

Open Council 23 September 2026

MEETING
23 September 2026 10:00 BST

PUBLISHED
20 September 2026

Meeting of the Council

To be held in person at 10:00 on Wednesday 23 September 2026 at
The Stormont Hotel, Belfast BT4 3LP

Agenda

Ron Barclay-Smith
Chair of the Council

Jacqueline Maunder
Council Secretary

1	Welcome and Chair's opening remarks	NMC/26/211	10:00
2	Apologies for absence	NMC/26/212	
3	Declarations of interest	NMC/26/213	
4	Minutes of the previous meeting Chair of the Council	NMC/26/214	
5	Summary of actions Secretary	NMC/26/215	
6	Presentation from the Chief Nursing Officer, Northern Ireland Chief Nursing Officer, Northern Ireland	NMC/26/216	10:10-10:25 (15 mins)

Matters for discussion

7	Northern Ireland Health and Care site visits – reflections Council members	NMC/26/217	10:25-10:45 (20 mins)
8	Executive report Chief Executive and Registrar/Executive	NMC/26/218	10:45-11:00 (15 mins)
9	Midwifery update and strategy launch Executive Director, Professional Practice	NMC/26/219	11:00-11:20 (20 mins)
10	Observer questions (oral) Chair	NMC/26/220	11:20-11:35 (15 mins)

Refreshment Break (30 mins)

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11	Historical Reviews update Executive Director, Strategy and Insight	NMC/26/221	12:05-12:15 <i>(10 mins)</i>
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Matter for decision

12	Council and Committee Cycle of Business 2027-2028 and 2028-2029 Secretary	NMC/26/222	12:15-12:25 <i>(10 mins)</i>
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			12:25-12:35 <i>(10 mins)</i>
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13	13.1 Adroddiad monitro blynyddol Safonau'r Iaith Gymraeg 2025-2026 13.2 Welsh Language Standards Regulations Annual Monitoring Report 2025-2026 Executive Director, People and Culture	NMC/26/223
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14	Finance and Resource Committee reports 14.1 Report of the meeting of 28 July 2026 14.2 Report of the meeting of 9 September 2026 Chair of the Committee	NMC/26/224
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15	People and Culture Committee report Chair of the Committee 15.1 Annual report 2025-2026 15.2 Report of the meeting of 14 May 2026 15.3 Report of the meeting of 30 June 2026 15.4 Report of the meeting of 2 September 2026	NMC/26/225
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16	Audit and Risk Committee report Chair of the Committee	NMC/26/226
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17	Planning and Performance Committee report Chair of the Committee	NMC/26/227
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18	Chair's actions taken since the last meeting Chair	NMC/26/228
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**Members should notify the Chair a minimum of two days prior to the meeting should they wish to discuss any ‘For assurance’ items. If not, then it is assumed that Council notes the reports and actions, without discussion.*

CLOSE

12:35

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Meeting of the Council
Held on Tuesday 21 July 2026 online via MS Teams

Minutes

Ron Barclay-Smith
Anna Walker
Eileen McEneaney
Hussein Khatib
Julia Mundy
Lindsay Foyster
Flo Panel- Coates
Margaret McGuire
Rhiannon Beaumont-Wood

Chair
Member
Member
Member
Member
Member
Member
Member

NMC Officers

Paul Rees
Chris Kinsella

Lesley Maslen
Ravi Chand
Emma Westcott
Julia Corkey
Chris Dziki
Richard Cartland

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
Executive Director, Professional Practice
Interim Executive Director of Transformation and Technology Services
General Counsel
Chief of Staff
Secretary to the Council
Interim Governance Manager
Governance Officer

Alice Hilken
Ben Wesson
Jacqueline Maunder
Yasmine Mohungoo
Jen Daniel

For item :

Richard Wilkinson

Assistant Director, Finance and Audit

A list of observers is at Annexe A.

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Minutes

NMC/26/191 1. Welcome and Chair's opening remarks

The Chair welcomed everyone to the meeting. The Secretary to the Council confirmed that the meeting was quorate.

The appointment of Yvette Cooper as the Secretary of State for Health and Social Care was welcomed on behalf of the NMC acknowledging Ms Cooper was an experienced politician who had held high-profile government positions and now faced a challenging role in health and social care. Best wishes were extended to her and her new ministerial team.

The Chair reminded attendees of the NMC's values; integrity, fairness, respect, equity and effectiveness and how, within the context of these values, the fundamental role of the Council was to protect the public.

NMC/26/192 2. Apologies for absence

Apologies for absence were received from Council member, Nadine Pemberton Jn Baptiste.

NMC/26/193 3. Declarations of interest

Declarations of interest were made by all registrant Council members and the Executive Director, Professional Practice, in relation to agenda item 12, Code and Revalidation. It was confirmed that these interests were not considered sufficiently material to require withdrawal from the discussion. It was noted that the declarations would be recorded in the minutes for the public record.

NMC/26/194 4. Minutes of the previous meeting

The minutes of the meeting held on 1 July 2026 were received and agreed as an accurate record of the meeting subject to the following amendment:

- a) **NMC/26/186** paragraph 2b) amend to read: The Professional Standards Authority's (PSA) annual performance review for 2025 was noted, which indicated that nine of the 18 Standards of Good Regulation had not been met including standards relating to equity, diversity and inclusion, aspects of Fitness to Practise (FtP) performance and ensuring the integrity of the register.
- b) **NMC/26/188** paragraph 2 i) amend the word 'physical' to 'fee'
- c) A point of accuracy was raised regarding the attendance list on page 15, Annexe 1, where it was stated that neither Gail Adams nor Michelle Russell were in attendance.

The Secretary agreed to amend and update the minutes prior to signing by the Chair.

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NMC/26/195 5. Summary of actions

The Council received the summary of actions.

Members noted:

- a) There were 22 actions in total with 3 categorised as completed with the remaining actions due in September and October 2026.
- b) Members were asked to note the progress on the open actions and agree to close the actions that were categorised as completed.
- c) A substantive safeguarding update, encompassing actions NMC/25/23 and NMC/26/147, would be brought to the November Open Council meeting, following a planned meeting with the Council safeguarding leads and the Assistant Director for Safeguarding and including discussion in Council Confidential session ahead of November Open Council.
- d) Assurance was sought that the action target dates should only be changed once and not by several months.
- e) A specific date would be added to action NMC/26/147.
- f) The Chair and Secretary to the Council would meet to review the action log.

NMC/26/196 6. Executive report (verbal)

The verbal Executive report was received and the Chief Executive and Registrar gave an oral summary of activity since the last Council meeting.

Members noted the following:

- a) An update on maternity reviews and the attendance of a senior team at the first Family Day in Leeds for Donna Ockenden's new maternity review, the latest in a series of vitally important reviews into maternity failings. The team met families and heard about their experiences. The commitment to working openly and respectfully with families was stated, with practical steps being taken to strengthen relationships, including improved information sharing with the review team, helping families understand how they can engage with the NMC and ensuring a regular presence throughout the review. Similar support was also planned for the upcoming Sussex review.
- b) These reviews followed a number of recent reports into maternity failings. The recent Ockenden and Amos reviews were acknowledged as having exposed devastating failures in maternity care. It was noted that many of the lessons were not new: women and families had not been heard, concerns had not been escalated, and poor culture and unacceptable inequalities had persisted.
- c) The majority of midwives provided outstanding care, and it was the responsibility of the NMC to uphold professional standards while acting

decisively where those standards were not met.

- d) It was recognised that the NMC had responded too slowly in progressing FtP cases and engaging meaningfully with bereaved families, for which apologies had been issued.
- e) Improvements in engagement with families were noted by Donna Ockenden. Efforts to build capacity in the NMC's sensitive and complex casework team were highlighted to expedite FtP referrals related to maternity failings. The importance of listening to and learning from families was emphasised.
- f) The Annual Report and Accounts for 2025-2026 were laid in Parliament on 14 July 2026 and were available to view on the NMC website.
- g) Since identifying the issue over the way health and character self-declarations by nursing and midwifery professionals were managed over a 12 year period, all registrants affected had been contacted. Support had been put in place and each case reviewed from safeguarding and wellbeing perspectives. It was anticipated that no further action would be required for the vast majority of registrants affected.
- h) A programme of regulatory health checks was underway to help identify priorities, strengthen quality management arrangements, and ensure the expected standards of a modern regulator were met. These checks were expected to be completed by autumn 2026.
- i) Progress had been made in FtP with approximately 74 percent of cases being resolved within 15 months, end to end, compared to 60.8 percent in July 2023. Referrals continued to increase month on month. Progressing cases as quickly as possible remained a top priority.
- j) The NMC's financial position had improved since the reduction in headcount and the difficult decision to approve a registration fee increase, (subject to parliamentary approval) as well as more disciplined financial controls. As a result of these measures, there could be more investment in operational capacity, prioritising key FtP roles.
- k) A new modern case management system was being developed to provide the necessary infrastructure to support a more efficient regulatory process. The 'new ways of working' programme was redesigning the models for investigation to make them more proportionate, more efficient, and more consistent.
- l) The consultation for the practise learning review was coming to a close with over 5,700 responses from individuals and organisations across the UK. The proposals aimed to modernise practise learning and strengthen preparation of future nurses, midwives and nursing associates informed by two years of extensive engagement and reflecting the changing needs of health and social care. The evidence would be carefully considered before bringing recommendations back to Council later this year.
- m) The CER had met the Chief Nursing Officer (CNO) for Scotland's team and discussed the challenges and opportunities facing nursing and

midwifery in Scotland and the wider regulatory landscape as well as how to continue to work together to support safe, high quality care across Scotland.

- n) A question was raised regarding mental health reviews and the lessons learned for regulatory functions and family support. It was stated that the organisation had learned the need for a families-first, trauma-aware approach, and to genuinely listen, learn, and change. On the recent mental health reviews, recommendations were awaited from the Nottingham review, and the Lampard inquiry was continuing, with an expected completion in 2028.
- o) The importance of strengthening community provision and considering the Code's role in addressing issues like inappropriate record assessment was highlighted.
- p) Concern was expressed that the Code did not adequately address how new joiners were equipped to listen and respond to patients and families. It was hoped that the review and update of the Code would strengthen how registrants listened and responded to patients and families. The Executive Director for Professional Practice agreed to take and reflect further on this observation within the context of the Code review.
- q) The Annual Report indicated that the organisation was strong in reactive risk management but less so in proactive risk management. It was suggested that proactive capabilities be developed without waiting for the two-year health check completion. It was clarified that the health checks would identify risks by early autumn, allowing for timely reporting to Council.
- r) A reporting mechanism for inquiry findings and recommendations was requested to ensure the organisation's continuous improvement and public protection and to assure the Council that issues raised were being dealt with in a timely and judicious manner.

The Council:

- **Noted** the verbal update.

NMC/26/197 7. Quarterly corporate performance report Q1

The Council received the Quarterly Performance report. The Chief of Staff presented the report.

Members noted the following:

- a) The report was the first performance report against the 2026-2027 Business Plan and offered assurance that delivery was on track, with most deliverables progressing as planned and several early milestones achieved. There were no areas currently assessed as of significant concern.
- b) Moderate concerns were concentrated in FtP transformation, the integrity of the register and regulatory reform. These were the most

complex programmes and the amber ratings reflected the active management of delivery risk rather than an expectation that they would not be delivered.

