

Open Council 20 May 2026 (Website)

MEETING
20 May 2026 10:00 BST

PUBLISHED
19 May 2026

Meeting of the Council

To be held online at 10:00 on Wednesday 20 May 2026 via Videoconference

Agenda

Ron Barclay-Smith
Chair of the Council

Jacqueline Maunder
Council Secretary

- | | | | |
|----------|--|------------|--------------|
| 1 | Welcome and Chair's opening remarks | NMC/26/163 | 10:00 |
| 2 | Apologies for absence | NMC/26/164 | |
| 3 | Declarations of interest | NMC/26/165 | |
| 4 | Minutes of the previous meeting | NMC/26/166 | |
| | 4.1 25 March 2026 | | |
| | 4.2 28 April 2026 | | |
| | Chair of the Council | | |
| 5 | Summary of actions | NMC/26/167 | |
| | Secretary | | |

Matters for discussion

- | | | | |
|-----------|--|------------|---------------------------------|
| 6 | Executive report | NMC/26/168 | 10:10-10:25
(15 mins) |
| | Chief Executive and Registrar/Executive | | |
| 7 | Quarterly corporate performance (Q4) | NMC/26/169 | 10:25-10:40
(15 mins) |
| | Chief of Staff | | |
| 8 | Quarterly strategic risk exposure report (Q4) | NMC/26/170 | 10:40-10:55
(15 mins) |
| | Chief of Staff | | |
| 9 | Financial performance at end March 2026 | NMC/26/171 | 10:55-11:10
(15 mins) |
| | Executive Director, Finance | | |
| 10 | Regulatory fairness plan | NMC/26/172 | 11:10-11:30
(20 mins) |
| | Executive Director, People and Culture | | |

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Matter for decision

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|-----------|--|------------|---------------------------------|
| 11 | Business plan 2026-2027
Chief of Staff | NMC/26/173 | 11:30-11:45
(15 mins) |
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Refreshment Break (15 mins)

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|-----------|---|------------|---------------------------------|
| 12 | NMC principles to support anti-racism in midwifery and nursing education and practice
Executive Director, Professional Practice | NMC/26/174 | 12:00-12:20
(20 mins) |
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Matter for discussion

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| 13 | Historical reviews update
Executive Director, Strategy and Insight | NMC/26/175 | 12:20-12:40
(20 mins) |
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Matter for decision

- | | | | |
|-----------|--|------------|---------------------------------|
| 14 | Panel member reappointments
Chief of Staff | NMC/26/176 | 12:40-12:45
(5 mins) |
| 15 | Questions from observers (Oral)
Chair | NMC/26/177 | 12:45-13:00
(15 mins) |

Matters for information

- | | | | |
|-----------|---|------------|--|
| 16 | Finance and Resources Committee report
Chair of the Committee | NMC/26/178 | |
| 17 | Audit and Risk Committee reports
17.1 11 March 2026
17.2 22 April 2026
Chair of the Committee | NMC/26/179 | |
| 18 | Chair's actions taken since the last meeting
Chair | NMC/26/180 | |

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Item 4.1
NMC/26/166
20 May 2026

Meeting of the Council
Held on Wednesday 25 March 2026 in the Council Chamber

Minutes

Ron Barclay-Smith
Anna Walker
Eileen McEneaney
Hussein Khatib
Julia Mundy
Deborah Harris-Ugbomah
Lindsay Foyster
Flo Panel- Coates

Chair
Member
Member
Member
Member
Member
Member

NMC Officers

Paul Rees
Chris Kinsella (*joined remotely*)
Lesley Maslen
Ravi Chand
Emma Westcott
Julia Corkey
Donna O'Boyle
Richard Cartland

Chief Executive and Registrar
Interim Executive Director, Finance
Executive Director, Professional Regulation
Executive Director, People and Culture
Executive Director, Strategy and Insight
Executive Director, Communications and Engagement
Acting Executive Director, Professional Practice
Interim Executive Director of Transformation and Technology Services
General Counsel
Chief of Staff
Assistant Director, Finance and Audit
Secretary to the Council
Senior Governance Manager

Alice Hilken
Ben Wesson
Richard Wilkinson
Jacqueline Maunder
Sharon Dawson

For item 7:

Birte Harlev-Lam
Tracey MacCormack
Jacqui Williams
Verena Wallace

Independent Chair, Midwifery Strategic Advisory Group
Assistant Director for Midwifery
Senior Midwifery Advisor (Education)
Senior Midwifery Advisor (Policy)

For item 10:

Nicky Burns- Muir
Raynor Griffiths

Assistant Director, Safeguarding
Head of Safeguarding

For item 11:

Josh Niderost
Josh Stephens
Aditi Chowdhary-Ghandi

Policy Manager
Professional Practice Manager
Head of Standards

A list of observers is at Annexe A.

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Minutes

NMC/26/138

1. Welcome and Chair’s opening remarks

- 1. The Chair welcomed all attendees and observers to the meeting and confirmed that the meeting was quorate.

NMC/26/139

2. Apologies for absence

- 1. Apologies were received from Rhiannon Beaumont-Wood, Margaret McGuire, Lynne Wiggins and Nadine Pemberton Jn Baptiste, Council members.

NMC/26/140

3. Declarations of interest

- 1. Julia Mundy, Council member declared an interest relating to her recent appointment to the Board of the Office for Students.

NMC/26/141

4. Minutes of the previous meeting

- 1. The minutes of the meeting held on 29 January 2026 were received and agreed as an accurate record of the meeting and would be signed by the Chair.

There were no matters arising.

NMC/26/142

5. Summary of actions

- 1. The Council received the summary of actions and noted progress on the actions arising from previous meetings and agreed to close the actions categorised as completed.
- 2. Under matters arising the following items were noted:
 - a) **NMC/25/90 – Quarterly Performance Report** - it was suggested that this action was not fully completed as a further programme of work was to be developed arising out of the Council and Executive Board workshop held on 5 March 2026.
 - b) **NMC/25/95 – Culture Transformation Plan/ Independent Culture Review: Maturity Model** - The action did not clarify that the Culture Transformation Plan (CTP) had been presented to the People and Culture Committee (PCC) with outcomes. The Secretary to the Council agreed to amend the action to reflect this .
 - c) **NMC/25/94 Finance & Resources Committee (FRC) and NMC/26/136 People and Culture Committee Report –**
Assurance was sought in the absence of the Audit and Risk Committee (ARC) report to this meeting, that while a review of the

Terms of Reference (ToR) for the Finance and Resources Committee (FRC) had not been undertaken, the FRC had reviewed 16 of the Independent Culture Review (ICR) report recommendations. It had been acknowledged at a meeting on 18 February 2026 between the ARC Chair and a member of the People and Culture Committee (PCC) (on behalf of the committee Chair) that these recommendations were more appropriate for the FRC than the PCC. None of the current terms of reference for the committees, including the FRC included specific reference to oversight of the ICR recommendations and the Chair of ARC sought a decision from the Council to ratify an amendment to the FRC terms of reference that they include oversight and review of the 16 recommendations.

Whilst it was accepted that the FRC terms of reference should more clearly reflect the intention of the committee to consider performance, the governance review initiated by the Chair of the Council was examining the Council committee structure and the future placement of regulatory areas within committees. A proposal for a regulatory committee to handle outward facing regulatory objectives was being considered. In the meantime, it was proposed that the current terms of reference for the FRC remain unchanged until the governance review was complete. The Council voted in favour of this proposal.

The Council **noted** the summary of actions.

NMC/26/143

3. Executive Report

1. The Executive report was received and the Chief Executive and Registrar (CER) presented the report and members noted the following points:
 - a) Sally Holland, Chair for the independent assessment of all maternity and neonatal services in Wales, had addressed a meeting of the NMC Midwifery Strategic Advisory Group (MSAG) on 12 March 2026.
 - b) Poor maternity outcomes disproportionately affected Black and Asian women, and the NMC would be issuing principles in response. A midwifery data dashboard was now available on the NMC website.
 - c) The CER had met Nottinghamshire MPs to discuss the longstanding failings of Nottingham Maternity Services and the NMC's work with Donna Ockenden's Nottingham Maternity Review and with affected families.

- d) Families in Nottingham felt heard and reassured by the changes implemented by the NMC, and a similar approach would be adopted in Leeds.
- e) The Modernisation of Technology Services (MoTS) programme continued to yield results, with 74% of Fitness to Practise (FtP) cases being resolved within 15 months, representing the best performance since 2020.
- f) The departure of the Acting Executive Director, Donna O'Boyle, was noted, and it was stated that the vacancy had been filled by a registrant, with an announcement to be made in due course. The NMC was grateful to Donna who had been a great colleague and shown exceptional leadership.

2.

In discussion, the following points were noted:

- a) The Council recognised that more could be done to support individuals entering the profession and it was important to remain mindful of the challenging working conditions of existing registrants. Feedback from registrants indicated unprecedented levels of discrimination.
- b) Regarding collaboration with the Scottish government for register data, it was noted that the Scottish government's data was highly regarded by other devolved governments. Assurance was sought by the Council that any work undertaken in one nation would be extended across all four.
- c) Regarding the maternity report at agenda item 7, and the mapping of standards against recent report recommendations, assurance was given that the work in Wales was being integrated with the NMC's Midwifery Action Plan.
- d) Regarding the Diaspora Registrant Association Forum (DRAF), a question was asked by the Council as to whether experienced professionals within this refreshed membership were receiving financial support and if this should be considered. It was agreed that the input of colleagues was valued, and consideration would need to be given to how a payment system could be implemented and explored.
- e) Regarding disability training, it was stated that extensive coaching was in place covering all key elements of Equality, Diversity, and Inclusion (EDI). Due to the ICR's focus on racism, the emphasis had been on ethnicity, but assurance was given that EDI was being addressed comprehensively.

The Council **noted** the report.

Action:	Consideration to be given to how a system of payment could work for the Diaspora Registrant Association Forum (DRAF).
For:	Executive Director, People and Culture
By:	21 July 2026

NMC/26/144

4. Midwifery Quarterly Report

1. The Midwifery Quarterly Report was received and the Acting Executive Director, Professional Practice introduced the report. Highlights were presented by Birte Harlev-Lam, independent Chair of the MSAG, as follows:
 - a) The MSAG's membership and ToR had been refreshed.
 - b) An overview of the standards of proficiency for midwives, including curriculum mapping, had been carried out by the Lead Midwives for Education for all of the Approved Education Institutions (AEIs).
 - c) An external review and reverse mapping had confirmed that recommendations from seven key reviews had been addressed within the Standards of Proficiency for midwives and relevant practice elements of Standards for pre-registration midwifery programmes.
 - d) A midwifery data dashboard had been published on the NMC website on 18 March 2026.
 - e) A proposal was being developed for principles to support education and practice settings in embedding anti-racism, unconscious bias, and cultural competence in education and practice, with publication anticipated in May 2026. All findings would be triangulated, recommendations made, and an outcomes-focused NMC midwifery framework, based on the corporate plan, would be developed, within which the midwifery action plan would sit.
2. In discussion, the following points were noted:
 - a) While the maternity action plan on the NMC website was currently static, it would be presented within a more strategic framework in the future.

- b) It was agreed that the separation of maternity and neonatal functions would be reviewed, and neonatal would be included.
- c) Members noted that there was good partnership working between the NMC and the General Medical Council (GMC) to improve relationships between midwives and obstetricians.
- d) It was acknowledged that further work was required regarding the language used in health inequalities and anti-racism.
- e) The clarity of NMC standards for those receiving and delivering education was affirmed.
- f) Interest was expressed by the Council on the information arising from the provider gap analysis, and it was agreed that more detail would be made available in the next midwifery quarterly report.
- g) It was highlighted that the mapping exercise had focused on recommendations relevant to midwifery standards, and mapping highlights not captured were due to their lack of specific relevance to midwifery proficiencies.
- h) It was stated that the principles being developed for self-assessment were not mandated.
- i) Concerns were raised regarding reliance on self-assessment, and it was suggested that areas of concern might need to be flagged.
- j) A misunderstanding regarding the existence of standards of proficiency for all midwives, not solely students, was noted, and further work was deemed necessary to emphasise this.
- k) It was acknowledged that the NMC could provide a more positive basis for academic learning and could shape and influence education, as well as health and safety practice, in its regulatory role.

The work and progress achieved in this area was commended by the Council.

The Council **noted** the report.

Action:	Additional detail on the provider gap analysis to be included in the next midwifery quarterly report.
For:	Executive Director, Professional Practice
By:	21 July 2026

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NMC/26/145

5. Draft Budget 2026-2027

1.
- The draft Budget 2026-2027 report was received and the Executive Director, Finance presented the report. Members noted:
- a) The Executive Board had extensively reviewed the draft budget and approved the content.

b) The draft budget addressed the NMC's priorities within its limited financial resources and had been scrutinised by the FRC.

c) This was the third consecutive year a deficit was predicted for the coming year.

d) Regarding reserves, a summary of cash and investment levels, was provided, projecting that reserves would support the deficit in the budget year, reaching a level of £15 million, a decrease from the £46 million expected at the end of the current financial year.

e) There was a need to address the going concern test as the statutory accounts for the current year were finalised.

f) The Executive Board recommended that the values for the lower and upper limits of the target range of reserves, should be set at £15 million and £60 million respectively.

g) An increase in spend control, recruitment control contracts, and a new avoidance of non-pay waste were noted, with scrutiny being applied.

h) A long-term future forecast was not included due to uncertainty, though various opportunities were being explored, including a "war on waste" and potential fee increases. It was stated that financial resilience would be addressed, but a long-term budget would be premature at this stage.

i) Project costs of £14 million had been approved by the Executive Board, and future financial benefits arising from
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these programmes would be presented and reviewed in due course.

- j) Capital expenditure for the current budget year was set at a reasonable minimum safe level.
- k) A proposed increase to the registration fee, which was currently £120, was noted as being subject to consultation after 11 years without an increase.
- l) An average pay increase of 2.5% had been debated and scrutinised and considered by the People and Culture Committee.
- m) The budget was stated to be consistent with the delivery of the strategy and corporate plan, and its approval was recommended to the Council.

2.

In discussion, the following points were mentioned:

- a) The need for a prudent budget and an emphasis on improving controls and efficiencies was acknowledged by the Council.
- b) A view was sought on how the Council would understand the impact on Education Quality Assurance (EdQA), given restricted funds and efforts to improve systems and processes. It was noted that feedback would be provided on progress and necessary actions for unforeseen downturns.
- c) Risks and opportunities not included in the budget were stated to be monitored weekly, with regular financial updates provided at the Executive Board.
- d) Progress in the recruitment control panel area was highlighted as particularly strong, demonstrating clear successes, as was the "war on waste," which included general procurement and contract management.
- e) The FRC would be used as the assurance model and route to the Council.
- f) It was stated that there would be an increased emphasis on managing an accurate position throughout the budget year, and major events, such as a successful fee increase proposal, would be incorporated into a forecast rather than the budget.
- g) It was confirmed that sensitivity analysis was conducted within directorates and updates would be provided to the FRC on a regular basis.

- h) The Council should be alert to the deficit budget and that a recommendation for matters outside the Council's authority, such as changing registrant fees, should not be assumed.
- i) There was a change in culture regarding cost control, with an internal "war on waste" being socialised across the organisation.
- j) It was stated that the current financial position was affecting performance due to the registration fee being held for 11 years, resulting in a loss of £180 million.
- k) The budget proposal was designed to tighten expenditure and was more stringent than in previous years.

The Council **agreed** with the following recommendations.

- i. The values for the lower and upper limits of the target range of reserves, represented by the cash and liquid investments, should be set at £15 million and £60 million respectively.
- ii. The annual registration fee for all professionals on the register should remain at the current level of £120 for 2026-2027 for the purpose of setting the budget at this stage. Following completion of Council's review of the outcome of the consultation on a fee rise, Council would make a decision in spring 2026 which could lead to a change in the fee during 2026-2027.
- iii. The £1.85 million envelope for pay assumptions included in the budget under discussion.

- 3. The Council **approved** the budget presented for 2026-2027.

NMC/26/146

9. Pay Gap Report

- 1. The Pay Gap report was received and the Executive Director, People and Culture introduced the report and members noted:
 - a) Gender: There was a continued decrease in the mean and median gender pay gaps, driven by an increase in female colleagues in the upper and upper-middle quartiles (up 1.4% and 3.2% respectively) and an increase in male colleagues in the lower and lower-middle quartiles (up 2.2% and 1.0%).
 - b) Ethnicity: there was a decrease in the mean ethnicity pay gap, but an increase in our median ethnicity pay gap.
 - c) Disability: There was a decrease in the mean and median disability pay gaps. The NMC continues to have a negative

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- disability pay gap (meaning average pay for disabled colleagues is higher than for non-disabled colleagues), and this gap had widened in favour of disabled colleagues.
- d) Overall, the representation of Black, Asian, and ethnic minority colleagues at the NMC had increased, reaching 42.9% of the total workforce. An increase in minority ethnic representation across all quartiles was noted.
 - e) The ethnicity median reflected the location of employment rather than specific roles, particularly due to the higher proportion of Black and Asian Minority Ethnic colleagues in Stratford, reflecting the diverse demographic of the Tower Hamlets area.
 - f) The mean pay gap had risen from 17.8% to 19.4%, indicating positive movements across the organisation and cultural change, which did not impact the median.
 - g) While the improvements in gender, disability, and the mean ethnicity gap were welcome, the increase in the median ethnicity gap highlighted areas for further action.

- 2. In discussion, the following points were noted:
The Council was assured that, if approved, the report would be made available to staff with explanations to aid understanding and reinforce the positive aspects.
- 3. The Council **approved** the Pay Gap report for publication.

NMC/26/147

10. Quarterly Safeguarding update (Q3) and Safeguarding Policy

- 1. The Quarterly Safeguarding update report for Q3 and the Safeguarding Policy was received and the Acting Executive Director, Professional Practice presented the report. Members noted:
 - a) The report detailed the embedding of recommendations from a review into registrant deaths by suicide with further recommendations being considered for implementation into FtP workstreams.
 - b) A protocol had been drafted and presented to the Safeguarding Board for approval.
 - c) Data provision and management were being reviewed, alongside other provisions, including the Northern Ireland Adult Protection Bill.

- d) A focus was also being placed on safeguarding level one training for panel members to provide a foundational knowledge.
- e) Although there had been a sharp increase in referrals there was an increased knowledge and expertise for colleagues.
- f) The report would be submitted to the Safeguarding Board for approval on 30 March 2027.

2. In discussion the following points were noted:

- a) The Council found the report useful and informative with particular interest expressed in the work being done with panel members. Future reports should include detail on training for panel members.
- b) The Office of the Chair and Chief Executive (OCCE) would bring a report to the Council with an update and progress on the area concerning panel members.
- c) Consideration should be given to how outcome measures and impact could be reported over the next 12 months, particularly concerning supporting safeguarding in the registrant population.
- d) The Council expressed interest in receiving data regarding EDI in safeguarding. The EDI data was in its infancy but themes were emerging, such as domestic violence and chastisement of children and efforts were being made to determine these themes.
- e) The Council commended the safeguarding team's cross-organisational work with the FtP case management and panel being cited as an excellent example of this spread.
- f) Understanding the core issues behind problems was helpful as some might not be for the NMC to solve.

3. The Council **noted** the report.

Action:	Further information on KPIs regarding outcomes and impact would be provided at the next meeting.
For:	Executive Director, Professional Practice
By:	21 July 2026

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11. Review of the Code and Revalidation

1.
- The Review of the Code and Revalidation report was received and the Acting Executive Director, Professional Practice presented the report. Members noted: and highlighted the following:

The Code and Revalidation reviews were cross directorate pieces of work involving the Professional Practice and the Strategy and Insight directorates and formed part of the Professional Practice roadmap.

a)

The Code was now 11 years old and Revalidation was 10 years old.

b)

Engagement with stakeholders had been useful with a focus on anti-racism, cultural competence and how these elements should be challenged.

c)

The use of Artificial Intelligence (AI) had been discussed with recognition that it could support care delivery.

d)

A joint statement with the GMC and other bodies on managing AI would be pursued.

e)

The changing demographic of those entering the profession and reasonable adjustments were also noted as important elements.
2.
- In discussion the following points were noted:

a)

The approach to AI supporting work in health trusts was welcome.

b)

The importance of future proofing the use of AI was noted. An ethical framework for AI, signed off by the Executive Board would be shared with the Council.

c)

The Council endorsed the emphasis on increasing community based ways of working and capturing the thoughts of early career registrants to future proof the Code.

d)

More time was requested for the Council to review responses to ensure the substance of the consultation was correct, rather than focusing on concerns raised later.

e)

A wide range of opinions from employers and focus groups was acknowledged, along with the need for future-proofing and recognising societal changes, policy changes and community care.

- f) Proposals would be brought to the Council on 21 July 2026 to consult on a new Code and associated guidance and a refreshed Revalidation process.
- g) A 12-week public consultation would run from the end of September 2026 until December 2026.
- h) A full report on the consultation findings and clarity on likely changes to the Code and Revalidation process would be presented to the Council in May 2027.

3.

The Council **noted** the report.

Action:	An in-depth review of the proposals would be conducted before the consultation was released.
For:	Executive Director, Professional Practice/Executive Director, Strategy and Insight
By:	21 July 2026
Action:	Share the ethical framework for AI with the Council
For:	Executive Director, People and Culture
By:	20 May 2026

NMC/26/149

12. Education Quality Assurance (EdQA) activity report

1.

The Education Quality Assurance activity report was received and the Acting Executive Director, Professional Practice presented the report which provided an updated on education quality assurance (EdQA) activity for the 2024-2025 academic year, covering nursing, midwifery and nursing associate pre-registration and post-registration education. EdQA was one of the NMC's primary regulatory functions, ensuring students were appropriately educated to provide safe, kind, and effective care upon registration.

2.

In discussion, the following points were noted:

- a) The Council expressed satisfaction that the activity was linked to the PSA (Professional Standards Authority) standards.
- b) The ‘red’ risk status in the NMC’s strategic register for this area was acknowledged and the Council sought reassurance regarding the effectiveness of the improvement plan in mitigating this risk.

- c) A gap in the report was identified regarding contract management and compliance with the QA service provider.
- d) The Council requested reassurance that reporting concerns were being addressed in real-time, acknowledging the reasons for reporting delays. It was agreed that the reporting period would be included in the coming year.
- e) The Annual Self Report (ASR) was noted as one mechanism with continuous activity being undertaken to avoid sole reliance on ASR returns.
- f) There were challenges faced by universities in different countries, particularly concerning course availability and academic staffing, with some approved courses not being delivered due to insufficient student numbers.
- g) Concerns were raised regarding the level of delivery by the EdQA provider, and insight was sought into the current operating of the contract and whether bringing such work in-house had been considered. It was stated that improvements were being made to the EdQA contract that would work for any provider, and the current provider was working to meet KPIs and match the activity requirements of the NMC.
- h) Student concerns were highlighted as an essential input, and a question was asked about the potential for competence issues arising from developing quality problems in student assessment, particularly given that 40% of AEIs were projected to go into deficit.
- i) It was suggested that a review of the overall structure, including the mandatory status of ASR reports, should be considered for a future work programme.
- j) The need for early alerts and other information to trigger interventions was emphasised, and it was stated that risk assessment thresholds, as one mechanism, would be taken into consideration.

3. The Council **noted** the report.

Action:	An update report to be provided to the Council in six months
For:	Executive Director, Professional Practice
By:	23 September 2026

NMC/26/150

13. Panel member and legal assessor reappointments, removals and transfers

1. The update report on Panel member and legal assessor reappointments, removal and transfers was received and the Chief of Staff introduced the report which set out the recommendations of the Appointments Board regarding the proposed transfers, removal of appointments and reappointments relating to practice committees for Panel Members and Legal Assessors.

Members noted:

2.
 - a) Two Panel Members were being proposed for transfer.
 - b) One Panel Member and five Legal Assessors were being proposed for removal from a Practice Committee or the list of approved legal assessor suppliers.
 - c) Thirty four Panel Members were being proposed for reappointment for a second four-year term from 26 July 2026 to 25 July 2030.

The Council **accepted the recommendation** of the Appointments Board for the transfer of two Panel Members from the Investigating Committee to the Fitness to Practise Committee.

The Council **noted** the removals of one Panel Member from a Practice Committee and five Legal Assessors from the list of approved legal assessor suppliers

The Council **accepted** the recommendation of the Appointments Board for the reappointment of 34 Panel Members.

NMC/26/151

14. Council Cycle of Business 2026-2027

1. The Council Cycle of Business for 2026-2027 was received and the Secretary to the Council presented the report. Members noted that the original schedule of Council meetings and business had been approved in the previous year, and that the plan had been updated with additional information not available at the time.

2. In discussion members noted:

- a) A point of accuracy was raised regarding the 9 June 2026 meetings which were to be held in person rather than online. The Secretary agreed to make this amendment.
 - b) The continuation of the Council development session for December was reiterated as beneficial for productive discussion.

- c) Confirmation was given that the NMC was working to the usual timetable regarding early July 2026 presentation of the statutory Annual Report and Accounts.
- d) It was felt that the ARC's response for internal control should be highlighted to the Council. In its current format, the Council's cycle of business only provided access to second key lines of assurance, showing Executive reporting. It was questioned why the ARC annual report was included in 'Matters for Information' when it represented a clear line of assurance. Other committee reports were listed 'For Information' which should be presented for additional assurance. It was suggested that, as the Annual Report and Accounts were presented at the Council's Open meeting on 1 July 2026, the cycle of business should reflect that this would be when the ARC provided its annual report to the Council, in line with the accounts. The Secretary agreed to review this timetable.
- e) It was suggested that the Council might need to discuss, in camera, ways to address diversity and inclusion, and how to bring greater diversity of thought and perspective over time and if there were actions that could be taken to support that work. It was considered key for the Council as Executive colleagues had received extensive training and coaching which the Council had not.

Action:	The Secretary to the Council to review timing of committee reports to the Council
For:	Secretary to the Council
By:	9 June 2026

NMC/26/152 15. Questions from observers

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

NMC/26/153 16. Finance and Resources Committee report

1. The update report from the FRC meeting held on 10 February 2026 (covering 19 January 2026) was received.

The Council **noted** the Finance and Resources Committee report.

NMC/26/154

17. People and Culture Committee report

1. The update report from the PCC meeting held on 29 January 2026 and 10 February 2026 was received.
The Council **noted** the People and Culture Committee reports.

NMC/26/155

18. Chair's actions taken since the last meeting

1. There were no Chair's actions since the last meeting.

Closing remarks

The Chair thanked all attendees and observers for joining the meeting, noting that the next scheduled Open Council meeting would be held online on 20 May 2026.

Confirmed by the Council as a correct record:

SIGNATURE:

DATE:

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Annexe B: Observer questions

1. David Munday, Lead professional officer, Unite the Union

a) Question:

On page 154, paragraph 14, there is discussion around a comprehensive updated suicide and self-harm protocol that has been drafted. It reports that a wide range of stakeholders have been involved in providing feedback on the use and understanding of the tool. As this is such a critically important issue in respect of registrants that have been referred to the fitness to practise processes, can you confirm what consultation has happened with trade unions and how they will be involved in the development and implementation of the tool going forward?

Response:

In recognition of the importance of obtaining feedback from Unions as key external stakeholders, the launch of the Suicide and Self-Harm Protocol has been temporarily paused to allow for further engagement and consultation.

The protocol was shared with Union representatives week commencing 4 May 2026 by the Senior External Affairs Officer, with feedback and comments requested by 22nd May.

Following review and consideration of any recommendations or suggested amendments, the protocol is expected to be finalised and launched during Q2.

b) Question:

With the publication of the draft budget, can you confirm now, or following today's meeting, that the FtP budget year end in 2024 was £21.8m, in 2025 it was £32.5m, in 2026 it will be £58.5m and in 2027 it is forecast to be £55.5m?

Response (sent by email):

There are two ways we look at this budget/spend.

The most complete way is in our annual accounts where we set out how much we spend on FtP (and other areas) which includes costs outside the core team (e.g. policy and data teams that support FtP) and also overheads (e.g. buildings and IT). We tend to do these calculations in arrears rather than for budgets. Our assumption is that the 2026-2027 number would be similar to that for 2025-2026. Our most recent accounts for 2024-2025 are available on the NMC website [here](#)

On the figures you have quoted, these are narrower numbers. The figures for 2025-2026 (£58.5m) and 2026-2027 (£55.5m) are in the paper presented to Council last month.

The figures quoted in the question, for 2023-2024 or 2024-2025 do not look familiar, (they may be a smaller subset and they look far too low) but the nearest equivalents to the later amounts are £46.6m for 2023-2024 and £54.8m for 2024-2025. So while there is a significant step up in 2024-2025 compared to 2023-2024, reflecting the

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extra resource put in to reduce the backlog in FtP cases and deal with increasing workload, it is not as steep an increase as is indicated by the numbers you have identified. After the step up there is then a more level set of numbers.

FtP narrower measure of costs:

2023-2024 - £46.6 m actual

2024-2025 - £54.8 m actual

2025-2026 - £58.5 m forecast

2026-2027 - £55.5 m budget

c) Question:

Can you confirm the amount of money spent by the NMC in redundancy payments following the recent staffing cuts in the organisation?

Response:

The Assistant Director, Finance responded that the figure for severance payments as part of the efficiencies programme was approximately £2 million.

2. Michelle Lyne, Professional Advisor Education, Royal College of Midwives

Question:

The question raised was about whether nurses would be subject to the same level of scrutiny as midwives regarding anti-racism and cultural competence, as it was noted that cultural competency was mentioned multiple times in the standards of proficiency for midwives but not at all for nurses, and whether this was scapegoating midwives.

Response:

The Chief Executive and Registrar stated that the maternity and families review was the reason for the data dashboard, and the point about nursing would be addressed. The focus on anti-racism in midwifery stemmed from maternity inquiries and reviews, with excellent work being done on the maternal health crisis. Training was a key issue, and principles for midwifery and cultural competency would be produced by April to ensure consistency with Approved Education Institutions (AEIs) from September. It was also stated that parallel principles for nursing would be produced due to the equal importance of race and discrimination in nursing.

3.Gail Adams, Head of Professional Services UNISON

a) Question:

A suggestion was made for the NMC to collaborate on joint training regarding domestic abuse, prompted by a recent case where a registrant member was subjected to abuse. It was highlighted that there was a duty of care to registrants,

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particularly in cases where ex-partners maliciously reported partners due to domestic abuse. It was suggested that a short piece of work would benefit both registrants and the NMC, given that women constitute the majority of registrants, although men are also victims. Concern was expressed about current medical provision, with two recent expert requests for specialist advice being hindered by contract limitations. It was stated that an offer to supply an expert, with the NMC covering costs, was in breach of the current contract, and the NMC was encouraged to review this. The extraordinary work of the FtP team was acknowledged, but it was noted that for every progress made, consequences arose with case examiners, with 500 cases awaiting consideration for five months or more.

Regarding the accuracy of data regarding average case length and the projection that adjudication would not be clear before 2030, unless all listed cases with impairment were considered. Thousands of registrants were stuck in the process, and while legislative change was needed, it could not be solely relied upon, with more resources needed for case examiners. The current efforts were insufficient, with around 1000 cases still waiting, and resourcing needed to be addressed as legislative change was still two years away. While discussions on FtP were welcomed, the current situation was far from ideal.

Response:

The Council and Executive acknowledged the challenges and the Executive Director, Professional Regulation confirmed that additional resources had been provide in Case Examiners.

b) Comment:

A request was made for the next meeting to extend the length of question time, as 15 minutes for fees was considered tokenistic, and could questions on fees be taken before a Council vote.

Response:

The Chair agreed to give consideration to the request for questions on a possible fee increase to be taken ahead of the discussion and subsequent vote at the Council meeting on 28 April 2026.

4. Peter Bates, Director, NMCWatch: Registrant Care CIC

a) Question:

Regarding the status of a proposal from previous minutes for registrants to self-refer in cases of death after birth, what was the current status of that proposal?

Response:

The self-referral item had been moved to the next meeting's action log to allow more time for investigation into clinical team practices, as doctors were not required to self-

refer. It was stated that this was not a requirement that would have been anticipated, and a work item would be brought back to a future Council meeting as it was still under investigation.

b) Comment:

A question was also asked if not having lunch was a false economy and if prevented the opportunity to engage over a coffee and ask questions rather than needing to put them in writing.

Response:

The decision to cease the provision of lunch after Open Council meetings was one of prudence and just one small element of the efficiencies programme at the NMC.

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Meeting of the Council
Held on Tuesday 28 April 2026 in the Council Chamber

Minutes

Ron Barclay-Smith
Anna Walker
Eileen McEneaney
Hussein Khatib
Julia Mundy
Deborah Harris-Ugbomah
Lindsay Foyster
Flo Panel- Coates
Nadine Pemberton Jn Baptiste
Margaret McGuire
Rhiannon Beaumont-Wood

Chair
Member
Member
Member
Member
Member
Member
Member
Member
Member

NMC Officers

Paul Rees
Chris Kinsella

Lesley Maslen
Ravi Chand
Emma Westcott
Julia Corkey
Donna O'Boyle
Richard Cartland

Alice Hilken
Ben Wesson
Richard Wilkinson
Jacqueline Maunder
Sharon Dawson

Chief Executive and Registrar
Acting Executive Director of Resources and Technology
Executive Director, Professional Regulation
Executive Director, People and Culture
Executive Director, Strategy and Insight
Executive Director, Communications and Engagement
Acting Executive Director, Professional Practice
Interim Executive Director of Transformation and Technology Services
General Counsel
Chief of Staff
Assistant Director, Finance and Audit
Secretary to the Council
Senior Governance Manager

For items 5 and 6:

Sinead McKenna
Razia Karim
Darren Shell

Legal Lead, Legislative Change
Head of Regulatory Reform Policy
Head of Policy and Legislation

A list of observers is at Annexe A.

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Minutes

NMC/26/156

1. Welcome and Chair’s opening remarks

- 1
- The Chair welcomed all attendees and observers to the meeting which had been convened to receive the outcome of consultations on rule changes and registration fees.

The Chair reminded attendees that each meeting should commence with a reminder of the NMC values as a strategic practice to embed company culture into daily operations, ensuring that actions and decisions were driven by principles rather than tasks. The values reflected the organisation to which they aspired and the standards to which they held themselves in working together to protect the public, and that actions would be taken with integrity, fairness, respect, equity, and effectiveness

NMC/26/157

2. Apologies for absence

- 1
- Apologies were received from Lynne Wigen, Council member.

NMC/26/158

3. Declarations of interest

- 1
- Declarations of interest were declared for agenda items 5 and 6 by all registrant Council members and the Executive Director, Professional Practice.

NMC/26/159

4. Questions from observers

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

NMC/26/160

5. Outcome of consultation on rules changes

1.
- The outcome of the consultation on rules changes was received and the Executive Director, Strategy and Insight presented the report. Members noted:

a)

The proposed changes to the Fitness to Practise (FtP) rules would improve FtP processes.

b)

It was noted that all proposals in the paper received majority support. Those impacted by legally qualified chairs received more varied support which was to be expected.

c)

Concerns had been raised regarding the potential negative impact on the diversity of panels and the need for vigilance on the impact on registrants who might require more support.

- d) There was confidence that these concerns would be mitigated during implementation with discussions already underway as to how this would work.
- e) A recommendation was made to Council to proceed with the changes to the rules, as detailed in the report.

2.

In discussion, the following points were noted:

- f) It was suggested that a review of the position regarding legally qualified chairs be conducted after a year to ensure no negative impact on underrepresented groups or panel diversity. While a review was certainly possible, and the impact of significant changes should be routinely reviewed, a year might be too soon.
- g) It was suggested that the impact of all introduced changes should be well understood, particularly regarding their effectiveness in improving the FtP experience and delivering the intended rule changes. Potential unintended consequences were highlighted, such as concerns about the public interest threshold and minimum notice periods. Assurance was given that all interventions would be subject to regular review, evaluation and refinement
- h) Regarding those registrants who were unable to be, or chose not to be, represented, this could lead to more severe sanctions, especially for those for whom English was not their first language. It was acknowledged that unrepresented registrants often experienced worse outcomes and that efforts had been made to provide information and signposting to advice.
- i) While the description of legally qualified chairs was clear, there were slight differences across the four UK countries that were not explicitly detailed in the report. Clarification was given that the rules mirrored existing legal assessor provisions and that changes to the Order would be considered in future regulatory reform.

The Council **approved** the recommended proposals for the amendments to the rules.

