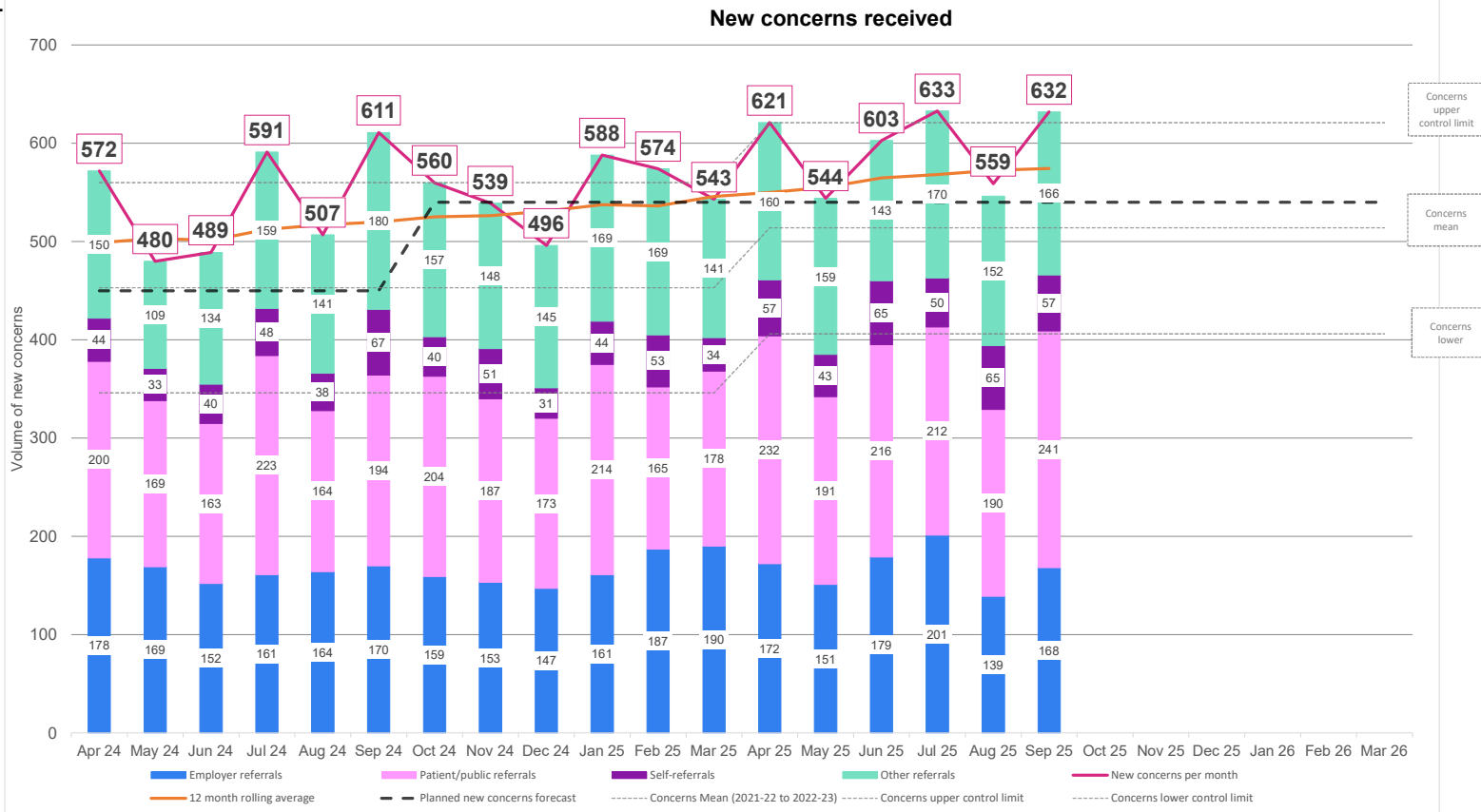
The pink bar for September 2025 shows 441 cases (4 percent of caseload) were on hold whilst a third party investigation (TPI) is underway, where another organisation is undertaking an investigation and we need to limit or delay our investigation to avoid potentially prejudicing their investigation. The blue bar shows 256 cases were previously on hold due to a TPI and we are now progressing these.

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 September 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

B1



C1 Monitoring and Compliance

Substantive order review caseload: 423
Undertakings caseload: 161

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 September 2025

We received a high 632 referrals in September 2025, equating to an average of 574 referrals per month in the 12 months to September. This average compares to an average of 520 per month as at September 2024.

Most referrals in September were from patients and the public (241 referrals), continuing this trend.

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.

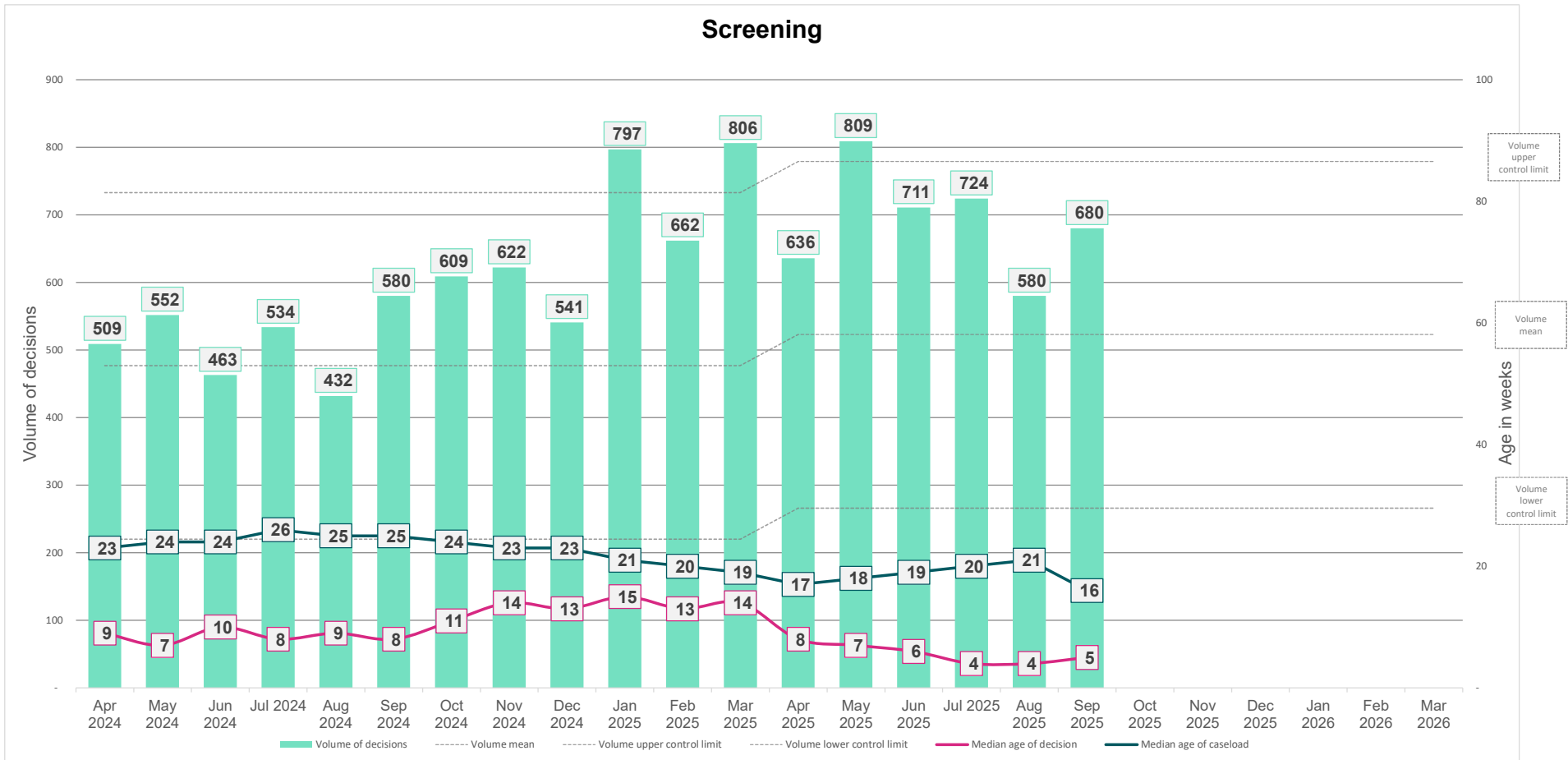
Planned new concerns forecast line:- We revised our assumption from 450 a month to 540 a month in October 2024 to reflect actual volumes received.

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Fitness to Practise Council performance dashboard September 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 September 2025

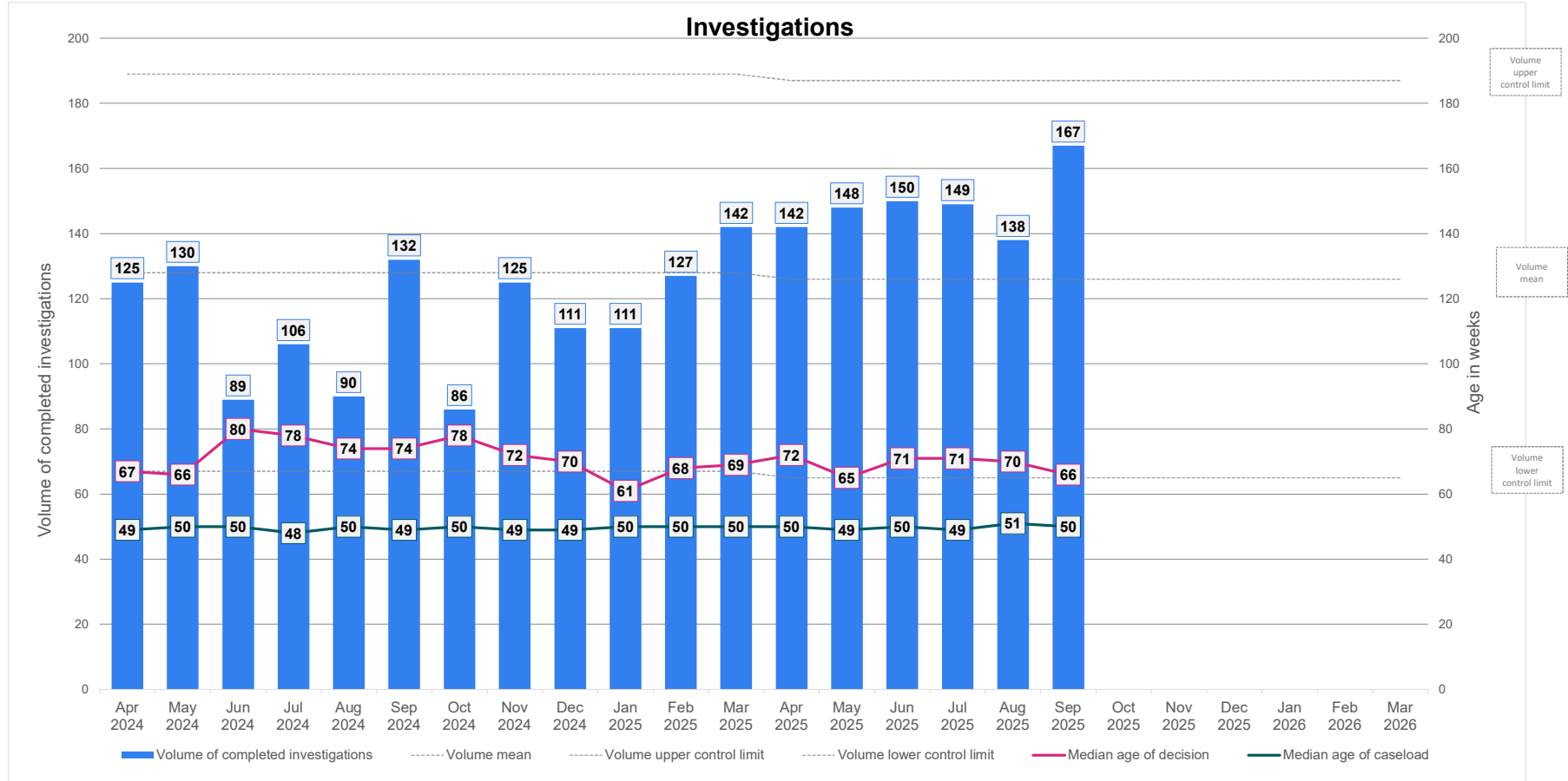
Screening have been averaging 690 decisions per month over the past six months (April - September 2025), compared to 673 per month in the previous six months (October 2024 - March 2025).

The median age of decision remains lower than earlier in the year, reflecting more cases progressing through our new ways of working at the Triage section of Screening and also early indication of the impact of our Screening guidance changes in May 2025, which is enabling us to reach decisions more quickly for some cases. We are still monitoring the impact of this guidance change.

Fitness to Practise Council performance dashboard September 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



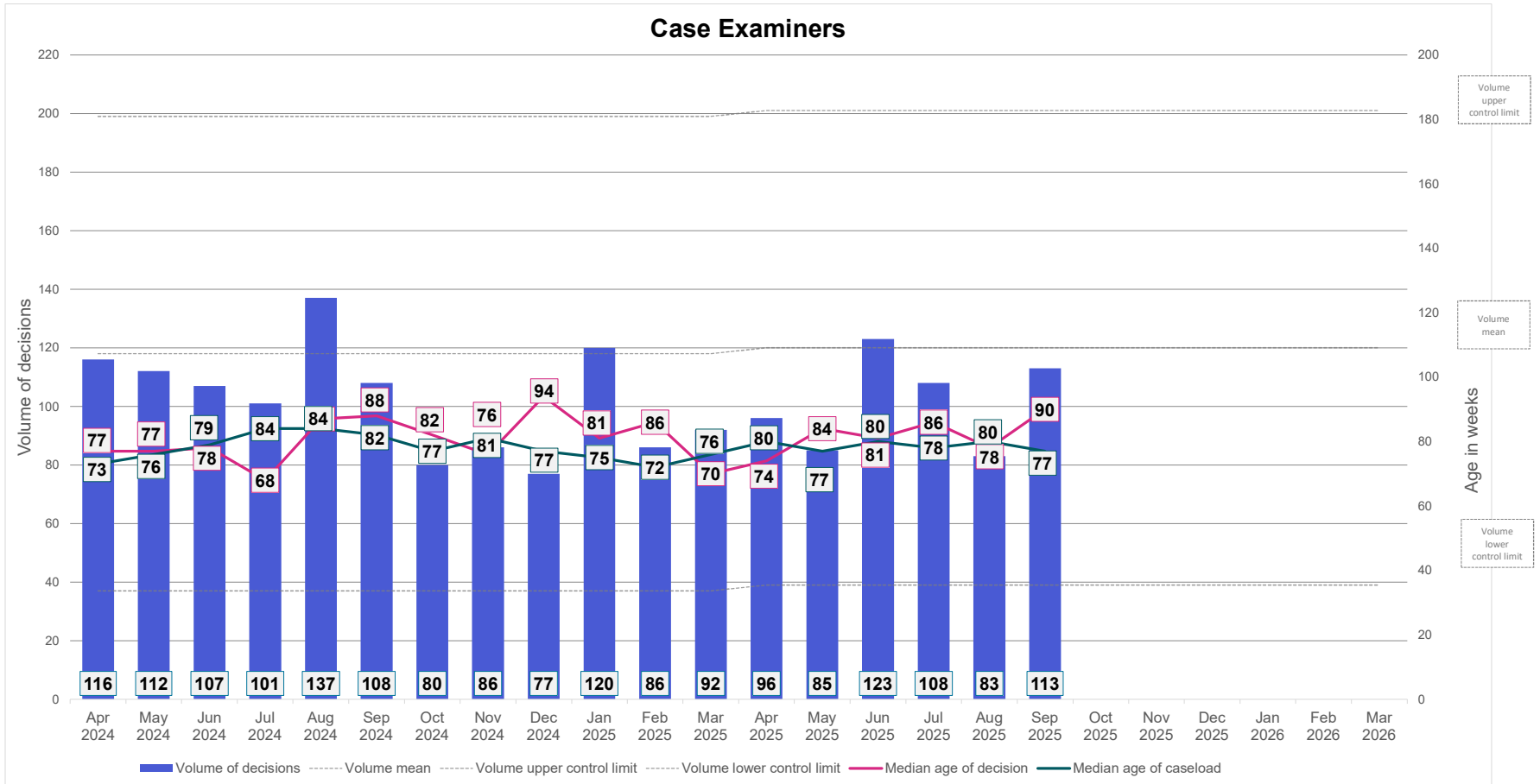
Commentary September 2025

A high 167 outcomes were produced in September (completed investigations ready for the Case Examiners), helped by the work of the external firms. However the volume of incoming cases from Screening remains high and we are considering further improvements in this area to speed up timeliness and address the volume of the Investigations caseload which is growing due to outputs not keeping pace with inputs.

Fitness to Practise Council performance dashboard September 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



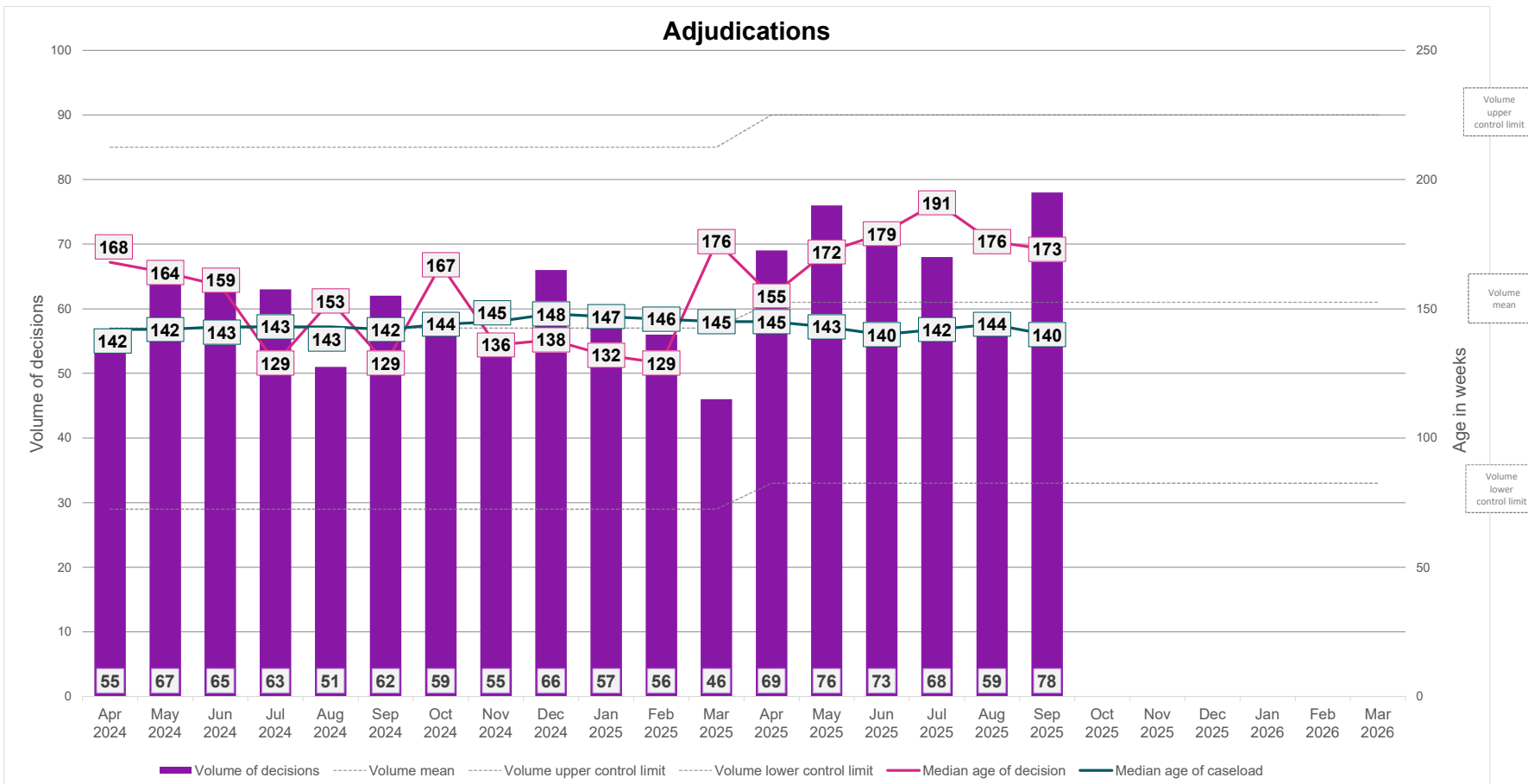
Commentary September 2025

113 decisions were made in September, an improvement on previous months. However the team continue to see a high volume of cases in from Investigations and the outputs have not been keeping pace with the inputs, meaning a growing caseload. The caseload volume at this stage is smaller compared to other stages (575 cases in September, compared to the next largest caseholder which is Adjudication with 1,103 cases in September). Our capacity in this area has been a key factor behind the growing caseload as expected, with Case Examiners assisting other FtP teams to address Screening and Investigations challenges. The Case Examiners who had been seconded to Screening are now returning to the team and so the team's capacity is improving.

Fitness to Practise Council performance dashboard September 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 September 2025

We have seen improved performance in recent months with higher volumes of decisions made (78 outcomes in September). The level of outputs is broadly keeping pace with demand and the incoming volumes from Case Examiners, and the caseload here is remaining steady.

Making efficiencies at the Adjudication stage to improve timeliness and costs, and progressing the very oldest cases, continue to be a focus for us.

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Annexe 4: FtP caseload data by registrant type and country

Data is as at 30 September 2025.

The category of 'No registrant PIN linked to case' is for open FtP 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 September 2025 caseload	Screening stage	Investigations stage	Case Examiners stage	Adjudication stage	Total caseload
Nurse	1,404	2,485	535	1,045	5,469
Midwife	103	121	37	52	313
Dual	4	3		1	8
Nursing Associate	18	26	3	5	52
No Registrant PIN linked to case	399				399
Grand Total	1,928	2,635	575	1,103	6,241

Fitness to practise caseload by registration type broken down into our stages, as of September 2025 caseload	Screening stage	Investigations stage	Case Examiners stage	Adjudication stage	Total caseload
Nurse	72.8%	94.3%	93.0%	94.7%	87.6%
Midwife	5.3%	4.6%	6.4%	4.7%	5.0%
Dual	0.2%	0.1%		0.1%	0.1%
Nursing Associate	0.9%	1.0%	0.5%	0.5%	0.8%
No Registrant PIN linked to case	20.7%				6.4%
Grand Total	100%	100%	100%	100%	100%

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Caseload by UK country of registered address

Note: A new column showing the percentage of registrants from each country who are in the FtP process in the table below, shows the proportion of people on our register who are in the FtP process. The percentages are based on the number of unique registrants in the caseload and not the number of cases, as a registrant can have more than one case.