- c) Concerns were raised regarding the report's optimistic tone, suggesting it might not fully reflect ongoing challenges, particularly concerning the PSA standards.
- d) The report focused on deliverables and processes rather than outcomes and it was questioned as to whether the related activities were achieving the desired impact. More clarity was needed on the NMC's regulatory objectives and targets not just the processes.
- e) On the matter of immediate action on critical issues identified during fieldwork for health checks, it was confirmed that serious issues would be addressed immediately.
- f) Staff turnover had increased which was to be expected following an efficiency programme of work, particularly within FtP . Measures were being taken to address recruitment and onboarding challenges.
- g) The report's timeliness and the usefulness of the RAG rating distinction was acknowledged but the intention was to explore, through the Planning and Performance Committee and the Audit and Risk Committee, whether RAG ratings adequately captured emerging risks.
- h) Some dates in Priority One 'Ensuring trust in professionals' were queried and it was suggested that a deep dive into professional practice considered at a future Council seminar.
- i) It was agreed that the report was perceived as overly optimistic and that a more critical perspective was needed to inform Council members of problems and priorities.

The Council:

- **Noted** the report; and
- **Reviewed** performance and progress against the Business Plan, considered the areas of strategic challenge highlighted within the report and provided observations to steer the Executive Board

NMC/26/198 8. Quarterly risk exposure report Q1

The Council received the Quarterly Risk Exposure report for Quarter 1. The Chief of Staff presented the report.

Members noted the following:

- a) The report provided the quarterly assessment of the strategic risk profile and the appropriate management of the strategic risks presented in the new strategic risk register for 2026-2027.
- b) Positive movement was noted in two areas: the financial stability risk had

reduced from a very high red score to a lower red score, and the risk relating to external impacts had been reduced to an amber score and would be moved to the operational risk register.

- c) The introduction of a new strategic risk register for 2026-2027 was highlighted, which followed workshops with the Council and Executive Board.
- d) It was suggested that the use of Artificial Intelligence (AI) to manage increasing referrals be explored. It was noted that AI was already driving increased referrals and that plans to introduce AI were being developed. While AI was an opportunity, data consolidation and a new case management system were prerequisites.
- e) Concern was expressed that the report might be presenting an overly positive picture, particularly regarding the number of risks out of appetite and the assignment of multiple risk owners to single strategic risks.
- f) More clarity was needed around regulatory objectives and targets and their ownership in the new mitigating actions.
- g) The target for reducing the 'maturity of processes and culture' risk by Quarter 2 seemed ambitious. It was important to be mindful of the inherent risk rating and the target risk.
- h) The format of the new report was welcomed and it was acknowledged that progress was being made in risk reporting.
- i) Training on risk management was planned for Council and executive colleagues late in the year.

The Council:

- **Noted** the report,
- **Noted** the changes that have been made to the strategic risks since the last report to Council in May 2026,
- **Discussed** and **approved** the strategic risk register 2026-2027; and
- **Discussed** the risks that were not within appetite at Annexe 3.

NMC/26/199 9. Financial Performance Report Q1 2026

The Financial Performance Report Q1 2026 was received and the Executive Director of Finance presented the report.

Members noted the following:

- a) The report referred to a two month reporting period and did not include a full quarterly forecast, but an update for June, including a full-year forecast. The quarterly report was subject to Executive Board approval.
- b) The June update indicated reserves of £41 million against a budget of £37 million, a decrease from the year's start of £50 million. Income was

reported as £9.7 million under budget, largely due to a 35% year-on-year reduction in overseas applicants.

- c) Headroom had been used to fund RIT (Registration Investigation Team) cost recovery (£0.4 million), offset by a realised gain on investment sales (£0.4 million).
- d) The latest forecast for March 2027 indicated a significantly improved reserves position, £10 million better than the initial budget of £16 million. This improvement was attributed to a successful employment tribunal case (£4.5 million), a successful claim against a supplier (£1.4 million), the realised gain on investments (£0.4 million), and the Privy Council's approval of a fee increase, expected to generate an additional £7 million from 1st October.
- e) The vacancy rate in Professional Practice also contributed to the improved forecast. These positive developments allowed for the funding of exceptional costs, including RIT recovery and the health check programme (£1.2 million). The forecast reserves of £26 million at year-end were noted as significantly better, with £3.6 million in unassigned contingency and CapEx.
- f) A programme of improved financial control, recruitment control, contract control, programme control, prioritisation of spend and projects, and frequent reviews of financial performance at CER and Finance Director level were in place.
- g) Member requested that a full-year forecast column be included in future reports alongside the full-year budget.
- h) It was too early for detailed 2-3 year forecasts regarding the trend of decreasing overseas income and the potential positive impact of increased nursing and midwifery student numbers. While the overseas income showed a concerning trend, this was not significant in the context of the overall organisation's budget.
- i) The improved financial control was commended. The organisation-wide improvement in financial management was a personal objective for the Executive Director of Finance, with success being seen in identifying non-pay savings.
- j) A roadshow across directorates was being conducted to improve awareness, and a similar initiative for financial and budget control was considered for the future, particularly for new senior individuals.
- k) The Council acknowledged the efforts of the Executive Director of Finance in resolving a commercial dispute.

The Council:

- **Noted** the financial report.

NMC/26/200 10. Professional Standards Authority Performance Review 2025/2026

The Professional Standards Authority (PSA) performance review report was

received and the Chief of Staff presented the report.

Members noted the following:

- a) The report highlighted that 9 of the 18 PSA's Standards of Good Regulation had not been achieved.
- b) The findings of the PSA were accepted, and an improvement plan was being developed by the Executive Board, with regular reporting to the Council.
- c) Progress had already been made in FtP, transformation, technology, regulatory fairness, education quality assurance, and quality management.
- d) The PSA report focused on external regulatory functions, noting failures in education, quality assurance, FtP, registration, and revalidation, but praised the work on midwifery.
- e) It was suggested that updates should cover all functions, not just those not being met.
- f) The PSA had acknowledged the significant steps taken by the NMC to understand the issues and to improve its performance. The working relationship with the PSA was being enhanced, with the Chief of Staff and Executive Director, Communications and Engagement leading the engagement.
- g) It was important that the Planning and Performance Committee had assurance on what needed to be improved and that each area of improvement was owned by the appropriate executive team member and that future reporting on the improvement plan was also sighted by the Council.
- h) Learning from the report would inform the improvement plan, particularly regarding decision-making quality, record-keeping, safeguarding, and self-reporting in education quality assurance. Workshops were addressing the learning and the improvement plan and would cover all standards, not just those not met, with regular updates provided to the Council.
- i) Executive colleagues were urged to make formal representations to the Office for Students regarding concerns about the validity of evidence used to evaluate provider quality.
- j) The scrutiny by the Performance and Planning Committee was welcomed and the improved senior-level engagement with the PSA, hoping it would prevent future transparency issues. One of the criticisms in the PSA report was that it had raised issues in the previous year and these had not been addressed: this would not be repeated.

The Council:

- **Noted** the report,
- **Noted** the update on the PSA improvement plan; and

- **Noted** the PSA's 2024-2025 periodic review of the NMC.

NMC/26/201 11. ICR recommendations: Governance and status update

The Independent Culture Review (ICR) recommendations governance and status update report was received and the Executive Director, People and Culture presented the report.

Members noted the following:

- Thirty of the 37 recommendations were assessed as implemented, with the remaining 7 in an initiated status.
- The extensive scrutiny by the People and Culture Committee (PCC), the Finance and Resources Committee (FRC), and the Independent Oversight Group (IOG) was highlighted.
- While many process-oriented recommendations had been met, a continued focus on outcomes and PSA standards was crucial.
- The rigour of the scrutiny process was affirmed. Quarterly deep dives using a culture maturity assessment model were being conducted to ensure the sustainability of cultural change. These were beginning to show where there were issues that needed greater emphasis and interventions.
- The recommendations had required changes to governance, leadership development, values and behaviours, safeguarding, whistleblowing, EDI, workforce practices, FtP processes, data reporting, stakeholder engagement and regulatory operations. This had been an organisation-wide transformation. The current position should be viewed within the context of NMC's commitment to deliver all recommendations over a three-year period of which it was now in year two and had implemented over 80% of those recommendations.
- On recommendation 2 regarding a reverse mentoring programme which was now underway, it would be good to see better messaging to encourage more NMC staff to participate as there were several Council members keen to become mentees on the scheme.
- It was suggested that a more strategic approach was needed regarding the estates strategy, and that this should be approached more purposefully.
- For future reports, the presentation of information for each recommendation should clearly answer the specific question posed by the recommendation and clearly demonstrate achievement.

The Council:

- **Noted** the report, **Discussed and endorsed** the updated status of the recommendation Independent Culture Review (ICR) recommendations based on the recommendation of the People and Culture Committee (PCC) and the Finance and Resource Committee (FRC),

- **Noted** the transfer of responsibility for governance oversight 16 recommendations previously governed by the FRC to the newly established Planning and Performance Committee (PPC); and
- **Noted** the proposal to manage implementation of three of the remaining ICR recommendations as project, with milestones, budget, timelines, risks and interdependencies explicitly defined.

NMC/26/202 12. Code and Revalidation review

The Code and Revalidation review report was received and the Executive Director, Professional Practice presented the report.

Members noted the following:

- a) The latest activities and findings from the discovery phase of the review of the Code and Revalidation were outlined.
- b) Proposed areas for public consultation were set out, with agreement sought from the Council for a public consultation to be undertaken from September to December 2026.
- c) The proposal for consultation did not explicitly set out patient and family engagement and the importance of working as a team in the increasingly complicated realm of healthcare. The importance of multidisciplinary team working, collaboration, and civility should be explicitly stated in the Code. The Code and Revalidation reference group had discussed these points, particularly regarding multidisciplinary working and the rigour required.
- d) Assurance was given that the points raised regarding patient engagement and team working would be fully articulated and strengthened within the consultation.
- e) The current auditing in revalidation focused on process rather than individual registrant evidence, with a more rigorous confirmatory process suggested as a way to address the consistency of revalidation evidence. This could potentially place some responsibility and accountability to the employer and provide a more positive return on the levels of fitness to practise referrals. The level of evidence was standardised within revalidation and it was the quality of that evidence that tended to vary was difficult to manage within the numbers of professionals.
- f) Support was given for the consultation to ensure that the voices of those looking to become nurses, midwives and nursing associates were captured.
- g) Assurance was given that Council members would have the opportunity to review the consultation questions.
- h) A careful re-articulation of risk was suggested given the proposed approach.
- i) It was agreed that the public consultation would proceed as planned.

The Council:

- **Noted** the report; and
- **Approved** a public consultation from September to December 2026 on a revised Code and supporting guidance and an updated Revalidation process.

NMC/26/203 13. Midwifery Q1 report

The Midwifery Q1 report was received and the Executive Director, Professional Practice introduced the report and the Assistant Director, Midwifery and the Chair of the Midwifery Strategic Advisory Group presented highlighted the salient points of the report. Members noted the following:

- An update on the midwifery action plan, launched in November 2025 had focused on tackling inequalities in midwifery education practice and supporting UK-wide maternity review work.
- Several planned actions had been completed and there was progress on the remaining actions.
- Approval was sought for finalising the midwifery action plan and developing strategic midwifery objectives for 2030, aligning with the wider NMC corporate strategy.
- A service-level gap analysis was highlighted which revealed incomplete compliance with standards in 56 out of 146 organisations which had responded, indicating that recommendations from previous reports had not been fully implemented. Work was underway to look at this area and to map the standards of proficiency against the two most recent reports and the International Federation of Midwives global standards for regulation to ensure alignment.
- Concern was expressed regarding the low response rate and outcomes of the service-level gap analysis, suggesting a need for further investigation and broader multidisciplinary collaboration.
- The changing landscape for midwives was acknowledged and the need for the NMC to remain focused on known issues whilst also addressing emerging concerns.
- Roundtable meetings were planned with various stakeholders to gather evidence led insights for the midwifery strategy.
- The Council commended the work and acknowledged that midwifery plan was a specific area of best practice identified in the PSA report. The Council supported the transition to strategic midwifery objectives,

emphasising the need for a clear understanding of the NMC's role within the broader system.