Following this approval to the recommended proposals, the Council will be able to make the amendments to the rules. The rules must be approved by the Privy Council and laid in Parliament before they can come into force in October 2026.

NMC/26/161

6. Outcome of consultation on registration fees

1.

The outcome of the consultation on registration fees was received and the Chief Executive and Registrar presented the report. Members noted:

- a) The Council was being requested to approve an increase to the registration fees for the first time in 11 years and the reasons for the timing and level of increase were highlighted.
- b) The proposed increased equated to £1.92 per month.
- c) Without this action, reserves were projected to fall from £101 million in March 2024 to £15.9 million by March 2027 which would jeopardise the sustainability of the NMC's core role to protect the public and to build a new NMC to be the strong independent regulator that everyone wanted to see.
- d) The registration fee had been held flat at £120 since 2025 in recognition of the cost of living crisis, resulting in a 28.8 percent reduction in real value due to inflation and approximately £186 million in lost income to the NMC.
- e) Pressure on services had grown substantially with over 867,000 professionals now regulated, an increase from 687,000 in 2015, and a 21 percent rise in FtP referrals. The operating environment was described as more complex, with higher expectations for standards, speed, and fairness.
- f) It was noted that even with the proposed increase, the fee would remain below what it would have been if it had tracked inflation.
- g) Efforts to reduce costs, including a 10 percent reduction in roles and a £3 million cut from the non-staff budget, were highlighted, but it was emphasised that these measures alone could not sustain a fee freeze.
- h) As a rule, all consultations for regulators typically received negative feedback and, as anticipated, the majority of correspondents to the consultation were opposed to the proposal.
- i) It was noted that most respondents understood the financial situation and priorities, particularly education and technology, despite the general opposition to the rise. The strongest opposition was directed at the main registration fee increase, with less emphatic responses to other fee rises.
- j) It was agreed that in future, the NMC would make regular increases to avoid a situation like this again.

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- k) Respondents to the consultation had highlighted investment in education quality assurance, improved digital services and a faster FtP process.

In discussion, the following points were noted:

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- a) The possibility of a variable fee structure was discussed, with consideration given to the financial circumstances of lower-paid registrants. It was explained that the cost of regulation was the same for all registrants, and a commitment was made to keep the fee as low as possible and offer quarterly instalments. It was stated that technological changes to systems could not have been made prior to the fee rise to offer a variable regime, and that a variable structure would necessitate lowering fees for some while increasing them for others, which was why it had not been consulted upon
- b) It was acknowledged that a separate consultation would be required for a variable fee structure due to the potential for both winners and losers. Concerns regarding the impact of a flat rate fee on certain groups were noted, and it was suggested that efforts to promote tax relief and quarterly payments would be intensified.
- c) Regarding the impact on reserves and performance if the increase was not implemented, it was stated that not proceeding would have a profound impact, with reserves falling to £15.9 million by March 2027, leading to substantial deficits and potentially preventing the organisation from meeting its statutory duties. It was also stated that a commitment had been made to modernise the organisation, with improvements already being seen in FtP and culture through the Culture Transformation Plan.
- d) The Council, acknowledging the registrant's voice, appreciated that was a very difficult decision it was being asked to make.
- e) If the Council were to proceed with approval of the increase, more responsible management of the process would be required. The Council was assured that this would include bi-monthly meetings on directorate expenditure, a 'war on waste' initiative, and exploration of other income generation ideas permissible under charitable status.
- f) The decision to propose the increase had not been taken lightly and cost controls such as a panel to control recruitment and the efficiencies programme to reduce roles by 10 percent had been

undertaken. The low annual rent for 23 Portland Place was also highlighted as this was not generally known.

- g) It was observed that that other regulators implemented small, regular increases in line with inflation, which would have prevented the current situation and would be something the NMC would consider for the future.
- h) Regarding the Charity Commission's reserve requirements in relation to the projected £15.9 million of reserves, it was stated that the projected reserves were more than adequate before reaching a point of no reserves.
- i) It was clarified that the Charity Commission was not the primary issue, but rather the need to address cost assumptions if the fee increase was not approved. It was further stated that if the fee level remained indefinitely, the organisation would be unable to sustain its functions in a period of high inflation, leading to an accelerated need to address the issue. It was noted that a longer-term plan could be agreed upon if the fee increase was approved.
- j) The Council requested, that if the fee increase was approved, clarity would be needed in the business plan regarding accountability for spending, outcomes, progress towards achievements, and ongoing efficiencies. This information would serve to hold the organisation accountable for the increased fees. It was agreed that this would be possible within the business plan.
- k) It was acknowledged that despite the 11-year gap, the increase would still be a shock to those paying it, and the implications of phasing were considered. It was stated that phasing was already occurring due to varied renewal points, and that those registrants who would be affected immediately would be advised 60-90 days in advance.
- l) The financial impact of phasing would be an additional £9 million in income in the current year, £16 million in the following year, and an annualised £20 million in the third year, contributing to the reserve level.
- m) Regarding the communication of quarterly payment options, as only 30 percent of registrants utilised this, the Council was assured that this information was available to registrants.
- n) A question was raised about what would happen if someone was late paying their fees and therefore unable to practise. It

was suggested that the organisation, as a caring body, should work with nurse directors to help address such situations.

- o) It was acknowledged that organisations, and those leading them, sometimes faced difficult decisions, and that empathy and commitment to registrants were balanced with the ultimate responsibility to protect the public. It was suggested that future consultations should include a proper financial impact assessment, given the strong feelings expressed in the current consultation.
- p) The Council acknowledged the difficulties of the cost of living and the fees registrants were required to pay while also emphasising the NMC's statutory duty to perform regulatory functions.

The Council **approved**, by a majority vote, the increase of 19.2 percent to the prescribed registration fees.

Action:	Ask the Council to agree the amendments to the fees rules by correspondence.
For:	Executive Director, Strategy and Insight/Secretary to the Council
By:	30 April 2026
Action:	Submit the rules to Privy Council for approval and laying in Parliament
For:	Executive Director, Strategy and Insight
By:	9 May 2026
Action:	Publish the consultation report along with a policy statement on the decisions that have been taken in this meeting, and the equality impact assessment that has been developed as part of the process.
For:	Executive Director, Strategy and Insight
By:	June 2026

Closing remarks

The Chair thanked all attendees and observers for joining the meeting, noting that the next scheduled Open Council meeting would be online on 20 May 2026.

Confirmed by the Council as a correct record:

SIGNATURE:

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Annexe A. Council Meeting 28 April Observers

External Observers

David Munday	Lead professional officer, Unite the union
Taiye Uyinmwun	Volunteer, Liverpool Women's Hospital NHS Foundation Trust
Emma Davies	Head of Post Registration Education, HEIW
Elizabeth (Liz) Fenton	Director of Nursing and Midwifery, NHS England
Sarah Gilroy	Assistant National Officer, UNISON
Valerie Chin-You	
Karen Hill	Lead Nurse Professional Standards, University Hospitals Derby and Burton
Helen Ayo-Ajayi	Associate Professor Practice Placement Leadership. Buckinghamshire New University
Denise Thiruchelvam	
Peter Bates	Director, NMCWatch:Registrant Care CIC
Fiona Kavanagh	Nurse/midwife, GSTT
Pia Galante	Midwife, Nil
Dalene De-Souza	Lead Midwife - Antenatal and Newborn Screening, Barts Health
Michelle Lyne	Professional Advisor Education, RCM
Rhea Mills	Professional Services Officer, Unison
Charlotte Rowles	Researcher, Freelancer
Anna Harding	Regional Operations (South West) Registered Nurse, NHS England
Michelle Russell	Whistleblower RGN RSCN HV SCPHN
Press	
Gee Harland	Senior journalist
Shruti Trivedi	Senior journalist

NMC staff observing

Dave Clements	Policy Manager
Razia Karim	Head of Regulatory Reform Policy

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Annexe B: Observer questions

1. Valerie Chin You, (Designation not provided)

a) Question (received in advance by email):

Will the NMC consider developing a set of questions/standards that Trusts, ICBs and other providers need to answer before nurses are subjected to baseless investigations and referrals to the NMC?

I have a wealth of experience in seeing how individual members of staff are subjected to investigations, disciplinaries and referrals to the NMC when in reality the issue is a systematic failure in the organisation. PSIRF has helped but I believe the NMC needs to also act and state its position. These investigations are considerably resource intensive, biased and take time away from patient care, induce inordinate amounts of stress and then to find that there was no case to answer.

Response:

We understand the impact of a fitness to practise referrals on our professionals and want to move to a position where we only receive fair and appropriate referrals. We have two programmes of work underway to achieve this:

- ‘Right referrals, Right Place’ is our major change project aimed at members of the public and employers. Within this we will develop new resources and deliver a change campaign to improve understanding of the NMC’s role and signposting to more appropriate channels for support when they have concerns that are not for the NMC to consider.
- Regulatory Fairness, which will, through education and changes to our referrals processes, eliminate bias from referral decisions.

This work will build upon and develop the existing support and tools we have in place, as well as those that exist within Trusts, such as the Being Fair Tool used within the NHS in England.

2. Michelle Lyne, Professional Advisor Education, Royal College of Midwives

Question:

We have been anticipating the consultation announced back in March on the Practice Learning Review, so that universities can be prepared for any changes that can be recommended.

Response:

We will publish that in the next few days and have a full 12 week consultation to consider proposals and feedback. The process will run in a timely fashion to meet key deadlines.

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3.Sarah Gillroy, Assistant National Officer UNISON

a) Question:

UNISON conducted a survey in response to the NMC consultation and over a third said they would not renew their registration or consider renewing their registration - how have you considered this in respect of the registration fee?

Response:

We have given this very serious consideration. It is because of these concerns that the NMC has kept its fee flat for 11 years in recognition of the cost of living and the impact it has on professionals. However, we recognised that it would not be sustainable to hold the fee at the same level indefinitely. Over time the real-terms value of our income has reduced by 28.8%, our reserves have fallen from around £101m to £45m and without a fee increase would fall to £15.9 million by March 2027.

We recognise the continuing pressures caused by the cost of living and it is why we kept the fee flat. At same time we have duty to protect public and uphold our standards of efficiency.

There are financial challenges to sustainability of our work and the cost of living is an important issue we take very seriously.

4. Peter Bates, Director, NMCWatch: Registrant Care CIC

a) Question:

The fee has been held steady for many years. Putting this aside, it is a shock to many people. What is the NMC going to be doing so that this steep step doesn't happen again and so we don't have this severe increase again?

Response:

It is important that we are financially prudent and we plan well. We have a new Finance Director with an excellent track record and valuable experience in the charity sector. We recognise the importance of avoiding increases of this scale in future wherever possible and that more regular, smaller increases in future.

We have taken action to control our costs; we took a hard decision to reduce roles by 10 percent and reduced non staff costs by £3m per year. We have launched the 'War on waste' initiative and are trying to save money where we can. We are also looking more closely at value for money so we don't end up in this position in the future.

Rhea Mills, Professional Services Officer, UNISON

Question:

As representative bodies, will we be seeing the cost breakdown and implications of the rule changes? In Fitness to Practise (FtP) these costs are largely administrative, how much of that budget will go to having legally qualified chairs for example?

Response:

Fixing FtP is a priority for us and we know too many registrants are stuck in FtP for too long. There is a huge programme to transform FtP and we have already seen some improvements. Performance against our timeliness measures improved from 68 percent last summer to 74 percent in December following the changes already implemented, and changes to rules such as legally qualified chairs will speed the process up. Implementation of the rule changes should help us to drive down the costs of FtP which will go towards reinvestment in FtP to further improve the process.

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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. Jacqueline Maunder Secretary to the Council / Assistant Director Governance jacqueline.maunder@nmc-uk.org

Council Action Log
For Meeting 20 May 2026

Minute Ref	Minute Ref and Action	Owner	Due date	Progress	Status
26 March 2025					
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 have an opportunity to input to the report, before it was submitted to Open Council in September 2025.	Secretary to the Council	9 June 2026	11.05.2026 – Not yet due. A report setting out the approach to the roles will be submitted to the Confidential Council meeting on 9 June coinciding with the report on the outcomes of the Council effectiveness review. There will be opportunities for Council members to provide feedback and have input into the report in June 2026.	IN PROGRESS
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	Executive Director, People and Culture	25 March 2026	13.05.2026 – this was on the agenda at the 25 March 2026 meeting. Action Completed.	COMPLETED

Minute Ref	Minute Ref and Action	Owner	Due date	Progress	Status
	overall demographic among the local population.				
2 July 2025					
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	11.05.2026 - Not yet due.	IN PROGRESS
NMC/25/60	Draft Annual Fitness to Practise Report 2024-2025 Action: Arrange a Council Seminar to present the different processes and stages of the FtP and the support mechanisms available.	Secretary to the Council/Executive Director, Professional Regulation	October 2026	11.05.2026 - Not yet due. A Council Seminar session on the different processes and stages of FtP and the support mechanisms available is on the forward plan for the Council Seminar in October 2026.	IN PROGRESS
23 July 2025					
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	Executive Director, Strategy and Insight	September 2026	11.05.26 – Not yet due. <i>Previous update for note</i> The NMC decided to commission some further evaluation work to understand the drivers for using SIFE (Supporting Information from Employers) via the	IN PROGRESS

Minute Ref	Minute Ref and Action	Owner	Due date	Progress	Status
	supporting information from employers as part of their application to join the register for the first time.			research team as part of next year's business plan. This will incorporate any relevant learning from the Health Foundation review. We continue to monitor our FtP referrals but do not have any evidence at the moment to suggest that the use of SIFE (Supporting Information from Employers) is having a negative impact on public protection. Research commission to be agreed in Q1 and provisionally delivered in Q2.	
NMC/25/78 And NMC/25/86	Employer Link Service summary activity 2024-2025 Action: Include more information on outcomes in future iterations of the report.	Acting Executive Director, Professional Practice	July 2026	11.05.2026 - Not yet due.	IN PROGRESS
24 September 2025					
NMC/25/90	Quarterly corporate performance report	Secretary to the Council / Action Executive Director,	July 2026	11.05.2026 – Not yet due. A Council Seminar session is scheduled for 21 July 2026	IN PROGRESS

Minute Ref	Minute Ref and Action	Owner	Due date	Progress	Status
	Action: Schedule an in-depth discussion at a Seminar session regarding the development of a strategy for clinical advice in casework.	Professional Practice			
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	9 June 2026	11.05.2026 - Not yet due.	IN PROGRESS
NMC/25/90 Linked to NMC/25/115	Quarterly corporate performance report 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.	Secretary to the Council	July 2026	11.05.2026 – A joint Council Member and Executive Board member away day was held on 5 March 2026. A further programme of work was to be developed arising out of the workshop	IN PROGRESS
NMC/25/116	EDI Workshop plan for Council Action: Review the aims and proposals for previous				

Minute Ref	Minute Ref and Action	Owner	Due date	Progress	Status
	Council EDI development sessions in April/July 2025, as well as the comments raised at the meeting, to inform the further development of the next Council EDI workshop.				
NMC/25/94	Finance and Resources Committee: Terms of Reference Action: Consider incorporating quality to the Terms of Reference for the Finance and Resources Committee.	Secretary to the Council	29 April 2026	11.05.26 – A governance review paper was shared with Council members for comment and there is a recommendation to incorporate quality into the Terms of Reference (ToR) for a separate Committee. This action has now been superseded and is being addressed via the governance review. Action completed.	COMPLETED
NMC/25/95	Culture Transformation Plan / Independent Culture Review: Maturity Model Action: Consider incorporating the feedback provided to the next iteration of the Maturity Model, including whether:	Executive Director, People and Culture	July 2026	13.05.2026 – Update in July 2026	IN PROGRESS

Minute Ref	Minute Ref and Action	Owner	Due date	Progress	Status
	- reference to psychological safety in the Model appropriately encompassed the NMC's 'speak up' culture. - whether EDI should be treated separately to avoid duplication.				
21 October 2025					
NMC/25/104	Independent reviews 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.	Executive Director, Strategy and Insight Executive Director, Strategy and Insight	20 May 2026	13.05.2026 - Item on the agenda.	IN PROGRESS
26 November 2025					
NMC/25/111 (b)	Action: Provide the Council with an update regarding the regulation of Nursing Associates in Wales in the new year	Executive Director, Strategy and Insight	Dec 2026	11.05.2026 – No update on the timetable from the DHSC available yet.	IN PROGRESS

Minute Ref	Minute Ref and Action	Owner	Due date	Progress	Status
NMC/25/111 (e)	Action: Relating to the joint campaign with the GMC, "Good Teamwork Means Better Maternity Care", efforts would be made to work more closely with the Royal College of Obstetrics and Gynaecology	Acting Executive Director, Professional Practice	25 March 2026	13.05.2026 – this was on the agenda at the 25 March 2026 meeting. Action Completed.	COMPLETED
NMC/25/111 (f)	Action: The possibility of making self-referral mandatory for midwives in cases of mortality in birth or within two weeks of birth would be considered and brought back to the Council.	Acting Executive Director, Professional Practice	9 June 2026	11.05.2026 – not yet due.	IN PROGRESS
NMC/25/112 (a)	Quarterly corporate performance report Action: A paper with the first findings from the new Log and Learn system would be presented to the Council in early 2026. <i>Linked to action NMC/25/90.</i>	Chief of Staff	9 June 2026	11.05.2026 - Not yet due.	IN PROGRESS
NMC/25/112 (c)	Action: Present work relating to the review of the quality framework for the FtP process to the Council in May 2026.	Executive Director, Professional Regulation	20 May 2026 23 September 2026	13.05.2026 More information about the Quality Assurance processes for FtP will form part of an update to Council on the Health	IN PROGRESS

Minute Ref	Minute Ref and Action	Owner	Due date	Progress	Status
				Check assessments. This is likely to be September 2026	
29 January 2026					
NMC/26/134	Education Quality Assurance (EdQA) Quarterly Report (Q1) Action: The quarterly EdQA report to be updated to include the activities of external contractors, and any internal matters worth noting. It should aim to highlight what help this area of the organisation needs from the Council.	Executive Director, Professional Practice	25 March 2026	13.05.2026 – this was on the agenda at the 25 March 2026 meeting. Action Completed.	COMPLETED
25 March 2026					
NMC/26/143	Executive Report Action: Consideration to be given to how a system of payment could work for the Diaspora Registrant Association Forum (DRAF).	Executive Director, People and Culture	21 July 2026	13.05.2026 – Not yet due	IN PROGRESS
NMC/26/144	Midwifery Quarterly Report Action: Additional detail on the provider gap analysis to	Executive Director, Professional Practice	21 July 2026	13.05.2026 – Not yet due	IN PROGRESS

Minute Ref	Minute Ref and Action	Owner	Due date	Progress	Status
	be included in the next midwifery quarterly report.				
NMC/26/147	Quarterly Safeguarding update (Q3) and Safeguarding Policy Action: Further information on KPIs regarding outcomes and impact would be provided at the next meeting.	Executive Director, Professional Practice	21 July 2026	13.05.2026 – Not yet due	IN PROGRESS
NMC/26/149	Education Quality Assurance (EdQA) activity report Action: An update report to be provided to the Council in six months	Executive Director, Professional Practice	23 September 2026	13.05.2026 – not yet due	IN PROGRESS
NMC/26/151	Council Cycle of Business 2026-2027 Action: The Secretary to the Council to review timing of committee reports to the Council	Secretary to the Council	9 June 2026	13.05.2026 – not yet due	IN PROGRESS
28 April 2026					
NMC/26/161	Outcome of consultation on registration fees Action: Ask the Council to agree the amendments to	Executive Director, Strategy and Insight/Secretary to the Council	30 April 2026	13.05.2026 – a decision by correspondence requested of the Council 30 April 2026. All	COMPLETED

Minute Ref	Minute Ref and Action	Owner	Due date	Progress	Status
	the fees rules by correspondence.			responses received by 5 May 2026 for progression to Privy Council. Action Completed.	

Key	
	Actions categorised as completed.
	Actions in progress.
	Actions in progress, with unplanned delay to the work (i.e. completion date rescheduled).

Report to:	Open Council	Meeting Date:	20 May 2026
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EXECUTIVE REPORT	
Publication Status	Open
Presenting the Report	Paul Rees MBE, Chief Executive and Registrar
Executive Director	Julia Corkey, Executive Director of Communications and Engagement Julia.Corkey@nmc-uk.org
Report Author	Orfhlaith Kearney, Strategic Programme Manager Orfhlaith.Kearney@nmc-uk.org

PURPOSE OF REPORT AND REASON FOR RECOMMENDATIONS: This paper provides information on key developments, updates and engagements since the last Council meeting on 25 March 2026.

RECOMMENDATION(S): 1. That the Council is asked: To discuss the Executive's report on key developments, updates and engagements during 2026-2027, up to 20 May 2026.

REPORT APPROVAL	
Executive Director:	Approved 15 May 2026
Director of Finance:	Approved
General Counsel:	Approved
Chief Executive and Registrar (CER):	Approved 15 May 2026
Secretary to the Council:	Approved

External Engagement (undertaken to date)		
Committee / Group	Date	Outcome
N/A	N/A	N/A

Consideration at Committee/Group		
Committee / Group	Date	Outcome
Executive Board		Approved

DRAFT

EXECUTIVE REPORT

1 SITUATION / BACKGROUND

1.1 The purpose of this report is to provide information on key developments, updates and engagements since the last Council meeting on 25 March 2026.

2 SPECIFIC MATTERS FOR CONSIDERATION

Key stakeholder meetings

2.1 Key stakeholder meetings

The NMC continues to engage proactively with key stakeholders across the UK, including the Charity Commission, the Department of Health and Social Care (DHSC), the Chief Nursing and Midwifery Officers (CNOs and CMidOs), unions including the Royal College of Nursing (RCN), Royal College of Midwives (RCM), UNISON and Unite, regulatory counterparts including the General Medical Council (GMC), and the Professional Standards Authority (PSA).

Notably, the Chief Executive and Registrar met individually the Chief Nursing Officers for England, Northern Ireland, Wales, and Scotland throughout April and May. Discussions focused on the NMC's strategic priorities, emerging system pressures, preparations for major inquiries, and progress on improving the Fitness to Practise process, and the practice learning review consultation. These were constructive discussions which reinforced the NMC's positive working relationships across the four nations and continue to help ensure a more consistent, joined-up approach to delivering regulatory improvements.

The Chief Executive and Registrar, Paul Rees MBE, the Interim Executive Director of Professional Practice, Professor Donna O'Boyle MBE and Ben Wesson, Chief of Staff recently met the Northern Ireland Minister of Health, Mike Nesbitt MLA. Discussions covered preparations for recommendations from the Muckamore Abbey Hospital Inquiry, progress on improving the Fitness to Practise process, and the Practice learning review. This meeting was valuable in supporting stronger strategic alignment, enabling more coordinated and timely delivery of key regulatory improvements in Northern Ireland, while also demonstrating the NMC's ongoing commitment to meaningful engagement across all four countries.

Alongside this, the Chief Executive and Registrar, Paul Rees MBE, met the Chief Executive of Healthcare Inspectorate Wales, Alun Jones, to discuss responses to the National Assurance Assessment of Maternity and Neonatal Services. This independent report into maternity and neonatal services across Wales, found that while there are many examples of staff delivering high-quality and compassionate care, there are several areas of concern including racism within maternity care and midwives reporting to feel stigmatised and subject to public hostility.

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This meeting reinforced the NMC’s role in driving system-wide improvement across maternity care and supporting better outcomes for women, babies and families across Wales. The NMC continues to develop suite of actions aimed at ensuring better education and practice in midwifery, including steps to tackle unacceptable inequalities, mapping the NMC’s standards to understand where they could be strengthened, and the launch of a new data dashboard for midwifery – providing a snapshot of FtP information across the four countries of the UK.

2.2 Strategic advisory and public forums

The NMC continues to engage closely with our strategic advisory groups and public forums, drawing on insights from professionals and members of the public across the UK to inform and progress our strategic priorities.

The latest Public Voice Forum meeting, members provided their views on proposed changes to practice learning, while their feedback to the *Right Referral, Right Place* campaign, also highlighted the importance of clear, plain English guidance, non-digital routes, and a supportive, human tone for people raising FtP concerns. This input is helping to ensure the NMC’s work reflects the public experience and need, improving the accessibility, fairness, and effectiveness within its standards and processes.

The Professional Standards Advisory Group, alongside the practice learning review and *Right Referrals, Right Place* campaign, discussed the implications of artificial intelligence on regulation and practice, highlighting the need for clear governance, accountability and fairness, while maintaining professional judgement. This engagement is strengthening the NMC’s regulatory approach by ensuring it is grounded in professional insight, better aligned with real-world practice and healthcare.

The NMC’s latest Diaspora Registrants’ Associations Forum reinforced its ongoing commitment to being an anti-racist and equitable regulator by actively listening to the experiences and voices of diaspora nursing and midwifery professionals. Discussions focused on fitness to practise, panel member selection and trust in regulation, with particular emphasis on tackling racism, strengthening cultural competence and addressing the disproportionate impact of referrals. Insights shared through the forum are directly shaping improvements to guidance, data and evidence gathering, consultation design and engagement approaches, helping to ensure our regulatory processes are fairer, more inclusive and better informed.

Key developments in the wider landscape

2.3 Workforce and access to nursing careers

In April, as part of its 10-year plan, DHSC announced measures to reduce barriers to careers in nursing. These included support for young people from deprived areas to access medicine and healthcare courses, and funding for additional nursing apprenticeships, focused on areas with the greatest workforce shortages and levels of deprivation. For the NMC, the expansion of nursing apprenticeships could result in

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increased demand for programme approvals, quality assurance activity, and guidance on supervision in employer-led and community settings, and higher numbers of students will lead to increased registration applications. The NMC will continue to engage with DHSC on this and other issues around the 10-year plan, as well as monitoring for further detail on this announcement.

2.4 Parliamentary debate on maternity commissioner

On 20 April, Westminster MPs debated proposals to introduce a Maternity Commissioner, informed by the interim findings of Baroness Amos’s Independent Investigation into maternity and neonatal services in England. This followed the NMC’s meeting with Baroness Amos and the investigation team on 1 April, where the NMC set out its regulatory role, learnings from inquiries, action on inequalities and readiness to contribute to the forthcoming national maternity and neonatal taskforce. Ministers confirmed that next steps will be considered following publication of Baroness Amos’s final report, which is anticipated to publish in June.

It is critical that the NMC continues communicating the improvements it is making within the maternity space and how it is engaging with reviews and inquiries. In forthcoming engagements with political leaders and across the four nations, including several MPs involved in this debate, the NMC will continue to discuss the issues raised and outline the NMC’s role within the wider system. The NMC will remain actively engaged with the Baroness Amos review, where recommendations are expected to be implemented by the Taskforce, chaired by the Secretary of State for Health and Social Care in Westminster.

2.5 Nottingham maternity inquiry

Engagement with families in Nottingham has been constructive, with positive feedback on the NMC’s open, human and transparent approach, clear communication about current regulatory activity, and visible senior presence. The NMC will use these learnings to inform future engagement, and is expecting publication of the final report into Nottingham maternity services on Wednesday 24 June 2026.

Practice learning review consultation

On 30 April, as part of its practice learning review, the NMC [launched a 12-week public consultation](#) on proposed changes to its education standards. These proposed changes are based on engagement with the NMC’s partners and stakeholders about what they want to see in the updated education and training standards.

The proposed changes are influenced by issues emerging in the practice learning landscape, such as the mixed experience of nursing students on practice learning placements and the concerns raised by some student midwives about gaining the confidence and competency they need for practice.

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And they include the thought-provoking proposals – based on feedback from the regulator’s stakeholders – to reduce the number of learning hours in nursing programmes, and to extend the length of midwifery programmes. Other proposals include Strengthening anti-racism, bias awareness and cultural curiosity, safety and respect in nursing and midwifery education and training, and ensuring that all nursing students have at least one community practice learning experience in health or social care.

The consultation is open to everyone, and this formal consultation will ensure all opinions are fully analysed to inform any final proposed changes. The consultation closes on 23 July.

Equity, Diversity and Inclusion

The NMC continues its commitment to EDI, including [a statement from the Chief Executive and Registrar](#), Paul Rees MBE, on 30 April, condemning the shocking attack on two Jewish people in Golders Green, London. The statement set out that there is no justification for such violence and that everyone – regardless of their background or beliefs – deserves to feel safe, respected and able to live their lives free from fear. We have engaged closely with the Lord Mann rapid review on antisemitism and other forms of racism, which will publish its recommendations in the coming weeks.

The Chief Executive and Registrar also gave an interview to ITV Yorkshire in April, condemning racism against nursing and midwifery professionals after two people were sentenced to eight weeks in prison for the shocking and disgraceful racist attack on the nurse, Apple Moorhouse, in Yorkshire last year.

The NMC remains on track to deliver new anti-racism principles for nursing and midwifery education and practice by the end of May – to help tackle the Black maternal health crisis and wider Black health disparities. The NMC committed to co-designing the new principles with Black, Asian and minority ethnic people with lived experience of poor outcomes – wide ranging engagement is well under way with three events already held. The NMC will also roll out the principles to the nursing and midwifery professions, being clear that all nurses, midwives and nursing associates should practise in line with them – ahead of the new Code being published in 2027.

The NMC also continues to help colleagues understand what to do if they see or experience religious or racial hate. As part of its internal ‘No Place for Hate’ webinar series, the NMC hosted Sultana Tafadar KC, who spoke to colleagues about the evolution of Islamophobia, the basics of the Islamic faith, common misconceptions and stereotypes, and positive reflections on allyship and how colleagues can actively support one another.

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International Day of the Midwife and International Nurses’ Day

For International Day of the Midwife on 5 May, the NMC [celebrated the vital role](#) that midwifery plays in supporting women, babies and families through some of the most profound moments of their lives. To mark the day, the NMC’s Assistant Director for Midwifery, Tracey MacCormack, recorded a video message thanking midwives and recognising the essential role of midwifery worldwide.

The NMC also celebrated International Nurses’ Day on 12 May, [recognising the vital role that nursing professionals play](#) in delivering the safe, equitable care everyone needs at some point in their lives. The NMC’s Executive Director for Professional Practice, Donna O’Boyle, also recorded a video reflecting on invaluable contribution nurses and nursing associates make to society.

The celebrations were further supported by emails from the Chief Executive and Registrar, Paul Rees MBE to all nursing and midwifery professionals on the Register, thanking them for the vital contributions they make every day. The NMC also hosted informal staff sessions across its office locations, giving colleagues the opportunity to hear first-hand about the experiences, journeys and inspiring stories of nursing and midwifery professionals working within the organisation.

Living out our Values Awards

On 20 April, the NMC launched its new ‘Living out our Values’ awards which recognise colleagues who go above and beyond in their roles while demonstrating our organisational values – integrity, fairness, respect, equity and effectiveness. Nominations will be scored against clear criteria to ensure a fair and transparent process. The awards play an important role in shaping and sustaining the NMC’s new culture by celebrating the behaviours, leadership and everyday actions that help create a more inclusive, equitable and values-led organisation.

3 FINANCIAL /GOVERNANCE IMPLICATIONS

3.1. Not applicable.

4 RECOMMENDATION

4.1. The Council is asked to:

- a) To **discuss** the Executive’s report on key developments, updates and engagements during 2026-2027, up to 20 May 2026.

5 ASSESSMENT

Impact Assessment	Question / Consideration	Response
Equality, Diversity and Inclusion	Has an Equality Impact Screening been undertaken (including Welsh Language)?	Not applicable
Safeguarding considerations	Are there any safeguarding implications?	No
Four country factors and considerations	Are there any four country factors?	There is acknowledgement of four country engagement.
Resource (incl People) implications	Are there any people implications?	Stated throughout paper.
Risk implications associated with the work and the controls proposed/ in place.	What are the key risks and how are they mitigated?	Not applicable
Legal considerations, incl Regulatory Reform	Are there any legal or regulatory implications?	Not applicable
Nursing Associates	Any specific implications for nursing associates?	Not applicable

Report to:	Open Council	Meeting Date:	20/05/2026
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Quarterly Performance Report- Q4 2025/26	
Publication Status	Open
Presenting the Report	Ben Wesson
Executive Director	Chief of Staff: Ben Wesson Ben.Wesson@nmc-uk.org
Report Author	Rebecca Desmond Rebecca.Desmond@nmc-uk.org

PURPOSE OF REPORT AND REASON FOR RECOMMENDATIONS: To present the Q4 2025/26 quarterly performance report to Council, outlining performance against Corporate Plan priorities and key delivery updates. Recommendations based on our performance results are to ensure we can respond appropriately to any exceptions, to improve performance and effectively manage risks to achieving our corporate ambitions.
Annexes • 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)

RECOMMENDATION(S): 1. That the council is asked: To review and discuss the quarterly report on our performance.

REPORT APPROVAL	
Executive Director:	Approved 12 May 2026
Director of Finance:	Within Executive Board 7 May 2026

General Counsel:	Within Executive Board 7 May 2026
Chief Executive and Registrar (CER):	Approved 7 May 2026
Secretary to the Council:	Approved 7 May 2026

External Engagement (undertaken to date)		
Committee / Group	Date	Outcome
N/A		

Consideration at Committee/Group		
Committee / Group	Date	Outcome
Finance and Resources Committee	6 May 2026	For comment
Executive Board	7 May 2026	Approved

Quarterly Performance Report

1. SITUATION / BACKGROUND

1.1. This report provides an overview of organisational performance for Q4 (January – March 2026), including performance indicators and progress against Corporate Plan priorities. It considers whether delivery of key initiatives is on track and whether intended benefits and outcomes are likely to be achieved. It also highlights key challenges and blockers, along with actions to ensure delivery remains on track and their impact is mitigated.

2. SPECIFIC MATTERS FOR CONSIDERATION

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

2.1.1. **End of year overview:** We fully acknowledged from the outset that transforming our culture would not yield immediate results, but a series of targeted interventions and nudges towards longer-term change. Delivery of the Independent Culture Review (ICR) recommendations, development of the EDI Targets implementation plan and the UNISON anti-racism charter implementation plan, are all positively supporting this transition. Our median pay gaps have not been trending as hoped; largely skewed by the recent

restructuring and redundancies, which have changed the workforce pay distribution. But given the organisation’s long-term ambition to reduce pay gaps by 2030, there is time for this to be recovered. Representation of Black and Minority Ethnic colleagues in grades 6 and above has moved closer to the 30 percent target, indicating gradual improvement in workforce representation. Continued successful delivery of planned activities and maintaining progress against implementation plans will remain important to achieve the desired long-term outcomes.

- 2.1.2. The **Independent Culture Review** (ICR) identified 37 recommendations. As at **annexe 2**, following the review of evidence mentioned in our Q3 report, we have implemented 24 of the 37. Evidence supporting the implementation status of each recommendation was provided and People and Culture Committee (PCC) and Finance and Resources Committee (FRC) were content that 24 recommendations met our definition of implemented. For ongoing monitoring of recommendations, oversight will be split across PCC or FRC depending on the focus of the activity. Since then, we have had additional delivery updates and more complete evidence for January–March 2026, which supports moving a further 6 recommendations to implemented in April 2026 (to be reported in Q1).
- 2.1.3. **EDI objectives:** Work has continued to develop plans for the regulatory fairness workstream of the Culture Transformation Plan. A paper was presented to the Executive Board and Council in January and approved “in principle” to allow for further scoping of the individual interventions during the implementation phase. A detailed regulatory fairness plan was shared with the Executive Board in April to outline the plan for the next 12 months, with implementation of the most pertinent and uncontested interventions already in train.
- 2.1.4. **New midwifery data dashboard:** We have launched a new Midwifery Data Dashboard to help the maternity care sector understand and address recurring themes when midwifery care goes wrong. The interactive dashboard provides data and insight from across the regulator’s Fitness to Practise processes, highlighting trends in the concerns that are raised with the regulator about midwives’ practice, including the most common allegation types. By sharing these insights, we are supporting the sector to better embed NMC standards, to improve safety and outcomes.
- 2.1.5. **New midwifery principles:** We are introducing new anti-racism principles for the education of midwifery students across the UK to help tackle the Black maternal health crisis and wider disparities in maternal outcomes, including the higher risks faced by Black, Asian and minority ethnic women and babies. We will work with universities across the four nations to make anti-racism, bias awareness and cultural curiosity, safety and respect more explicit in their curricula, supporting the next generation of midwives to deliver more equitable outcomes. We will develop and publish the principles by late spring, with universities expected to adopt them from the start of the next academic year.