Fitness to practise caseload by country of registered address broken down into our stages, as of September 2025 caseload	Screening stage	Investigations stage	Case Examiners stage	Adjudication stage	Total caseload	% of registrants from each country who are in the FtP process
England	1,019	1,645	358	718	3,740	0.5%
Scotland	151	198	45	87	481	0.6%
Wales	66	85	20	30	201	0.5%
Northern Ireland	33	86	12	30	161	0.5%
Overseas	260	621	140	238	1,259	2.6%
No Registrant PIN linked to case	399				399	-
Grand Total	1,928	2,635	575	1,103	6,241	0.6%

Fitness to practise caseload by country of registered address broken down into our stages, as of September 2025 caseload	Screening stage	Investigations stage	Case Examiners stage	Adjudication stage	Total caseload
England	52.9%	62.4%	62.3%	65.1%	59.9%
Scotland	7.8%	7.5%	7.8%	7.9%	7.7%
Wales	3.4%	3.2%	3.5%	2.7%	3.2%
Northern Ireland	1.7%	3.3%	2.1%	2.7%	2.6%
Overseas	13.5%	23.6%	24.3%	21.6%	20.2%
No Registrant PIN linked to case	20.7%				6.4%
Grand Total	100%	100%	100%	100%	100%

Council

Strategic risk exposure report

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 issues and risks that we face and how we are managing them (paragraphs 3 and 4).</p>	
Key background and decision trail:	<ul style="list-style-type: none"> • This is our strategic 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 manage key priorities. • There have been no changes to our strategic risks (descriptions or scores) since our last report in September 2025. • We have included the trajectory of each strategic risk over the previous four quarters, and the target risk scores (annexe 1). For this report we have also included the inherent risk scores, as requested by the Finance and Resources Committee at their first meeting on Tuesday 21 October 2025. 	
Key questions:	<ol style="list-style-type: none"> 1. Are we managing strategic risks appropriately, or are there any exceptions to consider addressing? 	
Annexes:	<p>The following annexe is attached to this paper:</p> <ul style="list-style-type: none"> • Annexe 1: Strategic risk register 	
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 Desmond Rebecca.desmond@nmc-uk.org</p> <p>Author: Karen Sellick karen.sellick@nmc-uk.org</p>	<p>Acting Executive Director: Tom Moore tom.moore@nmc-uk.org</p>

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Strategic risk exposure report

Discussion	
1.	Annual Review of Risk Effectiveness and Control: Every year we carry out a review of risk effectiveness to provide assurance to the Audit and Risk Committee (ARC) that risks are being well managed across the NMC.
1.1	On 7 October 2025, the Corporate Performance, Planning and Risk team agreed with the Chair of the ARC that we will review how effectively the NMC has managed a sample of strategic risks in 2025, by assessing how well we implemented controls at each stage of the risk management framework. The final report will be shared with the ARC in April 2026, with any exceptions escalated to Council for review.
2.	Quarterly aggregate risk review: We have carried out the regular review of our Strategic and Operational Registers for aggregate risks (i.e. those which may compound an issue or its impact).
2.1	The outstanding theme continues to be internal capacity, which has been the case since Q4 2023-2024. This remains the top concern raised across all teams in recent risk discussions.
2.2	In September 2025, we reduced our strategic risk GOV24/01 (our ability to prioritise effectively) from Red 20 to Red 16, due to maturing our portfolio management practices. This improved way of working should better manage capacity and mitigate this risk materialising. We will monitor indicators such as delays within the portfolio, delivery support resourcing, staff sickness, and quarterly appraisal scores for workload and wellbeing, to evidence this risk becoming an issue, particularly in the light of recent change proposals.
3.	Materialised risks (issues) – areas that we are currently managing.
3.1	People and Culture: Our People and Culture risks continue to centre on organisational culture, workforce capacity, and employee engagement. While pressures remain due to ongoing restructuring and high workloads, there are clear signs of proactive leadership and constructive engagement across teams. The focus is on maintaining wellbeing and resilience while embedding the forthcoming structural changes.
3.1.1	Organisational Culture and Workforce Sustainability: There remains a degree of uncertainty and change fatigue linked to the redundancy and restructuring consultation. However, teams are demonstrating resilience and openness to shaping future ways of working. Concerns about morale and workload are being managed locally, supported by regular leadership communication, wellbeing resources, and prioritisation exercises. The ongoing dialogue has helped sustain trust and transparency.
3.1.2	Next steps: Complete organisation design and job matching; continue leadership visibility and engagement; embed culture and inclusion actions from the Culture Transformation Plan 2025–2028; and use pulse checks to identify emerging issues early.

3.1.3 **Workforce Capability and Capacity:** Capacity challenges continue in some areas due to high project volumes (particularly IT, regulatory reform and fee review work). While resource pressures are evident, directorates are actively re-scoping and sequencing work to protect core delivery. There is growing maturity in capacity management, with leaders escalating where support or re-phasing is required. The workforce planning framework and capability analysis underway will support longer-term sustainability.

3.1.4 **Next steps:** Implement refreshed workforce plan by Q1 2026; strengthen data on workloads and capability; and extend leadership development to build resilience and ensure balanced workloads post-restructure.

3.1.5 **Industrial Relations and Employee Engagement:** The consultation period has increased short-term tension and anxiety, but partnership working with UNISON remains constructive. Engagement levels are being maintained through open communication and staff briefings. The consultation process itself has encouraged colleagues to think collaboratively about priorities and efficiencies, which is helping to create shared ownership of change.

3.1.6 **Next steps:** Maintain transparent consultation communications; co-develop a post-consultation engagement plan; and introduce quarterly sentiment analysis to monitor wellbeing and engagement trends.

3.1.7 **Summary outlook:** Overall, People and Culture risks remain stable and are being closely monitored. While the current period is challenging, the organisation is demonstrating improved leadership accountability, open dialogue, and a commitment to supporting staff through change. With the People Strategy now active and clearer governance oversight, there is a constructive path toward greater workforce sustainability and engagement.

3.2 **Southampton Solent University:** this issue relates to strategic risk **REG18/01** (accurate register). As previously reported, the Quality Assurance Agency for Higher Education (QAA) have undertaken a robust review into Southampton Solent University's (Solent) education programme.

3.2.1 The Nursing Associates (NA) who have completed their degree to become Registered Nurses (RN) will go through the University's Examination Board having met all of the required standards to join the Register.

3.2.2 Mental Health Students who were due to complete in September 2025, are now on an 'Extended Programme of Study'. For the remaining Mental Health students who commenced in 2023 and 2024, their ongoing study has been revised to incorporate the required content with no extensions required.

3.2.3 We are working to devise solutions to support a cohort of Mental Health field registrants whose education programme has subsequently been identified as deficient. A possible solution is in development.

3.3 **Bradford University:** Relates to strategic risk **REG18/01** (accurate register). We are seeking assurance for 34 NA apprentices who joined the register in the last two years. This group of NAs were affected by an error which meant their year two proficiencies were not recorded as achieved. It has been delayed, ensuring that the right approach is taken to contact those on our register without causing distress.

3.3.1 All Registered NAs have been contacted by email with forms that need to be completed by 12 December 2025. Their employers have also been contacted, and we are offering support to complete the required documentation. External colleagues at NHS England and the Council of Deans of Health have also been updated and are supportive. A dedicated email address has been set up for the affected Registrants to raise queries.

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

4.1 **Fee increase:** relates to strategic risk **FIN21/02** (financial stability).

4.1.1 We are in the middle of a consultation on fees. Our consultation material and activities are designed to mitigate the risk that stakeholders do not feel well informed about the fee proposals. We are supplementing the consultation survey with other methods, and we are monitoring responses so that we can boost promotion of the consultation to any groups from whom we are not hearing. We have mitigated the risk that our consultation is challenged by taking careful account of the characteristics of meaningful consultation, as defined by case law.

5. **Recommendation: The Council is asked to discuss the current risks that we face and how we are managing them.**

Next Steps

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	
Safeguarding considerations	Yes	Within Risk REG24/01	
The four country factors and considerations.	Yes	All risks	Within annexe 1
Resource implications including information on the actual and expected costs involved.	Yes	Paras 2.1 and 2.2	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	Paras 2.3 and 2.4	Within annexe 1
Equality, diversity, and inclusion.	Yes	People risks	Within annexe 1
Stakeholder implications and any external stakeholders consulted.	No		Not covered in this paper
Regulatory Reform.	Yes	Within risk STR24/01	

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1. Annexe 1: Strategic risk register

1.1. Following feedback from the Finance and Resources Committee we have included the inherent risk score in the table to show scoring at all stages of the risk journey.

Risk ref	Strategic risk description	Risk owner	Inherent rating			Performance				Current mitigations	Current rating			Planned mitigations	Target rating			Target date (financial year)
			L	I	LxI	Q3	Q4	Q1	Q2		L	I	LxI		L	I	LxI	
REG24/01	We fail to meet our statutory safeguarding responsibilities to protect people, who come into contact with the NMC through our work, from abuse or mistreatment	Executive Director Professional Practice	5	5	25	25	↔	20	↔	<ul style="list-style-type: none"> Safeguarding Hub reviews new referrals Emergency and urgent helpline Escalation SOP Training programme 	4	5	20	<ul style="list-style-type: none"> Business case approved for resources recruitment - Sept 25 Finish review of unallocated pot in investigations Sept 25 Urgent cases escalated to weekly operational group Sept 25 FtP SOP training programme Sept 25 	3	4	12	Once safeguarding plan delivered date TBC
REG18/02	We fail to take appropriate action to address a regulatory concern about a professional on our register in a timely or person-centred way	Executive Director Professional Regulation	5	5	25	↔	↔	↔	↔	FtP Plan: <ul style="list-style-type: none"> Case clinics, interventions for oldest cases and tracking of referral data Registrant/witness/decision makers support Early engagement with employers/stakeholders Support the public to make appropriate referrals 	4	5	20	<ul style="list-style-type: none"> Support from delivery partners for six months (from Oct 2025) Outreach and engagement with employers PR data project Work from historic reviews/forthcoming public inquiries Updated guidance (Q3 2025/26) revised warnings guidance (Oct 2025) 	3	5	15	March 2027
PEO24/01	Risk that our organisational culture impacts on the productivity, performance, learning and morale of the organisation	Executive Director People and Culture	5	5	25	↔	↔	↔	↔	Culture Transformation Plan: <ul style="list-style-type: none"> Strengthened links between strategic EDI, People objectives, and ICR recommendations. Learning and achievement culture Tightening mechanisms around bullying, psychological safety coaching and Challenging conversations training 	5	4	20	<ul style="list-style-type: none"> Align recommendations from historic reports to existing plans. 	3	3	9	2026/27
PEO24/05	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.	Executive Director People and Culture	5	4	20	20	↔	↔	↔	Culture Transformation Plan: <ul style="list-style-type: none"> CEO, Chair and Executive roles made permanent Frequent Town Halls and all staff briefings. Specialist coaching, leadership training, EDI workshops and 360-degree feedback for leaders. Succession planning for senior leaders in critical delivery roles. 	5	4	20	<ul style="list-style-type: none"> Engaging the workforce on the recruitment of all posts. Recruitment agencies to source an inclusive, experienced and skilled candidates Revision of recruitment due diligence process for high profile and senior roles. Engaging network chairs in Executive Board meeting decisions to close the corporate learning loop 	3	3	9	Q2 2026/27
FIN21/02	We do not achieve a sustainable budget or the planned financial benefits from our strategy.	Executive Director Resources & Technology Services	5	5	25	12	↔	20	↔	<ul style="list-style-type: none"> Planning and budget controls Insurance policies Investments Reserves policy allows more access to reserves 	5	4	20	<ul style="list-style-type: none"> Financial Strategy Oct 2025 Implementation of actions from turnaround and efficiency Review of business plan and budget for 2026-27 	2	4	8	Q4 2026/27
GOV24/01	We may not effectively prioritise, monitor, and manage our portfolio activity and keep pace with the high level of	Executive Director Resources &	5	5	25	20	↔	↔	16	<ul style="list-style-type: none"> Annual business planning and budgeting Quarterly progress reports Standardised approach to governance of programmes and projects 	4	4	16	<ul style="list-style-type: none"> Refresh of Portfolio Board Tracking of timeliness and quality of reporting to support objective-setting and monitoring 	2	4	8	Q3 2025/26

Risk ref	Strategic risk description	Risk owner	Inherent rating			Performance				Current mitigations	Current rating			Planned mitigations	Target rating			Target date (financial year)
			L	I	LxI	Q3	Q4	Q1	Q2		L	I	LxI		L	I	LxI	
	change (and resources required) to achieve our five priority outcomes.	Technology Services												Executive Board to carry out 6 monthly strategic reviews				
REG22/04	We fail to take appropriate or timely action to address a regulatory concern regarding the quality of nursing or midwifery education.	Executive Director Professional Practice	5	5	25	20 ↔	↔	16 ↓	↔	<ul style="list-style-type: none"> QA board QA Review phase 1 delivered Data driven approach to QA. New QA service provider 	4	4	16	<ul style="list-style-type: none"> Introduce “warnings” and “conditions” (via reg reform) Enhance and develop systems/data capability EdQA improvement programme to implement operating model Build and strengthen the QA team. 	3	4	12	April 2026
STR18/01	Risk that we fail to meet internal and external expectations about delivering our regulatory functions.	Executive Director Comms & Engagement	5	4	20	↔	↔	↔	↔	<ul style="list-style-type: none"> Strategic communications underpinned by audience insight Director led strategic collaborative engagement with senior stakeholders Participation and monitoring of public inquiries Press office, public affairs and stakeholder teams 	4	4	16	<ul style="list-style-type: none"> Deliver new approach to strategic stakeholder engagement with focus on rebuilding trust and confidence of senior stakeholders Support education QA improvement programme 	3	3	9	December 2026
TECH24/01	Unauthorised access to sensitive information and records or the failure of key business technologies, leading to the loss of confidentiality, integrity, or availability of our information, data, or information systems.	Executive Director Resources & Technology Services	5	5	25	↔	↔	↔	↔	<ul style="list-style-type: none"> Firewalls, antivirus and other security software Disaster recovery tests Business Continuity plans Cyber security annual plan Migration of key systems to cloud 	4	4	16	<ul style="list-style-type: none"> Implementation of MoTS programme - Ongoing Internal cyber security capability Q4 2025/26 Review of corporate wide technology landscape Q3 2025/26 	3	4	12	Q4 2025/26
STR24/07	Risk that we fail to mature our process and culture around data which could potentially impair our progress.	Executive Director Resources & Technology Services	4	5	20	↔	↔	↔	↔	<ul style="list-style-type: none"> Data Governance Board Data issues and risk assessment process Data strategy covering people, process, technology and stakeholders. Data warehouse migrated to contemporary platform ahead of further work 	4	4	16	<ul style="list-style-type: none"> Data strategy, including reference data project New Modern Data Platform – mid 2026 MoTS programme key systems replacement – mid 2026 Work with Digital Services team to align changes– Q3 2025 	2	3	6	Mid 2026/27
REG18/01	We fail to maintain an accurate register of people who meet our standards (including timeliness of registrations)	Executive Director Professional Regulation	5	5	25	↔	↔	↔	↔	<ul style="list-style-type: none"> Regulatory policies and procedures Fraud detection Oversight of escalated education concerns. Robust controls in Microsoft dynamics, back-up and roll back to previous versions of register. Clear, tested business continuity plans. 	3	5	15	<ul style="list-style-type: none"> Support AEIs with NMC Online launch Consider the role of the register and its processes under regulatory reform TBC Register and FtP processes to be migrated to new system - NMC Online 2025, FtP CMS 2026+ Operationalise enhanced fraud detection/monitoring in testing services. 	2	5	10	Q4 2026/27
PEO24/10	We fail to effectively respond to the recommendations from learning reviews and deliver the cultural change that is needed, resulting in the experience of colleagues not improving, and our regulatory and safeguarding	Chief Executive and Registrar	5	4	20	16 ↔	↔	↔	12 ↓	<ul style="list-style-type: none"> Revision of Business Plans – Prioritise Culture transformation/FTP improvement plans Performance management for project plans 	3	4	12	<ul style="list-style-type: none"> Mechanism needed to ensure learning is tracked Align recommendations from historic reports to existing plans. 	4	2	8	Q4 2026/27

Risk ref	Strategic risk description	Risk owner	Inherent rating			Performance				Current mitigations	Current rating			Planned mitigations	Target rating			Target date (financial year)
			L	I	LxI	Q3	Q4	Q1	Q2		L	I	LxI		L	I	LxI	
	responsibilities not being delivered.																	
STR22/04	The risk that external impacts such as climate change, natural disasters, pandemic, and national security will have an impact on our ability to be an effective regulator, or to deliver our core regulatory functions	Executive Director Resources & Technology Services	4	5	20	↔	↔	↔	↔	<ul style="list-style-type: none"> Business continuity/contingency planning and insurance to cover disasters investment policies and pension with resilient, ethical, diversified portfolios. technology strategy to build in resilience 	4	3	12	<ul style="list-style-type: none"> Business continuity plan/disaster recovery testing and training planned for IT and estates over period to end 2025. 	4	3	12	At target
STR24/01	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.	Executive Director Strategy and Insight	4	4	16	↔	↔	↔	↔	<ul style="list-style-type: none"> Maintain interactions with Welsh govt and DHSC Clarity about what we want to safeguard and full involvement in the drafting of the GMC Order Concerted stakeholder engagement 	3	4	12	<ul style="list-style-type: none"> Regulatory Reform confirmed for end of 2025/ early 2026 -resource for the work ahead Continued full engagement in pan-regulatory work on the GMC draft Order 	3	4	12	At target
REG19/03	We do not make sure that educational standards are fit for purpose (including processes to ensure compliance with	Executive Director Professional Practice	4	4	16	↔	↔	↔	↔	<ul style="list-style-type: none"> Four country engagement plan Midwifery standards published Post registration standards published. Updated pre-registration programme standards published. 	2	4	8	<ul style="list-style-type: none"> Advanced practice timeline extended to 2026-27. Additionally, revalidation and Code review 2025-2026 Plans to independently analyse Midwifery standards 	1	4	4	April 2026

Council

Financial Performance Report to end September 2025

Action requested:	Financial Performance Report to end of September 2025. This represents the first half of our financial year 2025-2026. For noting The Council is asked to note the Financial Performance Report to end September 2025 (paragraph 6).	
Key background and decision trail:	This paper provides an overview of the organisation’s financial performance for the six months to 30 September 2025. It summarises income and expenditure trends across directorates, highlights key risks and pressures, and outlines any planned actions needed to address them.	
Key questions:	<ul style="list-style-type: none"> • Are we financially sustainable in the short and medium term? • Why are we overspending compared to our budget, and where are the pressures? • Are there emerging risks and unbudgeted pressures and are there steps we need to take to address them? 	
Annexes:	The following annexe is attached to this paper: <ul style="list-style-type: none"> • Annexe 1: Management Accounts as at end September 2025 (Financial Performance, Cash Flow statement and Balance Sheet) 	
Further information:	If you require clarification about any point in the paper or would like further information, please contact the author or the director named below.	
	Author: Richard Wilkinson richard.wilkinson@nmc-uk.org Author: Sevinj Essien sevinj.essien@nmc-uk.org	Acting Executive Director: Tom Moore tom.moore@nmc-uk.org

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Financial Performance Report - September 2025

Discussion

1 Overview

- 1.1 Our financial performance for the first half of the 2025-2026 financial year is broadly in line with budget with respect to income, expenditure and reserves.
- 1.2 As agreed when the budget was set in March 2025, we are operating at a significant deficit. To the end of September our deficit, before investment movements, was £12.1 million, which is £0.7 million above the budgeted deficit. This reflects higher-than-planned operational spend, particularly with respect to Fitness to Practise (FtP) operations within Professional Regulation directorate and specialist external support to FtP casework earlier in the year.
- 1.3 Income is in line with the budget overall, although there remains significant uncertainty within overseas applications, with application volumes 56 percent lower than in the same last month last year. This adverse variance is being offset by slightly higher than budgeted investment income with de-risking of our investments leading to more funds being invested in funds generating interest rather than offering capital growth.
- 1.4 Whilst we plan to bring FtP operational spending back in line with the budget later in the year, other agreed pressures, such as increased IT support to FtP operations, a much needed refresh of IT in our offices at 23 Portland Place, and increased resource focused on educational quality assurance mean that we are expecting our deficit this year to be nearer to £27 million. This also takes into account an estimate of the potential in-year net cost of the restructuring and reduction of staff numbers, on which we are currently consulting. As a result, whilst our reserves, as measured by our total cash and investments, stand at £69 million at the end of September, a fall of £14 million in the past six months, they will continue to drop sharply to around an expected £45 million by the end of the financial year. Beyond that, continued use of our reserves for our day-to-day running costs will rapidly become unsustainable.
- 1.5 The proposed reduction in staff numbers, along with efficiency proposals aimed at non-staff savings across the organisation, are a key part of ensuring our future financial health. We have also, this month, launched a consultation on a fee increase for the professionals on our register. This too is a necessary measure to ensure that our revenue is sufficient to meet the cost of our operations in the future.

2 Key Areas of Spend

- 2.1 **Professional Regulation:** Year-to-date spend is £35.7 million, £1.4 million (4 percent) over budget. This is primarily driven by FtP reflecting delays in bringing external case presenting in-house, continued reliance on agency costs and

higher costs for hearings. The latter resulting from both higher than anticipated hearing volumes and increased hearing lengths. We are working to bring these costs for the whole year within budget. The exception to this is to increase resources by £0.4 million to accelerate the progression of cases relating to the CBT (computer-based testing) fraud.

- 2.2 In addition, we have already incurred £0.5 million of unbudgeted external support to undertake additional investigations work. This has helped both address the investigations backlog directly but also identify improvements to processes that can be applied more widely. This cost is currently shown in FTP Transformation project.
- 2.3 **Resources & Technology:** Expenditure is £0.4 million (3 percent) under budget although some of this is short term slippage. The predicted full year forecast is to be on budget by the end of year.
- 2.4 **People and Culture:** outturn is £0.3 million (13 percent) over budget year-to-date, including the separately identified Culture Transformation programme. This has been driven by agreed greater investment in coaching, a small number of unbudgeted roles, and higher than expected recruitment costs. However, some of this variance is expected to be offset by the underspends within wider learning and development budget later in the year. Overall, across the core directorate and additional HR and Organisation Design (OD) expenditure, the predicted full year overspend is forecast to be about £0.3 million.
- 2.5 **Other directorates:** The Office of the Chair and Chief Executive faces is estimated to have a £0.4 million spend above budget at the year end, arising from additional activity and resourcing costs.
- 2.6 Professional Practice is currently showing an underspend which is mainly made up of delayed activities which include the Code Review, Revalidation and Advanced Practice project. By the end of the year these activities and underspends should be broadly caught up with. We have also decided to invest more in our Education Quality Assurance delivery to support necessary work, and this is likely to lead to some overspend at the year-end against the original budget.
- 2.7 Strategy & Insight and Communications & Engagement directorates are underspent, mainly because of staff vacancies and the timing of planned activities.

3 Contingency and Investments

- 3.1 We expect £1.3 million of our contingency budget to be utilised by the end of this year from the initial budget of £1.5 million. This has been allocated to areas of additional expenditure noted above, 23 Portland Place improvement for return to work, key project management resourcing and restructuring costs.

3.2 Our investments showed a £0.7 million gain since March 2025 to the point of being sold at the end of July as part of our decision to reduce the risk of volatility. The proceeds have now been reinvested by our new investment managers, Cazenove, mostly in liquid funds with some in very short-term UK Government gilts which show £0.2 million of unrealised gains at the end of September.

4 Programmes and Projects

4.1 September's position is in line with budget due to the underspends related to the delay in activities on technology improvements which are taking place over the next few months, being offset against the overspends within the Modernisation of Technology Services programme (MoTs) which are due to higher anticipated spend on IT consultancy costs, higher staff costs for work on NMC Online and maternity cover. NMC Online and some core elements of the MOTs programme are scheduled to extend to 2026. The programme is currently estimated to overspend by some £0.3 million overall including spend in the next financial year. A change request is due to be submitted to Council shortly to seek additional funding for the NMC online element which is currently estimated between £0.5 million to £1 million, which is not reflected within forecasts.

4.2 Additionally, a business case still needs to be approved for improvements to hearing rooms, as the necessary funding exceeds the current budget.

5 Looking ahead: financial trajectory

5.1 We continue to operate within a challenging context given our deficit in 2024-2025 and the planned deficit this year. This is reflected in our reserves, as measured by our cash and investments having reduced from £101 million at the end of 2023-2024 financial year to £83 million at the end of 2024-2025 to £69 million now, with a fall to around £45 million at the end of the current financial year. We cannot afford to repeat this year's deficit without becoming financially unsustainable.