- i) A meeting had been scheduled with the Royal College of Obstetricians and Gynaecologists (RCOG) to explore more collaborative working.
- j) The importance of flexibility in the strategy and the need for evaluation of collaborative approaches was emphasised. Assurance was given that KPIs and evaluations would be built into the strategy. The Midwifery Strategic Advisory Group (MSAG) was focused on UK-wide maternity reviews, with plans to engage with key figures from these reviews.

The Council:

- **Noted** the report,
- **Noted** the substantial delivery and completion of actions within the Midwifery Action Plan,
- **Noted** the key themes, risks, and opportunities identified through education, practice and stakeholder engagement activity; and
- **Approved** the development of strategic midwifery objectives for 2026-2030, supported by measurable and outcome-focused approaches to regulatory oversight.

NMC/26/204 14. Safeguarding Board quarterly report Q4 2025/2026

The Safeguarding Board quarterly report Q4 2025/2026 was received and the Executive Director, Professional Practice and the Assistant Director, Safeguarding presented the report.

Members noted the following:

- a) The strategic risk for safeguarding remained at 12, reflecting the ongoing management of safeguarding concerns and governance structures to meet Charity Commission responsibilities.
- b) The successful completion of an ambitious safeguarding plan for 2025-2026, with a new plan for the upcoming year.
- c) The launch of a safeguarding policy, communicated across the organisation, was highlighted, along with an associated audit plan for the next year.
- d) Focus work with panel members addressed challenges in safeguarding and wellbeing within hearings, aiming to reduce risk and avoidable harm. A mental capacity and informed consent module, developed in collaboration with legal colleagues, had been launched.
- e) Mandatory training completion rates were reported as 94.4% for Level 1 and 89% for Level 2 (Safeguarding Essentials), with initial evidence suggesting increased staff confidence in recognising safeguarding concerns.

- f) An increase of 3% in referrals outside the safeguarding hub was observed, and it was noted that safeguarding advice was being sought earlier, preventing escalation. The development of a wellbeing service was discussed, with funding secured for new wellbeing practitioner roles to provide proactive support.
- g) A wellbeing risk assessment tool was developed and benchmarked against April hub cases.
- h) An action plan was being implemented to address findings from a recent PSA report, focusing on standardisation for documentation and the introduction of safeguarding and wellbeing flags on cases.
- i) The comprehensive oversight of safeguarding actions and the distinction between wellbeing and safeguarding was acknowledged. Assurance was sought regarding ongoing supervision for individuals managing challenging regulatory functions.
- j) The risk level was reviewed at each Safeguarding board meeting. The unchanged risk rating of 12 reflected an agreed level of risk tolerance.
- k) The Council commended the work undertaken and raised the importance of equipping staff with trauma-informed approaches and ensuring adequate training for those providing supervision. The existing supervision framework could be reviewed to assess whether it could be expanded.
- l) The importance of addressing the previous failure to meet PSA safeguarding standards by the end of the year was emphasised, particularly concerning record-keeping and tracking of safeguarding cases.
- m) An update on the PSA standards action plan and wellbeing focus would be provided in the quarter one report.

The Council:

- **Noted** the report; and
- **Noted** the delivery in safeguarding activity to mitigate and reduce risks in safeguarding matters at the NMC.

NMC/26/205 15. Observer questions

The Chair reminded everyone that the NMC was unable to provide responses to any questions relating to individual cases or situations.

The Chair invited questions and comments from observers received via email in advance of the meeting and during the meeting. There were no questions and so the Chair moved onto other business

NMC/26/206 16. Appointments Board annual report 2025-2026

The Council received the Appointments Board annual report 2025-2026 and

the Chief of Staff presented the report.

Members noted the following:

- a) The Appointments Board had oversight of panel member appointments, induction, training, and performance management.
- b) Priorities for the year ahead included strengthening governance and supporting public confidence, particularly with the introduction of legally qualifying chairs.
- c) The Appointments Board's ownership of ICR recommendation 36 was discussed. The recommendation referred to panel diversity in line with the profession, whereas the report referred to diversity in line with the communities served. It was suggested that the distinction between these definitions should be clarified and that the Appointments Board should retain ownership of recommendation 36, reporting on its achievement against a robust definition of diversity in line with the profession. Assurance was given that the Appointments Board took its role in scrutinising diversity characteristics seriously.
- d) that the Appointments Board would report to the Planning and Performance Committee on diversity matters, and that committee members would be made aware of their responsibilities in relation to recommendation 36.

The Council:

- **Noted** the report.

NMC/26/207 17. Audit and Risk Committee annual report 2025-2026

The Council received the Audit and Risk Committee annual report 2025-2026 and the Secretary to the Council presented the report as the current Chair of the committee had not been in the role during the period covered by the report - 1 April 2025-31 March 2026.

Members noted the following:

- a) The report mirrored information contained in the NMC Annual Report and Accounts 2025-2026, which was approved by the Council on 1 July 2026 and laid before Parliament on 14 July 2026.
- b) The report had been endorsed by the Audit and Risk Committee on 26 June 2026 to provide assurance on the committee's work and the discharge of its terms of reference.
- c) The report was of high quality, and suggestions for future improvements were made including that the committee should consider external fraud issues in addition to internal ones in future reports, the need for clearer priorities and discussions on available resources, as resource limitations were identified as a potential underlying issue, and that oversight of the Cultural Transformation Plan(CTP) should focus on outcomes as well as processes.

The Council:

- **Noted** the report.

NMC/26/208 18. Finance and Resource Committee annual report 2025-2026

The Finance and Resources Committee annual report 2025-2026 was received.

The Council:

- **Noted** the report.

NMC/26/209 19. The General Nursing Council for England and Wales Trust report

The General Nursing Council for England and Wales Trust report was received and was presented by the nominated NMC Council member on the General Nursing Council Trust (GNCT) as a category B trustee.

Members noted the following:

- a) The General Nursing Council Trust functions primarily as an independent charitable trust focused on funding nursing research and educational development rather than publishing standard corporate reports. The last update report was presented to the Council in July 2024.
- b) The GNCT, established in 1983, is a legacy trust that aims to advance nursing practice and works in partnership with the Florence Nightingale Foundation.
- c) The Trust's remit did not cover all four nations, unlike the NMC.
- d) Strategic assurance was offered to the Council to ensure due diligence between the two independent functions.
- e) This was the final report from Flo Panel-Coates (Council member) in this capacity due to an upcoming transition and handover to another Council member to be appointed early 2027.

The Council:

- **Noted** the report.

NMC/26/210 20. Chair's actions taken since the last meeting

There had been no Chair's actions formally taken since the previous 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 on 23 September 2026 in person in Belfast, Northern Ireland.

Confirmed by the Council as a correct record:

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Report to:	Open Council	Meeting Date:	23 September 2026
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Summary of Actions	
Publication Status	Open
Presenting the Report	Jacqui Maunder, Secretary to the Council
Executive Director	Ben Wesson, Chief of Staff
Report Author	Jacqui Maunder, Secretary to the Council

PURPOSE OF REPORT AND REASON FOR RECOMMENDATIONS:

The purpose of this report is to provide an update on progress against actions from previous Council meetings.

RECOMMENDATION:

The Council is asked to:

- **Note** this report.

ANNEXES:

None

REPORT APPROVAL [mandatory for all Council/Committee Reports]

Executive Director: Insert Name	N/A
Director of Finance:	N/A
General Counsel:	N/A
Chief Executive and Registrar (CER):	N/A

Secretary to the Council:		Approved 15 September 2026
External Engagement (undertaken to date		
Committee / Group	Date	Outcome
N/A		

Consideration at Committee/Group		
Committee / Group	Date	Outcome
N/A		

Council Action Log
For Meeting 23 September 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 21 October 2026	11.09.2026 – Not yet due. Council member role descriptions are being reviewed as part of the Independent panel reviewing members remuneration, expenses and time commitment.	IN PROGRESS
2 July 2025					
NMC/25/60	Draft Annual Fitness to Practise Report 2024-2025 Action: Arrange a Council Seminar to present the different processes and	Secretary to the Council/Executive Director, Professional Regulation	20 October 2026	09.09.2026 - Not yet due. A Council Seminar session on the different processes and stages of FtP and the support	IN PROGRESS

Minute Ref	Minute Ref and Action	Owner	Due date	Progress	Status
	stages of the FtP and the support mechanisms available.			mechanisms available is on the forward plan for the Council Seminar in October 2026.	
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 supporting information from employers as part of their application to join the register for the first time.	Executive Director, Strategy and Insight	September 2026 October 2026	15.09.2026 – not yet due We have commissioned a light-touch evaluation of Supporting Information for Employers (SIFE), to be led by the Policy team with support from Research & Evidence. The aim of this work is to understand recent and historical trends around the use of SIFE and any resulting impacts on public protection, stakeholder confidence, operational function and other factors. This should help identify any need for further amendments to the policy or our processes. Planning and scoping is underway and external engagement is due to commence in October 2026. We continue to monitor	IN PROGRESS

Minute Ref	Minute Ref and Action	Owner	Due date	Progress	Status
				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.	
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	23 September 2026	10.09.2026 - Item on this agenda	COMPLETED
24 September 2025					
NMC/25/90 <i>Linked to action</i> NMC/25/112 (a)	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.	Interim Executive Director, Transformation and Technology Services	21 October 2026	10.07.2026 - Not yet due. Item on the agenda for Confidential Council 21 October 2026	IN PROGRESS
NMC/25/90 Linked to	Quarterly corporate performance report	Secretary to the Council	September/October 2026	10.07.2026 A further programme of	IN PROGRESS

Minute Ref	Minute Ref and Action	Owner	Due date	Progress	Status
NMC/25/116	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.			work is being developed and a Council EDI development session is scheduled for 20 October 2026	
NMC/25/116	EDI Workshop plan for Council Action: Review the aims and proposals for previous 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.				
26 November 2025					
NMC/25/111 (b)	Executive Report 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	10.09.2026 No update on the timetable from the Department of Health and Social Care (DHSC) available yet.	IN PROGRESS
NMC/25/111 (f)	Action: The possibility of making self-referral mandatory for midwives in	Acting Executive Director,	July 2026	09.09.2026 – Not yet due An update to be provided	IN PROGRESS

Minute Ref	Minute Ref and Action	Owner	Due date	Progress	Status
	cases of mortality in birth or within two weeks of birth would be considered and brought back to the Council.	Professional Practice	21 October 2026	to Confidential Council on 21 October 2026 (next formally scheduled Confidential Council meeting)	
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	21 October 2026	10.09.2026 - Not yet due. Item for Confidential Council 21 October 2026	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 21 October 2026	10.09.2026 – not yet due More information about the Quality Assurance processes for FtP will form part of an update to Council on the Health Check assessments and an update brought to Confidential Council for 21 October 2026.	IN PROGRESS
25 March 2026					
NMC/26/143	Executive Report Action: Consideration to be given to how a system of	Executive Director, People and Culture	23 September 2026	15.09.2026 - Not yet due Oral update to be provided at the meeting	IN PROGRESS

Minute Ref	Minute Ref and Action	Owner	Due date	Progress	Status
	payment for support could work for the Diaspora Registrant Association Forum (DRAF).				
NMC/26/147	Quarterly Safeguarding update (Q3) and Safeguarding Policy Action: Further information on KPIs regarding outcomes and impact to be provided in future reports	Executive Director, Professional Practice	25 November 2026	10.09.2026 – not yet due Will be included in next Safeguarding report	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	09.09.2026 – update provided on Board Intelligence	COMPLETED
01 July 2026					
NMC/26/188	Draft Fitness to Practise Annual report 2025-2026 Action: Provide further detail for the 'any other informant' category in the autumn Insight report	Executive Director, Strategy and Insight	November 2026	10.09.2026 – not yet due. Next Insights report due end of Q3 (November 2026)	IN PROGRESS

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:	23 September
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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
Report Author	Jess Gray, Executive Business Manager

PURPOSE OF REPORT AND REASON FOR RECOMMENDATIONS:

The purpose of this report is to provide information on key developments, updates and engagements since the last Council meeting on 21 July 2026.