2.2. Priority 2 - Strengthen leadership at the organisation, to drive through change

2.2.1. **End of year overview:** Through the **Culture Transformation Plan**, the NMC continued to strengthen leadership capability, management practice and organisational culture during 2025–26. Activity during the year focused on embedding organisational values, improving leadership accountability and supporting managers to lead organisational change more effectively. The **Management Development Programme** was also launched during the year, with 72 colleagues completing the programme. Participant feedback indicated a positive and immediate impact on management practice and leadership confidence. In addition, 106 managers completed **360 feedback**, with Executive Board members completing the process twice, supporting greater leadership reflection and accountability across senior management levels. The establishment of the **Senior Leadership Group** and wider Leadership Group aimed to strengthen collective responsibility for organisational change. The introduction of the CORE leadership statement and the continued **embedding of NMC values and behaviours within Ambitious Appraisals** further supported the organisation's longer-term culture change ambitions, with appraisal completion rates remaining consistently high at around 97 percent throughout the year. While these initiatives demonstrate continued progress in strengthening leadership and management practices, the wider benefits across organisational culture and leadership capability are expected to be realised over the longer term.

2.2.2. **Refreshing Executive Board:** We have appointed Chris Dzikiti to the Executive Director of Professional Practice post; Chris is due to start on 22 June ahead of Donna O'Boyle finishing on 30 June. To stabilise the remainder of the Executive Board, we intend to launch recruitment campaigns for the permanent Executive Director of Transformation and Technology Services and Executive Director of Finance roles later this year.

2.2.3. **Leadership appointments:** A number of senior appointments have come about via the recent restructure. New interim Deputy Directors have been appointed and are in post in Professional Practice (PP) and Professional Regulation; recruitment is underway to appoint to these roles on a permanent basis. Alongside this, a new interim Assistant Director is in post in Registrations and Revalidation; and the Assistant Director, Insight and Intelligence has also been filled. Recruitment is underway for a new post in Strategy and Insight (Deputy Director Legislative Change).

2.2.4. **Coaching programme:** Coaching was paused in January during the internal restructuring, causing a slight delay to our Q4 sessions. As of 14 April, we have completed two of the four coaching pillars planned for Q4: values-based decision making and effective leadership. Both had high attendance and received positive feedback from colleagues.

2.3. Priority 3 - Improve fitness to practise

2.3.1. **End of year overview:** While it is disappointing to end the year with a larger caseload than at the start of the year, this should be considered in the context of the sustained high volume of new referrals received throughout 2025-2026. The rolling 12-month average reached 598 referrals per month by March 2026, compared with 550 per month in April 2025. In addition, decision making and case closure activity reduced towards the end of the year, limiting our ability to keep pace with incoming referrals and contributing to the caseload growth. This was partly driven by a reduction in overall screening decisions in recent months following the end of support from PwC.

Despite these pressures, the **percentage of cases concluded within 15 months improved** steadily across the year, increasing from 69 percent in April 2025 to 74 percent by March 2026 – **our strongest performance since December 2020**. This improvement was primarily driven by progress at the Screening stage, including the closure of younger cases.

While positive progress has been made, particularly at Screening, the linear nature of the FtP process means that sustained improvements in timeliness and caseload reduction will require strengthened operational capacity across later stages of the process. During 2026-2027, the FtP Improvement Programme will therefore focus on improvements within the Investigations stage.

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

2.3.3. We finished the year with a 13 percent decrease at our screening stage, reflecting the positive impact of the additional investment and interventions we have made throughout 2025-2026, despite sustained pressure from increasing numbers of new concerns being raised with us throughout the year.

2.3.4. The investigations caseload finished the year eight percent higher than at the start of the year. While progression volumes from Screening have remained relatively stable year-on-year, pressure at this stage has increased due to the complexity and intensity of casework, including a cohort of more complex cases, such as family court matters, and additional rework from cases returned by Case Examiners for further investigation. This has been compounded by workforce challenges, with around half of the team having less than one year's service, impacting overall productivity as new colleagues build experience.

2.3.5. Despite a continued increase in cases entering the investigation stage, teams sustained improved performance throughout Q4, averaging 163 case progressions per month. Performance peaked in March with 173

progressions – the second highest monthly output of 2025-2026.

- 2.3.6. Looking ahead to the new financial year, teams are preparing to implement the New Ways of Working (NWOW) programme, supported by external partners. As new processes are embedded and resource levels adapt, a short-term dip in performance is anticipated. We expect to see some reduction in investigation outputs as quality gateways are introduced, strengthening decision-making and enabling more robust casework at this stage. This is expected to be transitional, with NWOW designed to deliver more consistent and sustainable improvements in throughput and efficiency over the medium term. In parallel, targeted mitigations are in place to strengthen performance at Case Examiner stage, including increasing decision-making capacity and reducing the queue of cases awaiting allocation. As a result, we expect Case Examiner decision volumes to improve over the same period.
- 2.3.7. Performance at Case Examiner stage has been more variable in the latter part of the year, with decision volumes reducing in March to their lowest monthly level. This reflects a combination of year-end capacity constraints, including higher annual leave and the planned absence of agency resource in line with budget controls. Despite this short-term dip, underlying demand remains consistent and throughput has been sustained across the year overall. To strengthen capacity and improve resilience at this stage, we are progressing recruitment of additional Case Examiners. Once in post and fully onboarded, this is expected to increase decision-making capacity by approximately 20 percent, with benefits anticipated from Q2 onwards. In parallel, we continue to monitor productivity and deployment closely to ensure available resource is optimised during the transition period.
- 2.3.8. Decisions volumes at Adjudication reduced in March 2026 as planned, reflecting a scheduled decrease in hearings activity. Despite this, overall performance remained on track, with year-end outcomes at Adjudication delivered in line with target.
- 2.3.9. March also saw a shift towards virtual hearings to support the ongoing technology refresh across hearing centres. Early implementation of upgraded digital infrastructure, including enhanced audio-visual systems, has led to improved hearing quality, stronger engagement between participants, and a reduction in technology-related disruption.
- 2.3.10. Quality thresholds remain a key strategic focus across Adjudication and Case Preparation teams. From 1 April 2026, all cases must meet agreed quality standards before being listed for hearing, ensuring that only hearing-ready cases progress. This is expected to strengthen the quality and efficiency of hearings, while making best use of finite hearing capacity.
- 2.3.11. At the end of Q4, the Adjudication caseload was evenly balanced between listed and unlisted cases. In the short term, the proportion of unlisted cases may increase as quality thresholds are applied more rigorously. However, this approach is expected to create greater flexibility

within the hearings list over time, enabling cases to be progressed more quickly and efficiently.

- 2.3.12. The age profile of the caseload has improved significantly year-on-year, with a greater proportion of newer cases (57.2 percent from 2025/26) and sustained reductions across older cohorts. Cases from 2024, 2023 and 2022 or earlier have all decreased both proportionally and in volume compared to March 2025. The age profile at **annexe 1** provides a further breakdown of this data. While this reflects strong progress, reducing the older caseload remains a key priority for 2026-2027.

Quality

- 2.3.13. Strengthening quality thresholds across Investigations, Case Examiner and Adjudication stages remains a central priority within the FtP Improvement Programme for 2026–2027, with a focus on using quality assurance to create capacity and improve efficiency across the end-to-end process. Building on the improvement actions identified in Q3, we are implementing a targeted quality assurance framework focused on key points in the process where rework has been highest. This includes the introduction of quality gateways to ensure cases meet defined standards before progressing, with mandatory thresholds at Adjudication now in place from 1 April 2026.
- 2.3.14. At Investigations, a new quality checklist will be introduced from May 2026 to ensure cases meet an ‘outcome-ready’ standard before progressing to Case Examiner decision, supported by formal sign-off from legal or managerial review. In parallel, six quality thresholds have been established across Case Preparation and Adjudication to ensure cases are fully hearing-ready prior to listing, with further embedding and refinement continuing through to September 2026.
- 2.3.15. These interventions are aligned with the partner-supported NWOW project, which is developing a revised operating model for investigations, including clearer case pathways, consistent evidential standards, and earlier use of expert advice. Collectively, this approach is designed to reduce rework, improve consistency, and minimise avoidable delay. Impact will be monitored to inform further phases of quality improvement, with incremental gains in efficiency, quality and timeliness expected over the next 18–24 months.

Supporting People

- 2.3.16. A refreshed Customer Contact Standard Operating Procedure (SOP) has now been implemented, establishing a consistent, directorate-wide approach to communication with case parties. The SOP sets clearer expectations on the frequency, consistency and quality of contact across the lifecycle of a case, improving transparency and overall experience. This consolidates and standardises existing practice and responds directly to

feedback on inconsistent and untimely communication, including recommendations from the Independent Culture Review.

2.3.17. This sits alongside a broader programme of improvements to the experience of case parties. The First Contact pilot, launched in September 2025, and revised registrant correspondence introduced in April 2025 are supporting earlier engagement and clearer communication. In addition, reductions in unallocated queues at Screening and Case Preparation and Presentation are enabling more timely progression of cases, contributing to a more responsive service overall.

2.3.18. Looking ahead, further improvements will be supported through our work on registrant wellbeing and the planned implementation of a new CRM system, which will enable more streamlined and digital communication with case parties.

Enablers

2.3.19. NMC Online was delivered on 10 February, with the upgraded Barclaycard platform delivered on 9 March 2026. This project has delivered improved user experience for professionals on our register (and other key external stakeholders), including better protection of their personal and financial data; as well as efficiencies for colleagues, which in turn protects the integrity of our register. We launched a hub of webpages including some bite sized videos which provide guidance for those accessing the new system. The project encountered complex technical and environmental challenges and needed to absorb an increased scope, resulting in an overspend to budget.

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

2.4.1. **End of year overview:** The **Professional Practice roadmap** has been successfully on track Q1–Q3, only deviating from schedule in Q4. This deviation is due to the delay to the launch of the Review of Practice Learning consultation, as we took the time to strengthen the proposals, gathering meaningful inputs from key stakeholders. The feedback from key senior stakeholders has enabled us to improve the clarity and rationale of our proposals and therefore is a tolerated drop in performance. We launched the consultation on 30 April, which will run for 12 weeks (until 23 July). As a result of the successful launch, the programme returned to GREEN in April 2026. Also, progress was made during the year in reviewing and enhancing regulatory tools and core regulatory functions to reflect changing needs in learning and practice, to best support professionals and maintain public protection. Foundations for the next phase of the Code and revalidation reviews were also established during the year, in readiness for consultation activity planned for autumn 2026.

2.4.2. **Refreshing our Code:** Building on the evidence and engagement done in the discovery phase, we are planning targeted engagement and evidence work focussing on specific groups of registrants and the public. Similar to the Revalidation review, we are engaging with internal and external stakeholders to enable them to shape the Code and underpinning guidance. We are progressing towards drafting of the Code and consultation readiness which includes identifying the new or revised pieces of guidance underpinning the Code.

2.4.3. **Revalidation:** We have continued our extensive engagement with a broad range of stakeholders, Steering Group and Advisory Groups as we develop our proposals for change. Most recently, this has included a deep dive into the EDI implications of our proposals. We have completed external qualitative research into the views and experiences of professionals who may have different experiences of revalidation. We have also led a range of employer workshops to understand their views on how to improve revalidation. We have started work to refine and consolidate our thinking and triangulate evidence as we begin to finalise proposals.

2.4.4. **Education Quality Assurance (QA):** EB has approved investment in staff resource and IT improvement. This will enable a more proactive approach to quality assurance of approved education provision across the UK. In addition, our data reliability will be strengthened to underpin our approach to monitoring. A new structure for 'Education' is being developed to streamline all aspects of this core regulatory function.

2.4.5. **Strengthening international registrations:** We have undertaken further research to understand any risks around the use of remote language tests, specifically *OET at Home*. Following engagement with the test provider and review of relevant data, we are content that the various assurances and controls in place mitigate any public protection risks and maintaining this option provides flexibility for applicants who face barriers to test access, helping to make our registration process more equitable.

2.4.6. **International registrations fraud:** We have worked closely with our partner regulators in the UK, through the Alliance of UK Health Regulators in Europe (AURE) as well as internationally via the International Nurse Regulators Collaborative (INRC). Both have affirmed that international registrations fraud is a major priority and the NMC has strengthened its relationships through AURE and INRC and identified improvements on how we respond to intelligence regarding fraud. In addition, we have established a new Patient Safety Intelligence Forum which our CE&R will Chair and provide executive oversight of all serious patient safety issues, including suspected fraud in international registration.

2.4.7. **Annual Professionals and Public surveys:** These surveys were launched for the first time in 2025, contributing insights into our *Spotlight* publication (available on our website). We gathered feedback from over 37,000 professionals about their daily experiences and perceptions of the NMC. Findings from the 2025 survey informed internal and external projects,

such as the upcoming reviews of The Code and revalidation, highlighting areas for consideration and improvement. Through March and April 2026, we have spoken with stakeholders across the four nations about how we can improve the survey and report ahead of the 2026 surveys launching in May/June.

2.5. Priority 5 - Address our most significant challenges

2.5.1. Detail on how we are managing our strategic risks, and the impact our mitigations, is included within the *Quarterly Strategic Risk Exposure Report*, which is a separate item at this meeting.

2.5.2. **Safeguarding:** Progress against the **strategic workplan** improved from AMBER to GREEN during the early part of the year and remained on track for the remainder of the reporting period, reflecting sustained delivery against planned milestones and activities. Supported by the new safeguarding policy, 80 percent of FtP colleagues have now also been trained to Level 2 (Safeguarding Essentials) to embed the enhanced processes and continue to mature our safeguarding practices.

2.5.3. **Education QA (managing concerns):** Our concerns management processes have been reviewed and are now more robust and consistent across all approved education providers. We have been managing one critical concern, which required an extension to an approved programme that had failed to meet all our standards. This is now complete and the affected students have now safely joined our register.

2.5.4. Further to the previously mentioned investment in expanding the team, a Head of Education Concerns post has been recruited to; the individual will be required to review and improve current systems and processes alongside recruiting a team who will conduct this function independently of our quality assurance activities. This should strengthen our controls and lower risk in this area.

2.5.5. **Proposal to increase registration fees and FtP rule changes:** The two public consultations on a proposed increase to the registration fees, and on changes to the FtP Rules to support our FtP improvement plan, closed on 26 January. We received 40,641 responses to the fee's consultation and 7,784 on the FtP rule changes. We have analysed the responses and reviewed our proposals in the light of the feedback we received. We have presented the findings to EB and to the Council. Council approved the rule changes in April, ahead of submission to the Privy Council in early May.

2.5.6. **Legislative change:** The Department of Health and Social Care (DHSC) launched a consultation on a new draft Order for the General Medical Council in late March 2026, an important step in the Government's programme of reform of professional regulation. We have been working closely with the Department and other regulators on the basis that this will provide a template for the new NMC Order, on which work is due to start. We await a definitive timeline from DHSC for the NMC's forthcoming

legislative changes: Regulatory Reform, and a section 60 Order to empower us to regulate nursing associates in Wales.

3. FINANCIAL /GOVERNANCE IMPLICATIONS

3.1. Financial implications associated with delivery of activities within the Corporate Plan are covered in the Financial Report presented separately at this meeting.

4. RECOMMENDATION

4.1. The Council is asked to:

- a) To review and discuss our performance and progress against the Corporate Plan, to suggest any adjustments to our activity.

5. ASSESSMENT

Impact Assessment	Question / Consideration	Response
Equality, Diversity and Inclusion	Has an Equality Impact Screening been undertaken (including Welsh Language)?	Not applicable
Safeguarding considerations	Are there any safeguarding implications?	Yes, within Priority 5
Four country factors and considerations	Are there any four country factors?	No specific country factors to note.
Resource (incl People) implications	Are there any people implications?	Yes, within annexe 2 and Priority 1.
Risk implications associated with the work and the controls proposed/ in place.	What are the key risks and how are they mitigated?	Included in the risk exposure report and strategic risk register
Legal considerations, incl Regulatory Reform	Are there any legal or regulatory reform implications?	Yes, within Priority 5
Nursing Associates	Any specific implications for nursing associates?	Yes, within Priority 3-5

Core Business Scorecards

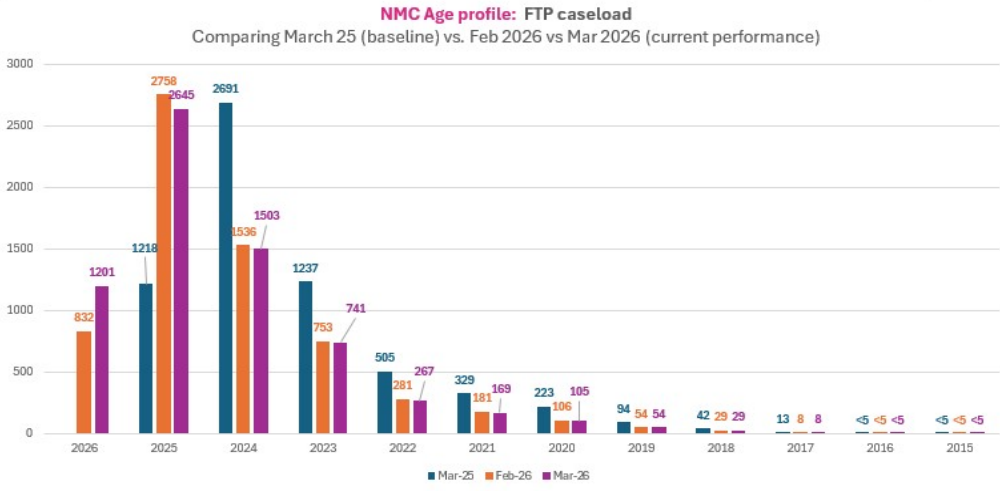
	Target	Results				Trend*		Overall RAG Status***
Fitness to Practise (Priority 3)		Jan-26	Feb-26	Mar-26	Q4 Avg	% Change vs Prev. Qtr **		
% Cases concluded within 15 months of opening (12-month rolling average)	80%	74%	74%	74%	-	▲ -		●
No. of cases closed per month	-	575	476	461	504	▼ -13%		-
Volume of the overall fitness to practise caseload	-	6,448	6,541	6,725	6,571	▲ 5%		-
Total No. of decisions made per month (both progressions and closures)	-	972	862	857	897	▼ -3%		-
% IOs Imposed Within 28 Days (Under review)	80%	55%	75%	67%	66%	■ -7%		●
% IOs Imposed Within 28 Days (12-month rolling average) (Under Review)	80%	69%	69%	69%	-	▲ -		●

Further details on FtP performance



The in-month rate experienced a sharp increase in March 2026 due to fewer older cases closing during the month.

As we continue to prioritise the conclusion of older cases, including targeted action to increase output at Case Examiner stage, we expect some variability in KPI performance. This reflects a focus on progressing older cases, meaning short-term dips may occur as a result of this targeted work to conclude the oldest cases.



The age of our open caseload as at March and February 2026 and March 2025 is shown in the age profile chart here.

The chart shows that cases received in 2025/26 now account for 57.2% of the caseload.

Older cohorts have reduced significantly year-on-year, with cases from 2024 decreasing to 22.3% (down from 42.3% in March 2025), cases from 2023 reducing to 11% (down from 19.5%), and cases from 2022 or earlier reducing to 9.4% (down from 19%).

Core Business Scorecards

	Target	Results				Trend		Overall RAG Status
Registrations (Priority 4)		Jan-26	Feb-26	Mar-26	Q4 Avg	% Change vs Prev. Qtr		
%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%	82%	92%	88%	87%		-10%	
% Overseas registration applications assessed within 30 days (month actual)	95%	100%	100%	98%	99%		-1%	
% Readmission applications completed within 21 days (month actual)	95%	97%	97%	97%	97%		-1%	

	Target	Results				Trend		Overall RAG Status
Education Quality Assurance and Standards (Priority 4)		Jan-26	Feb-26	Mar-26	Q4 Avg	% Change vs Prev. Qtr		
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
Safeguarding (Priority 4)		Jan-26	Feb-26	Mar-26	Q4 Avg	% Change vs Prev. Qtr		
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	Significant Concern: Time: There is a significant risk/issue to the programme/project/Standard schedule that could affect delivering its objective (output/outcome). Costs: The budget is or could be overspent by more than 10% (including its contingency) outside approved tolerance. Risk: An aggregated risk factor of a collection of moderate risks occurring or a single risk event that would be catastrophic to the delivery of the project/programme. Resources: Significant resourcing events are or could affect capacity or capability which put the delivery of the initiative schedule in jeopardy. Benefits: Significant risk/issue to realising the benefits
A	Moderate Concern: Time: There is a moderate risk/issue to the programme/project/Standard schedule that could affect delivering its objective to the time agreed (output/outcome). Costs: The current financial forecasts put the project/programme budget over the approved budget but within its contingency or there is uncertainty on meeting the financial budget due to unforeseen circumstances which are currently being assessed. Risks: There are several moderate level risks to the programme/project delivery which are being actively managed. Or waiting to assess the effectiveness of management actions to see if the risk score is reduced. Resources: Moderate resourcing events are or could affect capacity or capability which will put the delivery of the initiative schedule at risk. Benefits: Moderate risk/issue to realising the benefits
G	Minor Concern/On Track/Complete: Time: The programme/project/Standard schedule is on track to be delivered on time with any changes to the deliverables absorbed in the float. Costs: The budget spend forecast is on track to meet the costs approved in the BC or at completion is anticipated to not exceed the approved budget. Risks: A low risk factor with all the risks identified and mitigated accordingly. Resources: The required resources have been scheduled and allocated accordingly with no anticipated challenges to capacity or capability that would affect delivery of the project and programme. Benefits: The benefits and benefits realisation plan is on track to be delivered.

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

Commitments scorecards

	Target	Results				Trend		Overall RAG Status
Culture Transformation		Jan-26	Feb-26	Mar-26	Q4 Avg	% Change vs Prev. Qtr		
Rolling number of ICR recommendations implemented	37	-	24	24	-	-	-	
EDI Targets - development of the implementation plan	-					-	-	
Unison anti-racist organisation charter - development of implementation plan	-					-	-	
Median Pay Gaps per Gender	0% by 2030	12%	12%	15%	13%	▲	8%	-
Median Pay Gaps per Ethnicity	0% by 2030	32%	31%	32%	32%	—	0%	-
Median Pay Gaps per Health Condition	=<0% by 2030	-13%	-13%	-13%	-13%	—	0%	-
% of Black and Minority ethnic colleagues represented in grades 6 and above	30%	29%	29%	29%	29%	▬	0%	

ICR recommendations were under review in January, and so no data was available for this month.

	Target	Results				Trend		Overall RAG Status
Regulatory Transformation		Jan-26	Feb-26	Mar-26	Q4	% Change vs Prev. Qtr		
Legislative change programme: progress of regulatory reform project	-		Amber for legislative project, Red for Implementation	Amber for legislative project, Red for Implementation		▲	-	

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

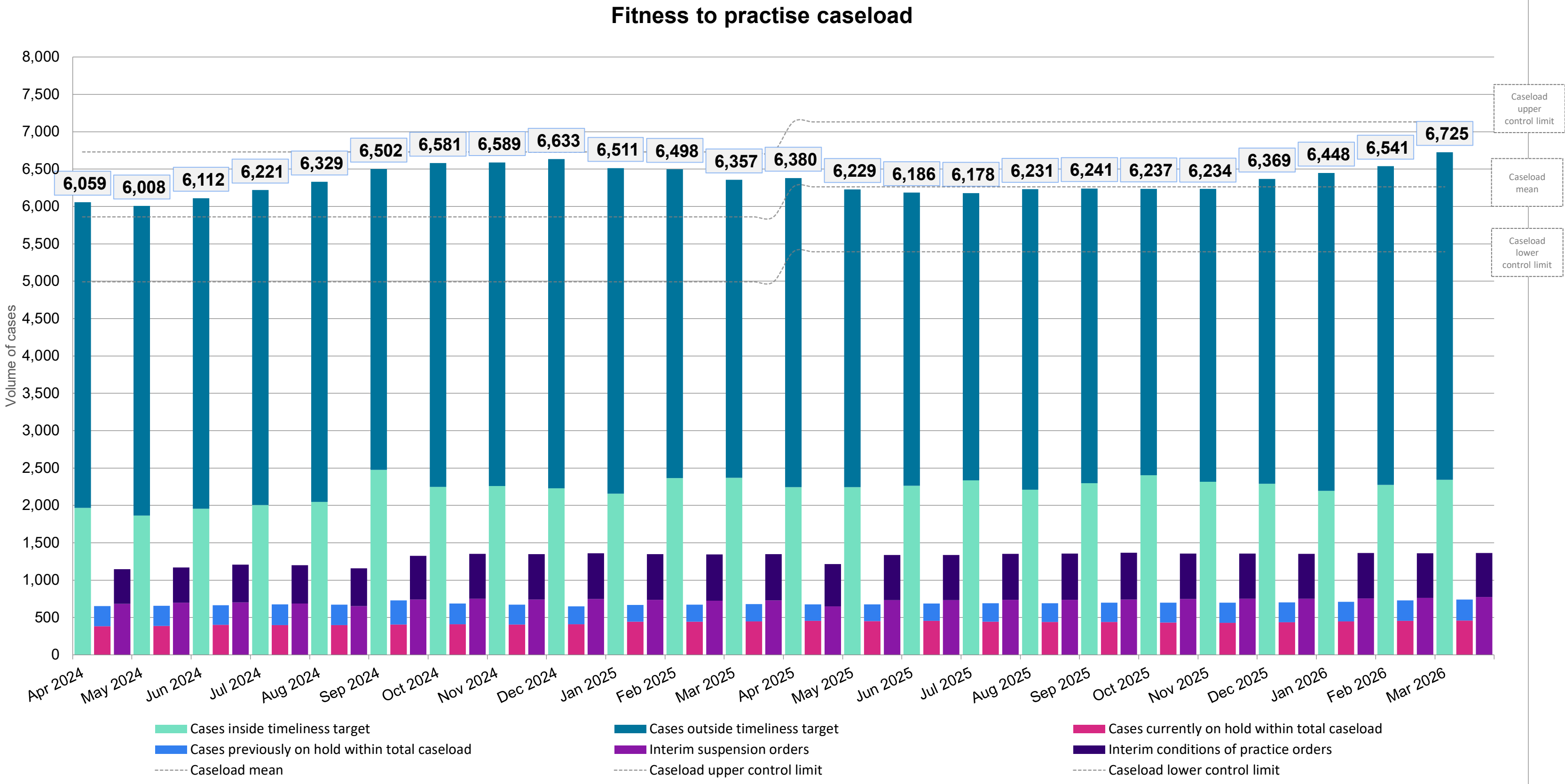
KPI RAG Rating Table

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

Fitness to Practise Council performance dashboard March 2026

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 March 2026

The caseload has been rising over the last quarter and as of end of March 2026 stood at 6,725, our highest recorded caseload over the past two years. The increase continues to be driven by high numbers of new concerns received each month and a lower number of closure decisions. Lower decision numbers were as a result of a combination of capacity constraints, higher annual leave levels and planned slowdown of activity in some operational areas.

The green bars show as at March 2026, 4,384 cases or 65 percent of our open cases were **outside of the timeliness target for the FtP stage they are at**. This compares with 65 percent in April 2025 and shows the number of aged cases at various stages that we still need to progress as part of our ongoing focus to improve timeliness across FtP.

1,364 of cases are subject to an interim order - of these, 775 were interim suspension orders and 589 interim conditions of practice orders. This means that 80 percent of registrants who have a case open with us are able to work without restriction whilst we progress their case.

The pink bar indicates cases that are on hold whilst a **third party investigation (TPI)** is underway, another organisation is undertaking an investigation and/or we need to limit or delay our investigation to avoid potentially prejudicing their investigation. In March 2026 this applied to 459 cases. The blue bar shows 282 cases that were previously on hold due to a TPI and are now being progressed through our FtP process.

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 March 2026

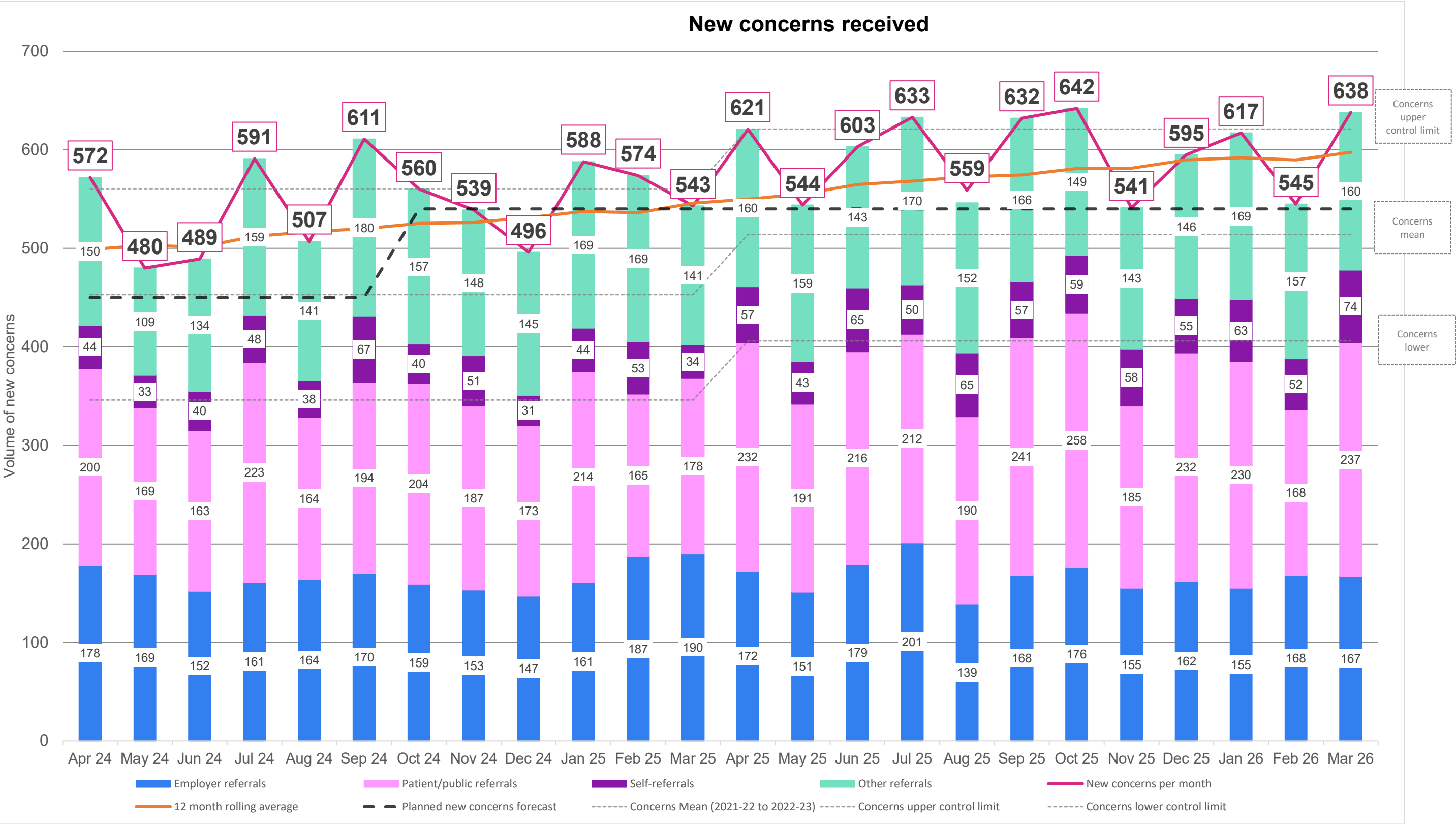
The chart below shows the total number of new concerns we have received into fitness to practise on a monthly basis, and also our rolling 12 month average for the concerns we have received. The chart also includes our planned forecast for referrals for the financial year. We have provided a breakdown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

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.

B1



Commentary March 2026

We continued to see high numbers of new concerns raised with us (January 2026: 617, February 2026: 545, March 2026: 638). The average number of referrals per month now stands at 598, an increase from 550 per month in April 2025).

Referrals from patients and the public continued to be the primary source of new concerns raised (237 in March 2026), continuing the trend we have seen over the last year.

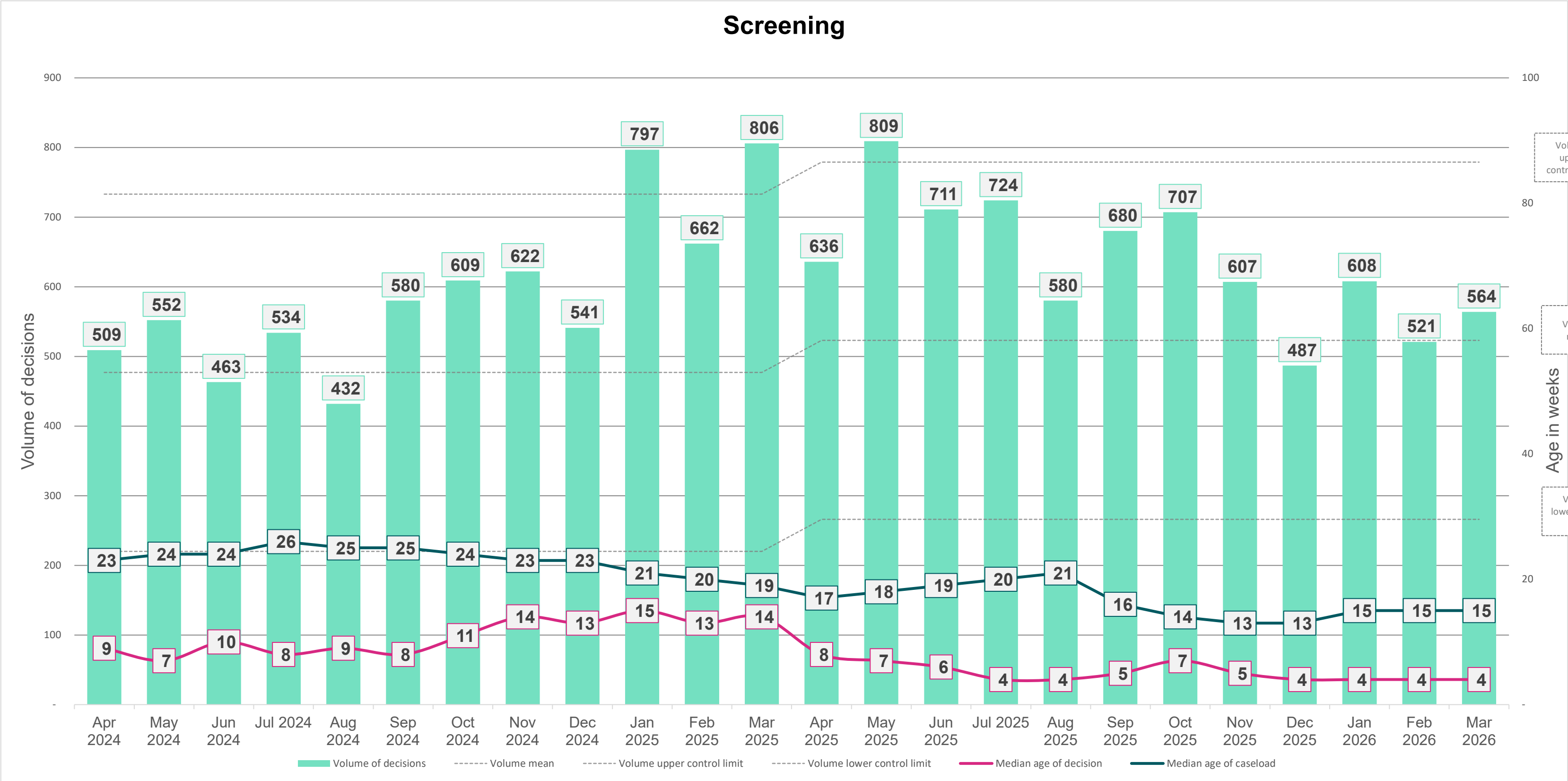
Mean, upper and lower control limit lines:- The data for April 2024 to Mar 2025 is based on two financial years' worth of data from 2022-2023 to 2023-2024, while the data for April 2025 onwards is based on two financial years' worth of data from 2023-2024 to 2024-2025.