5.2 We are taking action to address this through our proposals to reduce costs, both pay and non-pay, published in October and increase our income through an increase in our fees for the first time in a decade, published earlier this month.

5.3 We have also revisited key aspects of our financial management to ensure we avoid a repetition of what has been a risky depletion of our reserves. We have established a Finance and Resources Committee chaired by a newly-appointed Council member with significant financial expertise to oversee and challenge financial and delivery plans and performance and will be introducing bi-monthly scrutiny of each business unit's spend and delivery led by the Chief Executive. We will be revisiting our reserves policy to ensure it is sufficiently prudent in line with our risk appetite and introducing a strict ceiling to the number of staff roles

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across the organisation. Our proposals to restructure, and in particular the creation of a Finance Directorate, and a Transformation and Technology Directorate, will bring greater focus at Executive Board level to both our finances and the delivery of key change programmes, ensuring we avoid our previous tendency to optimism bias.

- 6 Recommendation: The Council is recommended to note the financial performance to end September 2025.**

Next Steps

- 7 Work to ensure financial savings and improvements to scrutiny of financial management will continue.

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		Financial management directly supports public protection by ensuring that critical resources are available to maintain high standards, timely interventions, and robust oversight.
Safeguarding considerations	Yes		Financial management is designed to ensure adequate use of resources to provide support our safeguarding responsibilities
The four country factors and considerations.	Not Applicable		
Resource implications including information on the actual and expected costs involved.	Yes	Paragraphs 1-5	
Risk implications associated with the work and the controls proposed/ in place.	Yes	Paragraphs 1-5	
Legal considerations.	Not Applicable		
Midwives and/or nursing associates.	Not Applicable		
Equality, diversity, and inclusion and Welsh Language impact.	Yes		Financial management ensures that resources are allocated fairly and strategically, enabling

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			targeted investment in EDI
Stakeholder implications and any external stakeholders consulted.	Yes		Good financial management builds trust with stakeholders by demonstrating responsible use of resources and commitment to organisational goals
Regulatory Reform.	Not Applicable		

Item 7.2: Annexe 1

Nursing and Midwifery Council Financial Monitoring Report

£'m	September 2025 Year-to-Date				Full Year	
	Actual	Budget	Var.	Var. (%)	# Forecast	Budget
Income						
Registration fees	51.3	51.3	-		103.5	103.5
Other	2.4	2.5	(0.1)	(4%)	5.2	5.0
Total Income	53.7	53.8	(0.1)	(0.2%)	108.7	108.5
Expenditure						
<u>Core Business</u>						
Professional Regulation	35.7	34.3	(1.4)	(4%)	68.9	68.5
Resources & Technology Services	12.5	12.9	0.4	3%	26.4	26.4
People & Culture	2.4	2.3	(0.1)	(4%)	5.1	4.8
Office of the Chair and Chief Executive	3.0	2.8	(0.2)	(7%)	6.2	5.8
Professional Practice	4.0	4.3	0.3	7%	9.0	8.3
Strategy & Insight	1.9	2.1	0.2	10%	4.5	4.7
Communications & Engagement	1.6	1.9	0.3	16%	3.7	3.8
	-	-	-	-		
Directorate - Core Business	61.1	60.6	(0.5)	(1%)	123.8	122.3
<u>Corporate</u>						
Depreciation	1.9	1.9	-	-	3.7	3.7
PSA Fee	1.2	1.2	-	-	2.3	2.4
Apprenticeship Levy*	0.2	0.2	-	-	0.3	0.3
Contingency	0.2	0.8	0.6	75%	1.3	1.5
FTP Transformation	0.5	-	(0.5)	(100%)	2.3	-
Panellist and other hol pay provision	-	-	-	-	0.7	0.7
Total Corporate	4.0	4.1	0.1	2%	10.6	8.6
Total Core Business	65.1	64.7	(0.4)	(1%)	134.4	130.9
Surplus/(Deficit) excluding Programmes	(11.4)	(10.9)	(0.5)	(5%)	(25.7)	(22.4)
Programmes & Projects						
Modernisation of Technology Services**	3.4	3.2	(0.2)	(6%)	5.3	5.9
Technology Improvements	0.1	0.4	0.3	75%	0.5	0.6
Functional master & data project	-	0.1	0.1	100%	0.2	0.3
Culture Transformation programme	0.4	0.1	(0.3)	(300%)	0.4	0.2
D&A FtP caseload improvement	0.1	0.1	-	-	0.1	0.1
Legislative Change	0.2	0.3	0.1	33%	1.0	1.0
Total Programmes/Projects	4.2	4.2	-	-	7.4	8.1
Total Expenditure including capex	69.3	68.9	(0.4)	(1%)	141.8	139.0
Capital Expenditure	3.5	3.7	0.2	5%	5.9	6.4
Total expenditure excluding capex	65.8	65.2	(0.6)	(1%)	135.9	132.6
Net income	(12.1)	(11.4)	0.7	6%	(27.2)	(24.1)
Realised Gains/(Losses)	0.7	-	0.7	-	-	-
Unrealised Gains/(Losses)	0.2	-	0.2	-	-	-
Net Surplus/(Deficit) excluding capex	(11.2)	(11.4)	0.2	2%	(27.2)	(24.1)
Reserves (Cash and Investments)	68.6	68.7 ^	(0.1)	-	44.6	45.1

*Apprenticeship Levy is a tax paid to HMRC

^ Includes adjustment for year end actuals

**Including Paypoint workstream

NB Figures are subject to rounding

Forecast as at 29/10/2025

Balance Sheet (£'m)	Mar-25	Sep-25	Change	Change %
Fixed Assets				
Tangible and Intangible Fixed Assets	40.4	42.1	1.7	4%
Investments	41.6	0.4	(41.2)	(99%)
Total Fixed Assets	82.0	42.5	(39.5)	(48%)
Current Assets				
Debtors	4.4	4.6	0.2	5%
Short notice bank deposits and investments	29.5	62.0	32.5	110%
Cash	12.2	6.2	(6.0)	(49%)
Total Current Assets	46.2	72.9	26.7	58%
Total Assets	128.2	115.4	(12.8)	(10%)
Liabilities				
Creditors	(64.0)	(63.0)	1.0	2%
Provisions and lease premium	(4.5)	(3.9)	0.6	13%
Total Liabilities	(68.5)	(66.9)	1.6	2%
Net Assets	59.7	48.5	(11.2)	(19%)
Total Reserves	59.7	48.5	(11.2)	(19%)
Reserves (Cash & Investments)	83.3	68.6	(14.7)	(18%)

Statement of Cash Flows (£'m)	Sep-24	Sep-25
Cashflow from operating activities		
Surplus/(Deficit) (YTD)	(2.9)	(11.2)
Adjustment for Depreciation (Non-cash)	2.0	1.9
(Gains)/Losses on Investments	(1.4)	(0.9)
Investment/Dividend income	(0.4)	(0.9)
(Increase)/Decrease in current assets	(0.1)	(0.2)
Increase/(Decrease) in liabilities	0.5	(1.6)
Net Cash inflow/(outflow) from operating activities	(2.3)	(13.0)
Cashflow from investing activities		
Capital Expenditure (YTD)	(3.8)	(3.5)
Net Cash inflow/(outflow) from investing activities	(3.8)	(3.5)
Cashflow from financing activities		
Short and medium term investments moved from long term	-	43
Net Cash inflow/(outflow) from financing activities	-	-
Cumulative net increase/(decrease) in cash and cash equivalent at month end	(6.1)	26.6
Cash & Cash Equivalent at the beginning of the year	62.7	41.7
Cash & Cash Equivalent at the end of the month	56.6	68.2

NB Figures are subject to rounding

Council

Review of the quality of nursing and midwifery practice learning: Outcome of the key lines of enquiry and recommendations for next steps

<p>Action requested:</p>	<p>This paper provides Council with the outcomes of the key lines of enquiry undertaken as the central element of the review of the quality of nursing and midwifery practice learning. It includes a summary of the evidence base for recommendations to undertake a formal, public consultation on strengthening practice learning, education standards and supporting information.</p> <p>For decision</p> <p>Council is recommended to note the attached report and approve a public consultation focused on strengthening a number of practice-learning focused education standards. (Para 12)</p> <p>The Council is asked to note annexe one which provides a summary of the themes and evidence that has emerged from the desktop research and the stakeholder engagement for the five key lines of enquiry (KLOE).</p>
<p>Key background and decision trail:</p>	<p>At the Council meeting in January 2025 (See NMC/25/08), it was agreed to undertake five KLOE. The focus will be on the benefits of targeted regulatory action, namely refinements to the wording of certain education and training standards and to seek to strengthen our Education Quality Assurance (EdQA) model through the introduction of a new quality matrix for practice learning. These KLOEs will also clarify where responsibility lies external to the NMC.</p> <p>The review of practice learning links to the following strategic risks for 2025-2026:</p> <ul style="list-style-type: none"> • REG22/04 We fail to take appropriate or timely action to address a regulatory concern regarding the quality of nursing or midwifery education. • STR18/01 Risk that we fail to meet internal and external expectations about delivering our regulatory functions

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	<ul style="list-style-type: none"> • REG19/03 Failure to ensure that proficiency and education standards are fit for purpose (including processes to ensure compliance with standards are met). 				
Key questions:	<ul style="list-style-type: none"> • What is the importance and interdependency of the KLOE and thematic analysis arising from this review, with our role in setting standards and education quality assurance? • How will the stakeholder engagement and thematic analysis inform the next phase of this review? • Has the work undertaken provided reassurance that opportunities for strengthening focused practice learning and education standards have been identified? 				
Annexes:	<p>The following annexe is attached to this paper:</p> <ul style="list-style-type: none"> • Annexe 1: An executive summary of the NMC practice learning review key lines of enquiry 				
Further information:	<p>If you require clarification about any point in the paper or would like further information, please contact the author or the director named below.</p> <table border="1" data-bbox="414 1041 1404 1456"> <tr> <td data-bbox="414 1041 853 1220"> <p>Author: Julie Bliss Senior Nursing Education Adviser julie.bliss@nmc-uk.org</p> </td> <td data-bbox="853 1041 1404 1220"> <p>Interim Executive Director: Professor Donna O’Boyle donna.oboyle@nmc-uk.org</p> </td> </tr> <tr> <td data-bbox="414 1220 853 1456"> <p>Professor Melaine Coward Assistant Director Education Quality Assurance Melaine.coward@nmc-uk.org</p> </td> <td data-bbox="853 1220 1404 1456"></td> </tr> </table>	<p>Author: Julie Bliss Senior Nursing Education Adviser julie.bliss@nmc-uk.org</p>	<p>Interim Executive Director: Professor Donna O’Boyle donna.oboyle@nmc-uk.org</p>	<p>Professor Melaine Coward Assistant Director Education Quality Assurance Melaine.coward@nmc-uk.org</p>	
<p>Author: Julie Bliss Senior Nursing Education Adviser julie.bliss@nmc-uk.org</p>	<p>Interim Executive Director: Professor Donna O’Boyle donna.oboyle@nmc-uk.org</p>				
<p>Professor Melaine Coward Assistant Director Education Quality Assurance Melaine.coward@nmc-uk.org</p>					

Review of the quality of nursing and midwifery practice learning: Outcome of the key lines of enquiry and recommendations for next steps

Discussion

- 1 All four UK countries' national workforce plans address the need to expand student numbers to increase the future nursing and midwifery workforce, with some explicitly citing the need to reduce programme hours' requirements to support future workforce demands. The Council of Deans for Health (CoDH) emphasises the importance of agile and proportionate outcome-focused regulation.
- 2 During practice learning, students have direct contact with the public and with people who use services. The quality of practice learning is therefore a key factor in ensuring our role in public protection through setting standards and education quality assurance, and in prioritising the safety of the public and students.
- 3 In January 2025, Council approved five key lines of enquiry (KLOE) building on the findings of the discovery work to identify targeted regulatory action and seek to further strengthen our EdQA model for practice learning. These KLOEs also clarified where responsibility lies with others (see Annex 1).
- 4 Although an equality impact assessment (EQIA) was not required it was important that Equality Diversity and Inclusion (EDI) considerations were embedded into the KLOE. This also reflects the Public Sector Equality Duty to advance equal opportunities for all, and foster good relations.
- 5 The findings of the thematic analysis of the KLOE desk-top research and stakeholder engagement indicate that high-quality practice learning experiences are underpinned by effective communication, strong collaboration, sustained commitment, and an openness to learning, all within a positive and supportive working and learning culture (see annexe 1).
- 6 During the stakeholder engagement we identified a range of innovative approaches to supporting practice learning, in line with the current education standards. There is an opportunity to use these examples as case studies to share best practice.
- 7 The KLOE also identified several factors out with the remit of the regulator which impact upon practice learning experiences for students, and practice and academic staff as follows:
 - 7.1 Practice learning capacity was identified as a challenge which impacted upon the quality of the learning experience across nursing and midwifery.
 - 7.2 The need to value the contribution of practice supervisors, practice assessors and academic assessors in a climate of resource challenge.
 - 7.3 Cost of living challenges including:
 - 7.3.1 Costs of living and studying and travel to placements for nursing and midwifery students.

- 7.3.2 Financial constraints of care delivery organisations resulting in education being considered a ‘nice to have’ rather than a ‘must have’.
- 7.3.3 Restructuring and redundancies across approved education institutions (AEIs) impacting upon partnership working between practice learning partners (PLPs) and AEIs, and as a consequence, on support for students.
- 8 The UK-wide independent steering group, a public advisory group and a student advisory group continue to support the practice learning review ensuring the unique and shared perspectives of all four UK nations are taken into consideration.
- 9 The recommendations presented in this paper were further refined following the discussion at the independent steering group on 16 October 2025.
- 10 The recent Health & Social Care Committee (17/09/25) recommendation: *“In the UK, mandatory elements of pre-registration midwifery training are set by the Nursing & Midwifery Council (NMC), which includes national standards for education and practice. The NMC’s standards state that midwives should respect cultural and religious beliefs, however there is no requirement for training on racism, cultural competency, or unconscious bias, for staff as well as leaders.”* Cultural competence is a core requirement for midwives and midwifery students as set out in the preamble to the midwifery proficiencies and the Code. This includes a commitment to intolerance of racism and anti-discriminatory behaviour. To further strengthen the importance of cultural competence a clear definition to include all forms of discrimination including antisemitism and islamophobia will be included within the glossary of the midwifery standards. It will also include unconscious bias and racism.
- 11 This paper highlights the importance and interdependency of the KLOE and thematic analysis of this review with our role in setting standards and education quality assurance. There is a compelling case to accelerate the review and evaluation of the full suite of education and training pre-registration standards including the Standards of Proficiency.
- 12 It is recommended that the review and evaluation of the full suite of pre-registration education standards is scheduled to start in September 2026 following completion of the practice learning review. In addition, we will consider other findings and recommendations emerging from suite of exercises within the [midwifery action plan](#). Normal birth is not written within any of our midwifery standards. We will act upon any misinterpretations identified in the findings from these exercises to ensure that ‘normal birth ideology’ has no place within midwifery education and practice. This is part of our planned cyclical review of our standards based on our methodology.
- 13 Recommendation: The Council is recommended to approve a public consultation focused on strengthening a number of practice learning-focused education standards:**
- 13.1 [Standards framework for nursing and midwifery education \(SFNME\)](#) (part 1)
- 13.2 Section 3.11 - strengthen focus on partnership and collaborative working AEI, PLP and students and insert the word reasonable (adjustments)

- 13.3 [SSSA](#) (part 2) (Standards for student supervision and assessment)
- 13.4 Section 6.3 - for practice learning experiences with a Specialist Community Public Health Nurse (SCPHN), a SCPHN RM (Registered Midwife) could be Practice Assessor for a pre-reg nursing student
- 13.5 [Standards for pre-registration nursing programmes](#) (part 3)
- 13.6 Section 2.12 - remove the requirement for 4,600 hours; retain 50 percent theory and 50 percent practice and the need to meet the requirements of the standards including the proficiencies and programme assessments. Specify a minimum of 1800 hours theory and 1800 hours practice learning. By specifying a minimum this provides an opportunity for AElS and PLPs to develop programmes with more than 1800 practice learning hours, for example in the case of Northern Ireland who may wish to remain aligned with the approach taken in the Republic of Ireland.
- 13.7 Section 3.2 - include a requirement for a practice learning opportunity in community settings across health and social care
- 13.8 Section 3.4 - does there need to be a percentage maximum for simulated practice learning (proportionate if practice learning hours are reduced)
- 13.9 [Standards for pre-registration midwifery](#) (part 3)
- 13.10 Section 2.6 – strengthen the standard to reflect contemporary, evidence-based midwifery practice
- 13.11 Section 2.9 - exploration of the need to extend the programme for midwifery
- 13.12 Section 3.5.2 - include a requirement for a holistic assessment of competence and confidence in labour and birth
- 13.13 Section 3.5.5 -strengthen standard section 3.5.5 around care for women with additional and complex needs plus some supporting information to ensure consistent wording between 3.5.2 and 3.5.5
- 13.14 Section 3.7 strengthen the standard to reflect contemporary practice and midwifery care
- 13.15 Section 4.2 – strengthen the wording to include joined-up supervision
- 13.16 Section 4.6 -exploration of options for a pre-qualifying placement
- 13.17 The recommended consultation provides an opportunity to consider and respond to the proposal that simulation used in accordance with the SSSA, should contribute to practice learning within midwifery programmes.

Next Steps

- 14 Ongoing standards implementation activity will prioritise communications and engagement to ensure clarity regarding certain standards that are identified as being open to interpretation:
- 15 This will include the development of a position statement on practice learning.

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- 16 We will develop a statement of intent to ensure that a systematic approach is taken to addressing concerns regarding cultural awareness, racism and unconscious bias that is aligned with the NMC corporate position.
- 16.1 Identification of case studies showcasing best practice and innovation.
- 16.2 Review of the NMC webpages and consideration of the development of a NMC App to support access to standards and the linked supporting information.
- 17 If approved, the public consultation on the proposed revisions to strengthen practice learning-focused education standards will commence during Q4 2025-2026.
- 18 The results of the public consultation will inform the changes to the practice learning-focused education standards to be presented to Council in Q2 2026-2027.

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. 2	
Safeguarding considerations	Yes	Para. 2	
The four country factors and considerations.	Yes	Para. 1, 7, 12	
Resource implications including information on the actual and expected costs involved.	Yes		The business case for the review of the quality of nursing and midwifery practice learning, including funds to support the key lines of enquiry and consultation in 2025-2026 was reviewed in August 2025.
Risk implications associated with the work and the controls proposed/in place.	Yes		The review of practice learning, in particular practice learning hours, is of significant interest to a range of key stakeholders including Government bodies, AEIs and PLPs and professional bodies and membership organisations
Legal considerations.	Yes	4	
Midwives and/or nursing associates.	Yes	1, 2, 3, 6, 10	

Equality, diversity, and inclusion and Welsh Language impact.	Yes	4	
Stakeholder implications and any external stakeholders consulted.	Yes	5, 7, 8	
Regulatory Reform.	Not Applicable		

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An executive summary of the NMC practice learning review key lines of enquiry

In line with good regulatory practice and following the update of our education programme standards in January 2023, and in order to fulfil our commitment to support our future professionals and explore how we could best support student learning across the UK, the NMC launched a review of practice learning in January 2024. This included commissioning independent research into nursing and midwifery students' practice learning requirements.

The aim was to recognise, acknowledge and encourage innovation, and ensure that our practice learning requirements continue to equip students with the knowledge and skills to deliver the best possible care for people across a diverse range of care settings.

The commissioned independent research focused on:

- looking at what contributes to effective practice learning across the UK and in other countries
- exploring how practice learning varies in other countries and the factors behind this, and
- working with our stakeholders, including the public and people who use services, to understand if there are any further areas within practice learning that we need to explore.

As a result of all this work, including the findings from the independent research noted above, in January 2025 Council approved further work based around five key lines of enquiry (KLOEs):

- KLOE 1 - Practice learning experiences of students with protected characteristics (including requirements for reasonable adjustments) and the relationship to retention.
- KLOE 2 - Consideration of strengthening our approach to supporting students in practice/the Standards for Student Supervision and Assessment (SSSA) including strengthening requirements for protected learning time for nursing associate students.
- KLOE 3 - Development of quality metrics and quality indicators for practice learning as part of Education Quality Assurance (EdQA) and their relationship to the student experience and attainment of proficiency standards.
- KLOE 4 - Evaluate key aspects of midwifery curricula to understand midwifery student practice learning experiences that support student attainment of proficiency standards.
- KLOE 5 - Evaluate key aspects of nursing curricula that support nursing student attainment of proficiency standards for their intended field of nursing.

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To inform the KLOEs, which would in turn provide the evidence for our recommendations to the Executive Board and Council, the following further work was undertaken:

- Desk-based research focused on several key documents identified as relevant to informing our next steps in this area of work.
- Review of feedback from a range of external engagement events and drop-in sessions.
- Analysis of enquiries received by the NMC's education and standards and education quality assurance teams on relevant subjects.
- Further engagement with key stakeholder groups.
- Engagement with academics undertaking research in this area.
- A student survey conducted by colleagues in the Education QA team

A subsequent thematic analysis of all this work and engagement enabled us to identify the following recurring high-level themes that any revamped practice learning model should seek to address. A copy of the final version of the thematic analysis is attached at Annexe A.

Our overall conclusions and recommendations from this analysis can be summarised as follows, set out under each KLOE:

Conclusions:

KLOE 1

Research suggests that students from protected characteristic groups face barriers to full participation and progression. Exercises such as personalised placement preparation, anonymised dashboards and inclusive supervision practices were suggested to help with disparities highlighted, however, issues with time and resource available were evident throughout engagement activity. Due to the success of widening participation programmes whilst looking at the protected characteristic groups, the discussions naturally drew towards reasonable adjustments due to the regularity and increased expectations from students on NMC approved programmes.

During stakeholder engagement activity, reasonable adjustments often dominated discussions with AEs and organisations asking for help and guidance from the NMC to assist with discussions going forward. Although the law is clear around reasonable adjustments and their use in cases where disabilities are considered, there is confusion around what constitutes a reasonable adjustment, what is considered reasonable and what is a flexible working arrangement. Partnership working is key to identifying and arranging reasonable adjustments to be made for students where possible and appropriate. Research suggests that adjustments made in academic settings often failed to transfer to placements due to poor communication and data protection misunderstandings. This in turn resulted in students repeatedly explaining their needs, increasing stress and undermining equity.

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Differences in funding across the UK also play a part in the student journey and may result in requests for adjustment e.g. travel links and time, working in rural areas, caring responsibilities etc. Discussions around preparation for the role were a constant, with many educators (including practice supervisors, practice assessors and academic assessors) querying if flexible working arrangements and agreements were preparing students to fail by providing an experience of the profession that is different to the “reality” of working life.

Another key area that was identified throughout the process was disclosure. Many educators and organisations raised this as a reason for students being impacted by virtue of their needs and often not being aware until it's too late. Sometimes this was because the student didn't want to disclose due to fear of stigma and this shining them in a negative light, not wanting to feel like they are a burden or also because of a negative experience in the past. Research suggests that adjustments for conditions such as dyslexia, menopause, or religious practices were inconsistently applied or dismissed as personal preferences. We heard of a real appetite for more guidance to be available to help tackle this and provide students with more confidence to make their needs known so that adjustments can be made in good time to provide both students and placement providers with the smoothest transition possible.

The evidence reinforces the need for systemic, coordinated ongoing communication and action to promote equity in nursing and midwifery education. Inclusive and socially just practice learning environments not only safeguard patient safety and care quality but also strengthen retention, resilience, and the future sustainability of the UK's health and social care workforce.