RECOMMENDATION(S)

The Council is asked to:

- **Discuss** the Executive's report on key developments, updates and engagements up to 16 September 2026.

REPORT APPROVAL

Executive Director: Julia Corkey, Executive Director of Communications and Engagement	16 September 2026
Director of Finance:	N/A
General Counsel:	N/A

Chief Executive and Registrar (CER):	16 September 2026
Secretary to the Council:	16 September 2026

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	8 September	Approved

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 21 July 2026.

2. SPECIFIC MATTERS FOR CONSIDERATION

Key stakeholder meetings

2.1 During 21 July 2026 to 16 September 2026, the NMC focused on deepening engagement with key partners to inform and shape our regulatory priorities across professional standards, practice learning, EDI, maternity and wider system improvement.

2.2 On 23 July 2026, a joint meeting of the NMC and Royal College of Nursing Executive Teams provided an opportunity to discuss shared priorities, including responses to maternity reviews and inquiries, progress against Professional Standards Authority (PSA) standards, anti-racism principles, registration data, and the Code and revalidation consultations.

2.3 On 3 September, a meeting between the NMC and Royal College of Midwives executive teams took place, offering an opportunity to discuss progress in Fitness to Practise, Code and revalidation, practice learning and our upcoming midwifery strategy.

2.4 Engagement on the NMC's anti-racism principles continued with system regulators across the four countries, royal colleges and the Council of Deans of Health.

2.5 In collaboration with the Council of Deans of Health, five engagement sessions were held on the Practice Learning Review across the four countries and with the Regulatory Strategic Policy Group.

2.6 Chris Dzikiti, Executive Director of Professional Practice held introductory meetings with the four Chief Nursing Officers and Chief Midwifery Officers. The meetings also provided an opportunity to discuss practice learning and proposals for the review of the Code.

2.7 The Chief Executive continued engagement with social care and independent-sector stakeholders to strengthen strategic relationships.

2.8 The Council meeting in Northern Ireland has been arranged in close collaboration with the Chief Nursing Officer, Chief Midwifery Officer and their teams. The engagement programme has included a joint meeting with the Central Nursing and Midwifery Advisory Committee, four site visits across Northern Ireland and a

Community and Primary Care Seminar, enabling Council to hear directly from professionals and students operating in Northern Ireland and service users.

2.9 On 9 September, we met with the PSA Independent Oversight Group (IOG) which was established to provide independent oversight of the NMC's response to the recommendations arising from the Independent Culture Review (ICR). The meeting included discussions on the NMC's ongoing culture transformation programme, progress in Fitness to Practise, and the wider improvement activity.

2.10 On 10 September, the annual in-person meeting of our Professional Strategic Advisory Group (PSAG) was Chaired for the first time by Chris Dzikiti. The forum discussed registration report data trends, the experience of internationally educated nurses in the UK, and the NMC's anti-racism principles. Our quarterly Midwifery Strategic Advisory Group (MSAG) meeting was held on Monday 14 September, providing a key opportunity for stakeholders across maternity and midwifery to advise the NMC on strategic direction.

Maternity care

2.11 The NMC continues to work closely with Donna Ockenden and her Independent Review teams in Leeds and Sussex. Activity remains focused on supporting constructive engagement with the families involved and applying learning from the Nottingham review.

2.12 The NMC met with families at the first Leeds family meeting on 18 July 2026 and at the first Sussex family meeting on 5 September 2026. The NMC will also attend the second Leeds family meeting on 26 September 2026.

2.13 The NMC recognises that in the past it was too difficult to access and too slow to understand the depth of the concerns being raised by families. The experiences and feedback shared by families has been instrumental in driving changes in how the NMC listens engages and work with families.

2.14 This work is supporting wider improvements to regulatory practice, including the introduction of trauma-informed training for Fitness to Practise colleagues and others in relevant roles. Learning from this activity has also informed the maternity strategy, which is intended to support fair, informed and effective regulation and ensure that lessons arising from previous maternity reviews translate into measurable improvements. Further information is provided at item 10.

The Thirlwall inquiry

2.15 Following publication of the Thirlwall Inquiry report, the NMC apologised for its failings in the Letby case. The NMC's thoughts remain with the babies that died or came to harm at the Countess of Chester Hospital and their families who have endured unimaginable suffering and pain.

2.16 Following the tragic events at the Countess of Chester Hospital, the NMC has changed and improved key parts of its regulatory approach.

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2.17 These changes – including a culture of curiosity, consideration of potential deliberate harm and better cross organisation information sharing – are designed to ensure emerging concerns are scrutinised more robustly, with information sought from different sources and action taken much earlier to protect the public and safeguard patient safety.

2.18 The NMC has changed the way it identifies risk, investigates concerns and acts to protect the public and uphold patient safety and will make further improvements following the publication of the inquiry report. It has also strengthened its decision-making guidance for potentially suspicious cases, and senior oversight arrangements, to ensure serious concerns are escalated earlier, examined more rigorously and acted upon more swiftly. The NMC has also embedded clearer expectations across its regulatory teams to take a more proactive and questioning approach.

2.19 The NMC’s Employer Link Service has been expanded and strengthened through clearer guidance so that emerging concerns are assessed more thoroughly, with greater capacity and confidence to question and verify information.

2.20 The NMC will address the inquiry’s findings around its revalidation process and will launch a consultation on a strengthened process, having taken on board Lady Justice Thirlwall’s observations. The NMC is also working more closely with health and social care regulators through arrangements such as the Emerging Concerns Protocol, helping the right organisations identify and respond to risks more quickly.

2.21 The NMC accepts the findings of the Thirlwall Inquiry and is committed to comprehensively reviewing its recommendations.

The professions and future workforce

2.22 On 29 July, the NMC published its annual registration data report, which showed the register has reached a record high of 867,935 professionals. It is also increasingly diverse, with Black, Asian and ethnic minority professionals now representing more than a third of the Register for the first time.

2.23 At the same time, the data shows changing workforce trends that require continued attention. International recruitment is slowing, with overseas joiners accounting for 26.4% of new registrations this year, compared with 49.4% two years ago. These changes reflect wider workforce and policy developments across health and care systems. Data and insight will continue to inform engagement and discussion across the four countries.

Practice Learning Review

2.24 The NMC’s Practice Learning Review consultation closed on 23 July, receiving 6,577 survey responses from members of the public, students, professionals, education providers, employers and other stakeholders.

- 2.25 The consultation included proposals such as embedding anti-racism, bias awareness, cultural curiosity, safety and respect within education and training. The scale and breadth of responses reflect how important practice learning is to the future of nursing, midwifery and nursing associate education. The proposals intend to strengthen the safety, quality and culture of maternity and neonatal services by better preparing future midwifery professionals. Other proposals include requiring nursing students to have one community practice learning experience and strengthening the focus on partnership and collaborative working between Approved Education Institutions (AEIs) and Practice Learning Partners (PLP).
- 2.26 Analysis of the evidence and continued engagement with key delivery partners, including the four UK Chief Nursing Officers will inform recommendations to Council in November.

Update on our Professional Practice Roadmap

- 2.27 The NMC continues to progress its Professional Practice Roadmap, which sets out the approach to modernising the standards and requirements for nurses, midwives and nursing associates. This includes updating the Code, the professional standards registrants must uphold and reviewing the process through which they renew their registration, known as revalidation, and developing new standards for advanced practice.
- 2.28 The Code consultation will be delayed by four weeks which will give the NMC sufficient time to take into account the comprehensive feedback it is receiving from key stakeholders and ensure that it is properly incorporated into the version of the Code that will be published for consultation.
- 2.29 The revalidation consultation will be deferred for at least six months so that lessons from the inquiry can be fully considered and included in proposed. Advanced practice standards will be introduced earlier than planned, in late 2027.
- 2.30 This revised timetable allows more time for the NMC to consider stakeholder feedback and relevant inquiry findings, while prioritising areas where additional regulation is most urgently needed.

Equity, diversity and inclusion (EDI) remain central to our work

- 2.31 On 3 September the NMC published a statement addressing racist and discriminatory behaviour towards colleagues, professionals on the register and people involved in regulatory processes. The statement supports the refreshed Respectful Behaviours policy, which sets out how unreasonable or unacceptable behaviour will be managed and the action that may be taken to protect colleagues.
- 2.32 The NMC's engagement with partners on the anti-racism principles for nursing and midwifery education and practice continues. System regulators across the four nations have committed to embedding the principles in their work. Discussions with royal colleges and the Council of Deans of Health have also continued.

2.33 NMC staff took part in a reflective conversation inspired by the life and legacy of Jason Arday. The discussion considered the lived experiences of Black, Asian and minority ethnic professionals, the barriers that can affect progression and inclusion, and the importance of creating environments where people are treated fairly, with dignity and respect. The conversation reinforced the NMC's I-FREE values of Integrity, Fairness, Respect, Equity and Effectiveness as well as a commitment to advancing equity for colleagues, professionals and the public.

2.34 Over the summer, the NMC marked South Asian Heritage Month under the theme 'Unity in Diversity', recognising the cultures, histories and contributions of South Asian communities. More than 89,000 nurses, midwives and nursing associates on the register identify as South Asian, representing just over 10% of all registered professionals. Colleague stories and activities led by the BeMe network highlighted their contribution to the professions and supported reflection on building a more inclusive and anti-racist culture.

Improving NMC's regulatory processes

Health checks and quality assurance

2.35 The NMC's programme of regulatory health checks is being rolled out, providing a structured assessment of processes, risks and controls across operational areas. The team leading this work has completed the design and scoping stages of the programme. This included validating processes, risks and controls with business leads, producing high-level risk assessments, and prioritising fieldwork according to risk.

2.36 During August, process walkthroughs, case audits and data analysis were undertaken to assess the effectiveness of controls. Existing improvement activity was also reviewed, with supporting evidence and decisions recorded across operational areas.

2.37 A consolidated report and prioritised action plan are expected in October. The findings will be considered by the Executive Board through formal governance channels, followed by an update to Council on the outcomes and proposed approach. This work is an important part of building consistent quality management and providing assurance in delivering regulatory processes effectively.

New Ways of Working in Fitness to Practise

2.38 The NMC's investigations model for the New Ways of Working programme is being introduced in support of the strategic priority to improve Fitness to Practise. The model is intended to improve the fairness, timeliness and quality of investigations.