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

Fitness to Practise Council performance dashboard March 2026

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 March 2026

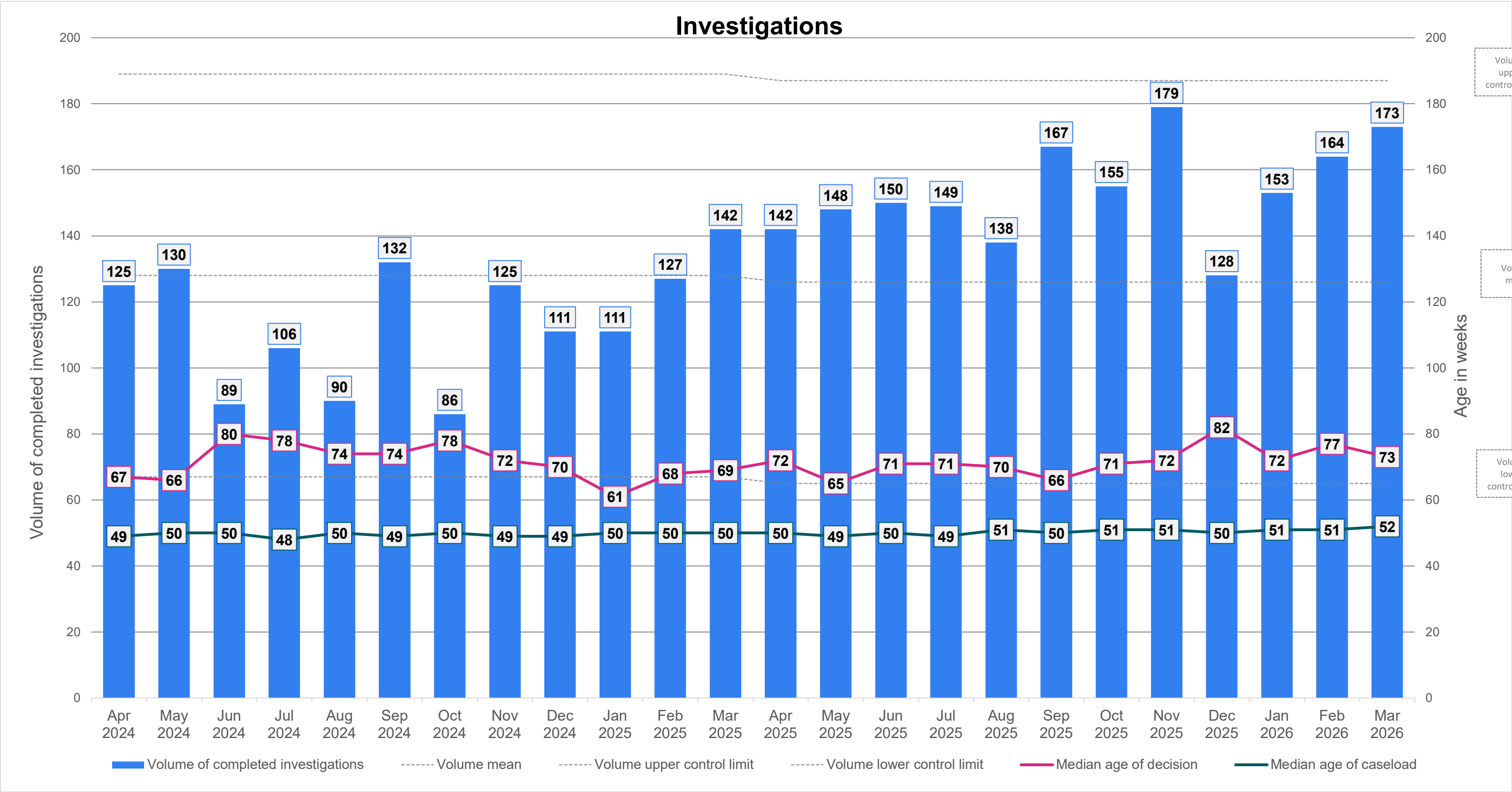
The average number of decisions at Screening over the last six months (October 2025-March 2026) stands at 582 per month, which is a decrease from the first half of the year (690 per month April - September 2025)

The median age of decision has remained steady through the last quarter of the year, reflecting the changes we have made to ways of working at the Triage stage and impact from our Screening guidance changes in May 2025, allowing us to reach decisions more quickly in some cases.

Fitness to Practise Council performance dashboard March 2026

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.

D



Commentary July 2025

Our investigation teams sustained improved performance throughout Q4 2025-2026, with March 2026 producing the second highest monthly number of cases progressing to Case Examiners for the year.

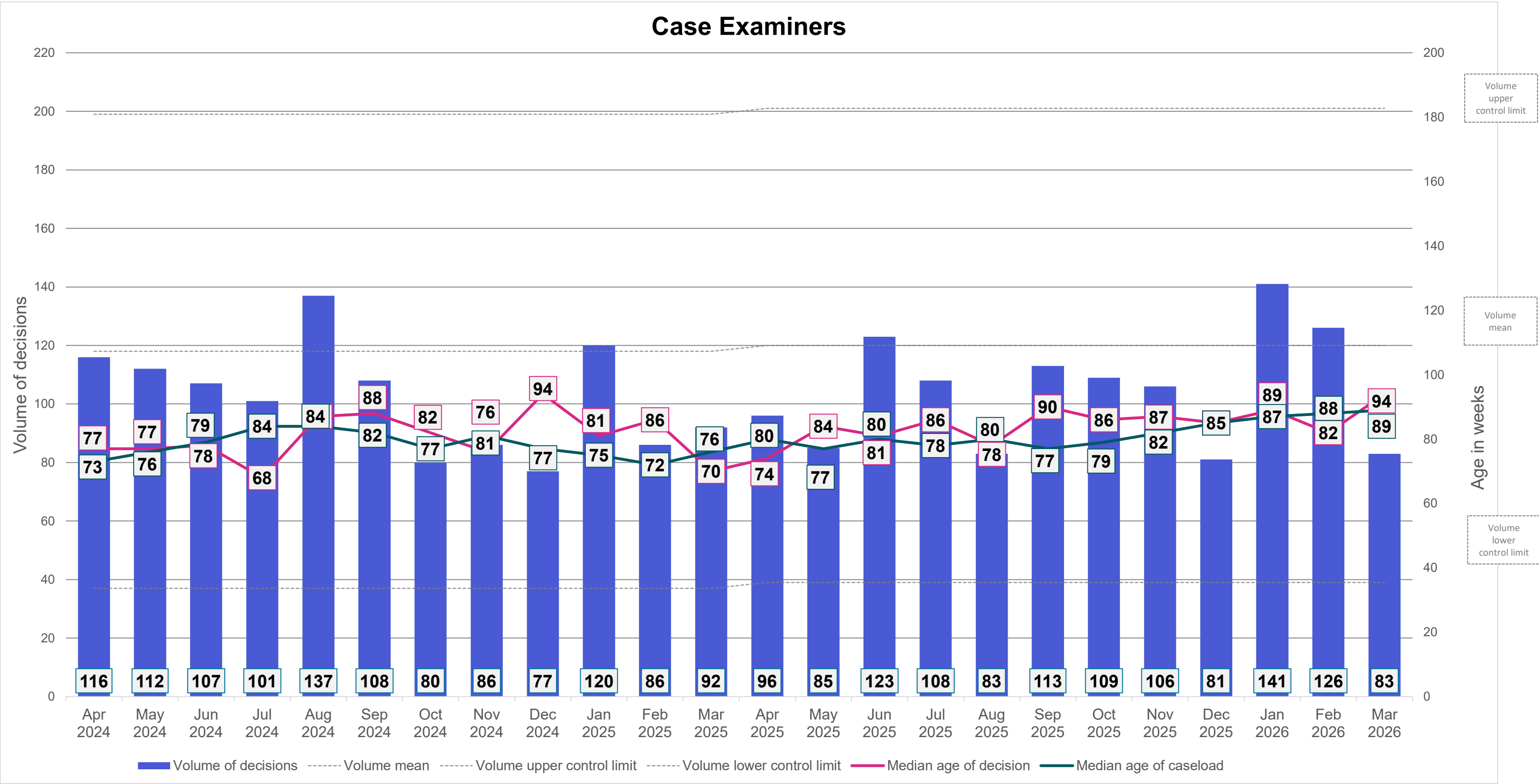
The year to date average for progressions per month was 153, which is an increase on 114 per month for 2024-2025.

Investigations are preparing to implement our New Ways of Working programme (NWOW) with support from external partners, designed to deliver more consistent and sustainable improvements in throughput and efficiency in 2025-2026.

Fitness to Practise Council performance dashboard March 2026

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



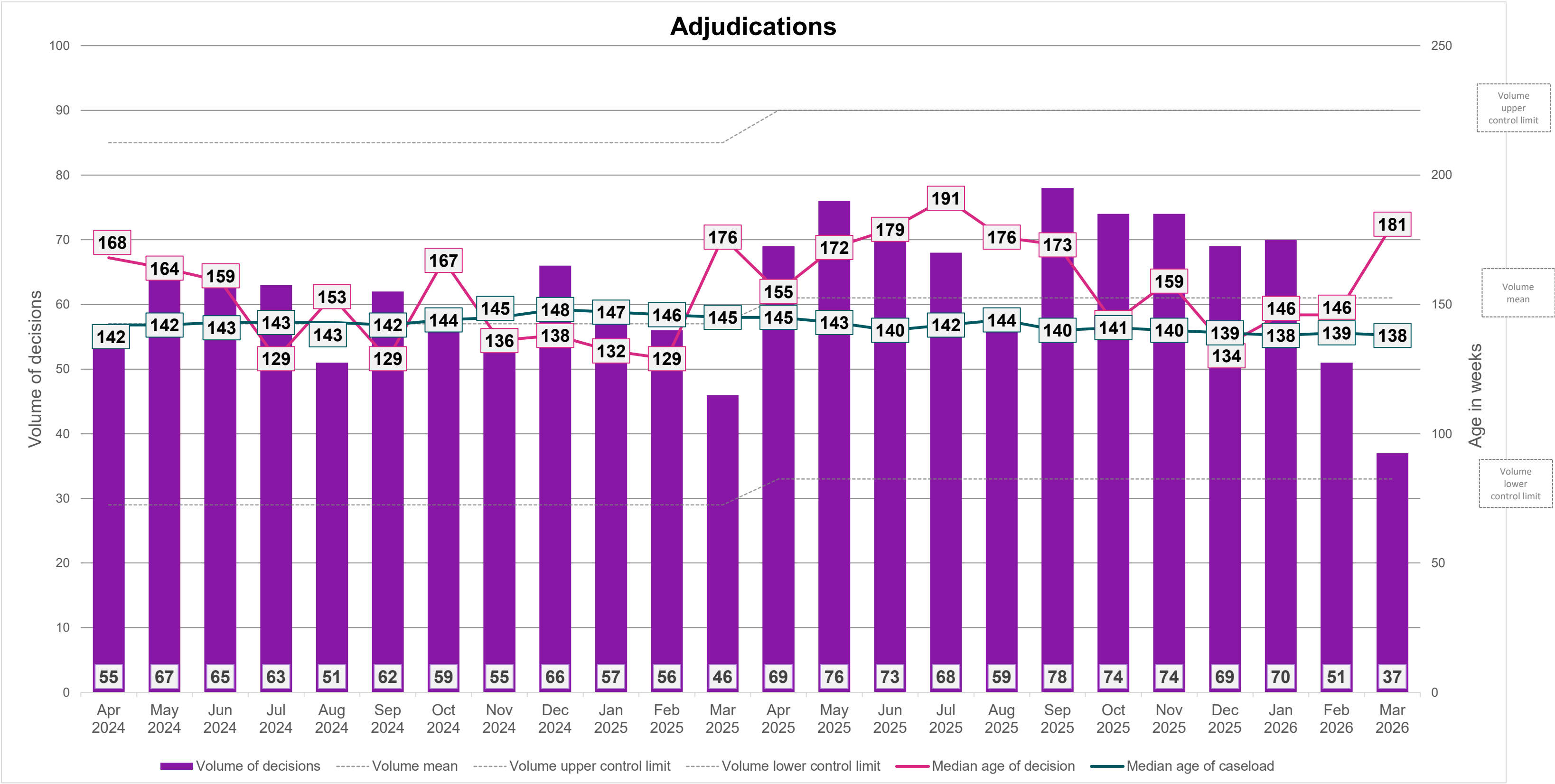
Commentary July 2025

The caseload at Case Examiner stage has continued to grow as outputs have not kept pace with the higher volume of cases coming in from Investigations. As of March 2026, the caseload at this stage was 840 cases compared with 345 cases in March 2025. Case Examiner capacity has been a driver behind this growing caseload as we redeployed Case Examiners throughout the year to assist other FtP teams in Screening and Investigation. Targeted mitigations are planned for 2026-2027 to increase the number of decisions at this stage.

Fitness to Practise Council performance dashboard March 2026

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 March 2026

The caseload at Adjudications has remained steady throughout 2025-2026 and we met our target number of outcomes at this stage for the year. Lower outcomes in February and March were expected, following higher delivery earlier in the year.

We continue our work to improve efficiencies and timeliness at the Adjudication stage.

Annexe 4: FtP caseload data by registrant type and country

We publish the volume of open FTP cases by registrant type and Country of residence (volume and proportion) for every public Council meeting. Data published the July 2025 Council papers (for June 2025) and November 2025 Council papers (for September 2025) were incorrect due to a data processing error and showed trends which were not correct. We have corrected this data and republishing below for transparency.

2025-2026 Quarter One – June 2025

Fitness to Practise caseload by country of registered address

Fitness to practise caseload by country of registered address broken down into our stages, as of June 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	1,293	2,031	370	904	4,597	0.7%
Scotland	176	229	33	91	529	0.7%
Wales	88	111	29	51	279	0.7%
Northern Ireland	55	118	19	34	226	0.8%
Overseas	32	64	7	35	137	0.3%
No Registrant PIN linked to case	416				418	-
Grand Total	2,060	2,553	458	1,115	6,186	0.7%

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Fitness to practise caseload by country of registered address broken down into our stages, as of June 2025 caseload	Screening stage	Investigations stage	Case Examiners stage	Adjudication stage	Total caseload
England	62.8%	79.6%	80.8%	81.1%	74.3%
Scotland	8.5%	9.0%	7.2%	8.2%	8.6%
Wales	4.3%	4.3%	6.3%	4.6%	4.5%
Northern Ireland	2.7%	4.6%	4.1%	3.0%	3.7%
Overseas	1.6%	2.5%	1.5%	3.1%	2.2%
No Registrant PIN linked to case	20.2%				6.8%
Grand Total	100%	100%	100%	100%	100%

Fitness to Practise caseload by registration type

Fitness to practise caseload by registration type broken down into our stages, as of June 2025 caseload	Screening stage	Investigations stage	Case Examiners stage	Adjudication stage	Total caseload
Nurse	1,516	2,407	428	1,061	5,412
Midwife	108	122	27	49	306
Dual	1	3		1	5
Nursing Associate	19	21	3	4	47
No Registrant PIN linked to case	416				416
Grand Total	2,060	2,553	458	1,115	6,186

Fitness to practise caseload by registration type broken down into our stages, as of June 2025 caseload	Screening stage	Investigations stage	Case Examiners stage	Adjudication stage	Total caseload
Nurse	73.6%	94.3%	93.4%	95.2%	87.5%
Midwife	5.2%	4.8%	5.9%	4.4%	4.9%
Dual	0.0%	0.1%		0.1%	0.1%
Nursing Associate	0.9%	0.8%	0.7%	0.4%	0.8%
No Registrant PIN linked to case	20.2%				6.7%
Grand Total	100%	100%	100%	100%	100%

2025-2026 Quarter Two – September 2025

Fitness to Practise caseload by country of registered address

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	1,188	2,089	461	894	4,632	0.7%
Scotland	169	234	50	86	539	0.7%
Wales	87	125	27	49	288	0.7%
Northern Ireland	43	123	21	42	229	0.8%
Overseas	23	64	16	32	135	0.3%
No Registrant PIN linked to case	418				418	-
Grand Total	1,928	2,635	575	1,103	6,241	0.7%

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	61.6%	79.3%	80.2%	81.1%	74.2%
Scotland	8.8%	8.9%	8.7%	7.8%	8.6%
Wales	4.5%	4.7%	4.7%	4.4%	4.6%
Northern Ireland	2.2%	4.7%	3.7%	3.8%	3.7%
Overseas	1.2%	2.4%	2.8%	2.9%	2.2%
No Registrant PIN linked to case	21.7%				6.7%
Grand Total	100%	100%	100%	100%	100%

Fitness to Practise caseload by registration type

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	1,390	2,486	535	1,045	5,456
Midwife	101	121	37	52	311
Dual	3	3		1	7
Nursing Associate	16	25	3	5	49
No Registrant PIN linked to case	418				418
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	72.1%	94.3%	93.0%	94.7%	87.4%
Midwife	5.2%	4.6%	6.4%	4.7%	5.0%
Dual	0.2%	0.1%		0.1%	0.1%
Nursing Associate	0.8%	0.9%	0.5%	0.5%	0.8%
No Registrant PIN linked to case	21.7%				6.7%
Grand Total	100%	100%	100%	100%	100%

2025-2026 Quarter Three – December 2025

Fitness to Practise caseload by country of registered address

Fitness to practise caseload by country of registered address broken down into our stages, as of December 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	1,157	2,106	585	845	4,693	0.7%
Scotland	170	237	75	80	562	0.7%
Wales	89	126	32	44	291	0.7%
Northern Ireland	49	119	23	44	235	0.8%
Overseas	32	62	17	30	141	0.3%
No Registrant PIN linked to case	447				447	-
Grand Total	1,944	2,650	732	1,043	6,369	0.7%

Fitness to practise caseload by country of registered address broken down into our stages, as of December 2025 caseload	Screening stage	Investigations stage	Case Examiners stage	Adjudication stage	Total caseload
England	59.5%	79.5%	79.9%	81.0%	73.7%
Scotland	8.7%	8.9%	10.2%	7.7%	8.8%
Wales	4.6%	4.8%	4.4%	4.2%	4.6%
Northern Ireland	2.5%	4.5%	3.1%	4.2%	3.7%
Overseas	1.6%	2.3%	2.3%	2.9%	2.2%
No Registrant PIN linked to case	23.0%				7.0%
Grand Total	100%	100%	100%	100%	100%

Fitness to Practise caseload by registration type

Fitness to practise caseload by registration type broken down into our stages, as of December 2025 caseload	Screening stage	Investigations stage	Case Examiners stage	Adjudication stage	Total caseload
Nurse	1,351	2,491	698	978	5,519
Midwife	121	131	28	61	341
Dual	6	2	1		9
Nursing Associate	18	26	5	4	53
No Registrant PIN linked to case	448				447
Grand Total	1,944	2,650	732	1,043	6,369

Fitness to practise caseload by registration type broken down into our stages, as of December 2025 caseload	Screening stage	Investigations stage	Case Examiners stage	Adjudication stage	Total caseload
Nurse	69.5%	94.0%	95.4%	93.8%	86.7%
Midwife	6.2%	4.9%	3.8%	5.8%	5.4%
Dual	0.3%	0.1%		0.0%	0.1%
Nursing Associate	0.9%	1.0%	0.7%	0.4%	0.8%
No Registrant PIN linked to case	23.0%				7.0%
Grand Total	100%	100%	100%	100%	100%

2025-2026 Quarter Four – March 2026

Fitness to Practise caseload by country of registered address

Fitness to practise caseload by country of registered address broken down into our stages, as of March 2026 caseload	Screening stage	Investigations stage	Case Examiners stage	Adjudication stage	Total caseload	% of registrants from each country who are in the FtP process
England	1,297	2,114	689	905	5,005	0.7%
Scotland	194	240	70	88	592	0.8%
Wales	108	126	36	52	322	0.8%
Northern Ireland	52	119	28	48	247	0.8%
Overseas	31	62	17	28	138	0.4%
No Registrant PIN linked to case	421				421	-
Grand Total	2,103	2,661	840	1,121	6,725	0.8%

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Fitness to practise caseload by country of registered address broken down into our stages, as of March 2026 caseload	Screening stage	Investigations stage	Case Examiners stage	Adjudication stage	Total caseload
England	61.7%	79.4%	82.0%	80.7%	74.4%
Scotland	9.2%	9.0%	8.3%	7.9%	8.8%
Wales	5.1%	4.7%	4.3%	4.6%	4.8%
Northern Ireland	2.5%	4.5%	3.3%	4.3%	3.7%
Overseas	1.5%	2.3%	2.0%	2.5%	2.1%
No Registrant PIN linked to case	20.0%				6.3%
Grand Total	100%	100%	100%	100%	100%

Fitness to Practise caseload by registration type

Fitness to practise caseload by registration type broken down into our stages, as of March 2026 caseload	Screening stage	Investigations stage	Case Examiners stage	Adjudication stage	Total caseload
Nurse	1,526	2,508	780	1,061	5,875
Midwife	130	121	51	55	357
Dual	4	2	2		8
Nursing Associate	22	30	7	5	64
No Registrant PIN linked to case	421				421
Grand Total	2,103	2,661	840	1,121	6,725

Fitness to practise caseload by registration type broken down into our stages, as of March 2026 caseload	Screening stage	Investigations stage	Case Examiners stage	Adjudication stage	Total caseload
Nurse	72.6%	94.3%	92.9%	94.6%	87.4%
Midwife	6.2%	4.5%	6.1%	4.9%	5.3%
Dual	0.2%	0.1%		0.0%	0.1%
Nursing Associate	1.0%	1.1%	0.8%	0.4%	1.0%
No Registrant PIN linked to case	20.0%				6.3%
Grand Total	100%	100%	100%	100%	100%

Report to:	Open Council	Meeting Date:	20 May 2026
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Quarterly Strategic Risk Exposure Report	
Publication Status	Open
Presenting the Report	Name: Ben Wesson
Executive Director	Chief of Staff Name: Ben Wesson Email: Ben.Wesson@nmc-uk.org
Report Author	Name: Rebecca Calver Email: Rebecca.desmond@nmc-uk.org Name: Karen Sellick Email: Karen.sellick@nmc-uk.org
Annexes: Annexe 1: Strategic risk register – May 2026 Annexe 1.1: Risk appetite by category	

PURPOSE OF REPORT AND REASON FOR RECOMMENDATIONS: This is our quarterly strategic risk report to Council and is contributed to by stakeholders from across the NMC to give an overview of our risk landscape. We ask Council to note changes and decide if the risks are being managed appropriately, so that any recommendations can be considered and implemented to strengthen our risk management approach and controls.
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RECOMMENDATION(S): 1. The Council is asked to decide if we are managing strategic risks appropriately, and if there are any exceptions to consider addressing a. To note the changes that have been made to the strategic risks since our last report to the Council in January.

REPORT APPROVAL	
Executive Director:	Approved 12 May 2026
Director of Finance:	Within Executive Board 7 May 2026
General Counsel:	Within Executive Board 7 May 2026
Chief Executive and Registrar (CER):	Approved 7 May 2026
Secretary to the Council:	Approved 7 May 2026

External Engagement (undertaken to date)		
Committee / Group	Date	Outcome
N/A		

Consideration at Committee/Group		
Committee / Group	Date	Outcome
Executive Board	14 April 2026	Approved: Annual Review of Risk Effectiveness and Control and the Risk Register
Audit and Risk Committee	22 April 2026	
Executive Board	7 May 2026	Approved: Quarterly Strategic Risk Exposure Report

Quarterly Strategic risk exposure report

1. Background

1.1. The purpose of this report is to inform Council of risk activity and changes to the strategic risk register to provide assurance that risks are being managed effectively by the Executive.

2. Changes to strategic risks since the last report to Council in January:

2.1. **GOV24/01** (Managing the Portfolio): In March, Executive Board (EB) approved the reduction in likelihood score for this risk from 4 to 3, reducing the overall risk score from RED 16 to AMBER 12. This is the second decrease in score within

the last year and is due to several mitigations over the last 6-12 months making a marked improvement.

- 2.2. **REG26/03** (Wellbeing of those in our processes): Professional Regulation (PR) and Professional Practice (PP) have worked together to articulate a new risk: *There is a risk that people accessing the NMC and engaged in our processes may experience increased anxiety and stress which could negatively impact their mental wellbeing.* The risk was drafted to reflect insight which highlighted how the wellbeing of those people in our processes can be impacted if our work is not carried out in a timely way or using a person-centred approach. The risk was approved at EB on 31 March. The risk profile is currently being refined by the risk owners, with controls focusing on how we can prevent *adding* to a negative scenario, rather than being responsible for a person's total wellbeing.
- 2.3. **REG18/01** (Failure to maintain an accurate register): EB agreed to increase the likelihood of this risk from 3 to 4 resulting in an overall score of RED 20 from AMBER 15. This reflects concerns over the robustness of our regulatory processes. EB have commissioned a registration process 'health check' to identify where controls could be strengthened.

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

- 3.1. **Southampton Solent University (SSU)** (Deficiency in hours within adult nursing): relates to strategic risks **REG18/01** (failure to maintain an accurate register) and **REG22/04** (Education Quality Assurance (EdQA))
 - 3.1.1. The University have given evidence to the EdQA team to show how the deficiency in adult nursing hours has been resolved. The EdQA team are satisfied with the evidence provided regarding the extended programme of study for students on the current adult nursing programme. Those nurses have now joined the register with the critical concern de-escalated.
- 3.2. **Bradford University (UoB)** (Nursing Associates programme practice hours discrepancy): relates to strategic risks **REG18/01** (failure to maintain an accurate register) and **REG22/04** (EdQA).
 - 3.2.1. The EdQA team have conducted a review into the evidence presented by UoB. UoB have demonstrated how they now meet 17 of the 20 unmet requirements within our standards. This provides assurance that the programme is moving towards meeting our standards to provide quality education for students, so they can deliver the best care to the public. On this basis, we will be recommending to the next routine QA Board in May that the UoB can be deescalated from enhanced scrutiny, to a major level concern.

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

- 4.1. **Reviews and inquiries:** relates to strategic risks **STR24/01** (managing legislative change) and **PEO24/04** (trust and confidence in the NMC).

4.1.1. Muckamore Abbey, Lampard, Thirlwall and Nottingham inquiries are all requiring engagement from us in Q1. These could result in requests for evidence, clarifying points or increased contact from those wanting information regarding the reports (e.g. Freedom of Information requests). This will impact the team as they will be working on multiple inquiries at the same time which may impact their capacity and wellbeing. Careful planning is needed to ensure that we are able to respond to each of the inquiries within the required time, factoring in any legal input where NMC casework and/or legal processes are likely to be scrutinised and may be open to criticism.

5. Other risk activity

5.1. **Strategic risk and appetite review:** Risk workshops took place with EB and Council in March. Blank page exercises were carried out to identify the key risks for 2026-2027, along with selecting risk appetites and considering how we apply them in our daily work. The Corporate Risk team is collating the information and outcomes from the sessions to refresh our risk management framework and strategic risk register for 2026-2027. Next steps were discussed with EB on 14 April, which included:

- 5.1.1. categorising the suggested strategic and existing operational risks to build a comprehensive risk landscape. This will help to organise risks to be managed at the appropriate level and ensure we focus on those risks that are most impactful;
- 5.1.2. clearly defining the risk appetite ranges, ready to fully engage colleagues on what these mean and how they should be applied;
- 5.1.3. recalibrating committee oversight of the new strategic risks, and;
- 5.1.4. scheduling the next risk workshop within the early stages of business planning, to help inform the next Corporate Plan.

5.2. **Annual review of risk effectiveness:** Our annual review of risk effectiveness was presented at Audit and Risk Committee on 22 April, who welcomed the review. This year's review focussed on four of our strategic risks, selected either because they were highest rated risks, top priorities for this past year or where we had seen little movement in the risk score. This included: **(FIN21/02** (financial stability), **GOV24/01** (prioritisation), **REG22/04** (education quality assurance) and **REG18/01** (integrity of the register). Each risk was assessed on how effectively each had been managed over the past year in line with the corporate risk framework.

- 5.2.1. The stakeholders and risk owners we interviewed demonstrated good understanding and adherence across all stages of the framework.
- 5.2.2. There was strong evidence to show that teams are effective at communicating, pivoting and improving controls when an incident had happened; however more needs to be done around implementing preventative measures from the outset.

5.2.3. **REG18/01** (integrity of the register) and **REG22/04** (EdQA) were impacted due to reliance on third parties managing parts of our processes, or representing us, directly affecting our primary purpose to protect the public. This highlighted a weakness in our procurement and contract management capabilities, which have since been targeted for improvement.

5.2.4. Recommendations from the review, have been shared with EB, risk owners and where applicable, have been added to the Corporate Risk team's risk improvement plan for 2026-2027. This plan will be shared with the Audit and Risk Committee in June.

5.2.5. Work to strengthen controls within regulatory processes will coincide with the process health checks mentioned in **paragraph 2.3**.

5.3. **End of year risk review:** At the end of Q4 2024-2025 there were 15 risks on the strategic register with 10 of those scored as RED (67 percent). At the end of Q4 2025-2026 there were 17 risks, 5 of which were RED (29 percent). This shift demonstrates how we have implemented effective mitigations, as this is the biggest decrease in RED rated risks we have seen in recent years. Focusing on risk controls, how we monitor risks and quarterly risk prioritisation exercises at EB have helped to re-focus how we look at risks, aligning them to our performance and planning activities.

5.3.1. The register summary at **annexe 1** is the provided up to the date of this meeting, rather than the end of Q4, to provide the most recent update to Council.

6. FINANCIAL /GOVERNANCE IMPLICATIONS

Financial implications associated with managing risks are covered in the Financial Report presented separately at this meeting.

7. RECOMMENDATION

7.1. The Council is asked to decide if we are managing strategic risks appropriately, and if there are any exceptions to consider addressing

7.2. To note the changes that have been made to the strategic risks since our last report to the Council in January.

8. ASSESSMENT

Impact Assessment	Question / Consideration	Response
Equality, Diversity and Inclusion	Has an Equality Impact Screening been undertaken (including Welsh Language)?	Not applicable
Safeguarding considerations	Are there any safeguarding implications?	Considered within strategic risk REG24/01

Four country factors and considerations	Are there any four country factors?	Factors are considered within risks where applicable
Resource (incl People) implications	Are there any people implications?	Considered within strategic risks PEO24/04, PEO24/05 and FIN21/02
Risk implications associated with the work and the controls proposed/ in place.	What are the key risks and how are they mitigated?	Focus of this paper
Legal considerations, incl Regulatory Reform	Are there any legal or regulatory implications?	Considered within all risks and specifically risk STR24/01 for regulatory reform
Nursing Associates	Any specific implications for nursing associates?	Within risks associated with education, standards, registration and fitness to practise.

Item 8 NMC/26/170 Annexe 1 - Strategic risk register – 20 May 2026

Risk ref	Strategic risk description	Risk owner	Current rating			Current mitigations	Planned mitigations	Inherent rating			Performance				Target rating			Target date (financial year)	Committee oversight
			L	I	LxI			L	I	LxI	Q2	Q3	Q4	Q1	L	I	LxI		
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 and Executive Director Transformation and Technology Services	4	5	20	FtP Plan: - 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 - Updated guidance and revised warnings guidance	- 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	5	5	25	↔	↔	↔	↔	3	5	15	March 2027	Finance & Resources Committee (interim measure until new committee established)
FIN21/02	We do not achieve a sustainable budget or the planned financial benefits from our strategy.	Executive Director Finance	5	4	20	- Planning and budget controls - Insurance policies - Investments derisked - Reserves policy allows more access to reserves - Establishment of Finance and Resources Committee	- Longer term financial Strategy early 2026 - Implementation of actions from turnaround and efficiency - Reorganisation and centralisation of Procurement and Contract Management - Review of business plan and budget for 2026-27	5	5	25	↔	↔	↔	↔	2	4	8	Q4 2026/27	Finance & Resources Committee
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 and Executive Director Transformation and Technology Services	5	4	20	- QA board - QA Review phase 1 delivered - Data driven approach to QA. - New QA service provider	- 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.	5	5	25	↔ (16)	20 ↑	↔	↔	3	4	12	Q1 2026	Finance & Resources Committee (interim measure until new committee established)
REG18/01	We fail to maintain an accurate register of people who meet our standards (including timeliness of registrations)	Executive Director Professional Practice and Executive Director Transformation and Technology Services	4	5	20	- 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.	- Support AELs 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.	5	5	25	↔ (15)	↔	↔	20 ↑	2	5	10	Q4 2026/27	Finance & Resources Committee (interim measure until new committee established)
REG26/03 NEW RISK	There is a risk that people accessing the NMC and engaged in our processes may experience	Executive Directors for Professional Practice and Professional Regulation	4	5	20	Process and guidance: - Risk assessment of all registrants on entry into our processes and when wellbeing risks emerge. - Customer Contact SOP	- Development of a wellbeing risk assessment and risk factor escalation ladder - Training plan for incorporating the wellbeing SOP across teams delivering our regulatory processes.	4	5	20	N/A	N/A	N/A	↔	3	4	12	Q3 2026/2027	People and Culture Committee

Risk ref	Strategic risk description	Risk owner	Current rating			Current mitigations	Planned mitigations	Inherent rating			Performance				Target rating			Target date (financial year)	Committee oversight
			L	I	LxI			L	I	LxI	Q2	Q3	Q4	Q1	L	I	LxI		
	increased anxiety and stress which could negatively impact their mental wellbeing					Systems: - ECM Wellbeing flag applied and advice, guidance and agreed plans recorded - collation of wellbeing and vulnerability risks People/capability - Training needs analysis, safeguarding training, managing risk and how to manage self harm and suicidal ideation emergency protocol - Communication campaign - Professional Support and Engagement Team and Public Support Service and drop ins - Support telephone lines - Advocacy and intermediary referrals Strategic/cultural (Define the NMCs responsibilities for managing wellbeing risks for people in our processes including witnesses Linked to communication campaign and using lived experience case studies to give voices to registrants who have gone through our processes to aid learning and improvements across our processes Environmental /Engagement - Feedback survey and central database with information on organisations and charities that can provide support	- Raising awareness of the Emergency and Urgent helpline - Launch of additional training materials including Self harm and suicide prevention tool and managing risk on the telephone. - Develop and agree guidance and SOP for approaches to communication and engagement with parties during the life of a case. - Registrant support leaflet being trialled in first contact pilot to provide clarity on our role. - Review of RIT communications to registrants including planned schedule of contact . RIT.RAST information leaflet to provide information about the process at the outset. - Review data available and ensure robust data set that enables the organisation to understand the overall risk and capacity required to manage and reduce the risk. Review the team capacity including experience and skills to meet the organisational expectations on outcomes . Work with technology teams to add wellbeing flag mirroring the safeguarding flag work - Policy development												
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 Transformation and Technology Services	4	4	16	- Firewalls, antivirus and other security software - Disaster recovery tests - Business Continuity plans - Cyber security annual plan - Migration of key systems to cloud	- Implementation of MoTS programme - Ongoing - Internal cyber security capability Q2 2026/27 - Review of corporate wide technology landscape Q4 2025/26 - Review of cloud recovery options - Review of business impact assessments - introduction of multifactor authentication for registrant accounts (MyNMC) - Finance and HR system upgrade	5	5	25	↔	↔	↔	↔	3	4	12	Q1 2026/27	Finance & Resources Committee (interim measure until new committee established)
STR24/07	Risk that we fail to mature our process and culture around data which could	Executive Director Transformation and	4	4	16	- Data Governance Board - Data issues and risk assessment process	Review Data Owners and Data stewards and reinvigorate roles	4	5	20	↔	↔	↔	↔	2	3	6	Q2 2026/27	Finance & Resources Committee (interim measure until new committee established)