KLOE 2

Overall, the general conclusion is that there is little intrinsically wrong with the new supervision and assessment model introduced in SSSA. Issues do exist, but they are largely due to how the standards and the new system they introduced has been interpreted, communicated, implemented, coordinated, funded and supported. The importance of continuity of practice supervision and the benefit of practice supervisors from a variety of professions was highlighted. SSSA apply to all NMC programmes and consultation may benefit from being pre-registration programme specific.

It is our conclusion, therefore, that wholesale, radical change of the system is not required and therefore no changes to the SSSA standards as they currently stand are required, other than perhaps considering whether changes should be made to enable midwife SCPHNs to be practice assessors for pre-registration nursing students.

What is required, however, is a new approach to how the standards are underpinned by guidance issued by the NMC that clearly communicates how the standards are to be interpreted and implemented, how universities and practice learning partners are to coordinate their efforts better and how those working in supervision and assessment roles are to be trained and supported in those roles, all of which requires adequate funding to achieve.

KLOE 3

Following the analysis of desktop research and stakeholder engagement activities, a number of points were identified in relation to quality assurance, indicators and metrics.

Research did allude to a greater importance on the quality of practice learning over targets such as hours or lists of tasks. The current emphasis on numerical targets was found to inadvertently promote task-oriented care over meaningful learning.

Research indicated that traditional models, such as pass or fail, could be seen as restrictive. Thought could be given to more nuanced grading tools and feedback mechanisms (e.g. sliding scales and competency ratings) to explore if this could better support student development and provide clearer insights into the attainment of proficiencies.

Student experience was also explored with some reporting confusion, anxiety, and inconsistency in their learning experiences. Issues such as unclear expectations, lack of protected learning time and variable supervision contribute to stress and hinder proficiency development. This was evident during engagement activity aimed at students where many shared instances of feeling unprepared prior to placement, inadequately supported throughout placement and concerns around assessor and supervisor preparedness and general interest in the role itself.

This highlights the importance of strong placement and educational audits, and where possible the need for consistency in approach and frequency. Inclusion of the practice supervisor and practice assessor voice in this process would also help to strengthen the sense of value in the role itself, whilst also ensuring that key voices from the student's journey are heard.

Comparisons around frameworks in place across the four countries of the UK was also identified, with each nation adopting distinct but complementary approaches to quality assurance in practice learning. England's integrated quality management systems, Wales's standardised PADs, Scotland's QMPLE framework, and Northern Ireland's KPI-driven model all offer valuable insights for cross-country learning and improvement.

Throughout analysis, the importance of partnership working was evident and transcends all five KLOEs. Strengthening the importance on partnership working between AEI and PLP is crucial so that progress and attainment concerns can be identified earlier in the process. Some overlap with KLOE 2 was identified, around consistency of SSSA preparation, ongoing training and support, speaking to standardised training for PS/PA/AA and the potential for toolkits.

KLOE 4

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This work has been undertaken in the climate of maternity services and midwifery education under scrutiny. There was consensus that any proposed changes to midwifery programme standards or supporting information must strengthen the quality and rigour of the standards. It is key that any changes do not give the impression to the public or the professional community of any dilution of the standards.

There has been overall consensus amongst our midwifery stakeholders that midwifery programmes should continue to be aligned with the EU Directive to reflect midwifery practice in Europe and many countries around the world where the role of the midwife is similar to that in UK. However, a re-focus for student midwives on how they achieve their proficiencies in the care of women in labour and physiological birth should be considered.

There also was agreement to strengthening the standard on how student midwives gain experience of caring for women and newborn infants with additional needs and complications.

The length of the midwifery programme continues to be an area of concern with many stakeholders considering it needs to be lengthened agreement that no additional requirements could be placed into the courses without increasing the length of the programme.

To address challenges regarding the length of the programme, we have considered internship models, such as those used in Ireland. These models allow students more reflective time during the programme, opportunities to be more financially stable, consolidate final learning experiences, becoming part of the maternity team and support the transition from student to newly qualified midwife.

There was consensus of the need for continuity in practice supervision to be enhanced.

There is a need for AEs to return to working in partnership with their practice learning partners at all levels.

Simulation is used to good effect across midwifery programmes but little interest in having designated hours as nursing programmes. Stakeholders expressed that further exploration of simulation as a form of practice learning would be valuable in gauging opinion.

KLOE 5

Our engagement with stakeholders revealed a variety of insights into the future direction of nursing education. A recurring theme was the importance of holistic lifespan learning, with participants advocating for curricula that span all stages of life and connect various nursing disciplines to ensure truly comprehensive care.

There was also a strong call for consistency in learning outcomes. Despite the diversity of practice learning placements across programmes, stakeholders emphasised the need for students to achieve a uniform set of core skills, ensuring equitable preparation for professional practice.

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Another key area of focus was the value of cross-field exposure and interprofessional learning. Stakeholders highlighted the benefits of enabling students to experience multiple nursing specialties and to collaborate with other health and social care professionals. Such exposure, they argued, fosters a more integrated and team-based approach to patient care.

The use of simulation and structured skill days was widely endorsed as an essential component of nursing education. These methods were seen as particularly effective for teaching complex procedures that may be difficult to access during routine practice learning placements.

Support for a consolidation period was nearly unanimous. Stakeholders viewed this phase as critical for helping students build confidence and readiness before entering the workforce. However, views diverged on the structure and timing of this period. While some preferred a final placement at the end of the programme, others suggested it should occur near the end but not necessarily as the concluding experience.

Concerns were raised about the mandatory implementation of consolidation periods, especially in relation to students with special circumstances. Flexibility, they argued, must be built into programme design to accommodate diverse needs.

There was a clear consensus on the importance of collaborative programme design. Effective nursing education, stakeholders agreed, must be co-created by universities, practice partners, students, and service users to ensure it meets both workforce demands and community needs.

Recommendations:

KLOE 1

- Ensure training for PS/PA/AA to cover topics such as equality, diversity and inclusivity (EDI), reasonable adjustments, cultural competence, and gender and sexual diversity. Being more inclusive encourages greater understanding of differences to ensure that a range of needs can be handled sensitively by PS/PA/AAs tailoring individual support.
- Ensure PS/PA/AA training covers giving and receiving feedback, including difficult conversations and failing students.
- Implement and encourage safe reporting mechanisms with clear timelines to ensure that individuals affected are not prevented or discouraged from speaking up due to fear or retaliation, discrimination or marginalisation. In addition to this develop clear escalation process for students to report unmet adjustments or discrimination.
- There is still widespread misunderstanding of what constitutes a 'reasonable adjustment'. More guidance is required on what constitutes 'reasonable' and

what is a flexible working request. Legally, reasonable adjustments are only available in cases of disability. Under the Equality Act 2010, carers themselves are not automatically protected in the same way as the person they care for, but they are protected by association with a disabled person.

- Produce or signpost to guidance around disclosure of protected characteristics, including reasonable adjustments, to ensure that students feel comfortable making their needs known as they progress through their educational journey. Good examples include health and wellbeing passports that are transferrable across AEs and PLPs.
- In Wales, consider whether more could be done to highlight the option of delivery of a programme in Welsh, so that Welsh speaking students can avail themselves of such opportunities more readily and Welsh speaking staff and service users can feel that they can become better involved in the education and preparation of future nurses and midwives in their preferred language.

KLOE 2

- That the current SSSA remains unaltered and no changes are made to the standards contained within that document, other than considering whether we should consult as to whether changes should be made to SSSA to enable midwife SCPHN HVs to be practice assessors for pre-registration nursing students and nurse/SCPHN HVs to be practice assessors for pre-registration midwifery students when they are on placement in health visitor settings.
- The importance of continuity of practice supervision and the benefit of practice supervisors from a variety of professions was highlighted. SSSA apply to all NMC programmes and consultation may benefit from being pre-registration programme specific.
- That the NMC takes a new approach towards its guidance on student supervision and assessment. This should include clear position statements on key issues, which could be included in a set of principles document similar to the ones we have for preceptorship and advanced practice rather than being in supporting information pages on the website.
- This new approach should make more use of materials such as FAQs and case studies to help bring the subject matter to life and make it more accessible and relevant to those accessing such materials.
- All such materials should be placed in a more prominent position on the website and be more clearly signposted to enable easier access. There should also be clearer direct links from the standards to any such supporting information so that they can be read in tandem.

KLOE 3

- Strengthen current expectations around the importance of partnership working between AElS and PLPs, so that progress and attainment concerns can be identified earlier in the process. For example, sharing of investigations in practice, shared learning and actions, ongoing collaboration and development of the programme, and PS/PA understanding of the curriculum.
- Strengthen the importance of strong placement audits and evaluation processes with consistent intervals, strengthening the assessor and supervisor voice within the process.
- Produce guidance around consistency of SSSA preparation, ongoing training and support, speaking to standardised training for PS/PA/AA and toolkits. AElS should also identify opportunities for the PS/PA to feedback for quality assurance of the programme.

KLOE 4

- The NMC should consider consulting on adding a standard that requires ongoing assessment of student midwives' learning needs to meet their proficiencies for care of women in labour and birth.
- The NMC should also consider consulting on adding a requirement for a holistic assessment of proficiency and confidence in the care of women in labour and birth prior to completing the programme to the standards.
- Consideration should be given to strengthening standard 3.5.2 in the midwifery standards of proficiency for the care of women and newborn with additional needs or complications, and aligning the language between standards 3.5.2 and 3.5.5
- Whilst the definition of simulation should remain constant across all professions and sets of standards, consideration could be given as to how simulation and simulated learning can be interpreted and implemented in the midwifery context. This could be achieved by way of developing supporting information specific to midwifery.
- Consideration should be given to strengthening the requirement for continuity of practice supervision in the context of midwifery education. This could be done either by way of amending the wording of the relevant standards or by way of underpinning guidance/supporting information.
- Consideration should be given to more clearly defining our expectations for AElS working in partnership with their practice learning partners in both the education framework and in standards specific to all our different education programmes.
- The NMC should explore the options for lengthening the midwifery programmes to four years, possibly to include an internship/pre-qualifying placement.

KLOE 5

- Consideration should be given to removing from the Standards for pre-registration nursing programmes the requirement for the programme to be a minimum of 4,600 hours in length – notwithstanding any such change being made, the 50% theory and 50% practice split and the need to meet the requirements of the standards including the proficiencies and programme assessments should be retained. The programme should remain minimum three years and an undergraduate programme. Scope exists to specify that the programme should be a minimum of 1800 hours theory and 1800 hours practice learning.
- Consideration should be given as to including a specific requirement in the standards for at least one practice learning opportunity to be held in a community setting across health and social care as part of their programme.
- The NMC should consider whether the maximum for simulated practice learning could be stated as a percentage of the total length of the programme rather than as a fixed number of hours (this would be a proportionate approach if the required number of practice learning hours are reduced).

Annex A - Review of practice learning – thematic analysis from stakeholder engagement

High level emerging themes from NMC engagement with a range of stakeholder groups in the period July to September 2025. and a range of stakeholder engagement. The stakeholder engagement was supported by the community of interest (CoI) with over 1640 members, receive updates and have had opportunities to attend a series of stakeholder engagement events. The stakeholder engagement included 25 participatory stakeholder events which were attended by over 1250 people, including students, registrants working in practice and higher education. Over 320 students completed an online survey focused on practice learning. Both the public advisory group and a student advisory group fed into the UK wide independent steering group. This ensures that the unique and shared perspectives of all four UK nations are taken into consideration during discussions.

Practice learning experiences

- Practice learning only thrives in a positive culture. Poor role modelling can lead to poor learning cultures. Commitment from all parties is key to a good learning experience.
- Currently, experiences are inconsistent. In some places the student experience is very good, and generally students feel adequately prepared for and supported in practice learning placements. Where student practice learning experiences are good, students come back enthused and want to go back to these places for further learning opportunities or even to work in them once qualified.
- On the other hand, in some instances the student experience is poor, which can lead to confusion and a detrimental impact on the student journey, characterised by a lack of confidence, poor decision-making skills and student attrition.
- The range of learning experiences and the timing of placements varies greatly between programmes. Ideally students should have exposure to a range of delivery models, care settings and geographic locations/socio-economic backgrounds in their practice learning. This should include a range of community-based settings even if they do not plan to work in a community role once practising. Small social care providers can offer great learning experiences, but they will need support from universities in terms of advice, training etc to be able to give students the best possible experience.
- Students need to be better prepared before going into practice settings. We have seen a number of examples of how this can be achieved – but these will only work if sufficient notice is given to all parties to enable this to happen. Where student preparation and induction are good, this leads to reduced anxiety, more confidence and better learning outcomes, with students thriving as a result. Preparation for practice sessions with local employers (trusts, health boards etc) before going into placement work well in this respect.

- The practice learning experience is enhanced further when students are supported by PS/PAs with suitable levels of experience and a good understanding of their responsibilities. But some students have identified problems with lack of guidance or clear expectations prior to going into placements or being sent on placements for which PS/PAs didn't have the appropriate experience or skillset to fully engage.
- Students need to feel supported and when they reach out to their universities with any concerns they should be responded to promptly. Regular check-ins with individual students and wellbeing sessions for groups of students have been trialled in some areas and have been very positively received. Many students feel that whilst they are supported when raising concerns about their placement, they are not made aware of any changes made as a result of their feedback. (Subjects that students had raised concerns about included issues surrounding how placements shifts were rostered, lack of access to adequate support when on placement and a lack of quality discussion time spent with practice supervisors and particularly practice assessors.)
- Unified approaches across nations/regions have led to a collaborative mindset where challenges are shared and discussed, team spirit built and silo working reduced. Such areas have also reported that 'failure to fail' has been less of an issue whilst other areas report it is still an ongoing problem.
- Differing course structures and assessment processes/tools including student assessment documentation and variance in local policies as to what skills students are allowed to perform by their AEI and practice learning partners whilst on placement are a cause of problems in some areas.
- Outmoded attitudes to practice learning taking place in what are seen as non-traditional settings need to be challenged. There are many settings in both the public and private sectors that can offer great practice learning opportunities. More needs to be done to advertise the range of practice learning opportunities available. Students risk missing out on some great learning opportunities if we are too restrictive in our interpretation of what constitutes a practice learning setting. It is accepted that assessing outcomes in such settings can be challenging, but where various ways around this have been found the benefits to students of being in such placements have been clear.
- Universities are working to ensure improving ethnic diversity of those working in PS/PA roles to align with the ethnic diversity of the register, the student body and the population they serve.
- Peer support and role modelling amongst students also greatly helps the learning experience.
- The issue of a lack of protected learning time for nursing associate students, particularly those studying by way of apprenticeship, was not noticeably raised during the engagement that fed into the development of these themes.

In summary, the key to good quality practice learning experiences is communication, collaboration, commitment and openness to learning from and a good, supportive working and learning culture.

Practice supervision/practice assessment/academic assessment

The consensus is that the current model as set out in the NMC's Standards for student supervision and assessment works well when all the necessary infrastructure is in place. However, there is also a widespread feeling that these roles need to be valued more than they currently are and that time and money desperately need to be invested in them.

The two main areas that need focusing on are preparation for and support in the roles.

Preparation

- The current model is widely seen as a good framework that works well when all the necessary supporting infrastructure is in place.
- However, there is a lack of consistent understanding of what the requirements are for these roles. This is seen to be the root cause of problems with implementing Standards for Student Supervision and Assessment (SSSA).
- Preparation for these roles needs greater standardisation as current models vary greatly, from days of in-person training to online sessions lasting from one to three hours. Some stakeholders feel that the NMC should take a greater role in stipulating exactly what form that preparation should take. Subjects that were felt to be core to these roles and should therefore be included in any such training included giving feedback, having difficult conversations and understanding why students fail, what 'failure to fail' is and how to address it.
- There should also be stipulated timeframes for refresher/update training for those in these roles. The expected content of such training should also be made clear by the NMC.
- Such training should be compulsory with time off and funding made available by employers. It is felt by some stakeholders that if such training is not made compulsory by regulators such as the NMC, employers will see it as voluntary, and it will not happen (or if it does, individuals end up having to do it in their own time and at their own expense). It is further argued that in areas where such preparation and update training does exist and is compulsory, it has been a success with greater levels of student and staff satisfaction, improved results and a diminishing sense of 'failure to fail' being prevalent.

Support

- Those carrying out these roles need to be given the time and resources to do it properly and that is not always happening. Time must be made available for completing the paperwork associated with these roles, as well as for reflection, debriefs and decompression. Facilities such as private spaces for giving honest constructive feedback which may involve difficult conversations should also be readily available.
- Practice assessors in particular need to feel that they will be supported by the approved education institutions (AEI) if they recommend that a student should be failed.
- Challenges such as supporting/assessing students in what would be their second language need to be recognised. (This works both ways, in terms of IENs having to support UK students and UK registrants having to support overseas students).

Other emerging themes can be summarised as follows:

- One of the biggest challenges is the lack of time for paperwork and reflection. This is exacerbated by the number of students that are in placement in one setting at one time, particularly if there is staff sickness etc – many placement providers are reducing the number of students they will accept as a result. In particular we heard this was an issue with midwifery programmes.
- Registrants need to see their involvement in education as part of their role rather than an additional burden. The Code and the standards of proficiency for nurses, midwives and nursing associates are all clear about the role that our registrants are expected to play in supporting students and colleagues to help them develop competence and confidence, and fulfilling these roles is an obvious way that this can be achieved. The lack of preparation for and support in these roles only accentuates the view that this is something extra that they are being forced to do on top of their 'day-job'. This in turn leads to resentment, a lack of interest in undertaking these roles and burnout due to the lack of support received.
- The registrant's role in education should be firmly embedded within the pre-registration curriculum so that newly qualified registrants go into practice aware of their role in this respect.
- Consideration should be given as to ways in which those working in these roles can be recognised and incentivised for the work they do in this area. It has been noted that in some other professions, additional recognition is given to those who take on such supervision and assessment roles.
- Revalidation portfolios should reflect involvement in education related practice, including reflections on what has been learned from supervising and assessing students and evidence that your CPD has including refresher training for supervision and assessment.

- There is an increasing reliance on internationally qualified nurses or newly qualified nurses to fill these roles, especially the practice assessor (PA) role. Approaches to preparation of PA / PS / AA, being cognisant of their own experiences as a student which may differ to current students, for example in the case of internationally educated nurses.
- The tension between using allied health professionals (AHPs) in the practice supervisors (PS) role and making use of their wider skills sets to give students a greater breadth of experiences and the desire for continuity of supervision and the acknowledged benefits that brings need to be addressed. Within midwifery in particular there have been calls for greater continuity of supervisor to enable the building of a better rapport and closer working relationship between students and supervisors.
- It was also commented that a lack of continuity in practice supervisors and academic assessors can lead to some students 'falling through the net' when it comes to addressing poor attitudes and behaviours in both academic and practice settings.
- In some studies, it has been noted that students seem to have a better understanding of the requirements of these roles than the individuals undertaking these roles. This is in some ways understandable – students will often have a better understanding of the requirements of their programme than professionals who may have qualified many years previously under wholly different requirements for supervision and assessment – and is not necessarily a bad thing, but it does highlight the need for better communications between AEs and practice learning partners as to the requirements of the current supervision and assessment model and the roles within it, as well as proper, effective preparation and support for those in such roles.
- Students generally feel that PS/PAs have the required knowledge and experience for the role but have voiced concerns about a lack of knowledge of and an inability to complete documentation properly and a seeming lack of interest in or adequate time for engaging with students.
- In some areas a noticeable lack of suitable people to fulfil the AA role has been noted, which is causing problems.
- We have received a number of enquiries/requests regarding whether midwife/SCPHN HVs should be allowed to be the practice assessor for pre-registration nursing students on placement in HV settings and whether nurse/SCPHN HVs should be allowed to be the practice assessors for pre-registration midwifery students on placement in HV settings – under the standards as currently written this is not allowed. This would help increase the pool of PAs available to assess pre-registration nursing and midwifery students, as well as recognising the fact that midwives who are also HVs often act as the practice assessor for pre-registration midwifery students when they are on placement in health visiting settings.

Practice learning environments

- Educational audit of practice placement settings needs to be regular and rigorous. When carried out face to face it can help build rapport between AEIs and practice placement partners.
- Placement providers must be valued as equal partners with AEIs, in line with NMC standards that identify education as a shared responsibility and joint enterprise.
- Academic assessors (AA) in particular need to be more proactive in visiting and observing students on placement in practice learning environments, both in terms of supporting PAs if there are concerns about an individual student and improving interaction with PAs and students more generally.
- The student and service user voice needs to be heard more in assessing the quality of practice placements. Feedback from these sources is currently only used sporadically, which is disappointing because where it has been used it has been seen as a valuable tool to improve provision. Practice placements need to be able to demonstrate more clearly when feedback has been acted upon.
- Many staff who may have been trained or who may have mentored/signed off students under the previous standards still need regular reassurance that they are doing the right thing and that the outcome focused nature of our new standards has given flexibility of approach.
- All students need exposure to a range of service delivery models in a variety of settings and socio-economic locations, and should all have at least one placement in a community/social care setting – even if they are not planning to work in such settings once they graduate, they need an understanding of care delivery in these settings wherever they end up working. AEIs have an important role to play in ensuring small care providers in such areas are suitably prepared to host students on placement.
- Vaccine hesitancy a growing issue amongst students – this causes issues as some placements won't allow unvaccinated students onto the premises.
- AAs should not be able to overrule PA assessment of a student; nor should the AEI be allowed to do this. PA/AAs should be able to feel they can raise issues and not be overruled or ignored by the AEI just because they want to get as many students through the course as possible.

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Reasonable adjustments and protected characteristics

- There is still widespread misunderstanding, particularly among students, of what constitutes a 'reasonable adjustment'. More guidance is required on what constitutes 'reasonable'. Legally it is only available in cases of disability. Under the Equality Act 2010, *carers* themselves are not automatically protected in the same way as the person they care for, but they are protected by association with a disabled person.
- Supporting reasonable adjustments is a subject that regularly comes up in engagement sessions with educators, students and practitioners alike. The process for determining what is reasonable needs to be more robust. Many requests for reasonable adjustments are seen as unreasonable by AElS and placement partners alike as they fall outside of that category and are more about requesting flexibility due to the student's personal circumstances, particularly around issues such as childcare, second jobs, not wanting to work at weekends and travel to placements. These were all issues commonly raised in the student survey as challenges they faced whilst on placement.
- Timely disclosure of a student's need for reasonable adjustments by students and AElS is an ongoing issue. This needs to be done at the right time so that the student's needs can be accommodated. Students need to be better prepared and enabled to disclose their needs and to see doing so as a positive rather than a negative action. When placement providers are aware of student needs and can accommodate them, students thrive.
- There are an ever-increasing number of students requesting reasonable adjustment because of neurodivergences. (This is not necessarily because more people are neurodivergent but is a reflection of successful widening participation programmes and developing approaches that are more accepting of neurodivergence.) As a result, some placement providers are reducing the numbers of students they will accept or are withdrawing altogether as they struggle to cope with and cater for those needs. This is putting pressure on AEl's ability to find suitable placements for students.
- Students need to be prepared for life after qualification when they are working as healthcare professionals, often in settings where the adjustments and allowances made for them as students won't necessarily be available. There is a difference between what AElS can offer by way of reasonable adjustments and what is practicable in a workplace setting. Widening access is fine but there is the need to be able to have the correct support networks in place. There is a perceived increasing gap between the desire to widen access and the ability of placement providers to meet the needs of students with reasonable adjustments.
- In addition to concerns about reasonable adjustments, many placement providers voiced concerns about student behaviour and lack of professionalism. There is also a growing view that now students, particularly in England, have to pay for their tuition and are not receiving bursaries, they are becoming

increasingly consumerist and feel they have a right to demand the education they are paying for is structured around their own personal needs and wishes.