2.39 A dedicated team is implementing and evaluating the model. Cases receive earlier multidisciplinary input from Case Examiners, lawyers, clinical advisers, EDI advisers and Public Support Specialists, enabling evidence requirements, safeguarding concerns and case risks to be identified at an earlier stage.

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- 2.40 The model is expected to support more timely, consistent and proportionate decision-making, improve communication and reduce uncertainty for those involved in Fitness to Practise proceedings. It should also help to reduce the number of unallocated cases at the investigation stage and mitigate the adverse effects of prolonged proceedings on registrants. Although significant implementation work remains, the programme represents an important component of the wider improvement of Fitness to Practise.

Education Quality Assurance

- 2.41 The NMC protects the public by setting standards for nursing and midwifery education and checking that approved education institutions meet them through education quality assurance (EdQA). The NMC has committed to an EdQA improvement programme focused on stronger assurance, better use of data, clearer processes and improved stakeholder engagement.
- 2.42 The NMC hosted conferences with official correspondents and lead midwives for education from each of the 100 approved education institutions on 8 September in Birmingham and 14 September in Manchester. These conferences aim to strengthen the relationship between the NMC and approved education institutions.

Supporting colleagues

- 2.43 In September, the NMC published a suite of refreshed duty of care policies that explain how the NMC will support colleagues who face external scrutiny, criticism, legal proceedings, unacceptable behaviour, requests for evidence, or requests for information about their role.
- 2.44 These policies set out when colleague information may be shared externally and what practical support is available, including wellbeing, communications, legal and evidence-giving guidance.
- 2.45 The Living out our values awards were introduced in April to recognise colleagues who demonstrate the organisational values of Integrity, Fairness, Respect, Equity and Effectiveness through their work. The first 10 award recipients were recognised in June. Both rounds of the awards attracted a strong response, with the second group of recipients due to be recognised later in September.

3. FINANCIAL/GOVERNANCE IMPLICATIONS

Not applicable.

4. RECOMMENDATION

- 4.1 The Council is asked to:

Discuss the Executive’s report on key developments, updates and engagements up to 16 September 2026.

5. ASSESSMENT

Impact Assessment	Question / Consideration	Response
Equality, Diversity and Inclusion	Has an Equality Impact Screening been undertaken?	Not applicable.
Safeguarding considerations	Are there any safeguarding implications?	No.
Four country factors and considerations	Are there any four country factors, including Welsh Language)	Stated throughout the paper.
Resource (incl People) implications	Are there any people implications?	Not applicable.
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.
Midwives and/or Nursing Associates	Any specific implications for midwives and/or nursing associates?	Not Applicable.

Report to:	Open Council	Meeting Date:	23 September 2026
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Midwifery update and strategy launch	
Publication Status	Open
Presenting the Report	Birte Harlev-Lam – Independent Chair, MSAG Tracey MacCormack - Assistant Director for Midwifery
Executive Director	Chris Dzikiti – Executive Director of Professional Practice
Report Authors	Tracey MacCormack - Assistant Director for Midwifery James Harris - Midwifery Policy Adviser Birte Harlev-Lam – Independent Chair, MSAG Jacqui Williams - Senior Midwifery Adviser (Education)

PURPOSE OF REPORT AND REASON FOR RECOMMENDATIONS:

The purpose of this report is to provide an update on the NMC’s approach to strengthening midwifery regulation across the four countries. It summarises progress in governance, oversight and team structures; seeks approval of the three-year midwifery strategy and supporting action plan; and identifies areas where further work is underway to ensure midwifery regulation is systematic, evidence-informed and aligned to public protection priorities.

RECOMMENDATION(S):

The Council is asked to:

- a) **Note** the report,
- b) **Approve** the midwifery strategy and supporting action plan,
- c) **Note** the progress made to strengthen governance, oversight and regulatory intelligence across midwifery regulation; and
- d) **Endorse** the proposed direction of travel and the next phase of work to implement the strategy.

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ANNEXES:

The following annexes are

Annexe 1: NMC Midwifery strategy 2026-2030

Annexe 2: Midwifery safety themes and the regulatory framework

REPORT APPROVAL

Executive Director:	Approved 03 September 2026 Chris Dzikiti, Executive Director, Professional Practice
Director of Finance:	N/A
General Counsel:	N/A
Chief Executive and Registrar (CER):	Approved 15 September 2026
Secretary to the Council:	Approved 16 September 2026

External Engagement (undertaken to date)

Committee / Group	Date	Outcome
Midwifery Strategic Advisory Group and extraordinary strategy discussion	June and July 2026	Feedback shaped the outward-facing strategy and confirmed the need for a live implementation plan. The NMC and midwifery strategies, practice learning review engagement and Taskforce updates from the MSAG agendas in September.

Consideration at Committee/Group

Committee / Group	Date	Outcome
Midwifery Regulatory Oversight Group / Midwifery Strategic Advisory Group	September 2026 onwards	MROG is being restarted with revised terms of reference, refreshed membership and a forward

		agenda to oversee the live workplan. MSAG will continue to provide strategic advice and external challenge.
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Midwifery update and strategy launch

1. SITUATION / BACKGROUND

- 1.1. The purpose of this report is to provide an update on the NMC's approach to strengthening midwifery regulation across the four countries. It summarises progress in governance, oversight and team structures; seeks approval of the three-year midwifery strategy and supporting action plan; and identifies areas where further work is underway to ensure midwifery regulation is systematic, evidence-informed and aligned to public protection priorities.
- 1.2. This report provides the regular update on material developments in the NMC's midwifery work since the previous reporting cycle. It covers progress on the midwifery strategy, regional regulatory intelligence, learning from maternity reviews and investigations, the midwifery Fitness to Practise thematic review, practice learning, the test of competence and planned engagement activity.
- 1.3. Maternity and perinatal services across the 4 countries of the UK continue to be subject to significant scrutiny, including ongoing work in Scotland, Northern Ireland and Wales; forthcoming maternity investigations in Leeds and Sussex; and the work of the National Maternity and Neonatal Taskforce in England alongside the English Department of Health's recent publication of its maternity 10-point plan. In this context, the NMC recognises that strong, visible and responsive midwifery regulation must form part of the wider system response to improving equity, safety, quality and public confidence.

2. SPECIFIC MATTERS FOR CONSIDERATION

2.1. Midwifery Strategy

- 2.1.1. Following consideration by the Midwifery Strategic Advisory Group (MSAG) in June 2026 and a further strategy discussion in July 2026, the outward-facing strategy has been finalised for separate consideration by Executive Board and Council. Feedback informed the final framing and confirmed the need for a live internal implementation plan (**annexe 1**).
- 2.1.2. Next step: Subject to approval through the separate strategy paper, delivery will be overseen by the Midwifery Regulatory Oversight Group and reported through the established quarterly cycle.

2.2. Regulatory intelligence and engagement across the 4 countries of the UK

- 2.2.1. The team is developing a regional model with Employer Link Service colleagues to gather, triangulate and act on midwifery intelligence across the four countries. Initial scoping will map existing activity, identify organisations and areas where quality risks warrant prioritisation, and establish a longer-term engagement schedule.
- 2.2.2. Significance: This brings the previously separate regional-oversight and scoping activity into a single operating model and should provide a more systematic route from local intelligence to regulatory consideration.

2.2.3. Next step: Confirm geographical coverage, prioritisation criteria, information-sharing routes and the format of the annual regional update.

2.3. Learning from reviews and investigations

2.3.1. Development: The Assistant Director for Midwifery continues to represent the NMC in relevant review and investigation forums, including the expert reference group supporting regulators and investigators linked to the National Maternity and Neonatal Taskforce. The Midwifery team is working through three workstreams to address the organisations response to the reviews – International Comparison, Mapping against current standards (annexe 2), and Listening to service users, staff and arm's length bodies and acting on their feedback.

2.3.2. Next step. Material findings will be assessed through the live workplan and relevant regulatory functions, with any required change or escalation reported at a future update.

2.4. Fitness to Practice thematic review

2.4.1. Development. The research team completed a qualitative review of 78 midwifery Fitness to Practise cases relating to 43 unique maternity incidents received between April 2023 and March 2026. The selected cases were used to explore themes identified in national maternity inquiries and are not representative of all referrals or wider midwifery practice.

2.4.2. The review identified recurring issues in recognition and response to maternal or fetal deterioration, escalation, monitoring, communication, transfer of care and documentation. Case material also described staffing and workload pressures, supervision, access to senior support, team communication and differences between local and national guidance. Thirty-one incidents involved serious maternal or neonatal harm, including 24 involving the death of a baby.

2.4.3. The review found no explicit evidence in the case material that a preference for physiological or “normal” birth directly influenced clinical decision-making. Where delay was identified, it occurred alongside wider issues of judgement, monitoring, communication, escalation and context.

2.4.4. Next step: Findings will be considered with Fitness to Practise, education, intelligence and policy colleagues to identify specific actions and any matters requiring further analysis.

2.5. Practice learning review

- 2.5.1. Development: Work is progressing to assess the relationship between programme standards, proficiencies, education quality assurance, monitoring visits and annual self-reporting, informed by learning from national maternity reports.
- 2.5.2. Next step: The next update will report the resulting proposals and any decisions required; wider project detail remains within the practice learning review governance.

2.6. Test of competence

- 2.6.1. Development: Work is progressing on OSCE content and clinical realism, subject-matter expert input, availability of midwife examiners, neonatal resuscitation, fetal assessment, listening to service users and quality assurance of test centres.
- 2.6.2. Next step: The team will agree priority assurance actions and ensure that relevant learning is considered across registration, education and Fitness to Practise rather than within the test of competence alone.

3. Financial/Governance implications

- 3.1. Governance: The live implementation plan will provide the principal mechanism for tracking actions, owners, dependencies and delivery risks. The Midwifery Regulatory Oversight Group is being restarted with revised terms of reference, refreshed membership and a forward agenda. The Midwifery Strategic Advisory Group (MSAG) will continue to provide strategic advice and external challenge.
- 3.2. Resource position: Business cases have been submitted for a neonatal nurse adviser, to provide specialist oversight within a perinatal model, and a maternity regulation liaison role, to support intelligence gathering, triangulation of Fitness to Practise data and closer working across professional regulation. The financial implications will be considered through the relevant approval routes.

4. RECOMMENDATION

The Council is asked to:

- e) **Note** the report,
- f) **Approve** the midwifery strategy and supporting action plan,
- g) **Note** the progress made to strengthen governance, oversight and regulatory intelligence across midwifery regulation; and

Endorse the proposed direction of travel and the next phase of work to implement the strategy.

5. ASSESSMENT

Impact Assessment	Question / Consideration	Response
Equality, Diversity and Inclusion	Has an Equality Impact Screening been undertaken?	An equality impact screening has been completed during the development of the implementation plan particularly for work relating to education, internationally educated midwives, revalidation and engagement with service users.
Safeguarding considerations	Are there any safeguarding implications?	There are public protection and safeguarding considerations linked to maternity safety, escalation, recognition of deterioration, test of competence assurance and use of regulatory intelligence; these are addressed through the proposed governance and oversight arrangements.
Four country factors and considerations	Are there any four country factors, including Welsh Language)	Yes. The strategy and workplan reflects the different maternity policy, education and service contexts across all four countries, including Welsh language considerations where engagement or publication requires them.
Resource (incl People) implications	Are there any people implications?	Yes. Delivery will require prioritisation within existing team capacity and may depend on additional specialist roles, including maternity regulation liaison and neonatal expertise, subject to business case approval.