Risk ref	Strategic risk description	Risk owner	Current rating			Current mitigations	Planned mitigations	Inherent rating			Performance				Target rating			Target date (financial year)	Committee oversight
			L	I	LxI			L	I	LxI	Q2	Q3	Q4	Q1	L	I	LxI		
	potentially impair our progress.	Technology Services				- Data strategy covering people, process, technology and stakeholders. - Data warehouse migrated to contemporary platform ahead of further work - Reinvigorated Data Governance Board following changes to Executive team	- Through the FtP improvement programme, remove parallel trackers to help enforce data capture in operational systems - New Modern Data Platform – end 2026 - MoTS programme key systems replacement – end 2026 - Introduce governance to support publication of data and datasets internally and externally through tools such as PowerBI - Structured approach to master and reference data, to enable standardisation across all systems (Ref Data Project)												
PEO24/04	Trust and confidence in the NMC as a regulator and an employer are affected by a range of issues, undermining our ability to communicate and engage effectively.	Executive Director Comms & Engagement	3	5	15	- Welsh language/4 nations/EDI considerations built into planning - Accessible visual identity - Increased diversity of imagery + focus on diversity of panel members and strategic groups - Live captioning for events	- An effective annual communications and engagement planning process for 26/27 - C&E supporting culture change engagement - Open and transparent communications and engagement around FtP improvements and safeguarding plans and Freedom to Speak up - Your Voice C&E action plan: speaking up - Website improvements	5	5	25	↔ (20)	15 ↓	↔	↔	3	3	9	TBC	People and Culture Committee
PEO24/10	We fail to effectively respond to the recommendations from learning reviews and deliver the cultural change that is needed, resulting in the experience of colleagues not improving, and our regulatory and safeguarding responsibilities not being delivered.	Executive Director People and Culture	3	4	12	- Revision of Business Plans – Prioritise Culture transformation/FTP improvement plans - Performance management for project plans	- Mechanism needed to ensure learning is tracked - Align recommendations from historic reports to existing plans.	5	4	20	12 ↓	↔	↔	↔	4	2	8	Q4 2026/27	People & Culture Committee
STR18/01	Risk that we fail to meet internal and external expectations about delivering our regulatory functions.	Executive Director Comms & Engagement and Executive Director Transformation	3	4	12	- Strategic communications underpinned by audience insight - Director led strategic collaborative engagement with senior stakeholders	Deliver new approach to strategic stakeholder engagement with focus on rebuilding trust and confidence of senior stakeholders	5	4	20	↔ (16)	12 ↓	↔	↔	3	3	9	December 2026	Finance & Resources Committee (interim measure until new committee established)

Risk ref	Strategic risk description	Risk owner	Current rating			Current mitigations	Planned mitigations	Inherent rating			Performance				Target rating			Target date (financial year)	Committee oversight
			L	I	LxI			L	I	LxI	Q2	Q3	Q4	Q1	L	I	LxI		
		and Technology Services				- Participation and monitoring of public inquiries - Press office, public affairs and stakeholder teams													
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 and Executive Director Transformation and Technology Services	3	4	12	- Safeguarding Hub reviews new referrals - Emergency and urgent helpline - Escalation SOP - Training programme - FtP SOP training programme	- Business case approved for resources recruitment – on hold - Finish review of unallocated pot in investigations (High risk complete with actions TBC) – medium risk to be completed by end of Q4 2025-2026. - Urgent cases escalated to weekly operational group ongoing	5	5	25	↔ (20)	12 ↓	↔	↔	3	4	12	Safeguarding plan delivered date TBC	Finance & Resources Committee (interim measure until new committee established)
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 Finance	4	3	12	- Business continuity/contingency planning and insurance to cover disasters - investment policies and pension with resilient, ethical, diversified portfolios. - technology strategy to build in resilience	Business continuity plan/disaster recovery testing and training planned for IT and estates over period to end 2025.	4	5	20	↔	↔	↔	↔	4	3	12	At target	Finance & Resources Committee
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	3	4	12	- 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	- Regulatory Reform confirmed for early 2026 - resource for the work ahead - Continued full engagement in pan-regulatory work on the GMC draft Order	4	4	16	↔	↔	↔	↔	3	4	12	At target	Finance & Resources Committee
GOV24/01	We may not effectively prioritise, monitor, and manage our portfolio activity and keep pace with the high level of change (and resources required) to achieve our five priority outcomes.	Executive Director Transformation and Technology Services	3	4	12	- Annual business planning and budgeting - Quarterly progress reports - Standardised approach to governance of programmes and projects - Resource planning tool in use to support decisions on demand vs availability - Refreshed Portfolio Board to support data-driven decision-making	- Amendments to reporting to ensure high-quality updates and tools - Executive Board to carry out 6 monthly strategic reviews - Communicate the Guide to Launching a Project	5	5	25	16 ↓	↔	12 ↓	↔	2	4	8	Q1 2026/27	Finance & Resources Committee

Risk ref	Strategic risk description	Risk owner	Current rating			Current mitigations	Planned mitigations	Inherent rating			Performance				Target rating			Target date (financial year)	Committee oversight
			L	I	LxI			L	I	LxI	Q2	Q3	Q4	Q1	L	I	LxI		
PEO25/04	There is a risk that weaknesses in workforce capability, culture, leadership, or employee relations could undermine the NMC's ability to deliver its strategic priorities and statutory and regulatory duties.	Executive Director People and Culture	3	4	12	- People Strategy 2025–2028 focused on inclusion, leadership, and performance. - Workforce planning and resourcing framework aligned with priorities. - Culture and engagement surveys; wellbeing and inclusion programmes. - Leadership development and management capability framework. - UNISON recognition. - Governance oversight via Executive Board, Council and Audit & Risk Committee. - Equality Impact Assessments for workforce change.	- Deliver People Strategy KPIs and milestones. - Complete organisation design and job matching. - Launch HR system modernisation to improve data and compliance. - Strengthen inclusion, wellbeing and leadership accountability. - Introduce quarterly culture and engagement pulse checks.	5	5	25	N/A	12 ↔	↔	↔	3	4	12	Oct 26 - following rollout of refreshed P&C plan and ongoing coaching programme Mar 27 Target to reduce score to Green 4	People and Culture Committee
PEO25/05	There is a risk that the NMC may not have sufficient workforce capability or capacity to deliver its strategic and regulatory objectives, particularly during major change programmes	Executive Director People and Culture	3	4	12	- Strategic workforce planning aligned to budget and service priorities. - Skills gap analysis and capability framework. - Targeted recruitment and retention strategies. - Leadership accountability for workforce sustainability.	- Implement refreshed workforce plan by Q1 2026. - Expand leadership and development offers to build resilience. - Improve workforce analytics to predict and respond to gaps. - Implement the values based behavioural framework in Ambitious Appraisals.	5	5	25	N/A	12 ↔	↔	↔	3	4	12	June 2026	People and Culture Committee
PEO25/06	There is a risk that industrial relations tensions or poor employee engagement could disrupt delivery of organisational change or erode trust and collaboration across the workforce	Executive Director People and Culture	3	3	9	- Active partnership working with UNISON through formal consultation. - Clear communication and engagement plans during change. - Employee assistance and wellbeing programmes. - Culture and inclusion initiatives monitored via engagement surveys.	- Strengthen change communications and local listening mechanisms. - Develop union engagement plan for post-consultation period. - Monitor sentiment and consultation feedback data monthly.	5	5	25	N/A	9 ↔	↔	↔	3	3	9	April 2027	People and Culture Committee
REG19/03	We do not make sure that educational standards are fit for purpose (including processes to ensure compliance with standards are met).	Executive Director Professional Practice	2	4	8	- Four country engagement plan - Midwifery standards published - Post registration standards published. - Updated pre-registration programme standards published.	- Advanced practice timeline extended to 2026-27. Additionally, revalidation and Code review 2025-2026 - Plans to independently analyse Midwifery standards.	4	4	16	↔	↔	↔	↔	1	4	4	April 2026	People and Culture Committee (interim measure until new committee established)

Annexe 1.1: Risk appetite by category

Strategic risk appetites 2025-2026	Averse	Minimalist	Cautious	Open	Eager
Appetite description 1 = primary classification 2 = secondary classification applied on a case by case basis approved by EB	Avoidance of risk and uncertainty is a key organisational objective.	Preference for ultra-safe business delivery options that have a low degree of inherent risk and a potential for limited reward.	Preference for safe delivery options that have a low degree of inherent risk which may only have limited potential for reward.	Willing to consider all potential delivery options and choose the one that is most likely to result in successful delivery while providing an acceptable level of reward (and value for money).	Eager to be innovative and to choose options offering potentially higher business rewards (despite greater inherent risk).
Categories of risk					
Regulatory/Operational (Risk associated with discharging our day to day regulatory duties)		2 Innovations largely avoided unless essential. Decision making authority held by senior management. (recovery)	1 Tendency to stick to the status quo, innovation avoided unless necessary. Decision making generally held by senior management. Management through leading indicators. (Governance and OKR framework)		
Governance (Risks associated with aligning the organisations business goals)			2 Willing to consider actions where benefits outweigh risks. Processes, and oversight/monitoring arrangements enable cautious risk taking (Fulfilling statutory requirements)	1 Receptive to taking difficult decisions when benefits outweigh risks. Processes and oversight or monitoring arrangements enable considered risk taking. (New governance structure and agile decision making)	
Strategy/Expectations (Risks associated with the pursuit of our strategic aims)				1 Guiding principles in place receptive to considered risk taking. Strategy refreshed every 2-3 years. Appetite to take decisions with potential to expose organisation to additional scrutiny only where steps are taken to minimise exposure (Adapt plans through ongoing prioritisation)	2 Guiding principles/rules in place welcome considered risk taking in actions and pursuit of priorities. Strategy refreshed every 1-2 years. Appetite to take decisions which are likely to bring scrutiny only where potential benefits outweigh risks. (Risk-based assessment of activity)
Financial (Risk associated with financial control, investments, fraud, supplier management)		2 only prepared to accept the possibility of very limited financial impact if essential to delivery (recovery)	1 Seek safe delivery options with little residual financial loss only if it could yield upside opportunities. (Maintaining stability)		
Technology (Risks arising from technology not delivering the expected services)			2 Consideration given to adoption of established mature systems and technology improvements. Agile principles considered. (Cyber and information security and AI experimentation)	1 Systems / technology developments considered to enable improved delivery. Agile principles may be followed. (Automation and innovation of systems)	2 New technologies viewed as a key enabler of operational delivery. Agile principles are embraced (Remove bureaucracy)
People (Risks associated with organisational culture impacting our people)				1 Prepared to invest in our people to create an innovative mix of skills environment. Responsibility for noncritical decisions may be devolved. (To make change, as long as sustainable)	2 innovation pursued – desire to ‘break the mould’ And challenge current practices. High levels of devolved authority – management by trust rather than close control. (Developing people and addressing performance issues)

Report to:	Council	Meeting Date:	20 May 2026
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Financial Performance Report – year ended 31 March 2026	
Publication Status	Open
Presenting the Report	Christopher Kinsella, Executive Director of Finance
Executive Director	Christopher Kinsella, Executive Director of Finance Phone: 020 4548 9260 Christopher.Kinsella@nmc-uk.org
Report Author	Richard Wilkinson, Assistant Director of Finance and Audit richard.wilkinson@nmc-uk.org Sevinj Essien, Head of Financial Planning and Analysis sevinj.essien@nmc-uk.org Michelle Rivers, Finance Manager michelle.rivers@nmc-uk.org

PURPOSE OF REPORT AND REASON FOR RECOMMENDATIONS: To provide the Council with details of our financial performance against budget for 2025-26. The report supports addressing risk FIN21/02 with respect to achieving and implementing a sustainable budget. In particular, it reports on actual financial performance relative to the budget agreed by Council for 2025-26.

RECOMMENDATION: Council is asked to: note the attached financial report at annexe 1 and discussed in the body of this paper.

REPORT APPROVAL	
Executive Director:	Approved 24 April 2026
Director of Finance:	Approved 24 April 2026
General Counsel:	Approved 30 April 2026
Chief Executive and Registrar (CER):	Approved 30 April 2026
Secretary to the Council:	Approved 5 May 2026

External Engagement (undertaken to date)		
Committee / Group	Date	Outcome
None	Not applicable	Not applicable

Consideration at Committee/Group		
Committee / Group	Date	Outcome
Executive Board	30 April 2026	Noted
Finance and Resources Committee	6 May 2026	Noted

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Financial Performance Report – year ended 31 March 2026

1. SITUATION / BACKGROUND

- 1.1. The purpose of this report is to provide an overview of our financial performance for the year ended 31 March 2026. It summarises income and shows expenditure compared to budget across directorates.
- 1.2. Although these management accounts will be in line with our annual financial statements, the latter are currently subject to external independent audit and to final year-end adjustments. In particular, judgements are still being finalised on two key areas: the level of provisions required, and the actuarial valuation of our defined benefit pension scheme.

2. SPECIFIC MATTERS FOR CONSIDERATION

Overview

- 2.1 Our financial position remains secure in the short term with reserves at £49.6 million at the year end. However, since the start of the year, our reserves, as measured by our cash and investments, have reduced by £33.7 million from £83.3 million. This reflects a total net deficit and spend broadly in line with budget despite some unbudgeted costs, and despite slightly lower than expected income. More detail is at **annexe 1**.
- 2.2 Whilst reserves were most recently forecast to be £46 million at 31 March 2026, the higher actual amount is mainly due to timing differences in cashflow rather than providing resource for additional activity.

Income

- 2.3 Income for the year is under budget by £1 million, the key driver being overseas applications having dropped significantly (by 54 percent) compared to last year. Actual overseas applications and registration fees for the year amounted to £2.2 million against a budgeted £3.2 million, reflecting fewer applications compared to budget.
- 2.4 The active register as of year-end was only very slightly below the forecast, resulting in registration income being very close to budget. Full details of the changes in our register will be provided in our normal six-monthly update on registrant numbers which is published later this year.

Core business spend

- 2.5 Spend on our core business, which accounts for over 90 percent of our costs, was within 0.5 percent of budget for the year at £122.9 million. This reflected the strength of our financial management during the year enabling us to largely absorb deliberate spending decisions that were not reflected in budgets. These included restructuring costs due to redundancies and additional support to our fitness to practise operations. Offsetting reductions in spend included not filling vacancies in lower

priority areas and avoiding some non-pay expenses. As a result, most of our directorates were able to deliver underspends against core business budgets.

2.6 More detailed commentary is below. This refers to organisational structures in place until December 2025. Subsequent changes to structures be used for 2026-27 reporting.

2.6.1. Professional Regulation: Full year spend is £69.7 million, £1.2 million (2 percent) over budget. This is in line with the previously forecast position and reflects the agreed overspends to support exceptional costs with respect to resolving issues arising from the overseas computer-based testing (CBT) fraud identified in the prior financial year, work with respect to the independent public inquiry at Nottingham University Hospitals NHS Trust and some restructuring costs.

2.6.2. Resources & Technology: Full year spend amounts to £26.7 million, £0.3 million (1 percent) over budget, which mainly relates to restructuring costs incurred for the year.

2.6.3. People and Culture: Including both core business and the Culture Transformation programme, the directorate is £0.3 million (6 percent) budget for the year. The main driver of this overspend is the agreed investment costs for staff and leadership coaching as part of that programme.

2.6.4. Office of the Chair and Chief Executive: the overspend of £0.5 million for this financial year was significantly driven by an uptick in litigation and appeals as well as complex issues requiring external legal advice (e.g. safeguarding within regulation, complex EDI/freedom of speech issues, complex complaints/concerns raised under Raising Concerns policy, complex procurement, employment and HR matters). Where smaller budgets such as this are significantly demand led, we err on the side of underbudgeting to avoid underspends, instead monitoring demand during the year and taking decisions as to resource priorities as they arise.

2.6.5. Professional Practice: the underspend amounts to £0.1 million (2 percent), which is due to the PP Roadmap programme spend being deferred into next financial year (where budget provision has been made), offset against overspends reflecting restructuring costs incurred for the year.

2.6.6. Strategy & Insight and Communications & Engagement: together accounted for a total underspend of £1 million, mainly due to staff vacancies, savings on non-pay costs and the timing of planned activities.

Corporate spend

2.7 Corporate spend relates to centrally budgeted costs such as the Professional Standards Authority's annual fee (£2.4 million in 2025-26), depreciation, contingency and provisions. The main variance was £0.6 million (16 percent) under provision of depreciation charges for our fixed assets costs. These are non-cash costs expensing fixed assets over their expected useful lives. These costs were underestimated at the time budgets were set due to a mixture of higher than planned capital spend during the year (see below) and to some capital assets being brought into use earlier than anticipated at the time of budget setting.

Programmes and Projects

2.8 Our total project portfolio investment in improvement was £0.7 million (9 percent) above budget. This related mainly to NMC Online, our core registrant-facing and fee-collection software, where we successfully completed the replacement of our legacy systems although with higher-than-expected costs due to a range of issues. There was a range of over and underspends on other projects which broadly balanced due either to unanticipated projects such as additional regulatory support, slippage which is reflected in budgets for 2026-27, or genuine savings.

Looking ahead

2.9 The planned steep reduction in our reserves during the past year and the deficit budget for 2026-27 agreed by Council on 25 March 2026 both highlight the need to grip our financial resource management even more tightly in the coming year. Whilst we maintained strong controls in the past year – as evidenced by the overall outturn relative to budget and our decision to reduce headcount by around 10 percent – we have taken steps to strengthen grip further, learning lessons where appropriate. These include:

- A very detailed and thorough review of expected project costs as part of 2026-27 budgeting setting to reduce the risk of unexpected costs emerging.
- Strengthened business case requirements and scrutiny with tighter project management oversight.
- Re-organising and strengthening our procurement and commercial function to bring a sharper commercial focus to our contract negotiations and management.
- Introducing bi-monthly reviews by the Chief Executive and Registrar and the Chief Financial Officer with each Executive Director to look at their finances in detail.
- The establishment of a Finance and Resources Committee specifically to scrutinise and obtain assurance on our financial management.
- The creation of a Finance Directorate and a separate Transformation and Technology Service Directorate to bring greater focus and additional expertise to bear on finance and change.
- Launching a 'War on Waste' initiative, both to specifically identify savings but also raise awareness and develop a stronger culture of cost control throughout the organisation. We will also be doing this through ensuring that financial and commercial management becomes embedded in our manager development and training.

2.10 These actions come in addition to our existing financial and procurement processes such as around monthly financial reporting and discussions both within directorates and projects and by the Executive Board.

2.11 Also key to our longer-term future financial health is being able to obtain final approval from the Privy Council and parliament to implement the fee rise agreed by Council on 28 April 2026.

3. FINANCIAL /GOVERNANCE IMPLICATIONS

3.1 These are addressed in the body of the report. This has been cleared with the Executive Director of Finance.

4. RECOMMENDATION

4.1 The Council is asked to:

- a. **note** the attached financial report at **annexe 1** and discussed in the body of this paper.

5. ASSESSMENT

Impact Assessment	Question / Consideration	Response
Equality, Diversity and Inclusion	Has an Equality Impact Screening been undertaken (including Welsh Language)?	Not applicable.
Safeguarding considerations	Are there any safeguarding implications?	No.
Four country factors and considerations	Are there any four country factors?	No.
Resource (incl People) implications	Are there any people implications?	Financial resource implications are addressed in the body of the report. No direct people implications.
Risk implications associated with the work and the controls proposed/ in place.	What are the key risks and how are they mitigated?	This report helps address the strategic risk FIN21/02 which deals addresses the risk of not achieving a sustainable budget.
Legal considerations, incl Regulatory Reform	Are there any legal or regulatory implications?	No.
Nursing Associates	Any specific implications for nursing associates?	No.

Nursing and Midwifery Council Financial Monitoring Report

£'m	March 2026 Year-to-Date				Full Year		
Income	Actual	Budget	Var.	Var. (%)	#Forecast	Budget	Var.
Registration fees	103.4	103.5	(0.1)	(0.1%)	103.1	103.5	(0.4)
Other	4.1	5.0	(0.9)	(18%)	4.0	5.0	(1.0)
Total Income	107.5	108.5	(1.0)	(0.9%)	107.1	108.5	(1.4)
Expenditure							
<u>Core Business</u>							
Professional Regulation	69.7	68.5	(1.2)	(2%)	69.7	68.5	(1.2)
Resources & Technology Services	26.7	26.4	(0.3)	(1%)	26.7	26.4	(0.3)
People & Culture	4.6	4.8	0.2	4%	4.5	4.8	0.3
Office of the Chair and Chief Executive	6.2	5.8	(0.4)	(7%)	6.2	5.8	(0.4)
Professional Practice	8.2	8.3	0.1	1%	8.0	8.3	0.3
Strategy & Insight	4.0	4.7	0.7	15%	4.1	4.7	0.6
Communications & Engagement	3.5	3.8	0.3	8%	3.5	3.8	0.3
Directorate - Core Business	122.9	122.3	(0.6)	(0.5%)	122.7	122.3	(0.4)
<u>Corporate</u>							
Depreciation	4.3	3.7	(0.6)	(16%)	3.9	3.7	(0.2)
PSA Fee	2.4	2.4	-	-	2.4	2.4	-
Apprenticeship Levy*	0.3	0.3	-	-	0.3	0.3	-
Contingency	1.2	1.5	0.3	20%	1.3	1.5	0.2
Panellist and other hol pay provision	0.8	0.7	(0.1)	(14%)	0.7	0.7	-
Pay pressures due to organisation design	-	-	-	-	0.6	-	(0.6)
Total Corporate	9.0	8.6	(0.4)	(5%)	9.2	8.6	(0.6)
Total Core Business	131.9	130.9	(1.0)	(1%)	131.9	130.9	(1.0)
Surplus/(Deficit) excluding Programmes	(24.4)	(22.4)	(2.0)	(9%)	(24.8)	(22.4)	(2.4)
Programmes & Projects							
Modernisation of Technology Services**	6.5	5.9	(0.6)	(11%)	6.4	5.9	(0.5)
Technology Improvements	0.3	0.6	0.3	50%	0.6	0.6	-
Functional master & data project	0.1	0.2	0.1	50%	0.1	0.2	0.1
Culture Transformation programme	0.7	0.2	(0.5)	(>100%)	0.6	0.2	(0.4)
D&A FtP caseload improvement	0.1	0.1	-	-	0.1	0.1	-
FTP Improvement/Transformation	0.1	-	0.1	(>100%)	0.3	-	(0.3)
Legislative Change	0.4	1.0	0.6	60%	0.6	1.0	0.4
Additional Operational Support	0.4	-	(0.4)	(>100%)	0.5	-	(0.5)
Total Programmes/Projects	8.7	8.0	(0.7)	(9%)	9.2	8.0	(1.2)
Total Expenditure including capex	140.6	138.9	(1.7)	(1%)	141.1	138.9	(2.2)
Capital Expenditure	7.2	6.4	(0.8)	(12%)	7.0	6.4	(0.6)
Total expenditure excluding capex	133.4	132.5	(0.9)	1%	134.1	132.5	(1.6)
Net income	(25.9)	(24.1)	(1.8)	(7%)	(27.0)	(24.1)	(2.9)
Realised Gains/(Losses)	1.3	-	1.3	-	1.3		
Net Surplus/(Deficit) excluding capex	(24.7)	(24.1)	(0.5)	(2%)	(25.7)	(24.1)	(1.6)
Reserves (Cash and Investments)	49.6	45.1	4.5	10.0%	45.7	45.1	0.6

NB: figures are subject to rounding

* Apprenticeship Levy is tax paid to HMRC ^

** Including PayPoint workstream

Forecast as at 11th March 2026

Balance Sheet (£'m)	Mar-25	Mar-26	Change	Change %
Fixed Assets				
Tangible and Intangible Fixed Assets	40.4	43.4	3.0	7%
Investments	41.6	-	(41.6)	(100%)
Total Fixed Assets	82.0	43.4	(38.6)	(47%)
Current Assets				
Debtors	4.4	5.1	0.7	16%
Fixed notice bank deposits and liquid investments	29.5	44.3	14.8	50%
Cash	12.2	5.3	(6.9)	(57%)
Total Current Assets	46.2	54.7	8.5	18%
Total Assets	128.2	98.1	(30.1)	(23%)
Liabilities				
Creditors	(22.1)	(16.5)	5.6	26%
Deferred Income	(41.8)	(41.4)	0.4	1%
Provisions and lease premium	(4.5)	(5.2)	(0.7)	(15%)
Total Liabilities	(68.5)	(63.1)	5.4	8%
Net Assets	59.7	35.0	(24.7)	(41%)
Reserves (Cash & Investments)	83.3	49.6	(33.7)	(40%)

Statement of Cash Flows (£'m)	Mar-25	Mar-26
Cashflow from operating activities		
Surplus/(Deficit) (YTD)	(19.1)	(24.7)
Adjustment for Depreciation (Non-cash)	4.0	4.3
(Gains)/Losses on Investments	(2.4)	(1.3)
Investment/Dividend income	(0.9)	(1.2)
(Increase)/Decrease in current assets	(0.2)	(0.6)
Increase/(Decrease) in liabilities	5.1	(5.4)
Net Cash inflow/(outflow) from operating activities	(13.5)	(28.9)
Cashflow from investing activities		
Capital Expenditure (YTD)	(7.7)	(7.2)
Net Cash inflow/(outflow) from investing activities	(7.7)	(7.2)
Cashflow from financing activities		
Short and medium term investments moved from long term	-	44.0
	-	
Cumulative net increase/(decrease) in cash and cash equivalent at month end	(21.2)	7.9
Cash & Cash Equivalent at the beginning of the year	62.7	41.7
Cash & Cash Equivalent at the end of the month	41.5	49.6

NB: figures are subject to rounding

Council

Regulatory Fairness Plan

Action requested:	Regulatory fairness detailed plan with outcome measures. For discussion The Council is asked: - to note the approval at Executive Board in April 2026 - to discuss the plan and the outcome measures proposed. - to note the schedule of quarterly reporting to Executive Board and recommend reporting to Council as required.
Key background and decision trail:	Following attendance at Executive Board and Council in January 2026, the Head of Regulatory EDI was asked by the Executive Board to produce a further detailed plan on the regulatory fairness workstream, with a specific ask to outline the proposed outcome measures for the individual interventions to de-bias the NMC fitness to practice process. The plan in its draft form has been shared with internal stakeholders across fitness to practice and insight/data to ensure alignment with the fitness to practice improvement plan and clarify the feasibility of the proposed outcome measures.
Key questions:	This paper responds to the following questions - How will we measure the effectiveness of the interventions previously approved to de-bias fitness to practice? - How does the regulatory fairness workstream and the FtP improvement plan align? And where are there opportunities for collaboration? - How much effort will it take to implement each of the interventions? - How much impact will each intervention deliver?

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Annexes:	The following annexe is attached to this paper: Annexe 1: Regulatory Fairness Plan	
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: Shadae Cazeau shadae.cazeau@nmc-uk.org	Executive Director: Ravi Chand ravi.chand@nmc-uk.org

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Regulatory Fairness Plan

Discussion
1 As set out in the summary, this paper presents a further detailed plan on the regulatory fairness workstream, following the approval of the original equality, diversity and inclusion (EDI) stocktake and subsequent defined interventions to de-bias FtP. 2 The plan outlines various outcome measures/key performance indicators to be reported on for each individual intervention. The intention is to share the outcomes with the Executive Board on a quarterly basis and/or when there is data of statistical note, and as required to Council. 3 The attached annexe provides a more detailed regulatory fairness plan that thoroughly addresses the questions posed by the Board in January. By outlining specific key performance indicators for the individual interventions, the Council can be assured that we will be able to make an appropriate assessment of the effectiveness of the measures. 4 Extensive engagement has taken place with those colleagues leading the FtP improvement plan and an interim working group has been formulated to ensure that both projects are not working in silo. The working group is being led by the Executive Director of Transformation and Technology Services and will remain in place until implementation of the regulatory fairness workstream has fully commenced. Specific project management support will be provided thereafter. 5 In January, the Executive Board requested that all interventions should be assessed to understand the effort vs the impact. The attached plan includes an effort vs impact matrix detailing all the measures.
Next Steps
6 Share the finalised plan with all relevant teams across FtP and Professional Practice. 7 Properly commence implementation of the de-biasing measures 8 Establish quarterly reporting slot at Executive Board 9 Complete baseline data capture and establish data reporting mechanisms
Implications

The following were considered when preparing this paper:			
Implication:		Location if in paper:	Content if not in paper:
Public protection/impact for people.	Yes		The regulatory fairness workstream was established to address the impacts to registrants and the public through inconsistent and bias decision-making.
Safeguarding considerations	Not Applicable		
The four country factors and considerations.	Yes		Considered as part of the workstream.
Resource implications including information on the actual and expected costs involved.	Yes		There will be resource implications for specific interventions and costs associated. The costs have been considered as part of the EDI team budget and budgeting has been completed for the FtP improvement plan.
Risk implications associated with the work and the controls proposed/ in place.	Yes		The risks have been considered however this work was commissioned to reduce the more substantial risks that inequity poses. The overall work is intended to reduce the current risks.
Legal considerations.	Not Applicable		
Midwives and/or nursing associates.	Yes		The regulatory fairness workstream

			will have an impact on all healthcare providers on our register.
Equality, diversity, and inclusion and Welsh Language impact.	Yes		This work is to address inequalities across the NMC FtP process; EDI is at the heart of this work. The Welsh language impact is N/A.
Stakeholder implications and any external stakeholders consulted.	Yes		The intention is that there will be a positive impact on stakeholders because of this workstream. In producing the interventions and basis of the workstream, various external stakeholders were engaged with.
Regulatory Reform.	Yes		Not relevant to this cover paper but there are some elements of regulatory reform that overlap with, or would provide support for, the proposed de-biasing interventions.

Regulatory Fairness

EDI Targets Project Plan

April 2026

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Executive Summary

This project plan sets out a phased and evidence-led approach to delivering on our regulatory EDI targets. It responds directly to our three regulatory targets:

- eliminate ethnicity and gender disparities in our Fitness to Practise (FtP) processes by 2030;
- eliminate the disproportionate pattern of FtP complaints received from employers in relation to ethnicity by 2030; and
- eliminate disproportionate outcomes based on ethnicity in nursing and midwifery education and training by 2035.

The programme recognises that achieving the targets requires both immediate improvements to current practice and longer-term structural reform. We have deliberately taken an approach that addresses the ‘quick win’ opportunities for improvement alongside the more challenging changes that are essential if we are to overhaul the system in a meaningful and sustainable way.

Our early focus is on strengthening decision-making frameworks, improving guidance, enhancing quality assurance, and addressing key data gaps. These interventions are prioritised because they are within our control, can be delivered at pace, and will provide immediate improvements in consistency, transparency and confidence. They also establish the foundations needed to support more complex reforms by improving clarity of expectations, strengthening quality control and assurance mechanisms, and building capability through targeted training.

However, we are clear that incremental improvements alone will not be sufficient to address the systemic issues identified through our Ambitious for Change and University of Greenwich research, stakeholder engagement and internal analysis. Structural reforms, including strengthening our data capabilities, increasing diversity across decision-making roles, enhancing employer engagement, and progressing legislative and policy changes, will be more complex to design and implement but are critical to achieving sustained impact. These interventions will require careful sequencing and collaboration across the system to ensure they are implemented properly and proportionately, without creating unintended consequences or risks to effective and efficient delivery.

Prioritising work in this order reflects a deliberate and pragmatic approach. By focusing first on high-impact interventions within our direct control, we can deliver early improvements, build organisational capability, and generate insight to inform subsequent phases. Establishing strong governance, better data quality, and decision-making consistency reduces organisational risk and aligns with the premise of the culture transformation plan, allowing colleagues to build confidence progressively rather than introducing multiple across-the-board changes simultaneously without the right infrastructure in place.

We are also conscious of the need to remain agile. This programme will not be static we will need to pivot where the data tells us to, or where emerging issues or incidents require us to act. While this plan sets a clear direction of travel, we are intentionally only being concrete about the next six months of delivery. As our data quality and capture

improves, our priorities will inevitably evolve, and we will need to ensure we are focusing effort where it will have the greatest impact on our targets. To support this, we will undertake quarterly reviews with colleagues across the organisation via the Culture Transformation Network to understand what is working well and what is not working so well. We will also report quarterly to the Executive Board on progress so there is clear oversight of how we are performing in relation to our regulatory EDI targets. This will provide transparency, accountability, and enable timely decision-making should we need to change course.

The approach also reflects capacity considerations and the realities of delivering change within a high-volume regulatory environment. A phased approach allows us to manage delivery risk while maintaining momentum toward our longer-term goals.

Success will be measured through a combination of quantitative and qualitative indicators, including improvements in decision consistency, reductions in disproportionality across FtP outcomes, improved data quality, better registrant experience, and progress against the regulatory fairness maturity model.

Overall, this project plan reflects a balanced approach to delivering regulatory fairness, and ensuring our regulatory framework operates in an equitable, fair, consistent and proportionate way for everyone who interacts with it.