- Looking specifically at the Welsh experience, the general view is that students who wish to undertake placements in settings where the Welsh language will be used and to be supervised and assessed in Welsh can usually have those wishes accommodated. However, the NMC could consider whether more could be done to highlight that this option is available so that Welsh speaking students can avail themselves of such opportunities more readily, and Welsh speaking staff and service users can feel that they can become better involved in the education and preparation of future nurses and midwives in their preferred tongue.

(Further engagement is required on protected characteristics more widely as engagement discussions tended to focus on the reasonable adjustments aspect of this subject area rather than protected characteristics more broadly.)

Midwifery practice learning

- There is a perceived need to increase public confidence in the midwifery profession. Improving midwifery education and making any necessary changes to the midwifery education standards and the curriculum could have a key role to play in achieving this. There was consensus that any changes to standards or supporting information should strengthen the standards and not give any impression to the public of dilution.
- The length, content and structure of the programme all need consideration. The consensus view, however, is that we should not move away from the requirements previously contained within the EU directive that currently form part of our standards and are therefore required within the curriculum to reflect midwifery practice in Europe and many countries around the world.
- Students need to be prepared for the realities of midwifery practice that they will face, and the curriculum needs to reflect this.
- Holistic assessment of labour and birth needs to be more prominent within the curriculum than it is at present.
- A greater understanding and greater experience of caring for women and babies with co-morbidities and multiple medical complications, and the greater diversity of needs they will face in today's society, should be given more emphasis within the curriculum.
- There needs to be greater clarity within the curriculum as to the expectations and essential attributes of a midwife. We need to ensure that students, who will form

the future workforce, have the right values for the role. Students need to feel that they can challenge prevailing views and concepts, and to develop resilience.

- Student midwives have expressed concerns about gaining the confidence and competence they need for going into midwifery practice.
- Midwifery educators in particular have reported increased pressures from both the government and universities to increase student numbers as a way of bolstering the midwifery workforce. This in turn leads to a need to bolster numbers within the midwifery educator workforce, whereas in fact the midwifery educator workforce is shrinking rather than growing.
- The length of the midwifery programme was an active discussion with agreement that no further requirements could be placed into the courses without increasing the length of the programme. Options to be considered around lengthening the programme could include an internship model similar to that used in Ireland. Feedback on such an option during initial engagement has been positive, and the economics of such an option are currently being investigated. We should however be aware of possible unintended consequences – for example, we would want to avoid making midwifery courses and the midwifery profession seem less attractive due to the additional costs that would be associated with studying a course over 4 years rather than 3.
- Stakeholders expressed that further exploration of simulation as a form of practice learning would be valuable in gauging opinion.

Nursing practice learning

- A key priority is the achievement of consistent learning outcomes. Regardless of the diversity in clinical placements, all nursing students should attain a uniform level of skill and competence. This consistency is vital for maintaining high standards across the profession.
- To enrich the educational experience, programmes should promote cross-field exposure and interprofessional learning. By engaging with multiple nursing specialties and collaborating with other healthcare professionals, students can develop a more integrated and cooperative approach to care delivery.
- Simulation-based learning and structured skill days are essential components of modern nursing education. These methods provide safe and effective environments for students to practice complex or less frequently encountered procedures, building confidence and technical proficiency.
- There is strong support for incorporating a consolidation period into nursing programmes. This phase allows students to reinforce their learning, gain confidence, and prepare for the transition to professional practice. However, views differ on the structure and timing of this period. While some advocate for a

final placement, others suggest a flexible approach that places the consolidation phase near the end of the programme without making it the concluding experience.

- Implementing a mandatory consolidation period presents challenges, particularly for students with special circumstances. Flexibility is therefore crucial, and models that offer internship opportunities and student choice, such as those used in Ireland, may provide a more adaptable and employment-aligned solution.
- The design of nursing programmes should be a collaborative effort. Universities, practice partners, students, and service users must work together to ensure that educational pathways meet both community needs and workforce demands. This partnership approach is key to creating responsive, inclusive, and future-ready nursing education.

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Council

Safeguarding Board Quarterly Report Q2 (2025-2026)

Action requested:	For noting <p>The Safeguarding Board commenced in June 2024, with planned quarterly reporting on safeguarding activity and progress against the safeguarding improvement plan and associated risks, via Executive Board to Council.</p> <p>The Council is asked to note the report.</p>	
Key background and decision trail:	<p>This paper is part of the agreed governance process for reporting on safeguarding matters at the NMC.</p> <p>The Q2 report is due to be presented at the Safeguarding Board on 20 November 2025, prior to the Council meeting on 26 November 2025.</p> <p>The report is linked to the strategic risk REG24/01 which is currently rated as 20 (red). The risk is due to be reviewed at the Safeguarding Board on 20 November 2025 with a view to potential reduction in scoring.</p>	
Key questions:	Questions this paper addresses: <ul style="list-style-type: none"> Is the Safeguarding Board delivering on safeguarding activity to mitigate and reduce risks in safeguarding matters at the NMC 	
Annexes:	<ul style="list-style-type: none"> Annexe 1: Safeguarding referrals Data Q2 Annexe 2: Safeguarding Hub Activity report Q2 	
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: Nicky Burns-Muir nicola.burns-muir@nmc-uk.org</p>	<p>Executive Director: Donna O’Boyle donna.Oboyale@nmc-uk.org</p>

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Safeguarding Board Quarterly Report Q2 (2025-2026)

Discussion

1 The Safeguarding Board met in September 2025.

Governance and Risk

Risk Register

2 The strategic risk for safeguarding is updated and reviewed at each Safeguarding Board to ensure it reflects the current level of risk and that planned actions are robust and will mitigate and reduce the risk as far as possible:

Strategic risk REG24/01: *We fail to meet our statutory safeguarding responsibilities to protect people who come into contact with the NMC through our work from abuse and mistreatment.*

3 The risk is currently scored at 20 with a plan to reduce to 16 at the November Safeguarding Board, following completion of the actions to embed the safeguarding workplan. This includes the unallocated pot review within investigations and roll out of the fitness to practice SOP in October and November, together with associated training.

4 One FTE Safeguarding Advisor is currently on long-term sick. This has had an operational impact on the team with the Head of Safeguarding and Safeguarding Coordinator providing additional support to ensure safeguarding KPIs are met.

Safeguarding Action Plan.

5 In Q2 there has been delivery against the action plan which is green on the corporate performance dashboard.

Safeguarding Standard Operating Procedure (SOP) for Fitness to Practise

6 The Safeguarding SOP sets out how safeguarding operates, within fitness to practise, and provides an assurance framework to ensure that safeguarding is being embedded appropriately, across the business area. The SOP has been collaboratively developed by the safeguarding team and operational teams across Professional Regulation and broadly covers the following areas:

6.1 The role of the safeguarding team within fitness to practise

6.2 Roles and responsibilities for frontline staff in recognising, responding to and reporting safeguarding concerns

6.3 Action in an emergency situation

6.4 Escalating safeguarding concerns where there are differences in opinion

6.5 The SOP was launched on 22 October 2025; its implementation is being supported by the roll out of tailored training across all teams in fitness to practise, between October to December 2025. The training 'safeguarding essentials' will form part one of level two safeguarding training and will become the induction course for all new colleagues joining fitness to practise. The training will set the expectation for colleagues' minimum level of knowledge and embed safeguarding practice within teams, to quality assure the NMC safeguarding function. Part 2 is due for implementation in Q3/Q4.

6.6 A scoping exercise has commenced outside of the fitness to practise function, to scope safeguarding risks that exist in other teams across the business. This will be with the aim to develop a series of similar SOPs for business areas, which have an interface with safeguarding, and will continue to provide assurance that the organisational safeguarding risk has been fully assessed and is managed effectively.

Review of the unallocated investigations

7 A review of the unallocated investigations has been initiated. All cases with a potential safeguarding element have been identified and RAG-rated in accordance with the safeguarding assessment tool used within the safeguarding hub. This identifies potential risk of harm and where a safeguarding risk needs to be actioned and managed. All red cases have been reviewed (approximately 130 cases). Two key learning themes have been identified and fed back to fitness to practise colleagues:

7.1 Panel members approach to risk management for allegations of sexual misconduct. Scoping has commenced for an education update to panel members based on the Crown Prosecution Service research, commissioned to tackle misconceptions and lack of understanding of consent in serious sexual offences, the law on consent and the changing nature of sexual behaviours. There is a planned safeguarding session for panel member's education in November, where this will be discussed alongside EDI considerations.

7.2 Management of risk when an Interim Order (IO) has not been granted by an IO Panel. All cases where no IO is granted are reviewed for learning and understanding. Following feedback from the unallocated review, there will now be a prioritisation of such cases within the investigation process, and an indicator added to the current audit review tool for unallocated cases.

7.3 Good practice was observed in the review from screening colleagues, and the impact of the safeguarding hub demonstrates the mitigation of risks for both safeguarding concerns and early identification of wellbeing concerns for registrants.

8 Amber cases are in the progress of being reviewed (481 cases have been identified). A full review of all potential safeguarding cases is due to be completed by the end of November 2025.

Safeguarding champions

9 The relaunch of the safeguarding champions role is due to go live on 24 November 2025, at the start of National Safeguarding Adults Week. There have been 40 champions selected across the organisation. They will undergo an induction and training process, between late October and early November. The role of the champions has been redesigned and will be focused on disseminating safeguarding information and awareness-raising across all business activities. On-going support and reflection will be offered to the champions, to support them to engage with their role.

Self-harm and suicide protocol

10 The self-harm and suicide protocol is being reviewed with support from colleagues in Strategy and Insight, to ensure it is aligned with best practise nationally and will include both identification and de-escalation of potential self-harm and suicide risk.

11 The safeguarding team will continue to be responsible for the strategic oversight and reporting of all registrant deaths. The Strategy and Insight team will support work around risk minimisation for self-harm and suicide, ensuring that opportunities to reduce stress for registrants going through our processes are further explored.

12 There will be a training package developed, to further support both knowledge and confidence in this area for colleagues managing difficult conversations and distressed registrants as part of the Level 2 training programme for safeguarding.

Safeguarding hub evaluation report and recommendations

13 The safeguarding evaluation report has been endorsed by the Safeguarding Board.

14 A total of six recommendations were identified:

- 14.1 Develop the hub into a Centre of Excellence model
- 14.2 Widen the membership of the hub (regulation and legal colleagues)
- 14.3 Change process for high-risk cases that require IO (pre hub work)
- 14.4 Safeguarding Champion role development
- 14.5 Consideration for an additional hub for referrals outside of screening
- 14.6 Update Terms of Reference for the hub

Education and Training

15 The safeguarding team has delivered the following training and education over Q2:

15.1 Rolled out Level 1 e-learning across the whole of the NMC in August 2025. Organisational compliance with this is currently 90%.

15.2 Identified core modules for safeguarding level 2 training. Two of these modules: self-harm and suicide webinar; and trauma informed practice, have already been developed and available to colleagues on the learning and development pool. Safeguarding essentials will be rolled out across fitness to practise between October to December 2025 and will educate colleagues on the Safeguarding SOP for fitness to practise.

Registrant deaths

16 All registrant deaths are reviewed by the safeguarding team, and an initial report is shared, with the Executive Directors of Professional Practice and Professional Regulation and reported within our Annual Report, as we have done since 2018 when collection of the information commenced. In October 2025, we were notified of one additional registrant death due to suicide from 2024, following conclusion of the coronial process. This brings the number of registrant deaths attributed to suicide to 17 since 2018. There has been one death attributed to suicide notified in the 2025/26 reporting period.

Data for Q2

17 The data shows a total of 397 safeguarding cases discussed at hub in Q2 with 30% of all new cases referred into the safeguarding hub.

18 Additionally, a total of 312 new requests for advice were referred into the mailbox; an increase on the Q1 average. The data also shows an increase in wellbeing concerns being identified and the safeguarding team continue to support and engage with colleagues to manage wellbeing risks.

Next Steps

19 The Q3 safeguarding report will be presented to Council in January 2026 alongside the new Safeguarding Policy for approval. The accompanying guidance document for colleagues will be replaced with a plan for embedding departmental SOPs for safeguarding outside of fitness to practise.

20 Areas of focus for the Q3 report will be to provide updates on planned work to support panels with safeguarding knowledge and understanding, cases involving domestic abuse and a safeguarding supervision programme.

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	Throughout the paper	
Safeguarding considerations	Yes	Throughout the paper	
The four country factors and considerations.	Yes	Throughout the paper	
Resource implications including information on the actual and expected costs involved.	N/A		
Risk implications associated with the work and the controls proposed/ in place.	Yes	Governance and risk section	
Legal considerations.	No		
Midwives and/or nursing associates.	Yes	Applicable to all registrants	
Equality, diversity, and inclusion and Welsh Language impact.	Yes	EDI section. No impact for Welsh language	
Stakeholder implications and any external stakeholders consulted.	No		
Regulatory Reform.	No		

Safeguarding Referrals (Outside of the SG Hub)-Advice request activity report

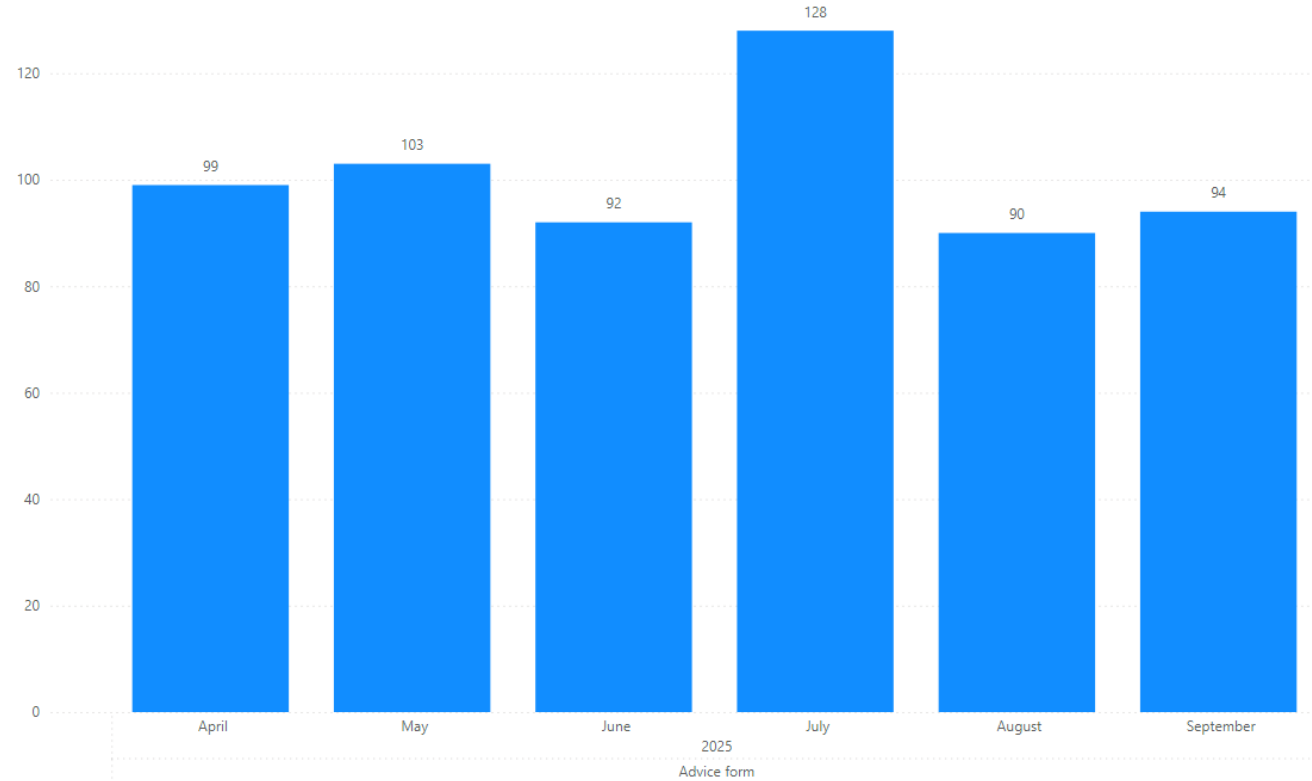
Quarter 2 (July- September 2025)

Item 10: Annexe 1
NMC/25/115
26 November 2025

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SAFEGUARDING REFERRALS Q2

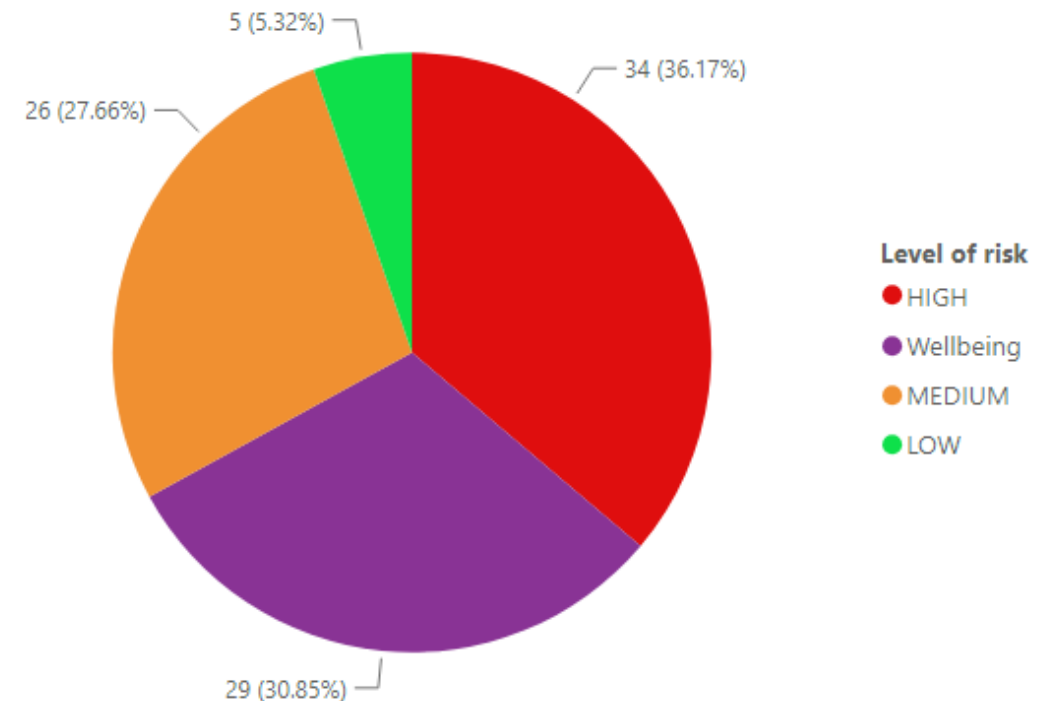
- In Q2 there were **312** cases referred to the Safeguarding team, an increase from the previous quarter. The case average box shows the increase from the average of 98 cases in Q1 to 104 in Q2.
- Majority of the cases required only one-off advice
- A number of complex safeguarding cases required continued support and advice from the Safeguarding team.
- The total number is based on the number of emails received by the Safeguarding team with unique-individual advice given.



	Case average
Q1 (Apr-Jun)	98
Q2 (Jul-Sep)	104

SAFEGUARDING RISK

- All referrals are risk assessed against the safeguarding risk assessment tool.
- In Q2 there was a shift in that the majority of cases were **High risk**, accounted for around 36%, followed by **Wellbeing** related cases at 31% and **Medium risk** cases at 28%. Low risk cases accounted for 5%.
- The chart demonstrates the safeguarding activity outside of the SG hub where the SG team are providing support and advice to the wider organisation.

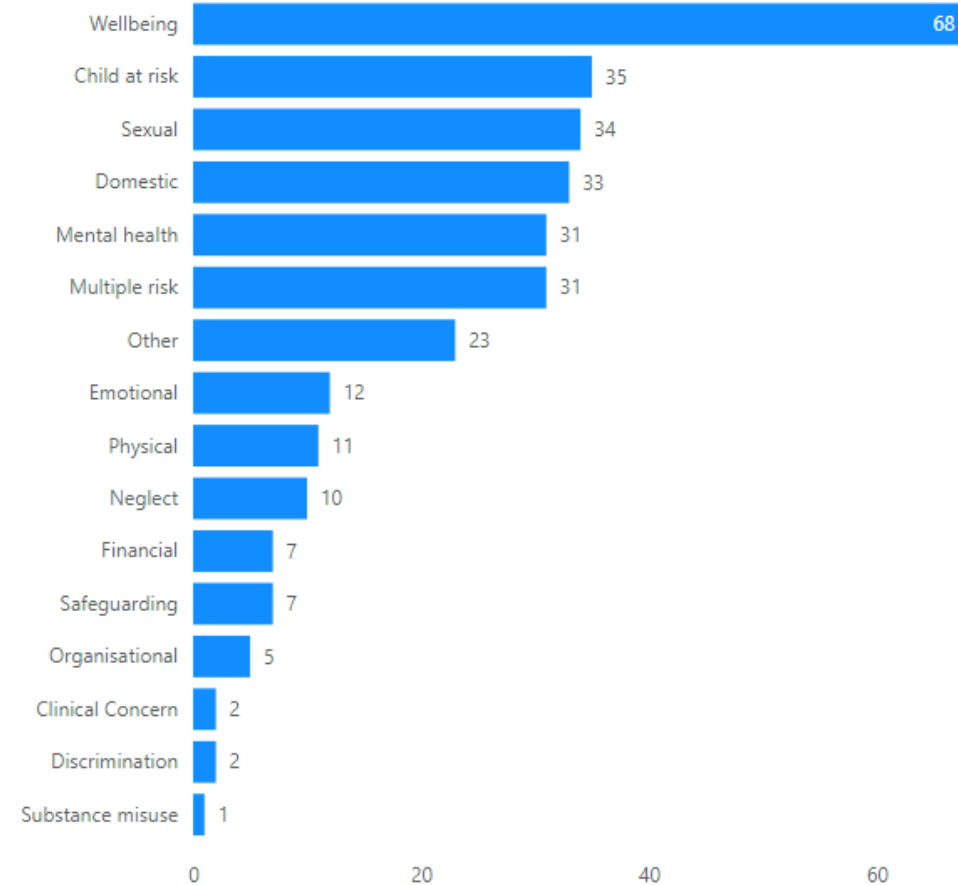


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CATEGORIES OF SAFEGUARDING

- There was an uptick in wellbeing related cases which accounting for 68 cases.
- The top 5 categories for safeguarding are child at risk, Sexual, Domestic, Mental health and Multiple risk.

**To note: Multiple risk refers to referral cases where there is more than one risk category identified. Other Categories include cases where the safeguarding risk falls outside of the conventional risks listed or involves a grey area.*



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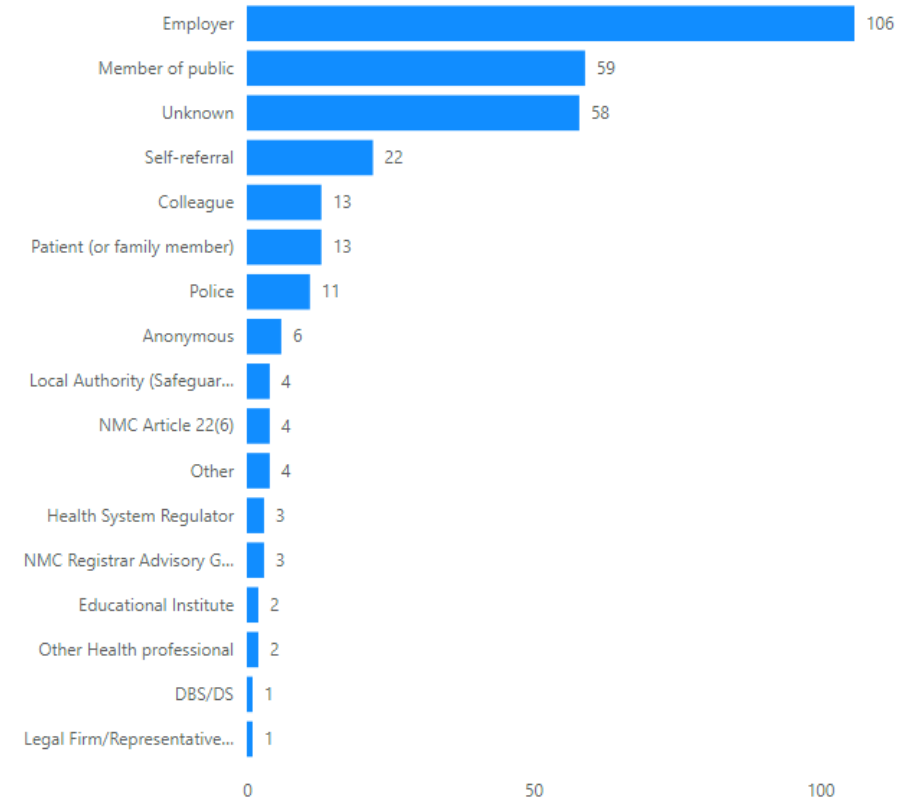
REFERRAL SOURCES

The source of referral refers to the origin of the referral received by the **NMC** (Nursing and Midwifery Council). It assists the safeguarding team in identifying the referrer, thereby easing the process of dealing with the party that has a safeguarding concern, and potentially solving the issue at its source. It also helps to determine if the referrer itself is the source of the safeguarding concern.