Risk implications associated with the work and the controls proposed/ in place.	What are the key risks and how are they mitigated?	Key risks include team capacity, trust and confidence and reputational risk (PE024/04) if national reports are not fully considered, inconsistent assurance of the test of competence, incomplete midwifery-specific data and unclear advisory group accountability. Mitigations include a live workplan, MROG oversight, MSAG strategic challenge, clearer ownership, regional liaison and improved triangulation with Fitness to Practise and education quality assurance intelligence.
Legal considerations, incl Regulatory Reform	Are there any legal or regulatory implications?	There are no immediate legal implications are identified from the report itself. Any changes to standards, revalidation, education quality assurance processes or regulatory policy will be taken through the relevant governance, legal and consultation routes as required.
Midwives	Any specific implications for midwives?	Yes. The strategy and action plan have direct implications for midwives, including education standards, practice learning, test of competence assurance, revalidation, regional engagement and the use of regulatory intelligence to strengthen public protection.

Nursing Associates	Any specific implications for nursing associates?	There are no direct implications identified for nursing associates.
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FORMAL APPROVAL DRAFT

NMC Midwifery Strategy

Improving safety, equity, confidence, and accountability in midwifery regulation across the four countries of the UK

Strategy period: September 2026-March 2030

The NMC’s Midwifery strategy for formal approval. This will be supported by an implementation and assurance framework that can be refreshed as delivery develops.

Version 3 | September 2026

Approval summary

APPROVAL REQUESTED Approve the mission, intended contribution and five strategic priorities; endorse the dedicated Phase 1 response to relevant national maternity and neonatal reviews across the four countries of the UK and the mapping of accepted actions across the five priorities; approve the implementation and assurance framework; endorse the governance and measures framework; and agree that unapproved policy choices will proceed only through explicit decision gates.

Document control

Status	Formal approval draft
Strategy period	September 2026-March 2030
Document owner	Assistant Director for Midwifery
Approval route	Executive Board and Council, in line with NMC governance requirements
Review cycle	Annual strategy review: implementation plan refreshed as required
Effect of approval	Approves the strategic direction, the Phase 1 four countries of the UK review response approach and the delivery framework. It does not approve matters

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NMC Midwifery Strategy 2026–2030 Formal approval draft

Status	Formal approval draft
	identified as decision gates.

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Executive summary

This strategy explains how the Nursing and Midwifery Council’s midwifery function will contribute to public protection from September 2026 to March 2030. It sets a clear line from the NMC Corporate Strategy to five midwifery regulatory priorities and to a phased implementation and assurance plan.

The NMC Midwifery Strategy is deliberately focused on the regulatory levers the NMC owns, shares with partners or can credibly influence. It does not claim that regulation alone controls wider maternity outcomes. Its intended contribution is safer, fairer and more trusted midwifery regulation, with demonstrable learning, accountability and improvement.

NATIONAL REVIEWS Relevant national maternity and neonatal reviews are an immediate catalyst for this strategy. A dedicated NMC response workstream will be completed within six months of approval. Accepted actions will be mapped across the five strategic priorities and tracked through implementation and evaluation. The reviews are therefore treated as an immediate delivery commitment, not as a separate enduring priority.

Five strategic priorities

- Learn from national reviews and strengthen standards, education and practice.
- Ensure fair, informed and effective midwifery regulation.
- Listen, learn and advance equity and anti-racism.
- Strengthen UK-wide midwifery regulatory leadership and accountability.
- Use intelligence to identify risks and drive regulatory action.

Quality and equity run through all five priorities. Delivery is enabled by strong governance, quality data and technology, UK-wide partnerships, skilled people, human rights and informed choice.

HOW TO READ THIS DOCUMENT: Part 1 sets the stable strategic direction for 2026–2030. Part 2 translates that direction into phased activity, governance, measures and decision gates. Part 2 can be refreshed through agreed governance without changing Part 1 unless the strategic direction itself changes.

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PART 1

Strategy

The enduring direction: why the strategy is needed, what the NMC can contribute, and the five priorities that will guide choices through 2030.

Why this strategy, and why now

National maternity and neonatal reviews, investigations and inquiries across the four countries of the UK have repeatedly highlighted the importance of clear standards, effective escalation, strong leadership, listening and learning cultures, equitable care, good education and earlier recognition of risk. The NMC’s response must be visible and time-bound, while remaining clear about its regulatory remit and where responsibility sits elsewhere in the system.

The dedicated response workstream will be completed within six months of approval, during Phase 1. It will identify and agree the actions required of the NMC; accepted actions will then be mapped across all five priorities, with clear ownership, milestones and measures, and tracked through implementation and evaluation. This makes the response prominent without allowing a time-limited workstream to displace the strategy’s enduring framework.

The strategy also responds to persistent inequalities, variability in practice learning, challenges in transition and preceptorship, the need to learn systematically from fitness to practise, and the need for more integrated regulatory intelligence. It provides a framework for prioritising the NMC’s contribution without duplicating the responsibilities of employers, commissioners, service regulators, governments or professional bodies.

Evidence informing the strategy

- The NMC Corporate Strategy 2025–2027
- Relevant national maternity and neonatal reviews, investigations, inquiries and recommendations across the four countries of the UK
- NMC standards, education quality assurance, registration, revalidation, fitness to practise, equality and workforce insight
- The experiences of women, families, midwives, students, educators and employers, and
- Intelligence shared by governments, system regulators, other health regulators, professional bodies and other partners.

Our vision and mission

VISION: Everyone can have confidence that midwifery regulation is helping to support safe, inclusive, equitable, anti-racist and high-quality care for women, babies and families across the four countries of the UK.

MISSION: Protect the public through strong standards, evidence-led regulation and transparent learning supporting accountability, improvement and a rights-based approach to maternity care.

INTENDED CONTRIBUTION BY 2030: Safer, more equitable, anti-racist and trusted midwifery regulation, with demonstrable learning, accountability and improvement.

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Our regulatory role and boundaries

Clear boundaries are essential to a credible strategy. The NMC will distinguish between what it owns, what it shares with partners and what it seeks to influence.

What the NMC owns

- Standards and education requirements,
- Registration and revalidation requirements,
- Fitness to practise processes and learning within the NMC’s remit, and
- Regulatory data, assurance and public reporting.

What the NMC does with partners

- Listen to women, families, midwives, students and other professionals
- Share intelligence and learning
- Coordinate with regulators and system leaders, and
- Support implementation of relevant recommendations where responsibility is shared.

What the NMC seeks to influence

- Psychological safety, speaking up and anti-racist practice
- The quality and consistency of education and practice learning
- Employer referral behaviour and fairness and
- Recognition of and response to emerging risk.

BOUNDARY STATEMENT: The NMC will be transparent about what it owns, shares and influences. It will not claim direct control over wider maternity outcomes or use regulation to duplicate the responsibilities of service delivery bodies.

Cross-cutting commitments and enablers

Every priority will be delivered through a common set of commitments and enabling capabilities. These are not separate workstreams; they are the conditions for credible delivery.

- **Public protection first:** prioritise activity according to risk, regulatory remit and potential contribution to public protection.
- **Quality and equity by design:** consider quality, equity, anti-racism; bias awareness, cultural curiosity, safety respect and human rights throughout policy, delivery and evaluation.
- **Evidence-led and proportionate:** distinguish an implementation gap from a standards or policy gap before proposing reform.
- **Considering four countries of the UK:** maintain a coherent regulatory approach while recognising different policy and service contexts.
- **Listen, learn and act:** show how the experiences of women, families and professionals change decisions.
- **Transparent accountability:** report progress, risks, decisions and learning through clear governance routes.

Foundation enablers

- Strong governance and accountability
- Quality data and appropriate technology
- Partnerships across the four countries of the UK and with the right stakeholders
- skilled, supported and empowered people
- human rights, dignity, respect and informed choice, and
- quality and equity embedded across the work.

PRIORITY 1

Learn from reviews across the four countries of the UK and strengthen standards, education and practice

Aim

Translate learning from relevant maternity and neonatal reviews across the four countries of the UK, alongside other evidence, into clear, current standards, effective education assurance and stronger practice learning and transition support.

Strategic commitments

- Complete and publish the NMC's response to relevant maternity and neonatal reviews across the four countries of the UK within six months of approval, distinguishing actions within the NMC's remit from those owned elsewhere
- Map accepted actions across all five strategic priorities, with clear owners, milestones, measures and an audit trail through implementation and evaluation
- Evaluate how current standards and education requirements are being implemented, including practice learning, preceptorship and transition into registration
- Strengthen guidance, education assurance or professional development where evidence identifies an implementation gap
- Consider formal standards change only where evidence demonstrates a regulatory gap and after the appropriate consultation and approval route
- Support clarity in advanced practice and the development needs of internationally educated midwives where these fall within the NMC's remit.

What success will look like

- The NMC response to maternity and neonatal reviews across the four countries of the UK is published and translated into tracked actions.
- Evidence shows greater consistency in education, assurance and practice-learning expectations.
- Evidence shows that anti-racism is embedded and enduring in midwifery education and practice,
- A defined method is in place to assess preparedness for registration and transition support.

PRINCIPAL REGULATORY LEVERS: Standards and guidance; education requirements and quality assurance; registration and revalidation; professional engagement.

PRIORITY 2

Ensure fair, informed and effective midwifery regulation

Aim

Ensure that regulatory pathways and decisions are fair, equitable, consistent, timely and informed by relevant midwifery expertise.

Strategic commitments

- Integrate midwifery expertise into relevant fitness to practise policy, insight, decision-making and learning routes.
- Take an anti-racist and anti-discriminatory approach to analysing employer referral patterns, outcomes and demographic data to identify potential racial bias, discrimination or differential treatment.
- Strengthen feedback loops so that fitness to practice, safeguarding and referral learning informs standards, education and regulatory guidance.
- Be transparent about disparities, actions taken and the limits of the available data.

What success will look like

- Consistency and timeliness of relevant regulatory decisions are understood and monitored.
- Referral and outcome disparities are identified and investigated.
- Racial disparities within the fitness to practice process are reduced and then eliminated.
- There is a clear audit trail showing how fitness to practice learning changes other regulatory activity.

PRINCIPAL REGULATORY LEVERS: Fitness to practice; safeguarding; regulatory policy human rights recognition; equality insight; employer engagement.

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PRIORITY 3

Listen, learn and advance equity and anti-racism**Aim**

Make lived experience, fairness, inclusion and cultural safety central to how midwifery regulation is designed, delivered and evaluated.

Strategic commitments

- Help tackle the Black maternal health crisis, by promoting both the *NMC's Principles to Support Anti-Racism for Midwifery and Nursing Education and Practice*, and future NMC standards, which will seek to embed anti-racism, bias awareness, cultural curiosity, safety and respect
- Embed equity and human rights considerations across standards, policy, education and assurance.
- Ensure regulatory standards, guidance and education challenge racist stereotypes and racist tropes, such as the false belief that 'Black women don't feel pain' or 'have a higher pain threshold', which can lead to delays in assessment, treatment and escalation of care.
- Use learning from lived experiences, inquiries and resources such as short films to strengthen understanding of racism, inequity, listening, advocacy, trauma-informed care and culturally safe maternity practice.
- Address inequities experienced by Black, Asian and minority ethnic midwives and students, by promoting awareness of differential attainment, tackling racism, discrimination and microaggressions within education and practice settings,
- Establish meaningful and accessible routes for women, families, midwives, students and other professionals to inform regulatory priorities.
- Use equity and human rights impact assessment throughout the lifecycle of midwifery work.
- Publish proportionate "you said, we did" updates that show where insight changed decisions and where the NMC could not act.