Low effort

High effort

High impact

- Publish guidance on Article 22(6)
- Rule discrimination out as opposed to in
 - Investigator practice notes
 - EDI decision making power in review groups
- Improve employer referral form
- EDI crib sheets for screening
- Panel reasoning on witness credibility
 - EDI crib sheet for Investigators
- Update Investigators guidance
 - Bespoke training for screening
- Bespoke training for Investigations
- Personalised responses to employer referrals
 - Guidance on supporting unrepresented registrants
- EDI team attend ELS benchmarking meetings
- Registrant experience survey
- Raise awareness on context guidance and gathering
- Improve letter that goes out to registrants alongside CE bundle
 - Celebrate effectiveness alongside efficiency
- Guidance notes for ELS
 - Bespoke training for CEs
- Annual dip sampling of FtP decisions
 - Update IO guidance
- Update screening guidance
 - Raise awareness of emerging concerns protocol
- Publish AEI good practice
 - Update crib sheet for employer helpline

Low impact

- CNO/CMO sign off
 - CE crib sheets
- Bespoke training for ELS
- Employer helpline training
- Restructure decision making of case review groups
- Equality data from unrepresented registrants
- Update IO risk assessment
- Guidance on discriminatory witnesses
- Stop using IEN to refer to internationally educated nurses
 - Capture data on use of article 22(6)
- Promote manual data capture
- Update SRG TOR
- Update unreasonable and unacceptable behaviour policy
- Define terminology for “inappropriate referrals”

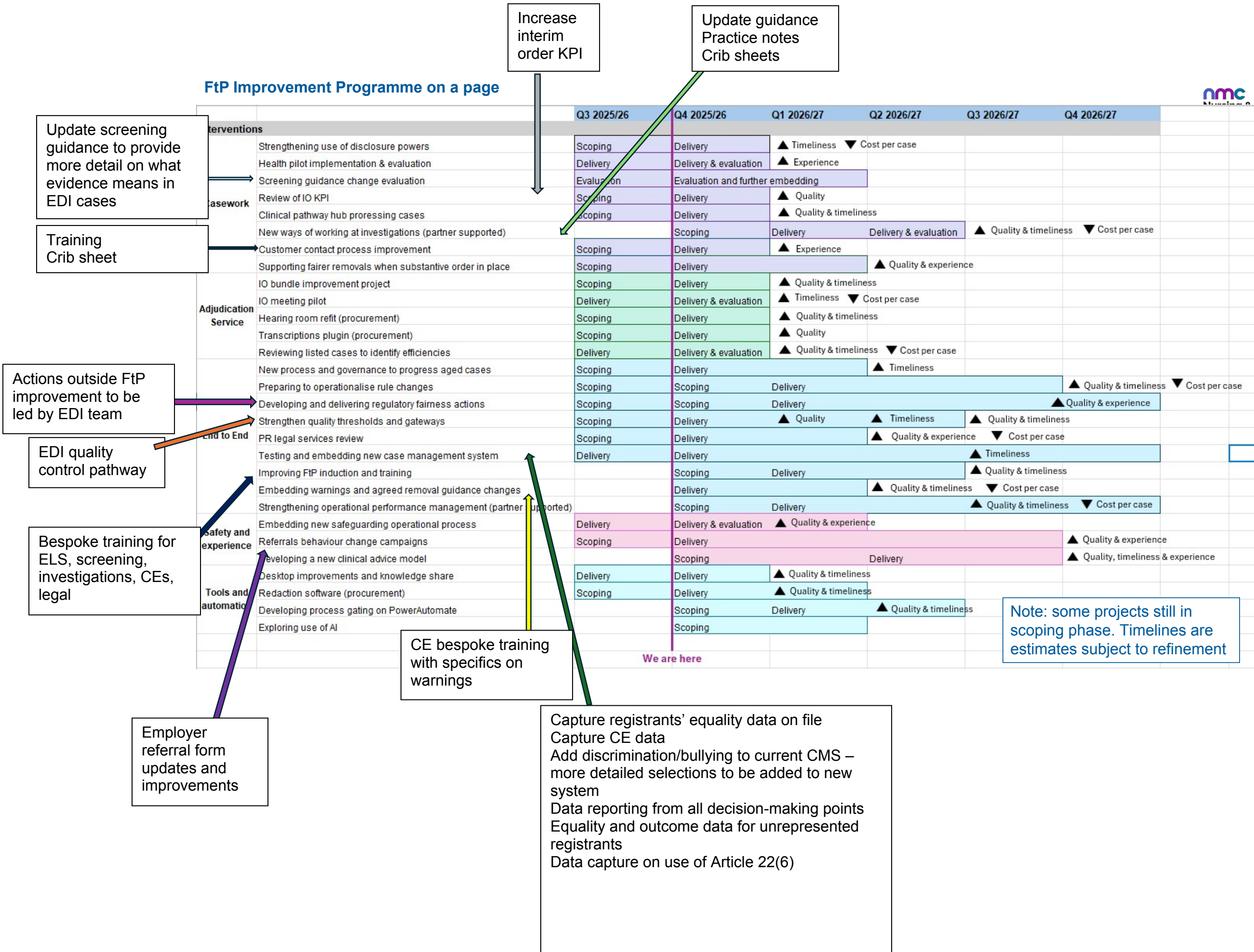
• EDI quality control pathway

- Capture registrant EDI data on case file
- Ask for legislation to drop cases after CE stage
- EDI decision making framework
- Increase interim order KPI
- EDI legal practice notes
 - Internal trend data reports for every stage of FtP
- Framework and operational guidance on decision making as CE
- Data reporting from all decision-making points
- Quality assurance outcomes dashboard
- Increase diversity of panel members
- Sanctions banding guidance
- Interim extraordinary case clinics
 - Introduce tech to assign diverse panels
 - EDI cases for closure sign off process
- Add discrimination/bullying to CMS as theme
- Bespoke training for Legal
- Gather baseline equality AEI data
- Good practice employer roundtables
 - Capture CE data on case file
- EDI good practice guidance on charging
- Anonymous raising concerns inbox

- Get AEIs to share student population data
 - Update the code and revalidation to address EDI concerns
 - Publish AEI data
 - Allow staff to raise policy issues via policy inbox
- Employers share their EDI plans
- Remove 0 from international registrant's pin
- Engage with AEIs about their data and EDI plans
- Quarterly reporting to culture transformation steering group

EFFORT

FtP Improvement Programme on a page



Year 1 Programme Roadmap (April 2026 – March 2027)

Q1

- Update interim order guidance, risk assessment and KPI (target 1)
- Provide training on identifying EDI concerns to employer helpline (target 2)
- Update crib sheet for colleagues on employer helpline (target 2)
- Develop EDI quality control pathway (target 1&2)

Q2

- Develop bespoke EDI training for ELS (target 1&2)
- Deliver bespoke EDI training to ELS (target 1&2)
- Develop and deliver bespoke training for Screening (target 1)
- Develop bespoke EDI training for investigators (target 1)
- Develop EDI evidential basis and decision-making framework guidance to support debiasing and consistency in decision making (target 1)
- Develop EDI practice notes and crib sheets for investigators (target 1)
- Improve/update employer referral form (target 2)

Q3

- Develop EDI crib sheets for screening colleagues (target 1)
- Introduce guidance notes for ELS advisors to support engagement with employers (target 2)
- Deliver bespoke EDI training for investigators (target 1)
- Gather baseline data for AEI target (target 3)
- Introduce personalised responses to employer referrals (target 2)
- Develop legal practice notes and crib sheets on evidence gathering in EDI cases (target 1)
- Develop guidance on the NMC's own power to refer - Article 22(6) (target 1)
- Raise awareness and update context guidance (target 1&2)
- Raise awareness and update [culture of curiosity guidance](#) (target 1)
- Determine the right terminology for inappropriate referrals (target 2)

Q4

- Capture registrants' equality data on case files (target 1)
- Capture CE decision maker data (target 1)
- Add discrimination/bullying to current CMS (target 1&2)
- Capture equality and outcome data for unrepresented registrants (target 1&2)
- Capture data on use of Article 22(6) (target 1)
- Develop and deliver CE bespoke training with specifics on warnings (target 1)
- Update screening guidance (target 1)
- Ask employers to share their own EDI plans (target 2)
- Convene roundtable with employers to share good practice in referrals (target 2)

Intervention	Delivery timeline	Oversight	Ownership	Key performance indicators
Update interim order guidance, risk assessment and KPI (target 1)	Q1	To be taken forward by the policy team and FtP improvement programme		- The likelihood of Black, Asian or ethnic minority registrants receiving an interim order compared to white registrants adjusted for seriousness and risk factors. Likewise for other relevant protected characteristics and intersectional characteristics. Comparability factors being: - Nature and seriousness of allegation - Risk to public protection - Whether there is a criminal offence in question - Previous FtP history - Strength of evidence at screening - Type of referral (i.e. employer or member of the public) - Variation in decisions across demographic groups - through dip sampling a % of decisions every quarter
Develop and deliver training on identifying EDI concerns to employer helpline	Q1		EDI team to develop and deliver the training	- Training completion rates - Increased staff confidence rating – before and after training surveys - Reduction in referrals without supporting evidence of the allegation - Increase in referrals where local investigations have been completed
Update crib sheet for colleagues on employer helpline	Q1		EDI team to update and publish	- Reduction in referrals without supporting evidence of the allegation - Increase in referrals where local investigations have been completed
Develop EDI quality control pathway	Q1 development Q2 delivery		EDI team to develop the pathway in collaboration with quality and improvement team and NWOW project	- Increase in cases proceeding to investigations where discrimination has been alleged - Decrease in cases proceeding where local investigations have not been completed - Decrease in cases being sent back to case examiners - Increase in decision consistency - Increase in % of cases reviewed through the pathway where the CE decision is confirmed at hearing stage - Decrease in % of cases progressing to investigations that QA process determines shouldn't have - Significant numbers of EDI cases that pathway identifies need rectifying before decision is finalised - Decrease in EDI cases needing rework after CE decision - Decrease in % of cases being appealed by the PSA, or elsewhere/being formally challenged
Bespoke training for Legal on preparing and presenting EDI cases	Q1	External provider to be sourced by legal team		- Training completion rate - Decrease in rework following QA review - Increased staff confidence rating – before and after training surveys

				Improved context, case presentation and charging on EDI cases – dip sampled through QORG
Improve/update employer referral form	Q2	Right Referrals, Right Place project		- Increase in completion of context element of employer form - Increase in CNO/CMO senior manager sign off - Increase in completion of EDI compliance section - Decrease in vexatious referrals - Decrease in referrals where local investigations have not been completed - Decrease in referrals
Develop and deliver bespoke EDI training for ELS	Q2		EDI team develop and deliver the content	- Training completion rate - Increased staff confidence rating – before and after training surveys - Decrease in ‘inappropriate referrals’ - Decrease in referrals containing EDI issues - Decrease in referrals unsupported with evidence - Decrease in referrals where there hasn’t been a local investigation
Develop and deliver bespoke training for Screening	Q2		EDI team develop and deliver the content	- Training completion rate - Increased staff confidence rating – before and after training surveys - Initially an increase in cases where EDI issues have been identified for further investigation - Increased EDI issue identification – detailed in the risk assessment
Develop bespoke EDI training for investigators	Q2		EDI team develop the content	
Develop guidance on the EDI evidential requirements and decision-making framework to support debiasing and consistency in decision making (internal facing)	Q2	Policy teams to take forward		- Decrease in cases being sent back to investigations following QA review - Decrease in comparable cases with different outcomes (that cannot be explained) - Increase in cases where EDI factors explicitly referenced in decision making - Decrease in decisions being referenced in the
Develop EDI practice notes and crib sheets for investigators	Q2	Casework teams and external partner to take forward		- Increase in evidence compliance - Increase in cases where QA confirms bundle only contains relevant evidence - Decrease in bundles that QA identifies as containing irrelevant evidence - Increase in cases where registrants allegations of discrimination or bias explicitly considered and documented - Decrease in % of cases where QA identifies missing key evidence - Decrease in cases being sent back to investigations following QA review
Introduce guidance notes for ELS advisors to support engagement with employers	Q3		EDI team to develop	- Increase in staff confidence level challenging employers on EDI - Decrease in biased referrals - Increased stakeholder feedback re the NMC’s more robust approach
Deliver bespoke EDI training for investigators	Q3		EDI team to deliver training	- Training completion rate - Increased staff confidence rating – before and after training surveys - Increase in % of investigators referencing context evidence - Increase in context evidence gathering

Introduce personalised responses to employer referrals	Q3	Led by screening colleagues, overseen by EDI team		- Decrease in vexatious referrals - Decrease in referrals where local investigations have not been completed - Decrease in referrals
Gather baseline data for AEI target	Q3	PP, data, research and insight team to take forward		
Develop legal practice notes and crib sheets on evidence gathering in EDI cases	Q3	To be taken forward by legal colleagues		- Increase in submissions that outline context - Increase in cases referred to the extraordinary case clinics - Increase in % of cases where EDI issues are explicitly identified and articulated in legal submissions – dip sample via QORG cases - Decrease in % of cases where QA process identifies missing key contextual or EDI evidence that should have been gathered - Increase in % of cases where charges are assessed as appropriate, proportionate and reflective of the issues after QA - Increase in cases where panel findings align with legal submissions
Develop guidance on the NMC's own power to refer - Article 22(6)	Q3	To be taken forward by legal and overseen by EDI team		- Reduction in use of article 22(6) in cases where QA finds it disproportionate or unreasonable - Increase in cases where EDI issues identified but not referred
Raise awareness and update context guidance	Q3	Policy team to take forward, EDI to feed in		- Decrease in % of cases where context was not considered - Increase in cases where context guidance has been referenced - Increase in registrants providing contextual evidence <i>More complex</i>: increase in % of cases where contextual factors influenced the final decision/outcome
Raise awareness and update culture of curiosity guidance	Q3	Policy team to take forward, EDI team to feed in		- Increase in cases where additional relevant lines of enquiry have been pursued - Increase in decision rationale that references alternative explanations - Increase in % of cases closed at screening after pursuing relevant lines of enquiry - Reduction in % of cases where decisions are made without sufficient inquiry - QA assessment demonstrating professional curiosity has been shown in the case (i.e. evidence testing, open enquiry, balanced consideration, avoiding assumptions)
Determine the right terminology for inappropriate referrals	Q3	PP directorate to take forward as part of 'Right Referrals,		- Decrease in "inappropriate" referrals - Increased stakeholder understanding of appropriate referrals - Increased understanding of appropriate referrals in screening - Increased understanding of appropriate referrals for employer helpline

		Right Place' campaign		
Ask employers to share their own EDI plans	Q4	PP directorate to take forward as part of 'Right Referrals, Right Place' campaign		
Convene roundtable with employers to share good practice in referrals	Q4	PP directorate to take forward as part of 'Right Referrals, Right Place' campaign		• Decrease in "inappropriate" referrals • Increased stakeholder engagement • Increase in referrals that meet the threshold and include sufficient evidence • Reduction in % of referrals that are closed at screening
Capture registrants' equality data on case files	Q4	To be taken forward as part of MOTS and end to end testing and embedding of new CMS system		• Reduction in missing data
Capture CE decision maker data	Q4	To be taken forward as part of MOTS and end to end testing and embedding of new CMS system		• Increase in CE data completeness • Decision variation analysis – reduction in disparity over time • More than 75% data completeness score
Add discrimination/bullying to current CMS	Q4	To be taken forward as part of MOTS and end to end testing and embedding of new CMS system		

Capture equality and outcome data for unrepresented registrants	Q4	To be taken forward as part of MOTS and end to end testing and embedding of new CMS system		• Outcome disparity tracking – decrease in disparity over time • Increase in data completeness
Capture data on use of Article 22(6)	Q4	To be taken forward as part of MOTS and end to end testing and embedding of new CMS system		• Trend reporting • Decision monitoring • Increased % of cases referred via article 22(6) captured
Develop and deliver CE bespoke training with specifics on warnings	Q4		EDI develop and deliver the content	• Training completion rate • Increased staff confidence rating – before and after training surveys • Increase in use of warnings • Increase in consistency of warning decisions

Year 2, 3 and 4 Programme Roadmap (April 2027 – March 2030)

Year 2 (April 2027 – March 2028)

- Develop and progress target 3 actions and interventions (target 3)
- Raise awareness of the [CQC emerging concerns protocol](#) (target 2)
- EDI team to attend the ELS benchmarking/peer review meetings (target 2)
- Rule discrimination out as opposed to in (target 1)
- Develop practice notes on what might be recognised as context in and EDI case (target 1)
- Develop crib sheet on types of evidence that support warnings (target 1)
- Increase diversity of CE pool
- Develop and introduce framework and operational guidance on decision making as a CE in EDI cases (target 1)
- Develop and introduce an EDI embedded decision-making framework (target 1)
- Development of regulatory reform legislation to drop cases (target 1)
- Develop legal practice notes related specifically to EDI cases (target 1)
- Update panel introductory EDI training (target 1)
- Annual dip sampling of decisions across FtP (target 1)
- Consider removing 0 from international registrant's pin number (target 1)
- Consider refraining from using IEN to describe internationally educated nurses (target 1)
- Develop guidance on how lawyers can more effectively support unrepresented registrants (target 1)
- Charging guidance and standards development (target 1)
- Increase diversity of panel members (target 1)
- Bespoke training for Legal on preparing and presenting EDI cases (target 1)

Year 3 (April 2028 – March 2029)

- Draft sanctions banding guidance
- Introduce technology to assign diverse panels
- Require panels to provide more detail on what informed their evidential preference (target 1)
- Develop internal trend data reports for every stage of FtP (target 1)
- Develop registrants FtP experience survey (target 1)
- Engage with AELs to understand what they have done with their data and EDI plans (target 3)
- Build data capability to report from all decision-making points (target 1)
- Collect data on referrals that have been initiated by the NMC (target 1)
- Develop quality assurance outcomes dashboard (target 1)
- Update unreasonable and unacceptable behaviour policy (target 1)
- Improve CE letter that goes out to registrants (target 1)
- Develop policy/guidance on handling discriminatory witnesses (target 2)

Year 4 (April 2029 – March 2030)

- Publish good practice from AEl s
- Publish AEl da

Regulatory Fairness Target Outcome Measures

1. Eliminate ethnicity and gender disparities in the NMC's fitness to practise processes by 2030

Outcome measure: statistical model that calculates the likelihood of men and/or particular ethnicities cases progressing past screening and receiving a sanction. By understanding the likeliness of progressing to a hearing and receiving a sanction we will be able to identify if there remains a disparity in outcomes.

2. Eliminate the disproportionate pattern of FtP complaints received from employers in relation to ethnicity by 2030

Outcome measure: combining NMC FtP data and revalidation data to give a picture of the diversity characteristics of those professionals working at each organisation then comparing the demographics of the people that each employer refers to determine disproportionality.

3. Eliminate disproportionate outcomes, based on ethnicity, in nursing and midwifery education and training by 2035

Outcome measure: still to be determined, further work is to be undertaken in year one and two of the project to understand the baseline data

Report to:	Open Council Meeting	Meeting Date:	20 May 2026
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BUSINESS PLAN 2026 - 2027	
Publication Status	Open
Presenting the Report	Chief of Staff, Ben Wesson
Executive Director	Chief of Staff, Ben Wesson
Report Author	Head of Corporate Planning, Performance and Risk, Rebecca Desmond

PURPOSE OF REPORT AND REASON FOR RECOMMENDATIONS: The purpose of this report is to request that the Council retrospectively approve the NMC Business plan for 2026-2027.
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RECOMMENDATION(S): The Council is requested to: a) Note the report, b) Note the engagement undertaken to develop the Business Plan 2026-2027, c) To retrospectively approve the Business Plan for 2026 – 2027; and d) Note the first reporting cycle for Q1 2026-2027 will be presented to the Council in July 2026.
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ANNEXES: The following [annexes are or annexe is attached to this paper: • Annexe 1: NMC Business Plan 2026-2027 • Annexe 2: Plan on a page

REPORT APPROVAL [mandatory for all Council/Committee Reports]	
Executive Director: Insert Name	Approved 13 May 2026
Director of Finance:	Approved 13 May 2026
General Counsel:	Approved 13 May 2026
Chief Executive and Registrar (CER):	Approved 13 May 2026
Secretary to the Council:	Approved 13 May 2026

External Engagement (undertaken to date)		
Committee / Group	Date	Outcome
N/A		

Consideration at Committee/Group		
Committee / Group	Date	Outcome
Finance and Resources Committee	19 January 2026 11 February 2026	Reviewed initial view on how we are developing the Business Plan, including the draft ‘plan on a page’
Council seminar	24 February 2026	Approved 18-month Strategy 2025-2027.
Executive Board Meeting	10 March 2026	Planning workshop session Identified the key deliverables and milestones for activities within the Plan.
Confidential Council meeting	28 April 2026	Discussed the draft Corporate Plan and requested additional work be undertaken to refine it.
Executive Board Meeting	13 May 2026	The Executive Board approved the newly titled Business Plan 2026-2027.

BUSINESS PLAN 2026 - 2027

1. SITUATION / BACKGROUND

The purpose of this report is to request that the Council retrospectively approve the NMC Business plan for 2026-2027

2. SPECIFIC MATTERS FOR CONSIDERATION

2.1 Being clear on where we are starting from

- 2.1.1 The 18-month Strategy (up to March 2027) agreed by Council in September 2025, has been our starting point for developing the Business Plan for 2026-2027. This report builds on the engagement undertaken with the Council the Executive Board (EB) and the Finances and Resources Committee (FRC). This includes:
- 2.1.2 The Council approved the 18-month NMC strategy 2025-2027 at the Open Council meeting on September 2025, and the 'plan on a page' was shared at the Council Seminar on 24 February 2026.
- 2.1.3 The FRC received an initial view on how we are developing the Business Plan, including the draft 'plan on a page' at its meeting on 19 January 2026 and on 11 February 2026.
- 2.1.4 The EB held a planning session at its meeting on 10 March 2026 to identify the key deliverables and milestones for activities within the Plan
- 2.1.5 The Council reviewed the draft Business Plan at their confidential meeting on 28 April 2026.
- 2.1.6 Last year we set out our three-phased strategic road map: Recover, Stabilise and Rebuild, and Enhance and Improve. The organisation has progressed much of the activity set-out in our 'Recover' phase, therefore many of the activities included this year are building upon the foundations of our 2025 - 2026 Plan. We remain focused on responding to our most significant areas of risk and recovering from that challenging period; but it is positive that we are able to move further into the second and third phases. Progression through the phases is appropriate to each area of the business, i.e. some functions are further on in their recovery/maturity depending on the level of risk they faced.
- 2.1.7 From the Strategy we have five corporate priorities to form the basis of the Business Plan, each with key activities identified to drive success in those areas (**annexe 1**). A high-level summary has been created in a 'plan on a page', see **annexe 2**.
- 2.1.8 The five strategic priorities have been slightly rephrased and reordered from the 2025 – 2026 Plan but maintain focussed on delivering high performance within our core regulatory functions and the recommendations from external reviews.

2.1.9 Our actions in response to recommendations from the Independent Culture Review (ICR), shortfalls in meeting some of the Professional Standards Authority's (PSA's) standards of good regulation and learning from historical reviews, have been integrated into planned activity (including the Fitness to Practise (FtP) improvement programme, the Culture Transformation Plan (CTP) and our learning framework). This is to ensure that continuous improvement is embedded in activity and manage those improvements effectively and efficiently

2.2 Setting out where we want to get to

2.2.1 The Business Plan explains *what* the NMC is trying to achieve and *when*, translating the Strategy (the *why*) into a small number of clear priorities and intended activities (see **annexe 1**).

2.2.2 Applying feedback from Council's discussion at their confidential meeting on 28 April 2026, the Plan outlines key delivery milestones to help pace activity and clearly set out our intentions and ambitions for the year. Taking learnings from other regulators, we have created a concise list of deliverables and their intended outcomes.

2.2.3 We will report progress on the business plan on a quarterly basis to the Council and the new Planning and Performance Committee once established.

2.2.4 Executive Directors (EDs) have been assigned to lead/co-lead the most relevant priorities. While Executive Board (EB) has collective responsibility over the Plan, this is intended to enhance accountability and provide greater oversight and sponsorship support to teams.

2.2.5 Operationally, the Plan supports the governance of activity within our portfolio, ensuring that activity is only undertaken if pre-agreed and reflected in the Business Plan for the year. This will help us to more effectively manage capacity and resources across the business – especially if we need to adjust our Plan in response to any change or risk during the period.

2.2.6 Tactically, our colleagues need to bring the Plan to life in their daily activity. Colleagues will be engaged and briefed on the Plan, utilising our internal communications channels. The senior leadership group will have their own deep dives into the Plan, allowing cross-directorate planning, better understanding of priorities and balancing of interdependencies. Colleague engagement is crucial in maintaining the 'golden thread' to the Strategy, which we expect to see formally articulated in objectives, Board papers and directorate business plans.

2.2.7 We will continue to report progress and performance based on KPIs and indicators that track the delivery, and successful outcomes, of the planned activities within the Plan. Reporting will focus on a core set of measures which will demonstrate success and drive corrective action, both in terms of delivering core business and mitigating risk. This is currently monthly to EB, six times per year to Finance and Resources Committee and quarterly to Council. To avoid duplication of reporting effort, and maintain consistency, we will use metrics which are also relevant for other oversight groups and stakeholders.

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2.2.8 We will design a reporting format to clearly highlight improvements and challenges so that leaders can lean into initiatives that reap success and focus on corrective action to tackle concerns. Reporting will be appropriately tiered at a strategic and operational level, prioritising the performance and outcomes, and to ensure that leaders and managers have the appropriate level of data to inform their decision-making.

2.3 Key risks

2.3.1 To ensure the Plan was considered within our context and risk landscape, the EB and Council reviewed the risk register at the Council seminar on 24 March 2026, and the discussed the plan at the confidential Council meeting on 28 April 2026. These discussions enabled the Council and the EB to be focussed on identifying any risks to delivering the Plan, prioritising activity in light of our most significant areas of risk and assessing our overall corporate capacity.

- 2.3.2 There are a range of risks that will impact on the Plan, which have been considered and mitigations put in place, these include:
- Failure to realise identified pay and non-pay efficiencies agreed in autumn 2025 and reflected in budgets.
 - The development of a longer-term financial strategy addresses our resourcing and capacity needs more widely (activity within priority 5 Modernising the NMC). The impacts of changes are being monitored by EB and the Finance team. Savings and efficiencies made will be reported to Council via quarterly Financial Report

3. FINANCIAL / GOVERNANCE IMPLICATIONS

- 3.1. **Financial** – The **annual budget** outlines the yearly allocation of financial resources towards the achievement of the Business Plan. The annual budget for 2026-2027 was approved by the Council on 25 March 2026.
- 3.2. **Governance** - In accordance with the NMC’s Scheme of delegation the Chief Executive and Registrar (CER) is responsible for formulating and making proposals to the Council regarding the annual corporate plan (business plan) and budget and implementing the Council’s decisions. The Council is responsible for approving the corporate plan (business plan).

4 RECOMMENDATION

- The Council is requested to:
- a) **Note** the report,
 - b) **Note** the engagement undertaken to develop the Business Plan 2026-2027,
 - c) To retrospectively **approve** the Business Plan for 2026 – 2027; and
 - d) **Note** the first reporting cycle for Q1 2026-2027 will be presented to the Council in July 2026.

5 ASSESSMENT

Impact Assessment	Question / Consideration	Response
Equality, Diversity and Inclusion	Has an Equality Impact Screening been undertaken?	Yes, an EQIA has been undertaken
Safeguarding considerations	Are there any safeguarding implications?	No
Four country factors and considerations	Are there any four country factors, including Welsh Language)	Activity relevant to a specific nation is outlined within annexe 1.
Resource (incl People) implications	Are there any people implications?	Resourcing of the Plan is a key consideration managed by Executive Board and supporting committees.
Risk implications associated with the work and the controls proposed/ in place.	What are the key risks and how are they mitigated?	See para 15 - 19
Legal considerations, incl Regulatory Reform	Are there any legal or regulatory implications?	In accordance with the NMC SOs the Council is responsible for approving the corporate plan (business plan) and budget. Regulatory reform activity is outlined in annexe 1.
Nursing Associates	Any specific implications for nursing associates?	Yes – outlined within annexe 1

Draft Business Plan 2026-27

Foreword

We are building a new NMC – determined to establish the organisation as the strong and independent regulator that everyone wants to see.

Over the years, the NMC has been subject to a number of critical reports which have highlighted issues with our culture, racism, our fitness to practise process, and failures of systems.

Now that we have an almost completely new executive team, we have turned a new page and are determined once and for all to fix the issues at the organisation – so that we can deliver our core purposes of protecting the public, promoting the nursing and midwifery professions and upholding the standards.

The public; nursing and midwifery professionals; and our stakeholders all need an NMC that consistently meets high standards and increasingly meets the Standards of Good Regulation, as set out by the Professional Standards Authority.

Over the last year, we have set about transforming the culture at the organisation – having published our three-year Culture Transformation Plan in March 2025.

We are determined to build a culture that is empowering, positive and inclusive – underpinned by a strong commitment to anti-racism.

Our 2026-27 business plan shows how we aim to deliver on our ambitions, during this business year, reflecting the ambitions set out in our current 18-month strategy, *Building a New NMC*, which was published last September.

Over the past year, as well as making meaningful progress in strengthening our culture, we have also started to improve our regulatory performance – with our Fitness to Practise process achieving the best timeliness rate since late 2020, with 74% of cases being resolved end-to-end in a timely fashion.

Meanwhile, we have also published a consultation on our practice learning review, and are making good progress with the work to update our Code and Revalidation process by autumn 2027.

In May 2026, we are due to publish our ambitious anti-racism principles for midwifery and nursing education and practice, which we hope, among other things, will help to tackle the Black Maternal Health Crisis.

There is still a long way to go, but the extent of the progress is clear.

This progress has been made despite the pressing financial challenges we have faced, caused by the decision to freeze registration fees for 11 years. Resulting in a 28.8% decline in the real value of fees income over the last decade, to the loss of £186m of income.

Due to this challenging financial landscape, we have been drawing down our reserves, contracting these from £101m in March 2024 to £49.6m in March 2026.

In order to stabilise our finances, we removed 10% of our roles in the latter half of the last business year and have put forward a plan to increase our fees by £1.92 per month from October 2026.

Our financial plans for 2026-27 ensure we are investing in the areas that matter most to deliver our priorities and long-term transformation. Further detail on our income, expenditure and financial position is set out in the accompanying [budget approved in March 2026](#).

During 2026-27 our priorities will align with the themes set out in our strategy, which are:

- Ensuring trust in professionals
- Improving Fitness to Practise
- Culture transformation
- Strengthening leadership
- Modernising the NMC.

This is a vital year for the NMC. We are determined to continue with our three-year plan to transform our culture and our performance – enabling us to turn the organisation around once and for all.

Paul Rees MBE

Chief Executive and Registrar

1. Building a new NMC: Strategy 2025-2027

The [NMC strategy 2025-2027](#) sets out our **priority** areas as we continue to transform **our** culture and improve our regulatory **performance**.

The strategy builds on our [Culture Transformation Plan](#) and [Fitness to Practise \(FtP\) plan](#), through which we have already made major strides.



Building a new NMC: Strategy 2025–2027



NMC vision

Safe and effective nursing and midwifery education and practice across the four countries of the UK — regulated by the NMC — a fit for the future organisation, with fairness and equity at the heart of everything that we do.

NMC mission

To be a strong and independent regulator that protects the public and inspires confidence in the nursing and midwifery professions — by setting and upholding high professional standards.

- We achieve our mission through a positive and inclusive culture that enables our people to thrive.
- Achieving our mission will ensure we are an effective part of the wider health and social care system.

NMC values

We're building a new NMC with:

- Integrity
- Fairness
- Respect
- Equity
- Effectiveness



Ensuring trust in professionals

Reviewing and enhancing our regulatory tools to better protect the public and support professionals



Improving fitness to practise

Improving the fairness, timeliness and quality of decisions while focusing on safeguarding and equity



Culture transformation

Creating a fair and positive culture to become an effective, safe and trusted regulator and employer



Strengthening leadership

Building a new NMC with stronger accountability and united, values-based, empowering leadership



Modernising the NMC

Updating our technology, systems, legislation and learning to be more agile and efficient

Detail on costing can be viewed in [our annual budget](#). The budget accommodates all activity within our strategic priorities.

2. Planning principles

Our key planning principles include:

- Keeping the plan **lean and actionable**
- **Fostering accountability** through specific deadlines, and treating it as a living document that adapts to constant change, rather than a one-time, static task
- **Maintaining focus and discipline** so the organisation is well positioned for the next phase of delivery
- **Using resources efficiently** to prioritise activity that delivers the greatest public protection
- **Responding proportionately to emerging challenges** where they align with our strategic priorities
- **Equipping and empowering colleagues** to perform effectively and sustainably.

3. Strategic priorities

Over the **next 12 months** we will focus on:

1. Delivering safe, fair and effective regulation
2. Reducing delays and improving consistency in FtP and education
3. Strengthening leadership, culture and fairness
4. Modernising our systems, governance and data.



Ensuring trust in professionals

Reviewing and
enhancing our regulatory
tools to better protect
the public and support
professionals

Strategic priority 1: Ensuring trust in professionals

By March 2027, we will:

Review and update key regulatory tools so they reflect changing needs across education and practice, from students entering the register to professionals in practice.

Outcome: Our professionals are trusted by the public and are supported to deliver safe and effective care.

Review of practice learning requirements

- We will complete the public consultation on practice learning requirements (by July 2026)
- We will develop revised practice learning standards and assess financial implications (by 31 September 2026)
- We will seek Council approval for proposed changes (by 31 September 2026)
- We will begin transition to new standards, with a minimum two-year implementation period (from January 2027).

Advanced practice

- We will complete horizon scanning and engagement with early adopters to inform draft standards (by 31 March 2027)
- We will develop standards for advanced practice for public consultation (2027-28)
- We will deliver a registrant survey to inform standards development (June 2026).

Education standards and education quality assurance (EdQA)

- We will deliver the EdQA Development Plan to meet PSA Standards of Good Regulation (by 31 March 2027)
 - We will upgrade EdQA case management and quality tracking systems (by 31 March 2027)
 - We will improve EdQA processes using D365 automation and workflow (by 31 March 2027)
 - We will strengthen EdQA capacity and capability through new and additional roles (by 31 March 2027)
 - We will assess technology options for proactive monitoring of AEI performance (by 31 March 2027)
 - We will strengthen partnership working with the current quality assurance provider (by 31 March 2027)
 - We will reduce disproportionate outcomes in nursing and midwifery education and training (ongoing; reviewed quarterly)
-

Review of the Code and revalidation

- We will refresh the Code through public consultation and analysis (consultation September - November 2026; analysis December 2026 - March 2027)
- We will update the revalidation process following consultation (consultation September - November 2026; analysis December 2026 - March 2027)
- We will confirm requirements for advanced practitioners as part of the Code and revalidation reviews (by 31 March 2027)
- We will ensure the Code reflects key issues raised by stakeholders, including EDI, AI, professional behaviour outside work and delegation.

Midwifery Action Plan

- We will publish FAQs on the Principles for supporting women's choices in maternity care (by 31 March 2027)
- We will publish anti-racism principles for nursing and midwifery education and practice (by 31 May 2026)
- We will support implementation of anti-racism principles across education and practice (by 30 September 2026)
- We will enable system regulators to apply the principles through inspection activity (by 31 March 2027).

Integrity of our register

- We will ensure our policies, processes and procedures are followed, undertaking stronger quality assurance checks (by 31 March 2027)
- We will strengthen the integrity of the register by improving the consistency, fairness and proportionality of registration decisions (by 31 March 2027)
- We will strengthen fraud controls and review international registration policy and processes where required (by 31 March 2027).

International registrations

- We will complete CBT hearings and capture learning (by 30 September 2026)
 - We will launch the Patient Safety Intelligence Forum to assess international education risk (by 30 June 2026)
 - We will complete a discovery phase on international registration policy and process (by 30 September 2026)
 - We will agree the scope of a Test of Competence review (by 31 January 2027).
-

Registrations

- We will complete quality assurance checks on registration decisions (by 30 June 2026)
 - We will review health and character assessment processes (by 30 June 2026).
-

Policy and partnership working

- We will strengthen international and European partnerships to detect and prevent registration fraud (by 31 March 2027)
- We will support improved information-sharing arrangements across Northern Ireland and the Republic (by 30 September 2026)
- We will clarify registration requirements for specific international applicant cohorts, including those linked to Ukraine (by 31 March 2027).

Strategic priority 2: Improving Fitness to Practise (FtP)



Improving fitness to practise

Improving the fairness, timeliness and quality of decisions while focusing on safeguarding and equity

By March 2027, we will focus our FtP transformation on processes, people and systems to reduce delays, improve consistency and strengthen fairness.

Outcome: Those involved in our FtP processes have experiences which are progressively more equitable, person-centred and proportionate. Decisions are made more promptly, without compromising quality or fairness.

Reduce delays

- We will deliver the Right Referral, Right Place programme to reduce unnecessary referrals and improve referral quality (by 30 June 2026)
- We will embed stronger disclosure practices with third parties to reduce avoidable delays (by 30 June 2026)
- We will introduce legally qualified chairs and new case management powers, subject to rule changes (timing subject to approval)
- We will implement a new Investigations operating model and progress 350 cases to Case Examiner decisions (by 31 December 2026)
- We will strengthen operational performance management through targeted coaching and training (1 October 2026 - 31 March 2027).

Strengthen equity and fairness in Fitness to Practise

- We will introduce proactive debiasing measures across Fitness to Practise processes (delivery plan agreed by 30 June 2026)
- We will embed priority bias-mitigation actions for early decision-makers using data and insight (by 30 June 2026)
- We will deliver targeted training on discrimination in regulatory contexts, including anti-Jewish and anti-Muslim hate (by 30 September 2026)
- We will deliver EDI training for Fitness to Practise decision-makers to recognise and mitigate bias (by 31 March 2027)
- We will implement and review bias-mitigation interventions for early decision-makers (interventions in place by 31 December 2026)
- We will deliver enhanced anti-racism training for Panel Members (by 31 December 2026)
- We will continue EDI case clinics for complex cases and share learning across teams (by 31 March 2027)
- We will deliver a consistent quality assurance framework through the Fitness to Practise Improvement Plan, with EDI embedded (by 30 September 2026).

Improve decision-making quality and use of clinical advice

- We will improve the clinical advice process and increase its use across Fitness to Practise casework (by 31 December 2026)
- We will introduce targeted investigation pathways, including testing a Dedicated Clinical Pathway Hub with early clinical input (by 31 December 2026)
- We will strengthen quality gateways in Investigations and CPP to reduce rework and improve consistency (by 31 December 2026)
- We will embed updated removal and warnings guidance across decision-making (by 30 September 2026).

Improve communication, engagement and safeguarding

- We will embed the reset customer contact process and track performance quarterly (embedding by 30 June 2026)
- We will deliver trauma-informed training so colleagues apply trauma-informed approaches consistently
- We will improve communications with people involved in our processes (by 30 September 2026)
- We will deliver the next Safeguarding Plan to strengthen engagement, wellbeing and operational assurance (by 31 December 2026)
- We will evaluate the health pilot and agree next steps (by 30 September 2026)
- We will introduce new rules to strengthen support for witnesses in hearings (in force by 31 December 2026, subject to approvals)
- We will embed safeguarding consistently through targeted training and assurance (by 30 September 2026).

Manage incoming concerns proportionately

- We will implement new investigations ways of working to improve efficiency and progress an additional 350 cases (by 31 December 2026)
- We will deploy the new case management system to improve efficiency and case progression (deployment by 31 March 2027)
- We will improve hearing facilities and transcription to enhance timeliness and user experience (by 30 June 2026)
- We will implement the legal services review to support timely and proportionate case progression (by 30 June 2026)
- We will strengthen operational management capability and cross-department working (1 October 2026 – 31 March 2027)
- by 31 December 2026 We will establish a dedicated FtP service quality and improvement function (by 31 March 2027)

Strategic priority 3: Culture transformation



By March 2027, we will deliver a sustained programme of culture transformation so the NMC is experienced as **fair, respectful, inclusive and values-led**, and culture actively supports effective regulation.

Outcome: An increasingly positive, empowering and inclusive culture that enables us to become an effective, safe and trusted regulator and employer.

Progress will be measured through the **Culture Maturity Model**, with the ambition to operate at a **'Leading'** level by **2027/28**.

Reconnecting colleagues to purpose and fairness

- We will strengthen colleagues' connection to our regulatory purpose and fairness through improved induction and role-specific learning, including patient and registrant perspectives (learning scaled by 31 December 2026; targeted follow-up by 31 March 2027).

Strengthening management capability and consistency

- We will deliver a structured Management Development programme so managers can set expectations, manage performance and wellbeing, and intervene earlier (launched by 30 June 2026; expanded by 31 December 2026; embedded by 31 March 2027).