The **top five sources of referral** are:

- 1. Employer:** 106 cases
- 2. Member of the Public:** 59 cases
- 3. Unknown Source:** 58 cases
- 4. Self-referral:** 22 cases
- 5. Colleague:** 13 cases

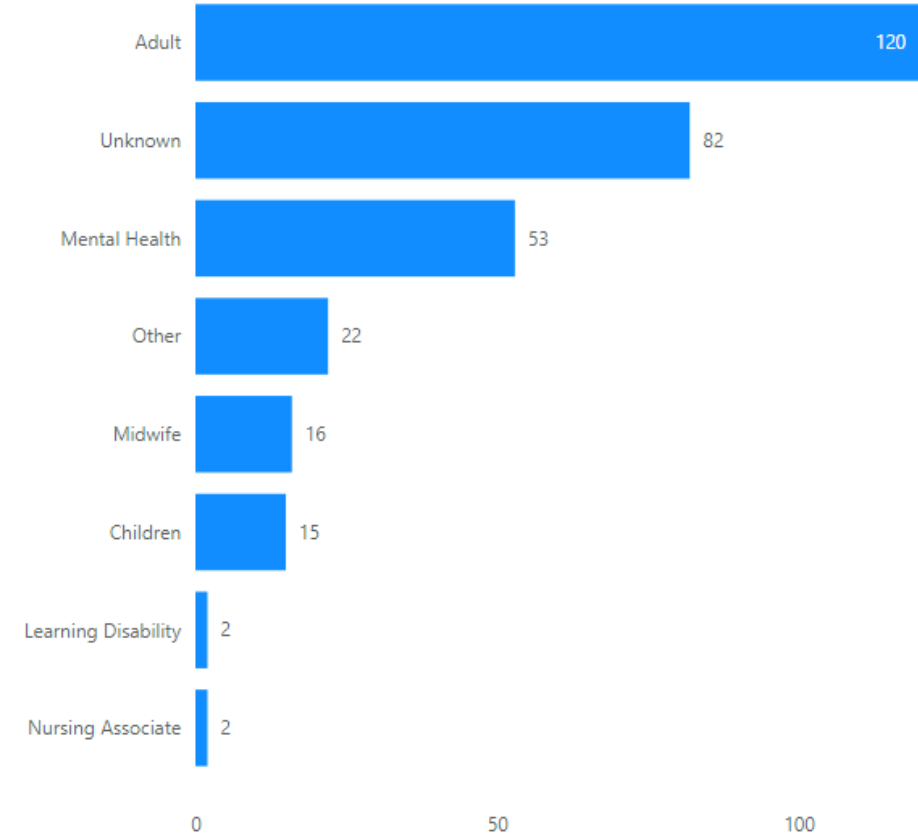
An **unknown source of referral is recorded when the source is anonymous or not identified in the report, which is common in referral cases where details are often omitted.*



REGISTERED PROFESSIONALS

- In Quarter 2, adult nurses accounted for the largest number of safeguarding referrals with 120 cases, which reflects the largest cohort in the nurse workforce.
- This was followed by unknown professionals with 82 cases. The third place was held by mental health nurses with 53 cases. Other nurses accounted for 22 cases in the fourth place, and the last in the top five were midwives with 16 cases.

**An unknown nurse refers to a case where the nurse's job title cannot be identified in the report, which is common in referral cases where details are often omitted.*



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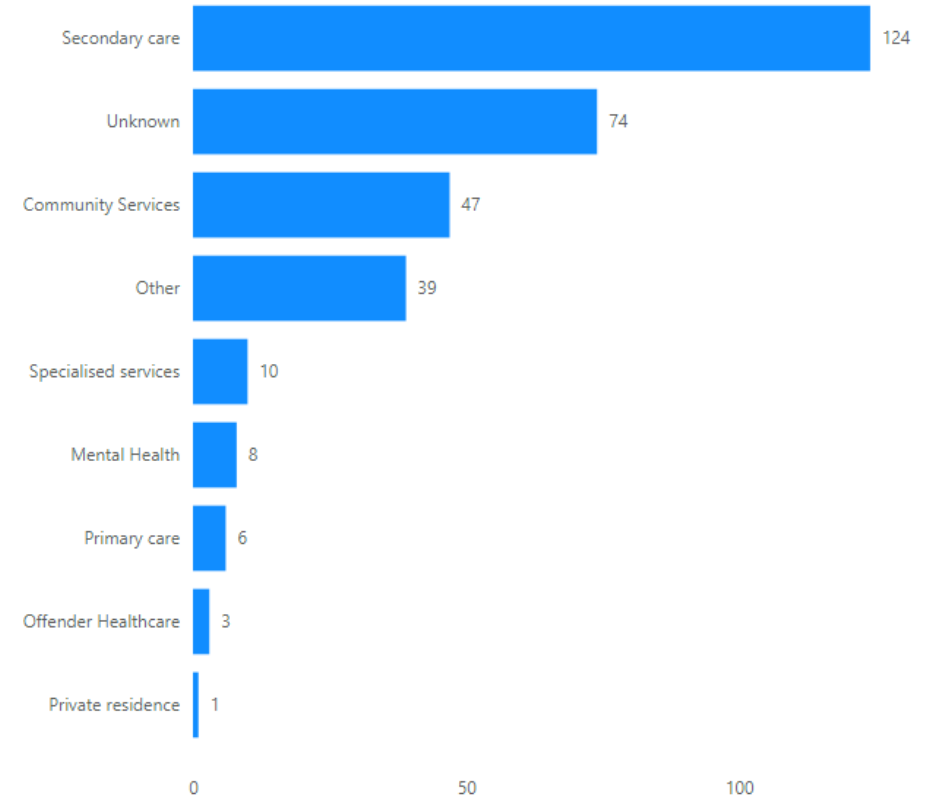
REGISTRANT WORKPLACE

The top five registrant workplaces are:

1. **Secondary Care:** 124 cases
2. **Unknown:** 74 cases
3. **Community Services:** 47 cases
4. **Other:** 39 cases
5. **Specialised Services:** 10 cases

An **unknown workplace is recorded when the workplace cannot be identified in the report, which is common in referral cases where details are often omitted.*

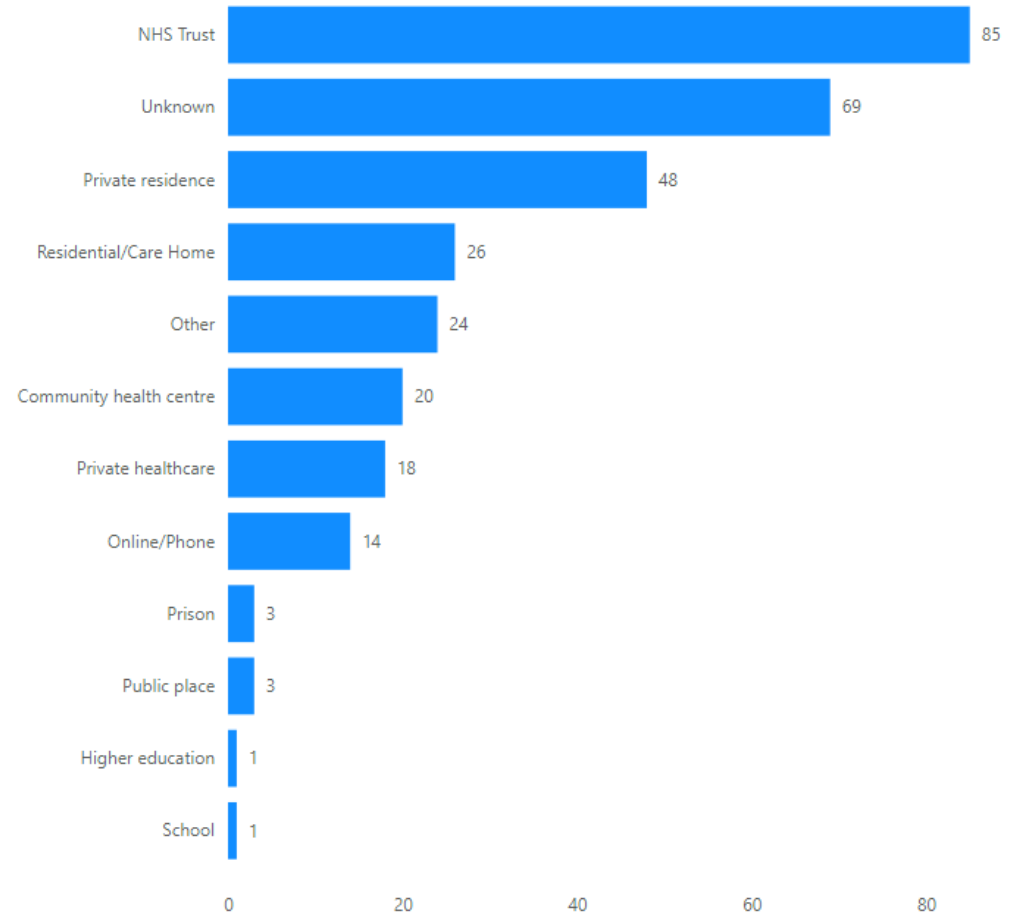
****Other workplace** refers to cases where the registrant's workplace falls outside of the defined categories, such as a city council or a school.*



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LOCATION OF INCIDENT

- The location of the incident indicates where the incident occurred, which often does not align with the registrant's workplace.
- The NHS Trust was the largest location of incidents with 85 cases, followed by unknown with 69 cases, private residence with 48 cases, and residential/care homes with 26 cases. Other locations of incident accounted for 24 cases.



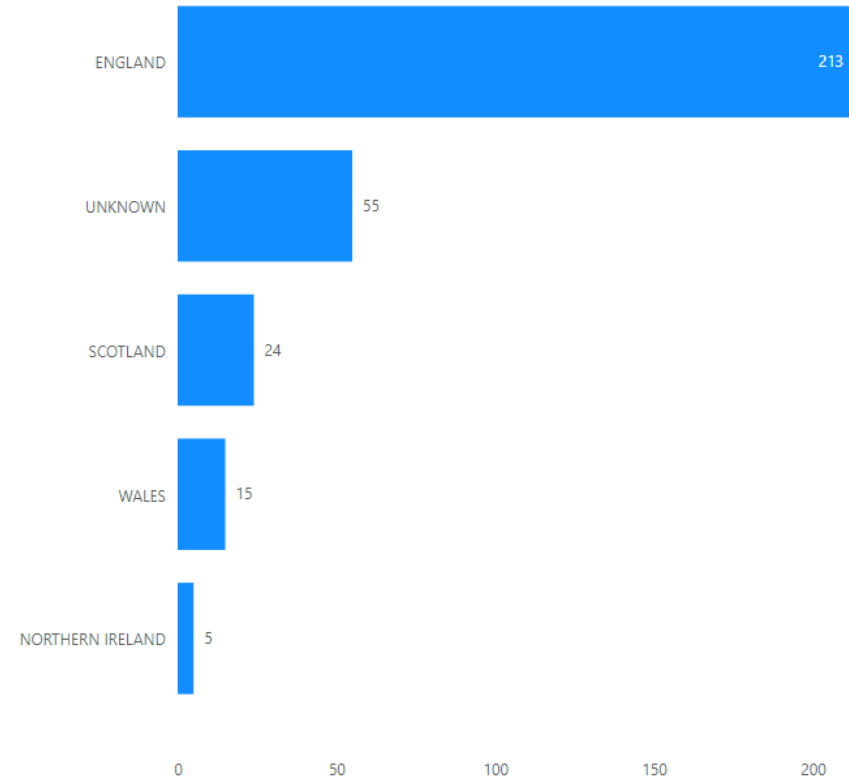
*An **unknown location of incident** is when the location cannot be identified in the report.

***Other location of incident** is when the location falls outside of the defined list of categories.

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NATION PROFILE

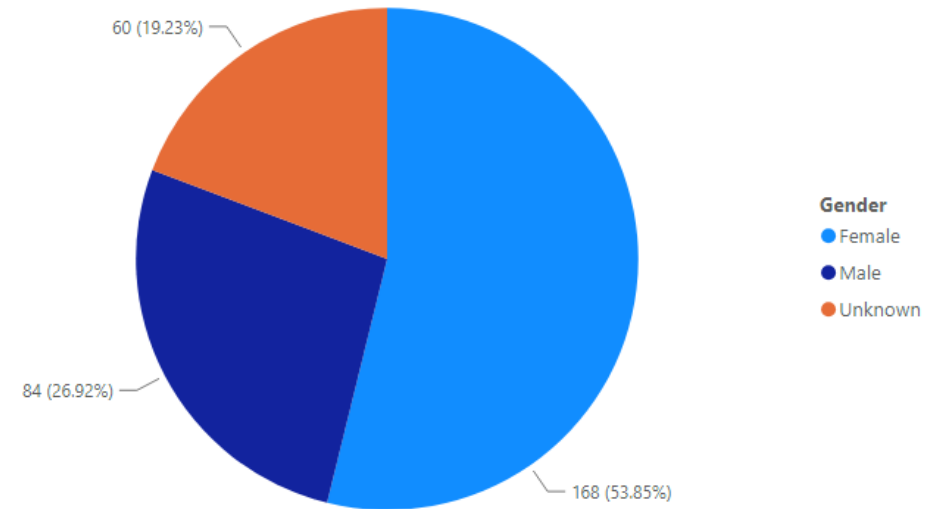
Given the size of the population, most referral cases came from **England**.



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SEX PROFILE

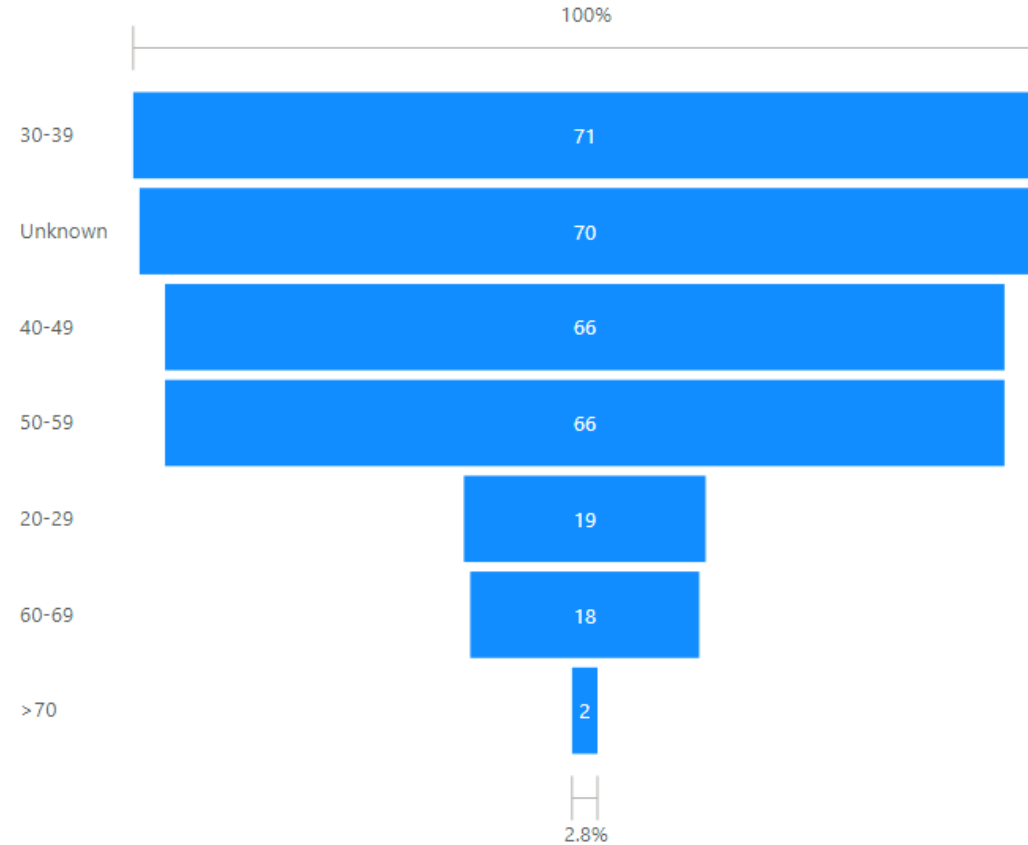
- In Quarter 2, female registrants accounted for more than half of the referral cases (54%), while male registrants accounted for 27%.
- The sex of the registrant could not be identified in **20% of referral cases** due to not being mentioned in the safeguarding advice request form or when the advice request came from a Non-FTP (Fitness to Practice) source.



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AGE PROFILE

- For referral cases, the **largest age group cohort** was between **30-39 years old** with **71 cases**.
- This was followed by the **unknown age group** with approximately **70 cases**, the majority of which came from Non-FTP cases.
- The third largest age group was between **40-49 years old**.



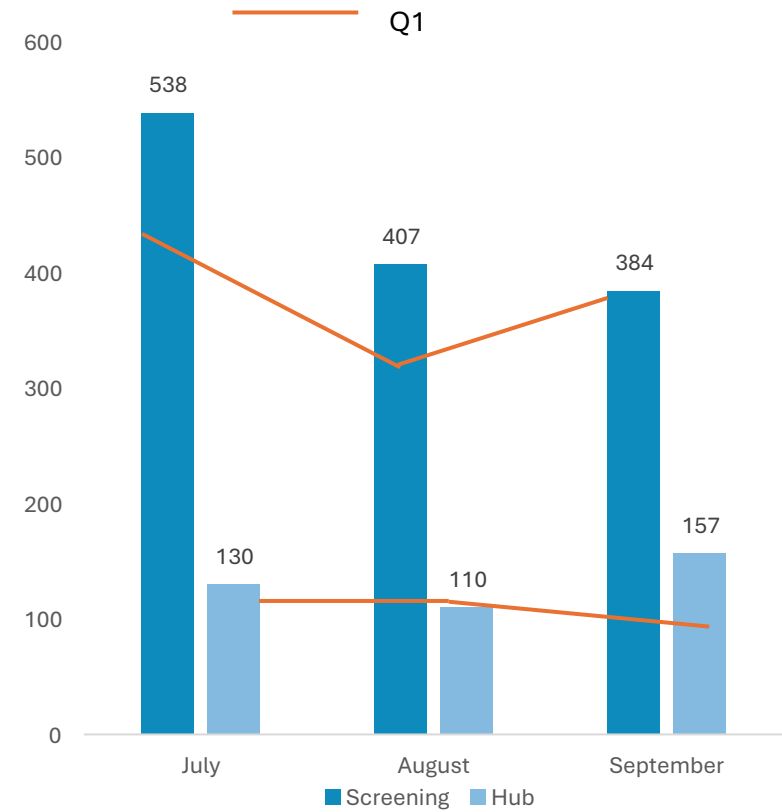
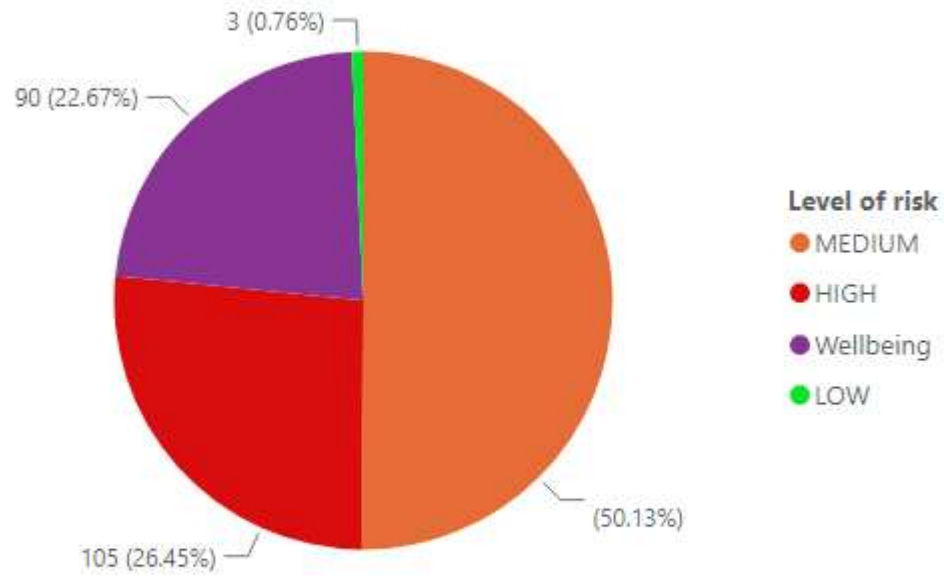
Safeguarding Hub Activity Report

Quarter 2 (July-August 2025)

Item 10: Annexe 2
NMC/25/115
26 November 2025

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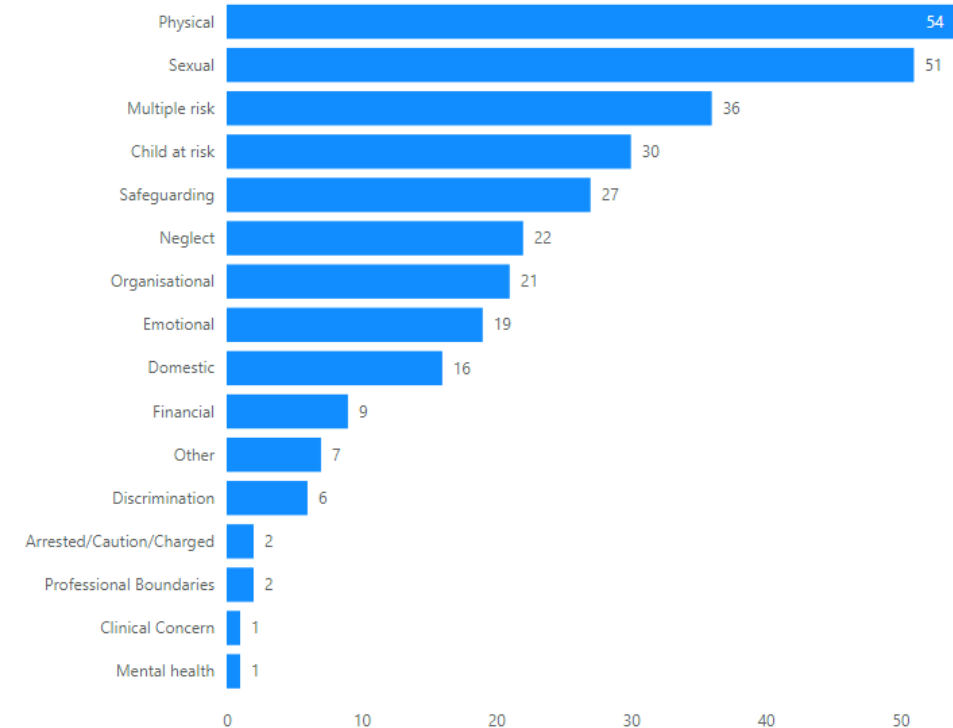
SAFEGUARDING HUB CASE (Q2: JULY-AUGUST 2025)



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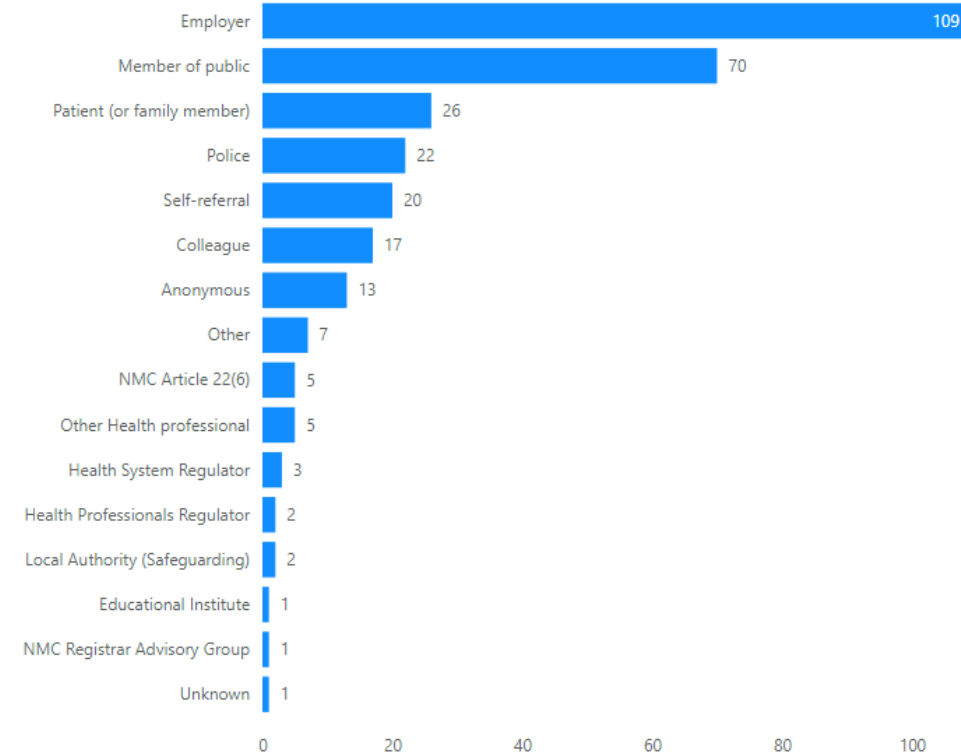
CATEGORIES OF SAFEGUARDING

- The top five categories of safeguarding concern reported were:
 1. **Physical:** 54 cases
 2. **Sexual:** 51 cases
 3. **Multiple Risk:** 36 cases
 4. **Child at Risk:** 30 cases
 5. **Failure to Safeguard:** 27 cases
- **Multiple Risk** refers to cases involving two or more risks from the defined list. **Child at Risk** encompasses both child abuse and sexual abuse involving a minor.
- **Other** Categories include cases where the safeguarding risk falls outside of the conventional risks listed or involves a grey area.