What success will look like

- Health inequalities in maternity services are reduced.
- Participation reflects the communities and professionals affected by the work.
- Equity and human rights impacts are routinely considered and evidenced.
- There is demonstrable evidence that lived experience changes regulatory decisions or priorities.
- Regulatory work contributes to greater awareness of the factors underpinning the Black maternal health crisis and supports action to reduce avoidable disparities in outcomes and experiences.
- Regulatory standards, education quality assurance and stakeholder engagement support fair opportunities, inclusive learning environments and equitable career progression.

PRINCIPAL REGULATORY LEVERS: Promotion of the NMC's *Principles to Support Anti-Racism in Midwifery and Nursing Education and Practice*, Public engagement; co-production; equity and human rights assessment; standards, education and communications.

PRIORITY 4

Strengthen midwifery regulatory leadership and accountability across the four countries of the UK

Aim

Provide visible, credible and accountable midwifery regulatory leadership across the four countries of the UK while remaining clear about the NMC’s remit.

Strategic commitments

- Maintain structured engagement with Chief Midwifery Officers, governments, regulators, educators, professional bodies and service-user organisations across the four countries of the UK.
- Formalise the Midwifery Strategic Advisory Group as an advisory and challenge partner within the NMC’s governance arrangements.
- Clarify ownership, escalation and accountability for midwifery risks and actions across the NMC.
- Report transparently to Executive Board and Council on progress, risk, equity and learning.
- Chair of the Midwifery Strategic Advisory Group to attend meetings of Council, where midwifery matters are being discussed.

What success will look like

- Stakeholders better understand the NMC’s role, regulatory boundaries and contribution.
- Council and Executive Board receive regular, evidence-based assurance.
- Four-country engagement and internal ownership are established and sustained.

PRINCIPAL REGULATORY LEVERS: Governance; assurance; strong relationships across the four countries of the UK; strategic communication; partnership and influence.

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PRIORITY 5

Use intelligence to identify risk and drive regulatory action

Aim

Bring together data, concerns, feedback and learning to recognise emerging risk earlier, act where regulation can make a difference and explain what has changed.

Strategic commitments

- Triangulate education, fitness to practise, complaints, equity, workforce, service-user and other relevant intelligence.
- Maintain structured horizon scanning of reviews, investigations, inquiries, policy developments and emerging risks.
- Track relevant external recommendations from consideration through to acceptance, implementation, embedding and evaluation.
- Develop accessible internal and public reporting where data quality, information governance and interpretation support it.

What success will look like

- Time from a significant signal to regulatory consideration is understood and improves where feasible.
- Relevant recommendations are assessed and tracked through a clear audit trail.
- There is evidence that integrated intelligence changes decisions, priorities or preventative action.

PRINCIPAL REGULATORY LEVERS: Data and analytics; regulatory insight; horizon scanning; recommendation tracking; assurance and public reporting.

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PART 2**Implementation and assurance**

The live delivery framework: phased activity, accountable ownership, explicit decision gates, measures, governance and risk management.

The implementation plan translates the Midwifery Strategy into sequenced action. It is intentionally more adaptable than Part 1. It will be reviewed through governance and may be refreshed as evidence, dependencies and corporate priorities develop, provided changes remain consistent with the approved strategic direction.

DELIVERY RULE: Committed activity is described as an action. Activity that depends on evidence, consultation, legislation, resource or a later policy decision is described as a decision gate. No gated outcome is pre-empted by approval of this strategy.

Phased delivery**Phase 1 — Respond to reviews and build foundations — September 2026–March 2027**

- Confirm governance, ownership and regulatory boundaries;
- Complete and publish the NMC's response to relevant national maternity and neonatal reviews within six months of approval, map accepted actions across all five priorities;
- Complete priority gap analyses and establish baselines;
- Operationalise integrated intelligence and recommendation tracking;
- Agree the listening, equity and public-involvement approach; and
- Prepare evidence for the identified decision gates.

Phase 2 — Put improvements into practice — April 2027–March 2028

- Implement regulatory changes that have been approved through the appropriate route;
- Strengthen fitness to practise learning and referral-equity work;
- Embed four-country engagement and governance;
- Publish regular assurance and insight; and
- Consult where evidence supports further reform.

Phase 3 — Demonstrate impact and refresh — April 2028–March 2030

- Evaluate implementation and intended outcomes;
- Show how intelligence and lived experience changed decisions;
- Demonstrate implementation and impact of accepted review actions, alongside learning from later reviews, investigations and inquiries;
- Report progress on equity, accountability and confidence; and
- Refresh priorities for the next strategy period.

High-level delivery plan

The plan below sets the direction for sequencing and accountability. Detailed project plans will sit beneath it and be managed through the relevant governance route. A traceability matrix will map accepted national-review actions to the five priorities, accountable owners, milestones, measures and assurance routes.

Priority	2026–27: foundations	2027–28: implementation	2028–30: embedding and evaluation	Lead accountability
1. National reviews, standards, education and practice	Complete and publish the NMC response; map accepted actions across all five priorities; complete standards and practice-learning gap analysis; define baselines and preparedness measures.	Implement and assure accepted review actions and approved guidance, assurance or professional-development changes; consult only where evidence supports formal reform.	Evaluate delivery of accepted review actions, implementation consistency and preparedness; use findings to inform the next strategy period.	Professional Practice and Standards; Education and Quality Assurance; Midwifery team
2. Fair, informed and effective regulation	Map midwifery expertise across fitness to practise; establish referral and outcome baselines; strengthen learning routes.	Embed expert input and feedback loops; publish or report referral-equity analysis and actions as appropriate.	Evaluate fairness, consistency and whether learning changes standards, education or guidance.	Professional Regulation; EDI team; Midwifery team
3. Listen, learn and advance equity and anti-racism	Embed the NMC's Principles to Support Midwifery and Nursing Education and Practice. In addition, agree listening and co-production framework; define participation and equality-impact measures.	Embed public and professional insight in policy, standards and assurance; publish "you said, we did" updates.	Evaluate reach, representativeness and evidence that insight changed decisions.	Public Engagement; EDI; Midwifery team
4. UK-wide leadership and accountability	Confirm internal ownership and assurance routes; formalise MSAG's advisory role; agree four-country engagement arrangements.	Embed regular Council and Executive assurance; strengthen partnerships and clarity about regulatory boundaries.	Evaluate governance maturity, stakeholder understanding and strategic influence within remit.	Assistant Director for Midwifery; Strategy; External Affairs
5. Intelligence, risk and regulatory action	Operationalise integrated dashboard and recommendation tracker; define signal-to-consideration and reporting measures.	Embed triangulation and horizon scanning; develop public reporting where evidence and data quality support it.	Demonstrate earlier recognition, transparent follow-through and evidence that intelligence changed decisions.	Data, Insight and Analytics; Assistant Director for Midwifery; MROG

DEPENDENCY MANAGEMENT: Every workstream will identify resources, legal, technology, information-governance, equity, consultation and external-policy dependencies before delivery dates are confirmed.

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Decision gates

The following matters require evidence and a separate governance decision. The options are stated to support disciplined exploration; they are not predetermined outcomes.

Decision gate	Evidence and tests required	Potential routes	Decision and timing
Standards of Proficiency and associated guidance	Determine whether identified concerns arise from a standards gap or from implementation, education assurance, local systems or culture. Use gap analysis, national-review mapping, educator and service-user insight, the NMC's Principles to Support Anti-Racism in Midwifery and Nursing Education and Practice, and equity/human-rights assessment.	Maintain current standards and strengthen implementation; embed the NMC's Principles to Support Anti-Racism in Midwifery and Nursing Education and Practice, issue targeted guidance or assurance; or commence a formal review and consultation.	Recommendation following evidence review in 2026–27; formal approvals and consultation if required.
Statutory supervision or other legislative reform	Define the public-protection problem; review evidence from previous arrangements; assess legal basis, proportionality, cost, role boundaries, equity and human-rights impact, and stakeholder views.	No change; strengthen non-statutory governance or assurance; or seek legislative change through the appropriate route.	No implementation commitment until an options appraisal and formal governance decision are complete.
Programme structure, length and transition arrangements	Consider consultation outcomes, education evidence, workforce implications, practice-learning capacity, public protection, equity and cost.	Maintain current approach; strengthen transition or placement expectations; or consult on structural change.	Decision through education and standards governance when the evidence base is sufficient.
Public dashboard and transparency products	Test data quality, interpretation, accessibility, information governance, unintended consequences and user need.	Internal assurance only; staged publication; or public dashboard with supporting narrative and caveats.	Product-level approval before publication; reviewed as data maturity changes.
Code or revalidation integration	Demonstrate a clear regulatory need and assess alignment with corporate programmes, proportionality and implementation impact.	Use existing Code and revalidation arrangements; issue supporting material; or propose formal change through corporate governance.	Aligned to relevant NMC-wide programme decisions; not pre-authorised by this strategy.

Governance and accountability

Governance will distinguish strategic approval, operational delivery, professional advice and independent challenge. Existing corporate governance remains authoritative.

- **Executive Board and Council:** strategic approval, risk appetite and assurance in line with NMC governance requirements.
- **Assistant Director for Midwifery:** accountable ownership of the strategy and its integration across the NMC.
- **Midwifery Strategic Advisory Group:** external advice, lived and professional perspective, constructive challenge and sense-checking.
- **Midwifery Regulatory Oversight Group:** operational oversight, cross-functional delivery, escalation and evidence of implementation.
- **Workstream leads:** delivery plans, dependencies, risks, equality and human-rights assessment, and reporting against agreed measures.

Assurance cycle

- Quarterly delivery and risk reporting through the agreed midwifery and corporate governance routes;
- Regular triangulation of fitness to practise, education, complaints, equity, service-user, workforce and external-review intelligence, together with progress against accepted review actions;
- Annual review of the strategy’s continued relevance and alignment with the corporate strategy;
- Equity and human-rights impact review at key design, decision and evaluation points; and
- Transparent reporting of progress, decisions, limitations and corrective action.

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Measures of success and reporting

The current document uses “measures of success” rather than implying that final KPIs and targets are already agreed. Each measure must have a baseline, target or expected direction, data source, reporting frequency and accountable owner before it is used for formal performance reporting.

Domain	Indicative measures	Baseline and reporting action	Oversight
Quality	The NMC response is published and translated into tracked actions; standards and implementation milestones; consistency and timeliness of regulatory decisions; evidence of implementation and evaluation; education assurance findings.	Confirm definitions and 2026–27 baseline; agree target or expected direction and data owner.	Quarterly through delivery governance; annual synthesis.
Equity	Embedding of the NMC’s Principles to Support Anti-Racism in Midwifery and Nursing Education and Practice; Referral and outcome disparities; equity and human-rights impact integration; participation reflecting affected communities; actions taken in response to potential bias.	Complete data-quality and methodology assessment; establish baseline and exception-reporting rules.	Quarterly exceptions; annual equity analysis.
Learning and responsiveness	Time from significant signal to regulatory consideration; recommendations assessed and tracked; evidence that intelligence or lived experience changes decisions.	Define significant-signal criteria and audit-trail method; establish baseline from 2026–27 cases.	Quarterly assurance and recommendation tracking.
Confidence and accountability	Stakeholder understanding of the NMC role; transparent progress reporting; Council and Executive assurance; evidence of four-country engagement.	Establish a structured feedback method and baseline; avoid relying only on informal relationship feedback.	Annual confidence and accountability review.