Embedding equity, inclusion and psychological safety

- We will embed equity, inclusion and psychological safety so colleagues feel safe to speak up and experience fairness consistently (core activity delivered by 30 September 2026; targeted action through 31 March 2027)
- We will maintain a zero-tolerance approach to bullying, harassment and discrimination, and review the Fairness at Work policy to ensure it remains clear and trusted (by 30 September 2026).

Regulatory fairness

- We will embed equity, inclusion and anti-bias objectives across regulatory functions, with a focus on fitness to practise decision-making (by 31 December 2026)
- We will improve communications with registrants, witnesses and others, informed by the Ambitious for Change review and stakeholder feedback (by 31 December 2026).

Delivering Independent Culture Review recommendations

- We will deliver the Independent Culture Review recommendations, with clear governance and oversight, and demonstrate sustained progress against agreed milestones (by 31 March 2027).

Strategic priority 4: Strengthening leadership



By March 2027, leadership is experienced as inclusive, confident and values-led. Leaders consistently role-model expected behaviours, take collective responsibility for outcomes, and create the conditions for people and teams to perform at their best. Leadership decisions balance clarity, fairness and accountability, supporting strong organisational performance and trust internally and externally.

Outcome: A united leadership group that shares accountability to drive the organisation forward as 'one NMC'

Clear leadership expectations

- We will embed clear leadership expectations (CORE) in objectives, recruitment, appraisal and development, reinforced by coaching and feedback (objectives by 30 June 2026; people processes aligned by 30 September 2026; reinforcement through 31 March 2027).

Leadership governance and alignment

- We will strengthen leadership governance and decision-making through a single leadership spine (SLG and LG), supported by consistent performance, culture and risk reporting (arrangements embedded by 30 June 2026; reporting established by 30 September 2026; alignment and barrier removal through 31 March 2027).

Leadership development and capability

- We will build leadership capability at all levels through mandatory development, coaching, feedback and talent and succession planning (programme and first 360 cycle launched by 30 June 2026; coaching delivered by 30 September 2026; succession planning introduced by 31 December 2026; learning consolidated after a second 360 cycle by 31 March 2027).

Improve performance against the Standards of Good Regulation

- We will develop and agree a delivery plan to increase the number of Standards assessed as 'met' (by 30 June 2026).

Strategic priority 5: Modernising the NMC



Modernising the NMC

Updating our technology, systems, legislation and learning to be more agile and efficient

By March 2027 we will:

Align investment to strategic priorities to improve efficiency, data quality and user experience and deliver £500k of non-pay savings through the 'War on Waste' programme.

Outcome: Technology and systems which enable us to be more agile and efficient internally, and to better support our regulatory operations. A measured reduction in non-pay waste and more focused and disciplined cost control and contract management.

Technology and data

- We will deploy transcription software for FtP hearings (by 30 June 2026)
- We will deploy redaction software to improve document handling (by 30 September 2026)
- We will deploy reporting automation to improve management information (by 31 December 2026)
- We will deliver a common data model and publish priority datasets (from 1 July 2026; further releases from 1 January 2027)
- We will replace spreadsheet-based processes with D365 automation (by 31 March 2027)
- We will replace the legacy FtP case management system (development by 31 December 2026; live by 31 March 2027).

Prepare for reform of the NMC's governing legislation

- Subject to Council's decisions, we will amend the NMC's Fitness to Practise and Fees rules (by 30 June 2026).
- We will commence Regulation of nursing associates in Wales, once confirmed by Department of Health and Social Care (DHSC).
- We will develop the new NMC Order by undertaking policy and legal work by 31 December 2026, in readiness to deliver the public consultation on the new NMC Order by 30 April 2027.

External relationships

- We will deliver a coordinated programme of strategic stakeholder engagement with clear ownership
- We will coordinate consultations centrally with early stakeholder input
- We will strengthen UK-wide professional forums to support two-way engagement
- We will use system intelligence to identify and respond to emerging risks and opportunities.

Annexe 2: Business Plan on a page (April 2026 – March 2027)

Key transformation activity/programmes and their significant workstreams

#1. Ensuring trust in professionals

ED Professional Practice

Trusted and safe professions

- Protect the integrity of our register through effective testing and prevention of fraud

Supporting the delivery of effective care

- Regulation of Advanced Practice
- Update our revalidation process
 - Review the NMC Code
- Review of nursing and midwifery practice learning
 - Midwifery action plan

Strengthened approach to Education Quality Assurance

- Improving our data quality and monitoring
- Ensuring we have the right staff resource to be proactive
 - Meet PSA Standards

#2. Improving fitness to practise

ED Professional Regulation
ED Professional Practice
ED Strategy & Insight

FtP Improvement Programme

Transforming casework

- Clinical Pathway Hub
- New ways of working at Investigations
- Customer contact process improvements

Transforming Adjudications

- IO meeting pilot
- Hearing room refit

End to end initiatives

- Preparing to operationalise rule changes
- Strengthening quality thresholds/gateways
 - PR legal services review

Safety and experience

- New safeguarding processes
- Developing a new clinical advice model

Tools and automation

- Redaction software
- Exploring use of AI

Legislative change programme: FtP Rules changes

- Strengthened case management powers
 - Notice requirement changes
- Special measures for vulnerable witnesses
 - Registrant FtP platform

Panel support

- Anti-racist, witness to harm training and peer to peer learning

#3. Culture transformation

ED People & Culture

Culture Transformation Plan

- People strategic objectives
- Registrant employee strategy

Psychological safety

- Coaching

Values-based decision making

- Regular Employee Forum, union and staff network engagement

Embed EDI best practice

- EDI strategic objectives
- Unison anti-racism action plan
 - Coaching

Enjoying work

- Coaching
- Staff-led action plan

Regulatory fairness

- De-biasing our processes
- Engaging our Public and Registrants' Forums

- Delivering against ICR recommendations

#4. Strengthening leadership

ED People & Culture
ED Communications and Engagement

Culture Transformation Plan

Effective leadership

- Leadership coaching
- Overhaul our governance and develop our Council's effectiveness
- Embed our behaviour framework and strengthen our performance management

Drive progress towards meeting PSA Standards of Good Regulation

Consistent, strategic relationships with stakeholders

- Enhanced stakeholder mapping
- Clear, inter-connected communications
- Insight informed actions

#5. Modernising the NMC

ED Transformation & Technology Services
ED Strategy and Insight
ED Finance

Efficiency and sustainability

- Financial and workforce strategy
- Non-PAYE efficiencies programme
 - Improved governance
 - Strengthening regulatory operations policies and processes

Data Roadmap

- Data warehouse migration
- Functional and master data project
 - Fabric implementation
- Reporting automation and sharing
 - AI digital readiness

Legislative Change Programme

- Regulatory reform
 - Rule changes and fee review
- Regulation of nursing associates in devolved nations

Modernisation of Technology Services programme (MoTS)

- Upgrade FtP Case Management System

Learning from inquiries

- Delivery of improvements identified by internal and external inquiries

Report to:	Council	Meeting Date:	20 May 2026
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NMC Principles to support anti-racism in midwifery and nursing education and practice	
Publication Status	Public
Presenting the Report	Donna O'Boyle, Tracey MacCormack, Paula McLaren
Executive Director	Donna O'Boyle
Report Author	Paula McLaren

PURPOSE OF REPORT AND REASON FOR RECOMMENDATIONS:

Council is invited to consider these Principles following recommendation of Executive Board on 30 April 2026. If approved by the Council, the Principles will be published on 29 May 2026 to enable Approved Education Institutions (AEIs) to begin implementing these within their midwifery and nursing programmes and across practice learning partner environments in the new academic year beginning September 2026.

The Principles have been developed following stakeholder engagement (see Annexe 3) including the Chief Midwifery and Nursing Officers across the UK, professional organisations including the RCN, RCM, the NHS Race Health Observatory, the NMC Diaspora Registrants Association Forum (DRAF), advocacy groups, two roundtables - one with midwives and one with nurses, an expert reference group and internal NMC colleagues.

RECOMMENDATION(S):

The Council is asked to **approve**:

- The Principles to support antiracism in midwifery and nursing education and practice.
- The plan to launch the Principles and enable implementation of the Principles across education and practice.
- The principles will be launched across the UK to support their implementation across education and practice.

REPORT APPROVAL	
Executive Director:	Approved 30 April 2026
Director of Finance:	Approved 30 April 2026
General Counsel:	Approved 30 April 2026
Chief Executive and Registrar (CER):	Approved 30 April 2026
Secretary to the Council:	Approved

External Engagement		
Committee / Group	Date	Outcome
See Annexe 4 for full details of external stakeholder engagement	Throughout March and April 2026	Feedback incorporated into the final version of the Principles.

Consideration at Committee/Group		
Committee / Group	Date	Outcome
External critical readers (30 individuals and organisations)	Throughout April 2026	Feedback incorporated into the final version of the Principles.

NMC Principles to support anti-racism in midwifery and nursing education and practice

BACKGROUND

1. Given the current maternity landscape and challenges identified through public inquiries and concerns that have been raised regarding poorer outcomes for diverse groups, the NMC professional midwifery team embarked on a suite of activities to explore the specific regulatory role of the NMC in addressing the current maternal health challenges and make recommendations for change.
2. These activities included mapping the midwifery curricula of Approved Education Institutions (AEIs), and reviewing and reverse mapping the Standards of proficiency for midwives against recommendations made from recent UK maternity reviews.
 - a. This work has highlighted that inequity in maternity outcomes remains a significant concern across the sector, with wider evidence from across the UK showing clearly that health inequalities linked to racism, bias and lack of cultural safety translate into measurable differences in morbidity, mortality, safety and service use. This is evidenced by:
 - b. Health inequalities contribute to significantly poorer outcomes for minority ethnic populations across multiple areas. This includes higher maternal mortality rates, poorer mental health outcomes with greater use of crisis and coercive care, and delays in access to diagnosis and treatment linked to racism and bias.
3. These inequities also drive higher rates of chronic conditions such as diabetes and hypertension, with earlier onset, more severe complications, and increased premature mortality, reflecting gaps in prevention, early intervention, and culturally safe care.
4. Health inequalities are contributing to poorer patient experiences and outcomes, particularly for racially minoritised groups who are less likely to feel heard or respected, and whose concerns may be dismissed (Marmot, 2010, 2020). This is associated with increased risk of avoidable harm, especially in high-risk areas such as maternity care.
5. At a system level, these inequalities drive higher use of emergency services, more avoidable complications, and increased healthcare costs, reflecting gaps in prevention and early intervention ([Black Health APPG](#)).
6. Overall, inequalities are directly linked to worse clinical outcomes, including higher mortality, greater disease burden, delays in care, and reduced patient safety.
7. Evidence (Black Health APPG) shows that racism, unconscious bias, and lack of cultural safety significantly affect staff experience, wellbeing, career progression, and retention in health and social care. Racially minoritised staff are more than twice as likely to experience workplace discrimination and less likely to perceive equal opportunities for career progression (NHS England 2023).
8. The Workforce Race Equality Standard (WRES) data highlights that these experiences contribute to poorer psychological safety, reduced wellbeing, and reduced engagement, with racism described as entrenched in parts of the NHS (Care Quality Commission, 2022; NHS England, 2023). This undermines teamwork, trust, and communication - key factors for safe care, and reduces the likelihood that staff will raise concerns, linking poorer staff experience to worse patient safety outcomes (The Kings Fund, 2020; NHS England 2023)Recent data from the NMC Insight Report (2026) also highlights the scale

of the issue, with 40% of respondents reporting discrimination - most commonly related to ethnicity or age, despite an increasingly diverse workforce.

9. Addressing longstanding inequities is a shared responsibility across government, regulatory bodies, health and care organisations, education, and practice. The NMC has a key role in supporting sector-wide leadership, collaboration, co-production, and support collective ownership to drive meaningful change. Within its regulatory remit, the NMC has mechanisms for change including setting education programme standards, standards of proficiency and through standards outlined in the Code.
10. As part of its commitment to safe equitable care, the NMC has established Principles to support anti-racism in midwifery and nursing education and practice. These set clear expectations for stronger education on anti-racist behaviour, unconscious bias, cultural safety and respect, improved communication, and sustained collaboration to drive meaningful and lasting improvement.

Stakeholder engagement

11. Throughout March and April 2026, we engaged with key stakeholders to ensure that we collaborated and co-produced a set of draft principles to support anti-racism in midwifery and nursing education and practice that make clear our expectations for professionals, approved education institutions (AEIs) and health and social care organisations.
12. The engagement ensured we considered the views of those with an interest in equality, diversity and inclusion and eliminating health inequalities and included representative views from a variety of health and social care settings, a wide range of backgrounds, across midwifery and nursing, and advocacy groups representing individual service users and the public.
13. We continue to engage with, test and refine our thinking with representatives from professional organisations such as the Royal College of Midwives, the Royal College of Nursing, the NHS Race and Health Observatory, Chief Midwifery and Nursing Officers from across the four nations of the UK, the NMC Diaspora Registrants Association Forum (DRAF), together with colleagues from the Nursing and Midwifery Board of Australia (NMBA), the Australian Health Practitioner Regulatory Agency (AHPRA) and the Australian Nursing and Midwifery Accreditation Council (ANMAC).
14. We further targeted individuals with specific expertise across different areas of professional practice and health and social care settings, midwifery and nursing, and advocacy groups as critical readers to finalise the draft principles, including allied health professionals and medical professionals.
15. The themes that emerged through this engagement are summarised in Annexe 4. There was strong support for the NMC to develop principles for anti-racism and for these to be applied across both midwifery and nursing education and practice as a shared set of Principles. A theme that emerged was that the NMC must use robust language throughout the Principles and that further work must be undertaken to strengthen the refreshed Code and therefore enforceability.
16. The final version of the Principles is the result of robust stakeholder engagement and co-production. Following agreed governance, the development team is now in a position to recommend the draft principles to the Council for approval.

Launch to support implementation across education and practice

17. The team has developed a plan for launch of the Principles pending Council approval which includes engagement with stakeholders across midwifery and nursing education and practice across the four nations of the UK, along with a series of webinars. This will help to ensure that all stakeholders are aware of the Principles and our expectations for these to be included in education programmes and practice learning environments from September 2026, to coincide with the new academic year. The launch plan will directly inform readiness for the publication of the revised Code in October 2027, and support embedding anti-racist practice within professional regulation, including revalidation.
18. The team will also engage with internal NMC colleagues to launch the Principles and provide support in how these relate to the work of the NMC.
19. To further support implementation, we will be publishing case examples and practical tools to support embedding of the Principles in education and practice.
20. A maturity matrix has been developed so that organisations are able to undertake a gap analysis and are able to demonstrate progress towards maturity.
21. We will be ensuring that AELs are implementing the Principles through our Annual Self-Reporting process. This quality assurance process is completed by AELs and their practice learning partners and key questions will be asked about implementation of the Principles, completing the maturity matrix and addressing both differential attainment and awarding gaps.
22. This approach provides a consistent framework for benchmarking maturity across individual systems, a mechanism for equity, safety and quality outcomes and a clear pathway from principles to practice to regulation.

SPECIFIC MATTERS FOR CONSIDERATION

23. It must be noted that the Principles have been developed to enable development and implementation at pace. Principles provide the foundation for what we expect of individuals and organisations in developing and embedding anti-racism across midwifery and nursing practice and education.
24. We are clear that these are Principles, not standards that set out our expectations as a regulator for anti-racism behaviour and practice to be realised. By their nature principles are not mandatory but our aim is that organisations will embed the Principles to help them prepare for standards within the refreshed Code. We also recognise that our role is to enable awareness to support implementation through wide stakeholder engagement.
25. The updated Code, expected for publication in Autumn 2027, will expressly address these issues, setting out the standards that all nurses, midwives and nursing associates (England only) must meet to uphold patient safety and public protection throughout their careers, and which will be mandatory and enforceable.
26. The Council is asked to consider the following questions:
 - a. Do the principles clearly set out our expectations for people, students, professional registrants, AELs, and health and care organisations in tackling anti-racism across education and practice?

- b. Is Council assured of the robustness of the stakeholder engagement in informing these Principles?
- c. Is there anything Council feels should have been considered in the development of the Principles or the Principles themselves?
- d. Is Council assured that the launch plan will support implementation of the Principles across education and practice?

FINANCIAL /GOVERNANCE IMPLICATIONS

27. Organisations are already working to develop plans to support equity, diversity and inclusion. These Principles will provide regulatory expectations to support this.
28. There are no financial implications for the NMC.
29. Requirements for assurance from approved education institutions will be through quality assurance mechanisms that are already in place.

RECOMMENDATION

30. Council is asked to approve the Principles to support anti-racism in midwifery and nursing education and practice.
31. Council is asked to approve the launch plan to support implementation of the Principles across both education and practice.

ASSESSMENT

Impact Assessment	Question / Consideration	Response
Equality, Diversity and Inclusion	Has an Equality Impact Screening been undertaken (including Welsh Language)?	No but Principles aimed at addressing racism across education and practice. Welsh translation and easy read have been discussed as part of the development work.
Safeguarding considerations	Are there any safeguarding implications?	Yes throughout paper and current safeguarding mechanisms will encompass this work.
Four country factors and considerations	Are there any four country factors?	Stakeholder engagement has included voices from across the four nations and launch plans include engagement across the four nations.
Resource (incl People) implications	Are there any people implications?	Professional Practice colleagues will continue to support implementation of the Principles within current roles.

Risk implications associated with the work and the controls proposed/ in place.	What are the key risks and how are they mitigated?	The premise of the development of principles is to mitigate a current sector wide risk, within our remit as a professional regulator. We will be seeking assurance from AElS through ASR and we will continue to monitor implementation and risks and work with other professional and systems regulators in this space.
Legal considerations, incl Regulatory Reform	Are there any legal or regulatory implications?	All document reviewed by General Counsel colleagues with particular consideration to our regulatory remit.
Nursing Associates	Any specific implications for nursing associates?	Principles will apply to all registrants and students undertaking approved programmes.

Principles to support anti-racism in midwifery and nursing education and practice

PURPOSE OF THIS DOCUMENT

This document is our contribution to urgently help tackle the Black maternal health crisis in maternity services which leads to Black, Asian and minority ethnic women and their children being more likely to die or suffer harm during pregnancy, childbirth or after the birth.

We recognise that racist and inequitable care can occur across both the midwifery and nursing sectors and this document sets out some of the ways educators, organisations, registrants¹ and employers can the growing concerns around inequities in care and racism across health and social care practice, education, and regulation.

We recognise that racism is embedded in structures, policies, processes, power, and culture, not only in individual behaviour and that anti-racism is fundamental to patient safety and public protection.

These principles are intended to strengthen anti-racism; bias awareness; cultural safety, curiosity and respect and equitable care in midwifery and nursing education and practice ahead of the introduction of our updated Code in 2027.

The updated Code will expressly address these issues at a higher level, setting the expectations of all nurses, midwives and nursing associates (England only) to uphold patient safety and public protection throughout their careers.

This document sets out principles designed to:

- **Strengthen cultural safety, curiosity and respect in practice and education**
- **Explicitly advance meaningful, sustained anti-racist, bias aware practice**

Our collective vision is a health and social care sector in which:

- Every member of the public receives equitable, culturally safe, anti-racist, unbiased care.
- Students and registrants learn and work in psychologically safe environments where discriminatory behaviours and biases are called out, challenged, and not tolerated.
- Education and practice settings demonstrate anti-racist, unbiased values and behaviours
- Accountability mechanisms drive sustainable culture change across midwifery and nursing professions.
- Registrants continue to be culturally curious and acknowledge and act on extinguishing new prejudices originating from world events.
- Lived experience from racially minoritised and underrepresented groups shapes policy continuous improvement and programme development, is rooted in sectors,

¹ Throughout this document we have used the word 'registrant' to collectively refer to registered nurses, midwives, and nursing associates in England who are on the NMC register.

processes, quality assurance and control measures to improve the experience for all.

- The impact of intersectional discrimination and intergenerational harm is recognised, along with its effect of reduced trust in services.

The principles are intended to drive real change, not symbolic compliance. Their success will be judged by whether the actions taken improve safety, belonging, fairness, equity, accountability, and trust for service users, students, and the midwifery and nursing workforce.

Who this document is for

This document is for:

- **Members of the public** who receive health and care from midwives, nurses, and in England only, nursing associates.
- **Registrants** who are the professionals on the NMC register
- **Students** who are studying midwifery and nursing on an NMC approved programme in the UK
- **Practice learning providers** in health and social care who employ midwives, nurses, and nursing associates, and who work in partnership with education institutions to provide practice placements for students
- **Approved Education Institutions (AEIs)** who educate, support, and assess midwives, nurses and nursing associates (England only) in NMC approved pre- and post-registration education programmes.

CONTEXT

Persistent inequities and inequality in experiences and outcomes continue to affect racially minoritised service users, students, and registrants, driving the urgent need to enable and strengthen anti-racist practice, bias awareness, cultural safety, curiosity and respect across education and practice for all health and care professionals.

Health outcomes for people receiving care

Evidence from UK research, including the NHS Race and Health Observatory, the Race Equality Foundation, the King's Fund and the Workforce Race Equality Standard, demonstrates that racism, unconscious bias, and lack of cultural safety have direct and measurable impacts on health and care outcomes.

We know that Black, Asian and minority ethnic women and their children are more likely to die or suffer harm during pregnancy, childbirth or after the birth. Racially

minoritised service users experience poorer access to services, delays in diagnosis and treatment, and lower quality interactions, including not being listened to or having concerns dismissed

One example of a particularly pernicious racist stereotype, often openly voiced in maternity services, is that Black women ‘don’t feel pain’ or ‘have a higher pain threshold’. This demonstrates how everyday bias can cause avoidable clinical harm, worse outcomes and perpetuate racialised inequities.

Evidence also demonstrates that discrimination experienced by Jewish and Muslim communities can negatively impact wellbeing, trust, and access to healthcare services. Inequities in health outcomes and experiences can arise in relation to faith, culture, and identity.

These outcomes sit within a wider pattern of structural inequality, where racism intersects with deprivation to compound risk across the life course. The evidence shows a clear social gradient in health, with those in the most deprived communities experiencing significantly shorter life expectancy and fewer years in good health, alongside rising multimorbidity and premature mortality.

Racially minoritised groups are disproportionately affected by these conditions and by the wider determinants of health, including housing, employment, and access to care.

Collectively, the evidence from NHS Race and Health Observatory, Race Equality Foundation, the Marmot Reviews, NHS Workforce Race Equality Standards, the King’s Fund and MBRRACE-UK shows that racism, bias and culturally unsafe health and care environments are not only issues of experience, but are associated with increased mortality, greater disease burden, poorer patient safety, and sustained inequalities in health outcomes, representing a significant but avoidable impact on individuals. The key impacts on health outcomes include:

- **Maternal and Infant Mortality:** Disparities remain significant, unjust and unfair. According to MBRRACE-UK, Black women are 2.3 times as likely to die from pregnancy-related causes during childbirth or within six months postpartum as White women, and Asian women are 1.3 times as likely. The figures also show that Black babies are more than twice as likely to be stillborn as White babies, and Asian babies are about one and a half times as likely. Neonatal mortality rates are also higher: Asian and Black babies are around one and a half times as likely to die after the birth (in the neonatal period) as White babies.
- **Mental Health and Psychological Distress:** Repeated exposure to racial discrimination is significantly associated with high levels of psychological distress, increased rates of mental ill health, poorer recovery outcomes and, often, a deep mistrust of mental health services.
- **Chronic Diseases:** Ethnic health inequalities are associated with earlier onset and increased severity of long-term conditions such as hypertension, diabetes, and cardiovascular disease. By their 40s and 50s, many Black and Asian people exhibit health conditions typical of their much older, white counterparts. This is alongside evidence of under-treatment, delayed care-seeking due to fear of discrimination, and reduced trust in services.

- **Inequalities in care and life expectancy:** People from racially minoritised groups often report poorer experiences at GP surgeries, lower satisfaction with services, and are less likely to receive preventative care. Additionally, individuals with learning disabilities from racially minoritised backgrounds face a 190% increased risk of premature death compared to their white counterparts.
- **Inequitable care outcomes can be exacerbated by intersectional factors:** Social determinants, such as deprivation, being subject to domestic abuse or being LGBTQ+, can also be factors leading to poorer health outcomes.

Workforce

These principles apply across all sectors where registrants work including independent and private providers, social care, and the agency workforce. The expectations, accountability and support are consistent for all registrants regardless of setting.

Within the health and social care workforce in the UK, evidence suggests that racism, unconscious bias, and lack of cultural safety have significant and measurable impacts on staff experience, wellbeing, progression and retention across health and social care.

Data from King's Fund report and the NHS Workforce Race Equality Standard consistently demonstrates that staff from racially minoritised backgrounds experience substantially higher levels of discrimination, bullying and inequity, both from colleagues and service users.

These experiences have clear impacts on staff and organisational culture including poorer psychological safety, reduced wellbeing, and reduced levels of staff engagement, in a culture where racism has been described as “deeply entrenched and normalised.” Overall, the evidence demonstrates persistent disparities in recruitment, progression, and experiences of discrimination for racially minoritised staff, which are widely understood to reflect the impact of structural racism and implicit bias within organisations.

The evidence goes further to suggest that this leads to inequitable career outcomes, psychological harm, reduced retention, and diminished organisational effectiveness, with consequent risks to patient care and safety.

In addition, many Black, Asian or minority ethnic registrants will have suffered the indignity of patients or service users refusing to receive care from them.

Our latest annual insight report, published in February 2026, focused on the professionals on our register, gathering information from 37,961 registrants. 40% of respondents said they had experienced discrimination, most often on the grounds of ethnicity or age. This is particularly concerning given that the NMC register is more ethnically diverse than ever - a third of the total workforce at 33.2%. These findings are a stark reminder of the urgent need to tackle unacceptable behaviours that drive people out of the midwifery and nursing professions. Research suggests that structural racism is still deeply embedded, and the pace of change in reducing health inequalities remains slow.

These behaviours, in any setting, directly contradict the standards set by the NMC.

While approved education institutions increasingly seek to decolonise curricula and improve cultural responsiveness, progress remains variable, highlighted by inconsistent leadership, competing priorities and uneven implementation.

How we developed the principles

The NMC anti-racism principles have been developed through the following process:

- Support of expert reference groups and critical readers with members from the four UK nations in collaborating to develop these principles.
- Consideration of NMC evidence, current health and social care reports and drawing upon research and evidence-informed practice around cultural safety and the importance of anti-racist care in improving health outcomes for racially minoritised groups.
- Stakeholder engagement with professionals and service users who work in, influence and support anti-racist practice, bias awareness, and cultural safety, curiosity and respect.

1. PRINCIPLES

The principles recognise that racism is embedded in structures, policies, processes, power, and culture, not only in individual behaviour. Effective anti-racism should therefore address professional conduct, organisational design, leadership decisions, and regulatory influence.

This includes recognising and addressing all forms of racism and discrimination, including anti-Jewish hate and anti-Muslim hate, and other forms of prejudice based on identity, culture, ethnicity, and faith, as they manifest within healthcare systems.

While these principles address racism explicitly, the evidence is clear that tackling racial injustice improves safety, equity, and inclusion for all marginalised groups, recognising intersectionality and local context.

1.Culture, Equity and Inclusion

- Individuals and organisations should recognise anti-racism as fundamental to patient safety and public protection and a legal requirement. Midwifery and nursing practice must actively address racism, religious hate, and other forms of discrimination, alongside racialised inequities, as core components of safe, effective, and compassionate care.
- This requires embedding anti-racist practice; bias awareness; cultural safety, curiosity and respect and having professional curiosity and equity as core expectations across education, practice learning, assessment, and continuing professional development (CPD).

- Cultural humility, respect, and responsiveness are essential elements of professional conduct, and include self-reflective practice, valuing lived experience, and recognising and addressing both conscious and implicit bias.
- Action should be taken at individual, organisational and sector level. All have a responsibility to raise concerns in line with our Raising Concerns guidance², to challenge racist behaviour and practice, and interrupt bias where these are seen, to ensure that the care provided does not further entrench structural inequalities. This also includes individuals consciously monitoring their own biases.
- One example of how AElS can disrupt bias would be to share the film 22+1 with student midwives. 22+1 is a short film that outlines a woman's journey following a late miscarriage (see Annexe C). It explores the story of an interracial couple navigating the grief of pregnancy loss, while confronted with the underlying layer of racism in the health and care sector.
- Individuals and organisations should ensure that care, education, and supervision are culturally safe, as defined by those receiving them. This includes actively preventing harm, humiliation, exclusion, and power-based inequities.
- Registrants must always uphold anti-racist values, recognising that conduct outside professional settings, including on social media and in public or political activity can affect public trust in the profession. They must not engage in or endorse racist or discriminatory behaviour in any context.
- Providers and AElS should address **structural inequities**, remove barriers to equitable care, and ensure curricula reflect diverse perspectives to prepare learners to address health inequalities and structural injustice.

2. Learning, Education and Workforce Diversity Development

- Workforce development should prioritise patient safety, wellbeing, inclusion and belonging, ensuring learning environments model culturally safe, curious, and respectful, anti-racist, bias aware practice and explicitly respond to intersectional challenges
- Educators, practice supervisors, and assessors should be equipped to deliver inclusive, evidence-based teaching, ensure fair and unbiased assessment processes, and support and embed reflective and reflexive practice, including the ability to recognise and respond to intersectional bias, awarding gaps and differential attainment. This includes measuring, publishing and acting on award and attainment gaps.
- AElS should develop proactive interventions to interrupt and challenge race discrimination and bias, for instance by using evidence-based learning resources.

² [Raising concerns 2023: Guidance for nurses, midwives and nursing associates - The Nursing and Midwifery Council](#)

- AEs should also ensure education around privilege and intersectionality to embed understanding of anti-racism and equality principles more widely.
- Organisations should foster and embed psychological safety, enabling meaningful feedback, promoting allyship and advocacy for all, safe speaking up and raising concerns processes. This should include support for those who do raise concerns, enabling supportive team cultures that value diversity and promote patient safety.

3. Community and Person-Centred Practice

- Practice should be grounded in co-production with service users, their families, and communities, ensuring engagement is trauma informed, ethical, and respectful - particularly for those experiencing inequalities and inequities.
- Practice must recognise and respond to the cultural and faith-based needs of individuals and communities, including those of Jewish and Muslim service users and other minority communities, ensuring care is respectful, informed, and free from discrimination.
- Lived experience should clearly feed into assurance, evaluation and improvement cycles, including through case studies, service user engagement and feedback loops in implementation.
- Registrants should proactively challenge racist stereotypes such as 'Black women don't feel pain' or 'Black women have a higher pain threshold', or sickle cell sufferers' pain being classed as drug seeking behaviour. These stereotypes can lead to service users receiving care that is not culturally sensitive nor individualised or person-centred, resulting in inferior care.
- Registrants should always be aware of intersectional factors that can exacerbate inequitable outcomes of care. Such as but not limited to, social determinants like low socio-economic status, being subject to domestic abuse or being LGBTQ+, can also be factors leading to poorer health outcomes.
- Registrants and students should prioritise respect, collaboration with individuals in their care, autonomy, and continuity of care, building trusting relationships that improve outcomes for all.
- Develop, strengthen, and embed a sector that understands and considers at all stages of education and practice both the macro and micro context of lived experiences and how that impacts on care delivery.

4. Assurance, accountability and sector improvement

- The sector should demonstrate inclusive, accountable leadership and team cultures and translate principles into clear implementation pathways.

- Leaders at all levels should contribute to shared learning and should demonstrate accountability for anti-racist practice and outcomes.
- Chief Nursing Officers, Chief Midwifery Officers, or other executive sponsors, should consider providing regular, confidential opportunities—such as biannual meetings—for students to share experiences, raise concerns, and be heard in a psychologically safe environment
- Organisations should embed anti-racism within governance, decision-making, and performance frameworks, ensuring sustained and measurable change.
- Accountability for equitable, anti-racist practice applies to individuals, providers and AEIs, requiring documentation, active responses to discrimination, support and reflective learning, recognising that diversity is complex and multidimensional
- Anti-racism should be visible and reinforced through the Code, standards, proficiencies, education requirements, and quality assurance processes. It should be seen as core professional practice, not an additional or optional expectation.
- Ongoing monitoring, evaluation, and data use are essential to identify inequalities, and target areas of intervention, with practical steps taken to address inequalities identified and act as a vehicle to drive continuous improvement and support sector wide collaboration. Impact of interventions on patient safety should be measured and regularly reported through properly governed assurance mechanisms.

4. EXPECTATIONS

These expectations place anti-racist practice at the core of safety, quality, and governance. They support the delivery of equitable, culturally safe, curious, respectful, anti-racist practice across education and professional settings.

This section is for people receiving care, provider organisations/practice learning settings, registrants, student nurses and midwives, and Approved Education Institutions (AEIs).

We recognise that individuals can fulfil many of these roles at once - for example, a registrant can also be a service user, and an employer. Individuals should consider the principle or principles that most apply at the time, acknowledging that context may change this position.

1. Partnership - the public, patients, service users, their families, and communities

Services should be designed and delivered in partnership with the people who use them, ensuring that all engagement is ethical, respectful, and informed by an understanding of equity.

Expectations:

- Engagement with communities - particularly those experiencing inequities - should be trauma informed, respectful of cultural and personal choices, and being mindful of individual context and experience of health and care services and sectors.
- Practices such as care and support of bereaved families should actively avoid re-traumatisation and promote autonomy, recognising that bereavement may look different for different groups and that cultural norms may dictate how loss of life is handled.
- Collaboration with individuals, families and communities should be prioritised to support improved outcomes.
- Models of care that support the building of trusting relationships (relational continuity) should be supported where appropriate.
- Learning materials and curricula should reflect the diversity of the communities served, delivering the message in a way that reflects the communities' learning method, recognising that not all communities are written language users.

2. Care provider organisations - employers, practice placement partners

Organisations hold responsibility for ensuring the environments in which care and learning take place are equitable, inclusive, and culturally safe.

Expectations:

- Organisations should examine and address structural biases that influence behaviours and outcomes.
- Organisations should understand that anti-racism is core business, not a project or short-term and needs investment in the resources, capability, and infrastructure required to implement anti-racism effectively.
- In consideration of the experiences of internationally educated registrants, barriers to equitable care and staff progression should be removed.
- Fair and equitable access to learning, support and professional development should be promoted.
- Practice learning environments should model anti-racist practice, bias awareness, bias interruption and cultural curiosity, safety, and respect
- Organisations should implement clear expectations, enforce and outline consequences for racist behaviour, making it clear that it will not be tolerated and use data effectively to demonstrate progress and impact over time.
- Strong partnerships with AElS should be enabled to ensure inclusive, culturally safe learning. In practice settings, students should be exposed to diversity of individuals, with a variety of perspectives and contexts.
- Practice supervisors and assessors should model inclusive behaviours and evidence-based care.

- Power imbalances, inequity, racism, and other discrimination experienced by students on placement should be addressed.
- Providers should support just and reflective learning cultures that avoid blame while maintaining accountability.
- Safe channels for speaking up and raising concerns about discrimination or unsafe practice should be developed and embedded. Organisations should create environments where speaking up is safe and should protect individuals, particularly racially minoritised students and early career professionals from retaliation or disadvantage.
- Team cultures should be respectful, inclusive and value diverse voices.
- Workforce wellbeing should be prioritised, particularly in emotionally demanding settings.
- Organisations should demonstrate inclusive, accountable leadership with clear implementation pathways.
- Incidents of discrimination or inequity should be documented, captured in data, and actively addressed.
- Regular self-reporting, gap analyses, and quality improvement actions should be undertaken.
- Organisations should contribute to sector wide leadership, collaboration, co-production, and shared ownership. This includes working collaboratively across regulators, professional bodies, governments, and communities to align expectations, share learning, and strengthen collective impact.
- Organisations should publish actions and progress on racial inequity within their own quality metrics.

3. Registrants – professionals on the NMC register

Registrants are expected to uphold inclusive, culturally safe, anti-racist practice in line with professional standards and regulatory expectations.

Expectations:

- Registrants should proactively challenge racist stereotypes such as ‘Black women don’t feel pain’ or ‘Black women have a higher pain threshold’, or sickle cell sufferers’ pain being classed as drug seeking behaviour. These stereotypes can lead to service users receiving care that is not culturally sensitive nor individualised or person-centred, resulting in inferior care.
- Registrants should value lived experience, placing individuals at the centre of care.
- Registrants should demonstrate ongoing self-reflection, cultural humility, and openness to diverse perspectives.