REFERRAL SOURCES

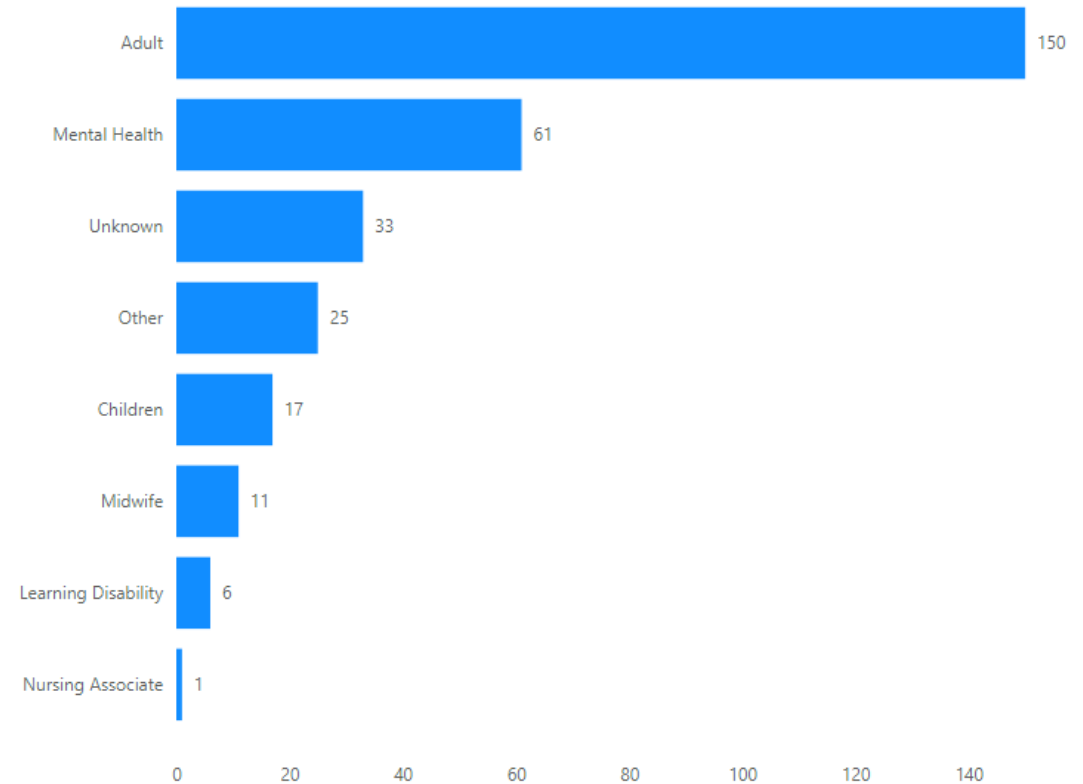
- The five primary sources for case referrals are:
 1. **Employer:** 109 cases
 2. **Member of Public:** 70 cases
 3. **Patient or Family Member:** 26 cases
 4. **Police:** 22 cases
 5. **Self-Referral (by the registrant):** 20 cases
- **Other Referral Sources** account for origins outside of the main categories.
- **Unknown Referral Sources** indicate that the referral's origin could not be identified or was not specified in the report.



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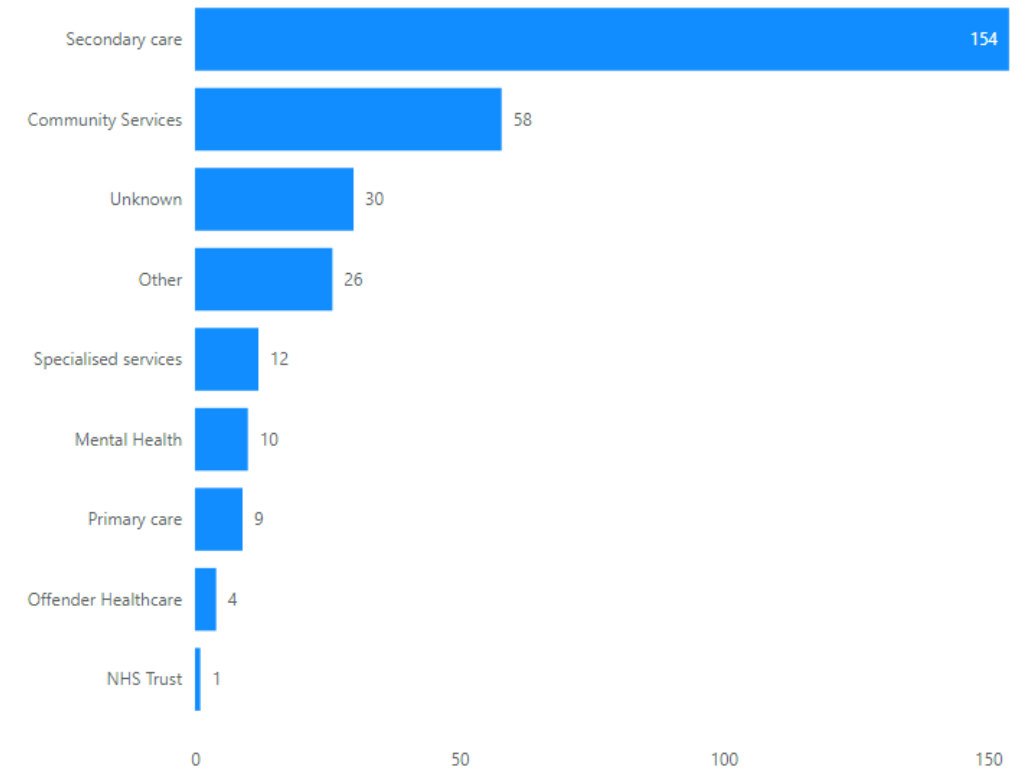
REGISTERED PROFESSIONALS

- **Adult Nurses** remain the largest professional group involved in safeguarding cases, with **150 cases**.
- **Mental Health Nurses** represent the second-largest professional group, with **61 cases**.
- **Unknown Nurses** refers to instances where the nurse's title was not reported or the referral lacked detail regarding the healthcare worker.
- **Other Nurses** refers to professional titles outside of the common categories, such as Public Health Nurses or Community Nurses.



REGISTRANT WORKPLACE

- The main workplace for registrants with safeguarding concerns is **Secondary Care**, which includes NHS organisations and private healthcare, totalling **154 cases**.
- **Community Services**, which provide direct healthcare to the community (e.g., residential and nursing homes), are the second most common workplace, accounting for **58 cases**.
- **Unknown Cases** (30 cases) relate to situations where the registrant's workplace was unavailable, often due to the referrer being a member of the public without this information.
- **Other Workplace** (26 cases) refers to locations outside of the main categories, such as schools or city councils, or in some cases where the registrant is unemployed.

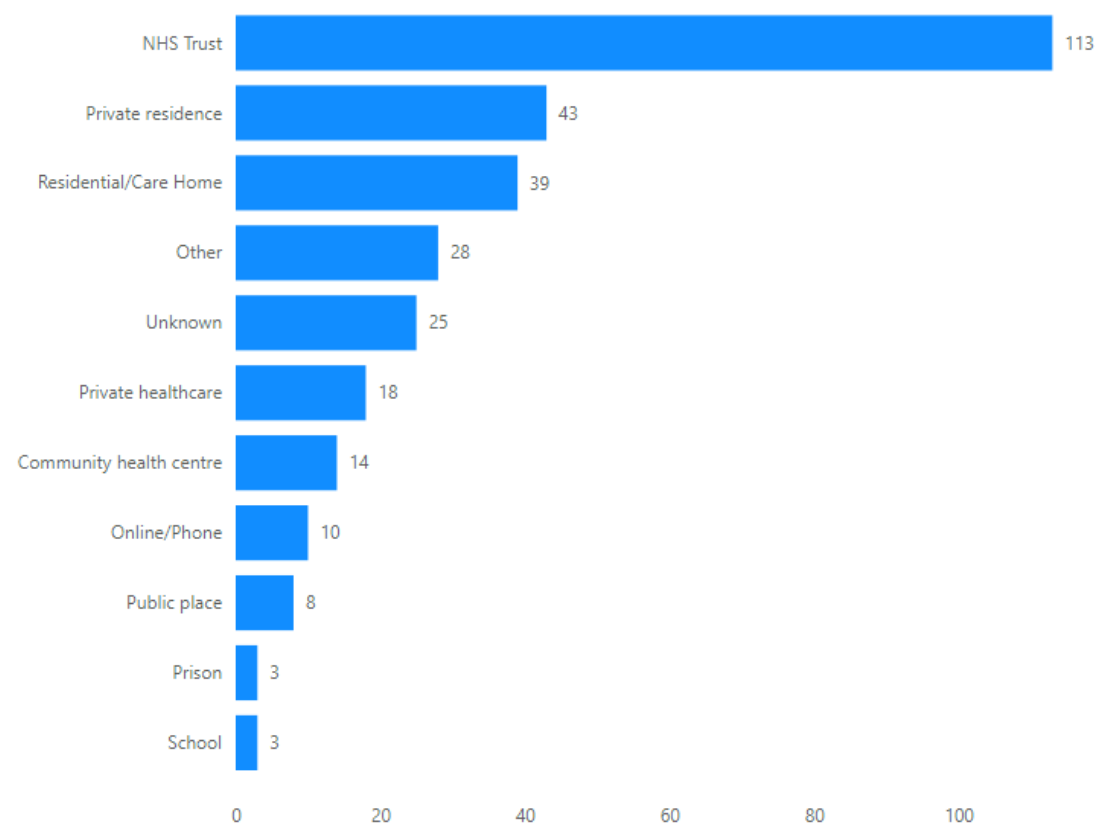


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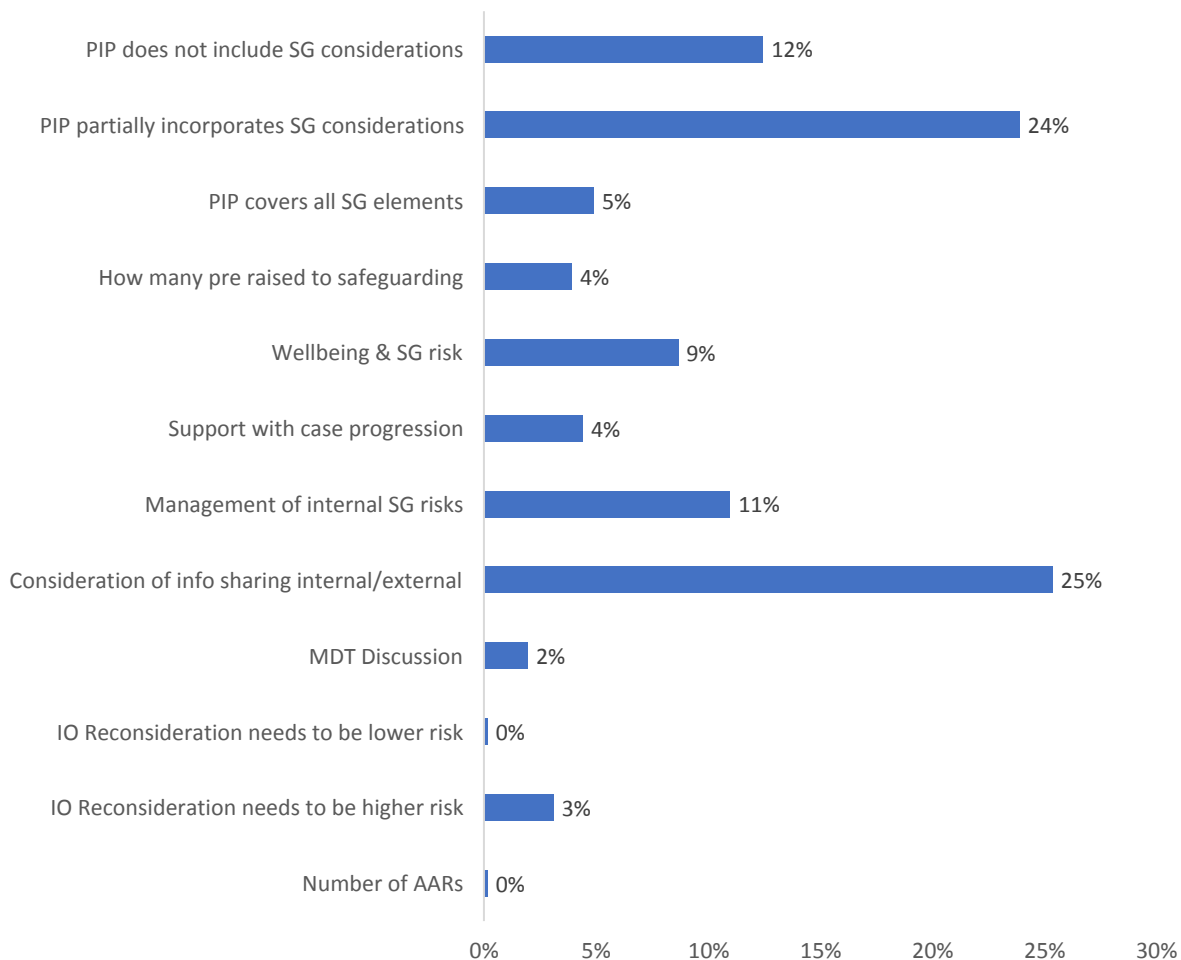
LOCATION OF INCIDENT

The location of the incident does not always align with the registrant's primary workplace.

- The **NHS Trust** remains the highest location of incident, accounting for **113 cases**.
- **Private Residence** is the second-highest location, with **43 cases**.
- **Residential or Care Homes** accounted for **39 cases**.
- **Other Cases** (28 cases) refer to incidents occurring outside of conventional settings, such as abroad or in multiple locations.
- **Unknown Location of Incident**, accounted for 25 cases, is when the location was not identified in the report.



OUTCOMES FROM HUB Q2



PIP does not cover SG – when the plan from screening does not cover any safeguarding concerns either due to not identifying safeguarding or making any consideration for safeguarding in plan.

PIP Partially Covers SG – when the plan mentions safeguarding as a consideration in part and not fully considered all elements of safeguarding actions required for case.

Pip Covers SG – when the plan fully recognises safeguarding and all associated actions are included in the plan and no additional advice and guidance is required.

Pre raised – All cases are seen in the hub after 7 days with the screening team. These cases are being raised before the safeguarding hub so demonstrates screening colleagues recognising safeguarding concerns at first review.

WB and SG – Cases where there is both safeguarding and wellbeing concerns.

Support case progression - Where the advice the safeguarding team have provided will support with the progression of the case investigation ie. where to gather additional information from and who to speak to and what to information to request.

External/internal information sharing- Where the hub advise colleagues (and sometimes support and undertake themselves) to contact internal or external teams to gather or share information.

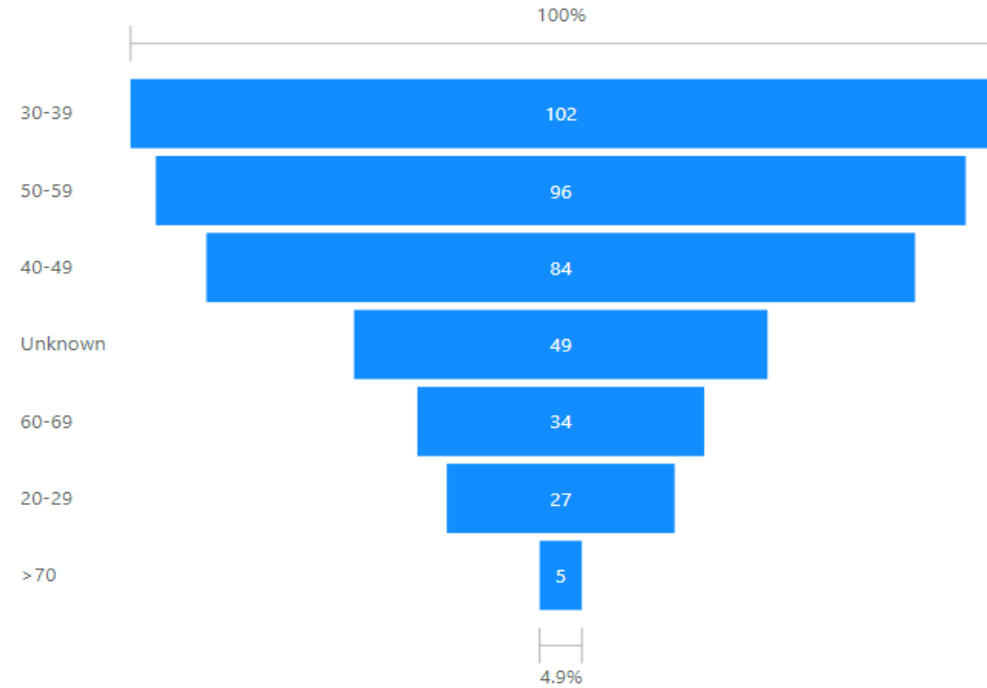
IO reconsideration- Where the hub have advised that the safeguarding risk is higher/lower than the current PIP plan and should be considered for IO.

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AGE PROFILE

The top three age cohorts involved in Quarter Two safeguarding cases are:

1. **30–39 years old:** 102 cases
2. **50–59 years old:** 96 cases
3. **40–49 years old:** 84 cases



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Council

EDI workshop plan for Council

Action requested:	For decision <p>The Council is asked to discuss and recommend the shape of the proposed Equality, Diversity and Inclusion (EDI) workshop for Council to be delivered in early 2026.</p>
Key background and decision trail:	Context <p>The Council is seeking to increase its own cultural maturity and competence as the NMC works to become an anti-racist organisation. Council members highlighted the risk that without additional Equality, Diversity and Inclusion (EDI) development sessions, they run the risk of falling behind the coaching and learning programmes now being rolled-out across the NMC workforce.</p> Key background and decision trail <ul style="list-style-type: none"> • Throughout 2025, the Council participated in three EDI sessions, the first delivered by The Equal Group and the remainder by Brap Consulting. • At the October 22 Confidential Council, a discussion of the Culture maturity model and assessment process drew out the desire for more targeted learning with Council members. The Culture team was tasked to deliver this in early 2026. • The Culture team is designing a half-day workshop focused specifically on ED&I issues that would support the Council in discharging their duties. This paper sets out the proposed shape of the workshop.
Key questions:	<ul style="list-style-type: none"> • Does the Council agree with the proposed focus areas for the half-day session? • Who might come to the session as an inspiring speaker to set a positive tone for the work?
Annexes:	None

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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.	
	Authors: Charlotte Eimer charlotte.eimer@nmc-org.uk	Executive Director: Ravi Chand Ravi.chand@nmc-uk.org

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Discussion

- 1 The Culture & EDI team will design and deliver a half-day workshop for Council to support the effective delivery of our regulatory duties in relation to Equality, Diversity and Inclusion (EDI).
- 2 The session will be designed and facilitated by the Assistant Director, Culture Change and Transformation, the Head of Regulatory EDI, the Head of Workforce EDI and the Head of NMC Culture Transformation with logistical support provided by the Culture Delivery Lead.

The proposed learning objectives for the session are:

- 3 To recap and review standards, legislation and reports relating to Equality, Diversity and Inclusion to ensure there is a consistent understanding of the context and regulatory duties. This will cover:
 - 3.1 PSA Standard 3 – Understanding and promoting Equality, Diversity & Inclusion
 - 3.2 Relevant Charity Commission guidance
 - 3.3 Ambitious for Change findings
 - 3.4 The scope of the government review into antisemitism and racism in the NHS led by Lord John Mann.
- 4 To recap the work already under way at the NMC for additional context, such as:
 - 4.1 EDI targets
 - 4.2 Unison anti-racism charter and action plan
 - 4.3 Independent Culture Review recommendations
 - 4.4 Positive action to promote equal opportunity.
- 5 To reach agreement on the scope of the NMC’s regulatory role in relation to EDI, set within the context of current societal pressures.
- 6 To restate and clarify the role and remit of the NMC Council in overseeing the NMC’s EDI responsibilities.
- 7 To identify current EDI risks and the Council’s role in mitigating them. We will apply practical tools that encourage the use of curiosity to fuel effective questioning.
- 8 Ahead of the workshop, the Culture & EDI team will design and disseminate a case study, scenario or short survey to be completed as pre-work.

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- 9 **Proposed draft Agenda**
- 9.1 Introduction by the Chair, outlining the societal and organisational context and challenges.
- 9.2 Introduction by the Chief Executive & Registrar.
- 9.3 Recap of relevant standards, legislation, reports and scope of the Culture Transformation Plan.
- 9.4 External speaker.
- 9.5 What is the role of the regulator in relation to EDI?
- 9.6 What is the Council’s oversight role and remit?
- 9.7 Current EDI risks and the Council’s role in mitigating them – a practical exercise.
- 10 The Council is **recommended** to approve the scope of the workshop.

Next Steps

- What we’re asking from Council**
- Identify any additional topics or learning objectives that should be considered as part of this session.
 - Propose inspiring speakers with relevant experience from your networks.

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/Not Applicable	Throughout	Supports effective delivery of our regulatory duties.
Safeguarding considerations	Not Applicable	N/A	N/A
The four country factors and considerations.	Not Applicable		Not location-specific.

Resource implications including information on the actual and expected costs involved.	Yes	Throughout	Within existing P&C resources. We will look for a pro bono speaker.
Risk implications associated with the work and the controls proposed/ in place.	Yes	Throughout	Culture and in particular discrimination are identified organisational risks. Mitigations: visible leadership, clarity of oversight role and remit, accountability tracking.
Legal considerations.	Yes	N/A	PSA standards and relevant legislation will be outlined in workshop.
Midwives and/or nursing associates.	Yes	N/A	Supports effective delivery of our regulatory duties.
Equality, diversity, and inclusion and Welsh Language impact.	No	N/A	No Welsh language impact identified.
Stakeholder implications and any external stakeholders consulted.	No	N/A	
Regulatory Reform.	Not Applicable	N/A	Not directly applicable.

Report from Committee to Council

Name of committee	Finance and Resource Committee
Date of meeting	21 October 2025
Committee chair / report author	Interim Committee Chair: Lindsay Foyster Author: Alexa Halabi
Date of report	14 November 2025

Key discussions

This was the first substantial meeting of the Committee.

Investment performance with new investment manager (Cazenove)

- 1 The portfolio value was £58.8million as of 30 September.
- 2 The Assistant Director, Finance and Audit, Chair of the Investment Committee, and two partner members have had a discussion with Cazenove during this transition period and gave assurances that they were content with their approach.
- 3 It was confirmed by Cazenove that all assets had now been moved across from Sarasin.
- 4 The Committee discussed how best to assess Cazenove's performance. There would be agreed benchmarks that would become more relevant as we moved to medium/longer-term portfolios. Cazenove would also be offering an advisory role and performance reviews could evaluate whether their advice had been beneficial and proactive.
- 5 There was an action to review the mandate and parameters Cazenove has to make investments on our behalf whilst being able to remain agile. Cazenove will be having regular communication with the Finance team and would utilise cashflow forecasts to assist with investment decisions.

Finance and performance reports

- 6 Due to the timing of this Committee, the finance and performance reports had already gone to the September Council meeting. For this meeting, they were used as placeholders to open a discussion on what reporting the FRC would want to see going forward.
- 7 In summary, the Committee asked to see:

- a holistic view of performance and finance, such as the Fitness to Practise (FtP) transformation programme, and to bring together the cost improvement plan and strategy
- to use forecasts strategically to determine cost pressures in advance
- estates and accommodation to be a key area of focus of the Committee, and there would need to be a capital plan
- for more detail to be included in both reports, including data sitting behind the balanced scorecard, to allow the Committee to see more of the 'so what' and areas of risk and challenges to performance
- for the Committee to see FtP reporting including the Equality Diversity and Inclusion (EDI) Strand on Regulatory Fairness and Quality Assurance
- to have a report on performance of the portfolio areas
- to have a report on the ongoing self-assessment against the PSA standards

7 The 'update on professional regulation' item was deferred, and an action was taken for the secretary to set up a meeting with the Executive Director, Professional Regulation, Deputy Director, Professional Regulation, the Interim Chair of the Finances and Resources Committee (FRC), the new Chair of the FRC, the Interim Programme Director, and Assistant Director, Governance. This meeting has since taken place.

Risk register

- 8 The Committee noted the risk register and agreed to moved to the end of the agenda to bring it in line with the Audit and Risk Committee and reflecting on the discussions had in the meeting.
- 9 The risk register would be updated following the discussion at this meeting, such as including more narrative around the trends and inherent risk ratings.

Finance Statement and next steps

- 10 The Chief Executive and Registrar (CER) and Chair of the Council joined the meeting for this item to provide a verbal update on the current financial position of the organisation following on from the CER's blog and announcement of the fee consultation and efficiencies programme.
- 11 This Committee would be instrumental in supporting the organisation and Council in providing structure and scrutiny to NMC finances and financial planning, although this was one of several interventions.
- 12 The Committee were supportive of the next steps and assured of the proposals moving forward such as the regular directorate budget meetings between the CER and individual Executive Directors.

13 The Committee was committed to providing high support in this time of high challenge.

Key decisions

14 The Committee would review the Reserves Policy at its next meeting in response to the efficiencies programme and fee consultation.

15 The Schedule of Business would be updated with the additional pieces of work noted throughout the meeting.

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Report from Committee to Council

Name of committee	Audit and Risk Committee
Date of meeting	4 November 2025
Committee chair / report author	Committee Chair: Deborah Harris Author: Alexa Halabi
Date of report	20 November 2025

Key discussions

Internal Audit – mid-year review of the plan

- 1 Additional items have been proposed for this financial year following a meeting with RSM and the Chair of the Committee. This included contract management, review of financial controls management and PSA standards.
- 2 The Committee agreed that the workplan could defer the payroll internal audit to 2025/26 financial year if needed to address the costs from the additional audits
- 3 Executive would explore possibilities around the existing cost envelope.
- 4 The committee reviewed internal audit reports on:
 - Education Quality Assurance: Partial Assurance
 - Governance Effectiveness and Assurance (Learning and Benefit Realisation): Partial Assurance
- 5 The Committee agreed the amended internal audit workplan for the rest of the year subject to Executive agreement on costs.

Financial Management Briefing

- 6 The Chief Executive and Registrar provided a verbal update on the financial management being introduced to the organisation focussed on saving costs, the right sizing of the workforce and oversight with individual Directors.
- 7 The committee noted the appointment of the new interim Executive Director, RTS, Chris Kinsella.

Committee Effectiveness Review

- 8 This had been discussed initially at the Committee member-only meeting on 30 September and the Committee noted the paper and the proposals at this meeting.
- 9 There was a proposal to consider extending committee meetings or adding an additional meeting to help with agenda time pressures, but it was agreed to maintain the same level of meetings but there was a commitment to longer pre-meets before the meetings.
- 10 The Committee agreed that further work was needed on embedding risk into the Committee, which would be worked on over the rest of the financial year, before it considered becoming the 'Audit, Risk and Assurance Committee'

Culture Transformation Reporting

- 11 The Committee heard the report of the progress on staff activity for this culture transformation plan.
- 12 The Committee noted that although a recent committee chairs meeting had considered the governance arrangements, this had not been reviewed and would consider again whether we have the right level oversight and balance of the Culture Transformation Programme across all relevant committees.
- 13 It was noted that the recommendations from the Independent Culture Report (ICR), that were shown as completed in the June Council dashboard report had not been reviewed by a Council committee. Executive will arrange for this to be completed.

Comprehensive Assurance Review (CAR) Schedule

- 14 The proposed schedule for the Comprehensive Assurance Reviews was noted and agreed.
- 15 There was a discussion around the development and timeframe of a Board Assurance Framework, a more detailed plan on the development would go to the next meeting.
- 16 The Committee saw the Comprehensive Assurance Review on stakeholder engagement. The stakeholder map and a briefing note would be sent to Council.

Key decisions

- 17 The Committee reviewed the current accounting policies statement and confirmed no changes needed to be made.

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Report from Committee to Council

Name of committee	People and Culture Committee
Date of meeting	30 September 2025
Committee chair / report author	Committee Chair: Lynne Wigans Author: Alice Horsley
Date of report	13 October 2025

Key discussions

Council reappointments process

- 1 The Committee reviewed the proposed process and timetable for upcoming potential reappointments of three Council members whose terms of office are due to end on 31 March 2026.
- 2 It was noted that feedback would be sought from the Vice Chairs and the Chief Executive and Registrar to inform the Chair of Council's consideration of the Council member reappointments.
- 3 The Committee agreed it was important that the reappointment process was clear, transparent and standardised, with a record maintained of the rationale for the Chair of Council recommending Council members for reappointment.
- 4 It was acknowledged that the reappointment process was determined by statute and scrutinised by the Professional Standards Authority (PSA). The NMC is required to make a recommendation to the Privy Council as to whether or not to recommend reappointment. It was also noted that upcoming legislative change would mean a period of uncertainty as the NMC did not know at this stage how many individuals would comprise the Unitary Board, nor the mix of lay, registrant or Non-Executive/Executive colleagues.

Efficiency Review discussion

- 5 The Committee received an oral update on the Efficiency Review, including plans to communicate, engage and support NMC colleagues throughout the process.

NMC Culture Transformation Plan, People Strategic Objectives and EDI Strategic Objectives update

- 6 The Committee considered an update on the NMC Culture Transformation Plan, People Strategic Objectives and EDI Strategic Objectives.
- 7 The Committee commended the NMC Culture Transformation Maturity Model, which would allow the organisation to demonstrate what the NMC was striving to achieve, and the progress made against the Plan over three years.
- 8 It was agreed that public metrics and trend data would be considered for incorporation to the next iteration of the Maturity Model.
- 9 The Committee highlighted that the governance relating to the implementation of the Culture Transformation Plan required consideration, to ensure business was appropriately handled between the Council committees.

Arrangements for acting up and interim roles

- 10 The Committee commended the guidelines for arrangements for acting up and interim roles, which provided the clarity and robustness required.

Feedback/learnings following Chair and Council Independent Adviser meetings with the chairs of Staff Networks with Union members

- 11 The Committee noted that the Chair of Council and the Council Independent Adviser had indicated following their meetings with the chairs of Staff Networks and Union members that there may be areas of development. The Secretary to the Council would work with the Chair and Independent Adviser to incorporate these areas for development into the improvements being considered as part of the current Council Effectiveness Review process. The findings will be presented to the Open Council meeting on 29 January 2026.

People and Culture Strategic risk register

- 12 The Committee reviewed the People and Culture Strategic risk register, noting that a refresh was required. It was agreed that a session outside the meeting would be held for Committee members and People and Culture directorate colleagues to discuss strategic risks in more details ahead of the next meeting.

Performance review: Chief Executive and Registrar

- 13 The Chair of Council provided the Committee with an oral assessment on the performance of the Chief Executive and Registrar.
- 14 It was noted that the Chair of Council had requested that the Chief Executive and Registrar write a new set of performance objectives based

on the delivery of the strategy and plans underpinning it. The draft objectives would be shared with the Council by email for comment, prior to being agreed.

- 15 The Committee would discuss the Chief Executive and Registrar and Executive Director objectives and performance at its meeting in February 2026.

Key decisions

Council reappointments process

- 16 Subject to comments raised, the Committee approved the proposed reappointment process and timetable.

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Council

Report from Committee to Council

Name of committee	Appointments Board
Dates of meetings	3 September 2025 and 5 November 2025
Committee chair / report author	Committee Chair: Surinder Birdi Author:
Date of report	26 November 2025

Key discussions

Board membership and effectiveness

- 1 The Board's membership is made up entirely of non-Council (partner) members to ensure an appropriate separation of the Board's work from that of the Council.
- 2 The Board's current membership is four. Consideration of the recruitment of a fifth Board member has been further deferred until spring 2026. The Board is able to operate with up to five members, in accordance with its terms of reference.
- 3 The Board continues to routinely review its effectiveness and opportunities for Board development, in line with the feedback from the 2024-2025 Board effectiveness review. Agreed options for development include engagement with the Panel Member Forum, detailed updates on the Fitness to Practise improvement programme, and values-based decision-making training.

Integration with the wider work of Council

- 4 The Board remains committed to ensuring that its work is aligned with the Council's strategic aims and continues to receive updates on organisational developments, including progress against the Culture Transformation Plan. Board members continue to attend Open Council meetings on a rotational basis. The Chief Executive and Registrar attended the meeting on 5 November 2025 to provide a corporate update on recent organisational developments.

Panel Member and Legal Assessor appointments and reappointments, removals and resignations

- 5 At its meetings on 3 September 2025 and 5 November 2025, the Board agreed to make the following recommendations to Council as listed at item 12 on the Open Council agenda:

- 5.1 the removal of the five Panel Members from the Practice Committees following resignation.
 - 5.2 the removal of the four Panel Members from the Practice Committees due to lack of engagement with the NMC in relation to their mandatory training and the completion of mandatory declarations.
 - 5.3 the reappointment of 70 Legal Assessors to the approved list for a further term of three years from 1 January 2026 – 31 December 2028.
 - 5.4 to appoint 33 individuals as Panel Members and Panel Chairs to the Practice Committees from 12 January 2026 to 11 January 2030.
- 6 The appointments noted at paragraph 5.4 refer to the appointment of individuals from the reserve list which was established as part of the 2024 Panel Member and Panel Chair appointments process completed in January 2025. The appointments from the reserve list were recommended following a robust process to ensure the recommendations made remain appropriate, high-quality appointments and in line with the original campaign objectives including to appoint Panel Members and Panel Chairs who reflect the diversity of the UK population for lay members and the diversity of the register for registrant members.

Learning from the 2024 Panel Member and Chair appointments process

- 7 The Board reviewed learning, specifically further analysis of the EDI data for candidates throughout each stage of the 2024 Panel Chairs and Members selection process to establish if there were any trends identifiable, particularly for candidates with multiple EDI characteristics.
- 8 The learning taken from the 2024 campaign will inform the development of future campaigns to ensure the process fulfils the objectives set out within the three-year plan for delivering high quality panels and to achieve the agreed diversity targets.

EDI Survey for Panel Members and Legal Assessors

- 9 The Board reviewed the outcomes of an EDI Survey issued to Panel Members and Legal Assessors, which looks to measure internal culture and their experiences with discrimination, victimisation, bullying or harassment. The survey was developed and run by Research and Evidence colleagues in Strategy and Insight and follows a survey last run in 2021-2022. Some questions were based on previous surveys and questions asked during the Independent Culture Report to facilitate benchmarking. Over half of all Panel Members and Legal Assessors completed the surveys which amounted to 310 responses (269 Panel Members and 41 Legal Assessors).
- 10 Key findings of the survey included:
 - 10.1 One in six participants (16.6 percent) reported experiencing or witnessing an incident of inappropriate behaviour which is slightly lower than in

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previous years (18.4 percent in 2022-2023 to 17.1 percent). Ethnicity was the most common protected characteristic cited as the reason for an incident of inappropriate behaviour, followed by gender.

- 10.2 There had been a small increase in individuals who had experienced or witnessed inappropriate behaviour reporting these behaviours. The main barrier to reporting identified was concern about having to work with the person again.
 - 10.3 Knowledge of how to raise concerns, and feeling able to do so, has increased. Four out of five participants were aware of the routes available to raise concerns, and over 85 percent felt they were able to speak up.
 - 10.4 That Panel Members and Legal Assessors reported a high level of understanding the NMC's decision making guidance in relation to incidents of inappropriate behaviour and improved confidence in their own ability to address incidents.
 - 10.5 Participants suggested changes could be made to training, transparency, and the reporting process. They felt this would improve confidence to address and, where necessary, report incidents of inappropriate behaviour in hearings at the NMC.
- 11 The findings of the survey and Panel Member and Legal Assessor suggestions have informed specific actions to further improve awareness and transparency around reporting and will be considered as part of the ongoing work of the Board, including the development of the 2026 training programme, communication and awareness campaigns, selection processes and ongoing review of the three-year plan for delivering high quality panels.
 - 12 It is intended to run the survey again in 2026 to measure improvements and effectiveness of actions taken.

Key decisions

Panel Member and Legal Assessor appointments and reappointments, removals and resignations: The Board approved recommendations put to Council at item 12 of this Open meeting (26 November 2025).

Legacy Report from Committee to Council

Name of Committee	Investment Committee
Committee Chair	Rhiannon Beaumont-Wood

Legacy Report

- 1 The Investment Committee had its final meeting on 29 July 2025 and has been superseded now by the Finance and Resources Committee (FRC).
- 2 The Investment Committee was established in 2018. Since then, it has had oversight of the investment portfolio, which has grown significantly, and shaped the NMC investment and ethical policies.
- 3 In particular, during that period, the Committee oversaw:
 - 3.1 the investment of £33 million (from July 2020) in a long-term investment portfolio managed by Sarasin and Partners;
 - 3.2 the liquidation of the long-term portfolio at the end of July 2025 reflecting the need to de-risk our portfolio as we access funds to support our activities and investment. From its £33 million investment it realised £43 million, a net gain of £10 million or 30 percent.
 - 3.3 The procurement of, and transition to, our new investment managers; Cazenove.

Membership during its time:

4 Investment Committee chairs:

Derek Pretty (2018-2024)

Sue Whelan Tracy (2024) *member since 2020*

David Warren (ex officio member) *chaired January 2025*

Rhiannon Beaumont-Wood (from May 2025) *member since 2024*

Committee members:

Claire Johnston (2018-2025)

Independent partner members:

Nick McLeod-Clarke (2019-2025)

Thomasina Findlay (2019-2025)

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Tapan Datta (2025)

Gavin Ralston (2025)

- 5 In the interim period until the first substantial FRC meeting on 21 October 2025, the two independent Partner Members have had meetings with the Assistant Director, Finance and Audit, and our new investment managers to support the transition process.

PMCL

- 6 PMCL was an investment advisor secured through a tender who have assisted us with the procurement of the new investment managers.
- 7 They developed the 'Request for Proposal' for the investment manager role which reflected our revised investment policy, and supported us with the tender, shortlisting and longlisting meetings.
- 8 It was agreed that PMCL would not be needed at FRC meeting, and we did not need a retainer. We would use PMCL in the future if needed on a needs-led basis but if this became a substantial piece of work, we would need to retender.
- 9 PMCL also provided input into the Committee prior to the Procurement process.

Key outstanding risks

- 10 There are no outstanding Investment Committee actions.
- 11 The FRC will continue to see the risks previously associated with the Investment Committee as part of their risk register:
- 11.1 We fail to achieve the targeted net return against agreed mandates in the timescales appropriate to those mandates.
 - 11.2 We fail to allocate resources appropriately way between long, medium, short-term funds to maximise income/gains in the context of our risk appetite whilst ensuring we have appropriate liquidity to meet our financing needs.
 - 11.3 Short term capital loss beyond our risk appetite.
 - 11.4 Reduction in trust in NMC due to how we manage our investments. These might be due to poor returns; failure to comply with or maintain the standard of our ethical investment policy or with legal or Charity Commission constraints; perceived failure to use our investments appropriately to offset pressure on our registrant fee level.
 - 11.5 We lose unnecessary value on assets during the transition between investment managers.

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Key decisions upcoming within six months

- 12 Over this period, the FRC will need to review the transition to Cazenove and when we should start moving to medium- and longer-term portfolios
- 13 The FRC will review the Reserves Policy in February as part of the wider consultation on fees and efficiencies.

Finance and Resources Committee

- 14 The FRC schedule of business has the following investment items:
 - Quarterly discussion on investments including the cash investment report from the Executive and risks/issues.
 - Scrutinising of the investment performance (including ESG) with investment managers (twice a year)
 - Annual review of investment policy
 - Annual confirmation that the investment manager has complied with current policy
 - Appointment of investment managers (when required)
- 15 The FRC will review whether enough time has been spent on the investment portfolio six months after its creation.
- 16 Rhiannon Beaumont-Wood, Gavin Ralston (independent partner member) and Tapan Datta (independent partner member) are all on the FRC.
- 17 Gavin and Tapan have substantial investment experience and will be meeting quarterly with the Finance team and Cazenove to provide some further scrutiny of investment performance. These meetings will support the quarterly update on the regular reporting of investment risk and issues which the Finance team will lead on.

Thanks are given to all past and present Council and Independent members who have worked on this Committee.

Legacy Report from Committee to Council

Name of Committee	Accommodation Committee
Committee Chair	Nadine Pemberton Jn Baptiste

Legacy Report

- 1 The Accommodation Committee had its final meeting on 15 October 2025 and has been superseded now by the Finance and Resources Committee (FRC).
- 2 In July 2018, the Council agreed to set up a short-term Accommodation Sub-Group to oversee and authorise any financial commitments for the new premises (NMC/18/55c). The Chair appointed Derek Pretty (lay member) and Rob Parry (registrant member) to serve on the Group, with Phillip Graf as the Chair.
- 3 In 2020, it became the Accommodation Committee.
- 4 It has met as and when needed, the previous meeting before the final meeting was in October 2024.
- 5 During this time, the Committee has:
 - 5.1 Supported and scrutinised the lease and fit out of One Westfield Avenue – this was a modern hybrid working space.
 - 5.2 Supported the organisation in reducing floor space, consolidating office space, and getting value for money.
 - 5.3 Involved in sourcing the new Edinburgh office when the previous landlord had not wanted to extend the lease in 2020. The fit out for 10 George Street mirrored that One Westfield Avenue.
 - 5.4 Approved the business case for the refurbishment plans for 23 Portland Place before they needed to be paused due to Covid and FtP.
 - 5.5 Approved the accommodation plan before submission to Council

Membership during its time:

6 Accommodation Committee Chairs:

Phillip Graf (when Accommodation Group), 2018

Derek Pretty (2018-2024)

Sue Whelan Tracy (2024-2025)

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Committee members:

- Anna Walker (lay member)
- Robert Parry (registrant member)
- Lynne Wiggins (registrant member)
- David Warren (ex officio member)
- Tracey MacCormack (associate member)
- Jabu Chikore (associate member)
- Navjot Kaur Virk (associate member)
- Flo Panel-Coates (registrant member)

Key outstanding risks

- 7 The Accommodation Committee did not have outstanding actions on its log, but there was one action that arose from its final meeting which will appear on the FRC action log at the next meeting:
 - 7.1 The FRC Secretary to update the schedule of business to include a strategic discussion on accommodation and 23 Portland Place within the next six months.
- 8 This committee did not see a risk register or had risks associated with it.
- 9 The main risk flagged in the final meeting was around 23 Portland Place and its suitability for colleagues now that hybrid working has started. Any improvements would be expensive (c£30million) as the last refurbishment was in the late 1980s and there are issues with the infrastructure of the building including old boilers, lifts and lighting.
- 10 The FRC would need to review 23 Portland Place with some urgency and reopen discussions into alternative locations if necessary. It should review this work within a holistic approach to areas that also need investment and prioritisation.

Key decisions upcoming within six months

- 11 It was agreed that any outstanding items on the Accommodation Committee agenda relating to improving the office space at 23 Portland Place be incorporated into the Forward Plan for the Finance and Resources Committee.
- 12 The Committee has asked for confirmation on who should be the executive lead for estates – and whether it should automatically move to the interim Executive Director, RTS or should sit elsewhere given the link to hybrid working and culture transformation.

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- 13 Further clarity was needed on respective roles with the People & Culture Committee on workforce shape and resource allocation. This could be picked up in the next Committee Chairs' meeting.

Finance and Resources Committee

- 14 The FRC terms of reference covers the following from the Accommodation Committee:

14.1 to scrutinise and advise the Council on the accommodation strategy

14.2 to oversee implementation of the accommodation strategy, including scrutiny of business cases and leases for retaining, surrendering, replacing or when refurbishing premises prior to submission to Council for decision.

- 15 The FRC schedule of business has the following accommodation items:

15.1 Review proposed accommodation strategy (as required)

15.2 Property and asset management (as required)

- 16 It was agreed at the final Accommodation Committee that in light of the conversation around the urgency for 23 Portland Place discussions, that accommodation and estates should feature more prominently in the FRC schedule of business. The Terms of Reference would also be reviewed at a later date with the incoming FRC Chair. It should explicitly make the link between accommodation, people, and culture, and also estate management.

- 17 Nadine Pemberton Jn Baptiste will be a member of the FRC.

Thanks are given to all past and present Council and Independent members who have worked on this Committee. Special thanks were given to Dave Power, Head of Estates, for all of his work with this Committee.