- should engage in ongoing learning, reflection, and professional development to support continuous improvement.
- Conscious and implicit bias should be recognised and challenged both by the individual and registrants and they should act in ways that challenge racism.
- Individuals should challenge inequitable practice wherever it occurs.
- Concerns regarding unsafe or inequitable sectors should be escalated and reported on.
- Registrants should recognise trauma and its impact on service engagement.
- Registrants should recognise intersectionality and address its impact on care, adapting care so that it is personalised and person-centred.
- Registrants should ensure that care supports autonomy and avoid re-traumatisation.
- Registrants are accountable to the NMC Code, including obligations with regards to equality, diversity, and inclusion and they must ensure that their practice always reflects this.

4. Midwifery and nursing students

Students should be supported to develop the knowledge, skills and behaviours for anti-racist practice to enable them to practise safely, inclusively and with cultural humility.

Expectations:

- Students should be supported to identify gaps in cultural knowledge and develop bias awareness.
- Students should be learning in practice environments which are anti-racist, bias aware and culturally safe and should raise concerns where this is not the case.
- Psychological safety should enable cultural curiosity, meaningful feedback, and reflective and reflexive supervision for students and this should be demonstrated through regular reporting and assurance mechanisms.
- Students should have access to safe channels for speaking up about discrimination and unsafe practice, for example through Speak-up Guardians or the NMC's Raising Concerns policy. Students should be made aware of this at each learning placement by the provider and where this is not the case, students should speak to academic staff.
- Students should try to engage in opportunities to share experiences, raise concerns, and be heard through regular, confidential listening opportunities with Senior Leaders (e.g. Chief Nursing Officer/Chief Midwifery Officer) where these are offered.

- Students can expect assessment processes that are fair and minimise bias.
- Students can expect that placement environments should address and mitigate unhealthy power dynamics between educators and learners, including psychologically unsafe learning environments. Where this is not the case students should raise concerns with academic staff.
- Students are expected to practise with cultural curiosity and respect, ensuring that they are supporting personalised patient-centred care.

5. Approved Education Institutions (AEIs)

AEIs have a central role in ensuring that curricula, assessment, and learning environments equip future professionals to deliver culturally safe, equitable and anti-racist care.

Expectations:

- AEIs should embed cultural safety, curiosity, and respect; anti-racist practice; bias awareness and equity across curricula, learning, and assessment.
- AEIs should proactively educate students about the damage that can be done in health care through the tolerance of racist stereotypes, such as: 'Black women don't feel pain' or 'Black women have a higher pain threshold', sickle cell sufferers' pain being classed as drug seeking behaviour, the higher prevalence of racially minoritised service users being sectioned under the mental health act and low pain thresholds being linked to other racially minoritised groups.
- AEIs should provide opportunities and time for students to develop cultural humility, bias awareness and an understanding of privilege and intersectionality.
- AEIs should examine and address structural biases within educational sectors.
- AEIs should ensure that curricula prepare students to address inequalities and structural injustice and support them to work with a diverse range of people.
- AEIs should make proactive interventions to interrupt and challenge race bias. Learning content should use contemporary resources as **tools to inform learning** to reflect diverse communities and avoid narrow or dominant models of health.
- AEIs should actively explore the influence of social media and political activism on learning cultures.
- Academic staff should be equipped to model inclusive practice and support cultural safety education.
- Academic staff should be reflective of their communities-AEIs to ensure diversity
- AEIs should ensure fair assessment processes and prioritise psychological safety and wellbeing in learning environments.
- AEIs should undertake ongoing monitoring, evaluation, and data driven improvement of student outcomes.

- AEs should collaborate with sector partners to promote equitable standards and share good practice.
- Individuals involved in education and supervision should act fairly and without bias. Organisations should identify and address racial inequities in recruitment, teaching, supervision, assessment, progression, and disciplinary processes.
- Awarding gaps, progression decisions and differential attainment should be recognised, measured, addressed and reported.

4. HOW TO ADOPT THESE PRINCIPLES

- Effective implementation is contingent on proper investment in workforce capability, financial support, governance, data infrastructure, evaluation, and ongoing learning within organisations and within the NMC itself. Anti-racism requires humility, reflection, and continuous improvement to have measurable impact on health outcomes, patient safety, public protection and staff wellbeing.

Supporting Tools:

- A gap analysis will capture varying organisational starting and progress points. This should be used to support organisations and individuals to improve maturity over time, ensuring continued compliance with the principles.

Timeline:

- It is an expectation that universities will use the gap analysis to ascertain their starting point going into the new academic year and commence work on aligning course content to the principles, reporting development via annual self-reporting cycles in 2027.
- Healthcare settings should complete the gap analysis and use this self-assessment to address any identified gaps in training and service provision by the end of September 2026. A repeat self-assessment should be completed in 2027.
- The NMC's revised Code Professional standards of practice and behaviour for nurses, midwives and nursing associates will include the mandated behaviours to ensure education and practice continues to be anti-racist, bias aware, culturally curious, safe, and respectful will be published in October 2027.

5. MEASURING IMPACT

- Survey within the year to get feedback from students, registrants, and service users.
- Launch plan, gap analysis and case studies to support the principles can be found on the NMC website [add hyperlink].

Glossary/Key Definitions

Allyship: An active and consistent effort to use your privilege to support and advocate for people with less privilege, by understanding the struggles that they face. An ally is someone who is not a member of the particular marginalised group who they are supporting.

Anti-racism: Policies, actions, or beliefs that oppose the unfair treatment of people because of their race. It represents an active approach to opposing racism rather than just a passive belief in equality, encompassing campaigns, legislation, and behaviours aimed at preventing discrimination.

Anti-racist practice: The active, consistent, and intentional process of identifying, challenging, and dismantling structural, institutional, and individual racism.

Antisemitism: A form of racism and discrimination directed against Jewish people, which can manifest in prejudice, hostility, stereotyping, exclusion, or unequal treatment. In healthcare, antisemitism may impact access to services, quality of care, psychological safety, and trust in health systems.

Bias awareness: The recognition of both conscious and unconscious biases. Everyone possesses these biases, which influence decisions and behaviours towards others, often leading to unfair treatment or discrimination in hiring and workplace interactions.

Bias interruption: The proactive strategies designed to identify and disrupt bias in real time by actively identifying and then challenging stereotypes or prejudices whether unconscious or conscious.

Cultural safety: The practice of creating an environment in which individuals feel secure and respected in their cultural identities. Cultural safety goes beyond mere cultural competence; it demands an active effort to understand, respect, and validate the diverse cultural backgrounds of individuals, thereby promoting inclusivity and equity.

Cultural curiosity: The active desire to understand, learn about, and appreciate people from different cultural backgrounds, beliefs, and experiences.

Differential attainment: Refers to the gap in educational or professional performance between different demographic groups, such as differences in exam pass rates or training outcomes based on ethnicity, gender, or background.

Psychological safety: The shared belief that staff can speak up, report errors, and express concerns without fear of retribution. It is essential for patient safety, staff retention, and wellbeing, fostering an open culture where team members feel included, valued, and safe to contribute.

Structural racism: The totality of ways in which societies foster racial discrimination, through mutually reinforcing inequitable systems (in housing, education, employment, earnings, benefits, credit, media, health care, criminal justice, and so on) that in turn reinforce discriminatory beliefs, values, and distribution of resources, which together affect the risk of adverse health outcomes.

Structural competency: The trained ability of healthcare professionals to recognize and act upon the upstream social, economic, and political structures.

Racially minoritised groups: Refers to groups actively marginalized through social, political, and power structures, rather than just being statistical minorities. This term highlights that racialisation is an active, ongoing process that subjugates people of particular racial or ethnic backgrounds, including people who are Black, Asian, and minority ethnic.

Cultural respect: A positive feeling of esteem, admiration, or deference shown towards someone or something, acknowledging their worth, dignity, or views. It involves treating others with courtesy, avoiding interference with their rights, and is considered a vital component of healthy relationships, fair work, and social cohesion

Intersectionality: A framework for understanding how a person's various social identities such as race, gender, class, sexuality, and ability overlap and intersect. Rather than experiencing discrimination based on one factor alone, people may experience unique, combined, and compounding forms of inequality.

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University of Manchester (n.d.). [*Healthier futures*](#).

TOOLS TO INFORM LEARNING

Below are examples of films to aid learning.

Trigger warning: Please note that these videos and short films include traumatic and uncomfortable pregnancy and birth experiences which some people may find distressing.

- **22+1** - A short video that outlines a woman's journey following a late miscarriage. Explores the story of an interracial couple navigating the grief of pregnancy loss, while confronted with the underlaying layer of racism in the health and care sector. Watch [here](#).
- **Black Mothers Visible** - Lived Experience Film (The Motherhood Group, 2025) This film was made by Black mothers, with Black mothers, and directed specifically at healthcare practitioners. It was developed through The Motherhood Group's Black Mums Advisory Board and shaped entirely by the women in it. Watch [here](#).
- **Cultural humility, sensitivity, belonging and whether assimilation is a good thing.** Watch [here](#).
- **Two videos from Coronation Street** that highlight the issues and are being used in training. These have value as accessible entry points for practitioners They work best when positioned alongside authentic testimony, not instead of it. Watch [here](#).
- **When you know... Childbirth in the asylum system.** Explores themes of fear, access and isolation. Developed as part of the Best for Baby Too Improvement Collaborative in Liverpool, this moving film highlights stark, personal testimonies of five women with lived experience of navigating maternity care while living under asylum restrictions. Watch [here](#).

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Principles to Support Anti-Racism in Midwifery and Nursing Education and Practice

UK-Wide Launch to support implementation in education and practice

1. Purpose

This plan sets out a coordinated UK-wide approach to launching and embedding anti-racism principles across midwifery and nursing education and practice. It establishes clear expectations for organisations to assess, benchmark and improve their maturity in addressing inequity, with a direct link to **professional standards, safety and public protection**.

2. Strategic Approach

Implementation will be supported through:

- A **RAGB-rated gap analysis tool** to enable structured self-assessment and benchmarking
- **Stakeholder case studies**, centred on lived experience, to surface inequities and inform learning
- A national programme of **engagement, communication and system leadership**

The gap analysis will support organisations to move beyond awareness towards **measurable, accountable improvement**.

Phase 1: National Launch with Internal and External Engagement

1 June – 24 August 2026

The Nursing and Midwifery Advisers team will lead a coordinated launch across:

- **All NMC directorates**
- **7 regions in England**
- **3 devolved nations**
- **All external engagement by adviser team will also include reference to the Principles**

Key messages:

- The principles are an **expected standard of practice**

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- They form part of a trajectory towards **formal inclusion within the Code and revalidation by October 2027**

Delivery approach:

- National and targeted **webinars hosted by the Nursing and Midwifery Council**
- Senior leadership engagement:
 - Chief Nursing Officers (CNOs), Chief Midwifery Officers (CMidOs), and Chief Executives
- Targeted engagement with:
 - Approved Education Institutions (via Deans)
 - Practice providers across all sectors, including social care

Webinar content will include:

- Lived experience panels to highlight inequity and its impact
- Clear articulation of links to:
 - The Code review
 - Revalidation review
 - Practice learning review
 - Education Quality Assurance
- Introduction to the **gap analysis (RAGB) tool** as a mechanism for:
 - Organisational benchmarking
 - Identifying priority areas for improvement

Phase 2: Organisational Self-Assessment and Action

1 September – 30 September 2026

All education and practice organisations will be expected to:

- Complete a **baseline maturity assessment** using the RAGB tool
- Identify areas of risk and required improvement
- Develop and initiate **targeted action plans**

Expectation:

This is not a compliance exercise. Organisations are expected to demonstrate:

- **Active use of data**
- Clear accountability for improvement

- Early evidence of change in priority areas

Phase 3: Reassessment and System Alignment

September 2027

Organisations will:

- Repeat the maturity assessment via the gap analysis
- Demonstrate **progress over time**, particularly in previously identified risk areas

This will directly inform readiness for:

- Publication of the **revised Code (October 2027)**
- Embedding anti-racist practice within **professional regulation, including revalidation**

Assurance and Impact

This approach provides:

- A consistent framework for **benchmarking maturity across the system**
- A mechanism to link **equity, safety and quality outcomes**
- A clear pathway from **principles** → **practice** → **regulation**

Critical Success Factors

- Visible **senior leadership ownership and accountability**
- Meaningful engagement with **lived experience**
- Robust use of **data to identify and address inequities**
- Integration with **existing quality, safety and education frameworks**

Summary

This programme represents a shift from intention to **system-level accountability for anti-racism**. It positions equity as a core component of **safe, effective and person-centred care and education**, with clear expectations for measurable progress across all organisations.



Principles to support antiracism in midwifery and nursing education and practice - Gap analysis maturity matrix tool

How to use

Levels describe organisational maturity , offering opportunities to address and rectify gaps

Progression is not linear across all domains

Maturity Levels

Level 1 – Foundational / Aware

Level 2 – Developing / Embedding

Level 3 – Established / Assured

Level 4 – Transformational / System-Leading

Principle	Rating (RAGB)	R (Level 1 – Foundational / Aware)	A (Level 2 – Developing / Embedding)	G (Level 3 – Established / Assured)	B (Level 4 – Transformational / System-Leading)	Evidence / Examples
Culture, Equity and Inclusion		Anti-racism acknowledged in values but inconsistently understood.	Anti-racism, bias awareness and cultural safety are expected, but applied unevenly.	Bias is actively interrupted. Cultural safety is defined and measured with feedback..	Anti-racism is normalised as public protection.	
		Patient safety rarely linked to racism or structural inequity	Training exists linking patient safety to structural inequity	Anti-racist practice embedded as a patient safety requirement	Structural inequities are proactively dismantled and safety impacts are evidenced.	
		Raising concerns often falls on those harmed.	Speaking-up processes vary in confidence and trust.	Responsibility for concerns is shared and protected.	Equity, cultural humility and professional curiosity are consistently modelled	
Learning, Education and Workforce Development		Equality content is additive and inconsistent.	Inclusive and anti-racist learning is intentionally designed.	Learning environments model cultural safety and inclusion.	Education and workforce systems actively disrupt inequity.	
		Limited capability to recognise intersectional bias.	Systems in place to develop reflective practice.	Bias is confidently recognised and addressed.	Learners and staff experience belonging and fairness	
		Attainment gaps not routinely analysed or acted upon.	Early monitoring of attainment gaps with emerging interventions	Attainment gaps are measured, published and acted upon. Psychological safety is embedded.	Diversity and progression data drive continuous improvement and sector learning.	
Community and Person-Centred Practice		Person-centred care is stated but inconsistent.	Engagement is more intentional and trauma-informed.	Care is co-produced with individuals, families and communities facing inequity.	Communities shape service design, education and evaluation.	
		Racist stereotypes may go unchallenged.	Stereotypes increasingly challenged.	Racist stereotypes and consent violations are regulary challenged	Stereotypes and consent violations are consistently challenged	
		Limited understanding of intersectional impacts	Intersectionality acknowledged but inconsistently applied.	Intersectionality is understood and consistently applied throughout organisations	Lived experience informs decisions at all levels, resulting in demonstrable equity and safety improvements.	
Assurance, Accountability and Sector Improvement		Anti-racism appears in policies without clear accountability or measurement.	Governance references equity and anti-racism.	Clear accountability exists across the organisation	Anti-racism is integral to all governance structures and embedded as BAU.	
		Inequality data are limited or unused	Data collection improves but does not consistently drive change.	Inequities are routinely identified, reported and addressed	Data drive sustained improvement, collaboration and sector-wide impact.	
		Learning is inconsistent.	Leaders show intent in embedding learning across the organisation	Learning informs quality improvement.	Leaders model transparency and learning is embedded within systems	

Annexe 4: Principles to support anti-racism in midwifery and nursing education and practice: stakeholder engagement and emerging themes

Throughout March and April 2026, we engaged with key stakeholders to ensure that we collaborated and co-produced a set of draft principles to support antiracism in midwifery and nursing education and practice that make clear our expectations for professionals, approved education institutions (AEIs), students, and health and social care organisations.

The engagement ensured we considered the views of those with an interest in equity, diversity and inclusion and eliminating health inequalities and included representative views from a variety of health and social care settings, a wide range of backgrounds, across midwifery and nursing, and advocacy groups representing individual service users and the public.

We continue to engage with, test and refine our thinking with representatives from professional organisations such as the Royal College of Midwives, the Royal College of Nursing, the NHS Race and Health Observatory, Chief Nursing and Midwifery Officers from across the four nations of the UK, and the NMC Diaspora Registrants Association Forum. We further targeted individuals with specific expertise across different areas of professional practice and health and social care settings, nursing and midwifery, and advocacy groups as critical readers to finalise the draft principles.

Our approach to engagement

We took a mixed methods approach, predominantly utilising a participative research approach, based on established engagement methodology used in previous reviews and professional projects. This collaborative approach involves the people whose lives are affected by the topics and issues being reviewed to demonstrate a person-centred approach in this process. Obtaining a wide range of perspectives and opinions enabled us to test concepts and emerging themes to finalise the draft principles.

Due to the breadth and complexity of the subject matter and landscape in which midwifery and nursing education and practice takes place, we have engaged with approximately 185 individuals as part of a diverse group of stakeholders from across the professions. This has included:

- A roundtable with maternity stakeholders and midwifery professionals, including students, academics, clinicians, researchers and leaders, those representing advocacy groups and networks and the RCM
- A roundtable with nursing professionals, including academics, clinicians, researchers and leaders and those representing advocacy groups and networks
- An engagement event with the NMC Diaspora Registrants Association Forum (DRAF)

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- An engagement/feedback event with an expert reference group where initial themes and outputs were shared for further discussion and refinement
- Individual conversations with members from:
 - o the NHS Race and Health Observatory
 - o the RCN, RCM, Unison, Unite
 - o the Council of Deans of Health (CoDH)
 - o the Australian Health Practitioner Regulatory Agency (AHPRA)
 - o the Nursing and Midwifery Board of Australia (NMBA)
 - o the Australian Nursing and Midwifery Accreditation Council (ANMAC)
 - o the Chair of the Midwifery Strategic Advisory Group (MSAG)
 - o the General Medical Council (GMC)
 - o the health Care Professions Council (HCPC)
 - o the Royal College of Obstetricians and Gynaecologist (RCOG)
 - o the Lead Midwives for Education (LME) and the Lead Nurses for Education (LNFE) networks
 - o and specialist subject matter experts from across the four nations, including allied health professionals and medical practitioners
- Engagement sessions with Chief Nursing and Midwifery Officers (or their representatives from across the four nations of the UK)
- Feedback from a group of critical readers on the Draft Principles representing professionals and members of advocacy groups, internal NMC colleagues.

What our engagement told us

There was widespread acknowledgement and support for the development of Principles to support antiracism in nursing and midwifery education and practice. The Principles were originally aimed at midwifery education, but early feedback suggested that there needed to be a shared set of principles for both midwifery and nursing, and that the Principles needed to be aimed at both education and practice.

There was strong support for leadership, accountability and action, with many highlighting that action has not been taken in the past where individuals have been called to account for racist behaviour. There was also recognition that although the role of the NMC is public protection, that the NMC should also be clear about supporting registrants, particularly when they do speak up to address racist behaviours.

There was discussion around the role of the NMC and recognising previous work that has been undertaken collaboratively in this space, being clear that there needs to be clarity around what makes these Principles different with bold language used. This included recognition that these were Principles, not standards and were setting out expectations. There was agreement that Principles provide the foundation and set out what best practice looks like for antiracism, cultural safety and respect to be embedded in education and practice.

There was strong agreement that the NMC needed to use all of its levers to support implementation, with strong support for the updated Code to include strongly worded standards around antiracism with clear links to patient safety and which would be mandatory.

The final version of the draft Principles is the result of robust stakeholder engagement and co-production. There have been strong levels of agreement in relation to the direction of travel and the proposed structure and content for the Principles, with calls for bolder language.

Throughout the development of the Principles, we have undertaken thematic analysis of the stakeholder engagement, refining emerging principles through the expert reference groups and critical readers. These themes have built on earlier work as well as current emerging evidence from public inquiries and reports. These themes have enabled us to make our recommendations on the draft principles.

The final draft document sets out the Principles and expectations for the public, registrants, students, AEs, and provider organisations and lay the foundation for the development of updated standards as part of the new Code.

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Report to:	Council	Meeting Date:	20/05/2026
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HISTORICAL REVIEWS PROGRESS UPDATE	
Publication Status	Open / Public
Presenting the Report	Name Emma Westcott
Executive Director	Name Emma Westcott
Report Author	Name Emma Westcott

PURPOSE OF REPORT AND REASON FOR RECOMMENDATIONS: to update Council on progress with the recommendations in the historical reviews

RECOMMENDATION(S):
1. That Council is asked: a. To note the report. Comments and questions are welcome

REPORT APPROVAL	
Executive Director:	Approved Emma Westcott 13/5/2026
Director of Finance:	Approved
General Counsel:	Approved
Chief Executive and Registrar (CER):	Approved
Secretary to the Council:	Approved

The annex 1 update was circulated to Executive Board for contributions

External Engagement (undertaken to date)		
Committee / Group	Date	Outcome
n/a		

Consideration at Committee/Group		
Committee / Group	Date	Outcome
Executive Board	07/05/26	Paper to Council

HISTORICAL REVIEWS PROGRESS UPDATE

1. SITUATION / BACKGROUND

- 1.1. In October 2023 we commissioned two independent reviews in response to allegations arising in media coverage of the concerns of an NMC whistleblower. One review related to fitness to practise cases that the whistleblower alleged had not been handled appropriately, and the other review looked at our handling of the whistleblower. These reviews were published at the end of September 2025.
- 1.2. The review of fitness to practise cases concluded that in 19 out of 20 of the cases in scope, the right regulatory decision had been reached, though there were shortcomings in the process along the way. In the final case, the registrant had left the register, so there was no outstanding regulatory concern. The author acknowledged improvements that had happened since the material time and
- 1.3. The review of our whistleblowing policy and practice in respect of this whistleblower concluded that our policy at the material time was appropriate, that improvements we have made since strengthened it further, and the author made some helpful suggestions for further improvements. The author also concluded that the whistleblower had not suffered any detriment from the NMC as a consequence of blowing the whistle.

2. SPECIFIC MATTERS FOR CONSIDERATION

- 2.1. When we brought the reviews to Council on 21 October 2025 we undertook to provide a progress update in 6 months.
- 2.2. We propose sharing a further update on outstanding actions after a further six months.

3. FINANCIAL /GOVERNANCE IMPLICATIONS

- 3.1. None

4. RECOMMENDATION

- 4.1. The Council is asked to review and note the report.

5. ASSESSMENT

Impact Assessment	Question / Consideration	Response
Equality, Diversity and Inclusion	Has an Equality Impact Screening been undertaken (including Welsh Language)?	N/a

Safeguarding considerations	Are there any safeguarding implications?	N/a
Four country factors and considerations	Are there any four country factors?	N/a
Resource (incl People) implications	Are there any people implications?	N/a
Risk implications associated with the work and the controls proposed/ in place.	What are the key risks and how are they mitigated?	N/a
Legal considerations, incl Regulatory Reform	Are there any legal or regulatory implications?	N/a
Nursing Associates	Any specific implications for nursing associates?	N/a

Item 8

NMC/26/175

20 May 2026

Annex 1

	Recommendation	Status	Delivery date	Sponsor
1	Consider revising the explanatory text alongside principle 10 so that it is not read as an exhaustive list of relevant behaviour	Complete		ED Strategy & Insight
2	Consider amending the screening guidance to ensure it has a clear and unambiguous statement about misconduct covering both private and professional life, and a more comprehensive list of examples that aligns with other pieces of guidance	Complete		ED Strategy & Insight
3	Consider including in the screening guidance or elsewhere an account of why particular types of behaviour in a registrant's private life (such as sexual assault, physical violence, domestic abuse, racism and so on) might constitute misconduct and be relevant to FtP.	Complete		ED Strategy & Insight
4	Revise all guidance that uses the term 'deep-seated attitudinal problem' in connection with racist behaviour to ensure that it cannot be interpreted as a threshold test for investigating or pursuing a concern, and ensure that staff are updated on this change	Complete		ED Strategy & Insight
5	Consider amending the guidance on charging racism to make clear that an act includes written and spoken language as well as behaviour, and to ensure that use of racist language is charged if the language in question is objectively racist	Complete		ED Strategy & Insight

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6	Consider providing further guidance to staff at the screening and investigation stage of the FtP process on how charges are drafted, in particular in the context of racism allegations, in order to ensure that the right evidence is obtained	Ongoing - Anti-Muslim Hatred training for lawyers covered charging. Guidance published in March 2026 amended how we charge racism. We also have a further proposal for EDI training for which we are seeking external providers.		ED Professional Regulation
7	Consider reviewing the draft family court handbook to ensure that there is guidance in respect of cases where the allegations concern domestic abuse to a partner	Complete - the revised family handbook includes more guidance and information on dealing with cases involving domestic violence and regulatory concerns. Training session in June 2026.		ED Professional Regulation
8	Consider guidance on what should happen if the NMC is unable to elicit any engagement from a registrant, irrespective of the reasons it appears to the NMC which are leading to the registrant's non-engagement	Ongoing – Witness protocol under development to ensure a consistent approach to witness engagement and number and types of reasonable attempts that should be made		ED Professional Regulation
9	Consider adopting the recommendation of the Independent Culture Review for a clearly defined process for cases where there are ongoing criminal proceedings to cases where there are ongoing family court proceedings			ED Professional Regulation
10	Consider additional strategies for evaluating and monitoring how guidance is understood and applied across the FtP process, to ensure a common understanding and approach. Consult staff for their ideas on this question	Ongoing	March 2027	ED Transformation and Technology Services (QA of decision-making) ED Strategy & Insight (evaluation)
11	Ensure that anti-racism training is carried out before any new appointee sits as a FtP panel member	Ongoing (Already planned – subject to Appointments Board approval)	2026	Chief of Staff
12	Identify to panel members a mechanism for raising concerns about the conduct or approach of other panel members, should they arise.	Already exists	n/a	Chief of Staff

	Recommendation	Status	Delivery date	Sponsor
13	All managers should receive training on whistleblowing to ensure that they know how to recognise and deal with such concerns, and how whistleblowers should be treated	Ongoing	19 Nov all staff awareness briefing 27 Nov online training Refresher training for Executive and Council Member in Feb 2026	ED People and Culture
14	The Raising Concerns policy should be kept under regular review – we would suggest every two years (the previous cycle was three years) – so that it can continue to develop	Complete	Reviewed 2025 Next review 2027	Chief of Staff
15	The Raising Concerns policy should be prominently available to all staff on the intranet.	Complete		ED Communications and Engagement
16	All relevant policies should be checked to ensure they correctly cross-refer to and signpost new policies (eg the Raising Concerns policy and the Log and Learn policy)	Complete		Chief of Staff
17	Staff should be asked (via a survey or similar) if they know how to raise concerns, and if they are confident that concerns which are raised will be addressed by the NMC	Complete		ED People and Culture
18	This survey should be repeated after 1-2 years with a view to seeing that staff knowledge and confidence is increasing	Complete		ED People and Culture
19	In any whistleblowing case there should from the outset be a designated overseeing postholder (or more than one if needed) to be the point of liaison with the whistleblower	Complete		Chief of Staff
20	This postholder should be responsible for ensuring that all of the actions take place which may reassure the whistleblower, including thanking them, ensuring that anonymity is appropriately preserved (where requested and insofar as appropriate and practicable), carrying out a detriment risk assessment (and revisiting this as needed), getting any initial clarity required from the whistleblower about the nature of the	Complete Revised policy already now addresses questions around anonymity/ confidentiality as acknowledged by Ms McLynn		Chief of Staff

	concerns they are raising and any views they may have about the process to be followed, considering ways of seeking to minimise the impact on the whistleblower of multiple processes and proactively communicating with the whistleblower throughout the handling of their concerns.			
21	Either this postholder, or another postholder liaising closely with them should ensure that the Chief Executive and Registrar is also kept regularly updated.	Complete – monthly update meetings in place		Chief of Staff
22	If possible, the NMC should establish confidential email addresses or another confidential channel for senior employees with shared mailboxes where confidential information around whistleblowing can be shared	Ongoing – implementation date to be set once Executive Board has considered options for fulfilling		ED Transformation and Technology Services
23	The Escalation policy should be finalised and the NMC should ensure that reporting to Council and its committees takes place in accordance with both this policy and the Raising Concerns policy	Complete		Chief of Staff
24	The roles of the Council Whistleblowing Leads should be defined and internally promoted	Complete. The Council Speaking Up leads spend time with staff and with our internal and external ETSU guardians		Chief of Staff
25	The NMC should take appropriate opportunities to communicate to staff when things change as a result of staff raising concerns, so that the organisational culture is seen as one in which raising concerns is something which is celebrated.	Complete - We have multiple conduits from a staff suggestion box, ETSU guardians (internal and external), and a new Log and Learn system. ETSU Guardians' work is reported to Council and shared with staff. Staff suggestions are responded to by EB and shared with staff.		ED Communications & Engagement Chief of Staff

Report to:	Council	Meeting Date:	20 May 2026
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Panel Member Reappointments	
Publication Status	Open
Presenting the Report	Ben Wesson, Chief of Staff
Executive Director	Ben Wesson, Chief of Staff
Report Author	Anita Phillips, Panel Services Senior Manager

PURPOSE OF REPORT AND REASON FOR RECOMMENDATIONS: The purpose of this report is to set out the proposed reappointments of two Panel Members for a second four-year term and to provide the background supporting these recommendations.

RECOMMENDATION(S):

1. That the Council is asked:
 - a. To **Approve** the recommendation of the Appointments Board for the reappointment of two Panel Members as listed in Table 1 of Annexe 1 (paragraph 4).

ANNEXES:

The following annexe is attached to this paper:

- Annexe 1: Panel Member Data

REPORT APPROVAL [mandatory for all Council/Committee Reports]	
Executive Director: Ben Wesson	Approved 05 May 2026
Director of Finance:	N/A

General Counsel:	N/A
Chief Executive and Registrar (CER):	N/A
Secretary to the Council:	N/A

External Engagement (undertaken to date)		
Committee / Group	Date	Outcome
N/A		

Consideration at Committee/Group		
Committee / Group	Date	Outcome
Appointments Board	18 February 2026	Approved

PANEL MEMBER REAPPOINTMENTS

1. SITUATION / BACKGROUND

- 1.1. The purpose of this report is to present the proposed reappointment of two Panel Members for a second four-year term.

2. SPECIFIC MATTERS FOR CONSIDERATION

- 2.1. At its meeting on 25 March 2026, Council accepted the recommendation of the Appointments Board for the reappointment of 34 Panel Members (NMC/26/159). At this meeting, Council was informed that there were four Panel Members who may come to a future meeting for reappointment. At this meeting, two Panel Members are being proposed for reappointment for a second four-year term from 26 July 2026 to 25 July 2030. We are not seeking reappointment for the other two Panel Members.
- 2.2. Table 1 of Annexe 1 sets out the Panel Members recommended for reappointment for a further four-year term.
- 2.3. The Panel Members being recommended for reappointment have been sent a copy of their performance data and have confirmed that they wish to be considered for reappointment to a second four-year term from 26 July 2026 to 25 July 2030.
- 2.4. The Panel Support Team has considered the criteria as set out in the Panel Member Reappointments Policy. Additionally, Panel Members have been assessed through our established performance monitoring processes, aligned with expectations set out in the Panel Member Services and Performance Policy, the Panel Member Code of Conduct, and other role-specific documents. We have also considered the outcomes of the peer review process.
- 2.5. If Council accepts the recommendations for reappointment of the Panel Members, we will write to the Panel Members to confirm the outcome and issue reappointment documentation as required.

3. FINANCIAL / GOVERNANCE IMPLICATIONS

- 3.1. None

4. RECOMMENDATION

- 4.1. The Council is asked:
 - a) To **APPROVE** the recommendation of the Appointments Board for the reappointment of two Panel Members as listed in Table 1 of Annexe 1 (paragraph 4).

5. ASSESSMENT

Impact Assessment	Question / Consideration	Response
Equality, Diversity and Inclusion	Has an Equality Impact Screening been undertaken?	Yes
Safeguarding considerations	Are there any safeguarding implications?	N/A
Four country factors and considerations	Are there any four country factors, including Welsh Language)	Panel Members are appointed from all four countries.
Resource (incl People) implications	Are there any people implications?	N/A
Risk implications associated with the work and the controls proposed/ in place.	What are the key risks and how are they mitigated?	If we do not reappoint sufficient Panel Members, there will be a risk that we will have insufficient numbers to undertake current levels of planned hearing activity.
Legal considerations, incl Regulatory Reform	Are there any legal or regulatory implications?	The Nursing and Midwifery Council (Practice Committees) (Constitution) Rules 2008 provide that a person appointed as a member of a Practice Committee may be reappointed for one further term. The NMC's Panel Member Reappointment Policy provides guidance on the process by which Panel Members may be reappointed for a second term.
Nursing Associates	Any specific implications for nursing associates?	No

Annexe 1 - Panel Member Data

Table 1 - Panel Members due for reappointment for a second term

The table sets out the panel members who are being recommended for reappointment and those who are not being recommended.

	Full name	Panel	Second term dates
1.	Rachel Onikosi	Fitness to Practise Committee	26 July 2026 to 25 July 2030
2.	Wayne Miller	Fitness to Practise Committee	26 July 2026 to 25 July 2030

Report from Committee to Council

Name of committee	Finance and Resource Committee
Date of meeting	6 May 2026
Committee chair / report author	Committee Chair: Julia Mundy Author: Alexa Halabi
Date of report	7 May 2026

This report has been prepared to provide Council members with a summary of the key issues considered by the Finance and Resource Committee at its meeting on 6 May 2026. The Terms of Reference for the Committee (ToR) can be found [here](#).

Key discussions

Financial grip and control

The Committee is committed to having a focus on assurances around financial grip and control, risk management, and delivery and outcomes. A common thread throughout this meeting was on how the assurance in these papers would support giving the NAO confidence during their audit.

- 1 Investment: the Committee noted the investment update and were content with the approach of having some holdings of six-month Treasury bills as this would yield a slightly higher return than remaining in the main HSBC account. Our priority is liquidity, so our investments remain in low risk/low volatility portfolio, it was still too early to consider medium to longer term investments. Cazenove is being taken over by US Fund manager Nuveen, with the takeover likely to complete by the end of this year. This was not thought to have a material impact on us.
- 2 Financial performance and end of year: these management accounts are still subject to the external independent audit, and the NAO are with us now. The Committee focused the discussion on how to become more disciplined with overspend and budgeting for any unexpected issues that were likely to still occur. It was noted that the deficit was planned in this budget.
- 3 Performance: The Committee noted this Q4 and end of year update. This paper would go to the new Planning and Performance Committee and the FRC provided some suggestions to improve the paper.
- 4 Portfolio overview: The Committee were supportive of the new approach and discipline on launching a project and stage gates for business cases. There was a discussion on the need for being able to track internal costs/staff time with projects that we currently are unable to do accurately.
- 5 FtP Improvement Portfolio and New Ways of Working (NWOW): The Committee noted the update of the FtP Improvement Portfolio that had an overall delivery confidence RAG-rating of amber. Since the paper was submitted, some of these issues have turned green, such as the NWOW

programme. The team were actively managing risks and issues, and there were some issues around siloed cultures and resistance to change.

- 6 Short-term Estates Strategy: The Committee endorsed the short- and medium-term proposals for the NMC Estate, with steer of this needing to dovetail into the long-term financial strategy and overall NMC strategy.

Assurance

- 7 Risk register: a revised risk register would be going to the July Council meeting following the March Seminar risk workshop. The Committee fed back with suggestions while the register was being refreshed, this included risk appetites to flag when a risk was out of tolerance, mitigations to include trajectories, and work on controls as not all listed were actual controls. This refresh would also be consolidating risks to remove duplication and overlap, and ensure wording is tight and concise. There was a discussion on the optimum size of a strategic risk register and what constituted a strategic risk - the focus should be only on the risks that pose a strategic threat.
- 8 Going concern: the Committee scrutinised the draft going concern assessment and discussed the level of assurance required by the NAO on our grip and control of the budget (which was done on the basis of no fee increase). The June Audit and Risk Committee will receive an updated version of this that would reflect the finalised accounts for 2025-26 and Council decision of a fee increase.
- 9 Procurement management controls: the FRC welcomed this paper and the ongoing work to improve our controls in our contract management processes. This includes a move to a central Procurement function with clearer responsibilities for Commercial Contract Manager within the Procurement team and Operational Contract Management that remains locally within departments. The Committee agreed with the approach of reviewing the use of Atamis to support the contract management functions and support assurance around compliance.