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Strategic risks and mitigations

Risk	Potential consequence	Mitigation
Role confusion or scope creep	The NMC is held accountable for outcomes beyond its statutory remit or duplicates partners.	Use the own/share/influence boundary consistently; agree ownership and escalation routes; communicate limitations transparently.
Unapproved activity is interpreted as a commitment	Loss of trust, premature expectations or inappropriate resource commitments.	Use explicit decision gates and separate approval for policy, consultation or legislative choices.
Insufficient or fragmented data	Measures are misleading or emerging risk is not recognised.	Apply data-quality thresholds, triangulate sources, state caveats and invest proportionately in data maturity.
Resource and delivery capacity	Activity is delayed or spread too thinly to make a credible contribution.	Prioritise phased delivery, identify dependencies early and escalate choices through governance.
Stakeholder confidence and reputational challenge	Partners or the public do not understand the NMC role or do not see evidence of action.	Use meaningful engagement, transparent reporting and clear “you said, we did” evidence.
Different policy contexts across the UK	A uniform approach fails to recognise nation-specific priorities or creates inconsistency.	Maintain UK-wide principles with nation-sensitive engagement, analysis and implementation.
Corporate strategy or policy changes	The midwifery strategy becomes misaligned before 2030.	Review alignment annually and after material corporate or legislative change.
NMC Principles to Support Anti-Racism in Midwifery and Nursing Education and Practice do not become embedded	Anti-racism, bias awareness, cultural curiosity, safety and respect in midwifery does not become enduring.	Continuous programme to embed the <i>NMC Principles to Support Anti-Racism in Midwifery and Nursing Education and Practice</i> ; work closely with those systems regulators who wish to use the principles to help inform their inspections regimes.

Review and change control

Part 1 may be amended only through the appropriate strategic approval route.

Part 2 may be refreshed through agreed delegated governance when sequencing, ownership, measures or dependencies change, provided the update remains consistent with the approved mission, priorities and regulatory boundaries. Material changes will be escalated to Executive Board or Council as required.

Conclusion

By 2030, the NMC will be clearer, more visible and more transparent about how midwifery regulation protects the public. This strategy sets out how the NMC will learn from national reviews and strengthen standards, education and practice; make regulation fairer; listen, learn and advance equity and anti-racism; provide accountable UK-wide leadership; and use intelligence to recognise risk and drive action.

OUR INTENDED CONTRIBUTION: Safer, fairer and more trusted midwifery regulation—supported by evidence, learning, accountability and continuous improvement.

Midwifery safety themes and the regulatory framework

A thematic synthesis of the Ockenden and Amos reports, mapped to the NMC Standards of proficiency for midwives and the Code

Purpose. This document brings together recurring safety themes from the two reports, identifies the relevant professional standards and Code provisions, provides an indicative assessment of regulatory sufficiency, and identifies maternity, cross-professional and cross-sector learning exposures that may help students develop the required behaviours at the point of registration.

How to read the assessment

The RAG rating is a regulatory judgement, not a rating of current service performance. It distinguishes between matters already expressed sufficiently in the professional framework, matters that may benefit from clarification or stronger educational implementation, and material gaps that warrant review.

GREEN Sufficiently covered in the standards and Code; priority is implementation, exposure or local assurance.	AMBER Broadly covered, but greater clarity, visibility, assessment or programme expectation should be considered.	RED A material gap or lack of explicitness warrants formal review of the regulatory or education framework.
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Scope and limitations

- This is a thematic synthesis rather than a line-by-line reproduction of either report. References are drawn from the supplied Ockenden–Amos action evidence matrix.
- The mapping distinguishes professional regulation from operational controls. Staffing, digital systems, mandatory local pathways, protected learning time and service configuration principally sit with employers, commissioners or other system bodies.
- Placements are suggestions, rather than proposed mandatory placement requirements. They include healthcare, community, public-health, social-care, education, advocacy, emergency-service and other learning environments. Feasibility, supervision, equality impact, four-country applicability and assessment validity would require further appraisal before any requirement were introduced.

Thematic regulatory and education mapping

Standards and Code references are presented on separate lines. Paragraph numbers are grouped where the source mapping identifies several related provisions.

Theme from the reports	Relevant NMC standards and Code	Is the current regulatory framework sufficient?	Suggested maternity or perinatal learning exposure	Suggested non-midwifery clinical or cross-sector learning exposure
Listening to women and families as safety intelligence	Standards of proficiency for midwives 1.10, 1.13, 1.16, 1.18, 1.21–1.24; 5.1–5.3; 6.1.1–6.1.9, 6.4.2, 6.15–6.17, 6.83.1–6.83.5 The Code 1–4; 2, 6–7, 10 and 16 as applicable	AMBER The framework requires listening, communication, documentation and action on concerns. Greater clarity would help establish women's and families' concerns as clinical safety intelligence, rather than solely as an aspect of communication. Mandatory record fields and organisational feedback systems remain provider responsibilities.	Maternity triage and day assessment; continuity teams; specialist bereavement and birth-trauma services; maternity family liaison; Maternity and Neonatal Voices Partnerships.	Clinical priority Complaints and patient-experience services; family liaison; interpreting services; trauma or bereavement support. Additional cross-sector option Ombudsman or independent advocacy; Citizens Advice; community listening or public-involvement teams.
Accessible information, informed choice and shared decision-making	Standards of proficiency for midwives 1.9–1.11, 1.16, 1.18, 1.24; 3.3, 3.8–3.9, 3.19, 3.23; 6.1.1–6.1.9, 6.8, 6.22, 6.41 The Code 1–4; 6–7	GREEN The principles are sufficiently covered. NMC standards appropriately avoid prescribing the timing, format, languages or content of local information. Programme guidance and assessment could nevertheless use contemporary maternity examples, including induction, operative birth, anaesthesia, pain relief and fetal monitoring.	Antenatal clinic and education; birth-options clinic; fetal-medicine counselling; anaesthetic pre-assessment; infant-feeding service; interpreter-supported maternity consultations.	Clinical priority General practice; anaesthetic pre-assessment; genetic counselling; interpreting services; health-visiting or sexual-health education. Additional cross-sector option Public-health communications; health-literacy charities; adult education; refugee support or supported-decision-making advocacy.
Safety-critical maternity triage and telephone risk assessment	Standards of proficiency for midwives 1.10, 1.18; 4.2, 4.6–4.8; 6.15–6.22, 6.56–6.59, 6.71 The Code 2–4; 6–7; 10, 13 and 16	RED Assessment, advice, documentation and escalation are covered, but maternity triage and telephone risk assessment are not clearly identified as distinct safety-critical functions. Explicit programme expectations for assessed triage, red-flag recognition and safety-netting should be considered.	Maternity triage; day assessment; early-labour telephone service; community midwifery on-call; structured triage and safety-netting simulation.	Clinical priority Emergency department or urgent treatment centre; NHS 111; ambulance control or frontline ambulance observation; out-of-hours primary care. Additional cross-sector option Crisis-helpline observation or emergency-service control-room learning where it adds value to telephone assessment and safety-netting.
Recognition of deterioration and rescue	Standards of proficiency for midwives 4.6–4.8; 5.8; 6.71.1–6.71.5, including use of evidence-based early-warning tools The Code 6, 9, 13 and 16	GREEN The regulatory framework covers recognition, assessment, early-warning tools and escalation. The main issue is reliable application under pressure and sufficient exposure to acute illness, which is principally an education, placement and provider responsibility.	Obstetric high-dependency care; maternal-medicine clinic; maternity emergency drills; haemorrhage, sepsis and collapse simulation; neonatal stabilisation.	Clinical priority ITU/critical care; critical-care outreach; acute medical unit; emergency department; ambulance service; main-theatre recovery. Additional cross-sector option Human-factors or incident-command learning with fire, rescue or another safety-critical service.

Theme from the reports	Relevant NMC standards and Code	Is the current regulatory framework sufficient?	Suggested maternity or perinatal learning exposure	Suggested non-midwifery clinical or cross-sector learning exposure
Escalation, advocacy and professional courage	Standards of proficiency for midwives 1.23–1.24; 4.6–4.8; 5.8, 5.13, 5.20; 6.13, 6.17, 6.20, 6.71 The Code 2, 7–8, 10, 13, 16–17 and 20	AMBER The standards and Code require escalation and action to preserve safety. They are less explicit about persistence when escalation is delayed, contested or constrained by hierarchy. Assessment should test advocacy, challenge and re-escalation in realistic conditions.	Labour-ward coordinator shadowing; safety huddles; obstetric ward rounds; professional midwifery advocate sessions; multidisciplinary escalation simulation.	Clinical priority Emergency department or critical-care safety huddles; outreach escalation; medical ward rounds; clinical ethics or rapid-response teams. Additional cross-sector option Freedom-to-speak-up services; social-work safeguarding conferences; professional advocacy or whistleblowing-support organisations.
Postnatal safety and complexity	Standards of proficiency for midwives 2.6, 2.11; 4.6–4.8; 6.11–6.13, 6.17, 6.19–6.21, 6.60, 6.75 The Code 3–4; 8, 10 and 13	AMBER Assessment, referral, transfer and care planning are covered. Stronger emphasis may be warranted to ensure that postnatal care is consistently treated as safety-critical, including postoperative risk, hypertension, venous thromboembolism, medicines, feeding and neonatal jaundice.	Postnatal ward; maternity readmission or assessment; community postnatal care; transitional care; infant-feeding service; specialist postnatal hypertension or wound review.	Clinical priority Female surgical ward and recovery; general practice; health visiting; community pharmacy; urgent community response. Additional cross-sector option Family hubs; housing or welfare-rights teams; domestic-abuse services or early-years home visiting.
Continuity of information, relationship and management	Standards of proficiency for midwives Domain 2; 2.4–2.6, 2.9–2.11; 6.4.1, 6.9–6.13 The Code 3–4; 8 and 10	GREEN Continuity, handover, care planning and information-sharing are sufficiently represented. Implementation should reinforce continuity as a safety function across time, teams and organisations, while recognising that service configuration is outside the NMC's direct control.	Community midwifery; continuity teams; specialist midwife pathways; safeguarding supervision; antenatal-to-postnatal handover; neonatal outreach.	Clinical priority General practice; health visiting; Family Nurse Partnership; community nursing; primary-care care navigation. Additional cross-sector option Social-work case management; homelessness outreach; family hubs or multi-agency safeguarding and risk meetings.
Operative, anaesthetic and postoperative care	Standards of proficiency for midwives 1.18, 1.23–1.24; 3.3, 3.8–3.9, 3.19, 3.23; 4.6–4.8; 6.4.2, 6.8, 6.13, 6.17, 6.22, 6.41, 6.71 The Code 2–4; 7–8; 10, 13 and 16	AMBER The framework accommodates informed choice, multidisciplinary communication, records and recognition of deterioration. More consistent exposure is advisable so that students understand theatre, recovery, anaesthetic risk, pain, haemorrhage and postoperative observations.	Obstetric theatre; maternity recovery; anaesthetic pre-assessment; post-caesarean review; early-pregnancy or gynaecology emergency care.	Clinical priority Main theatres and recovery; acute pain service; surgical pre-assessment; female surgical or gynaecology ward; operating-department practitioner shadowing. Additional cross-sector option Rehabilitation or physiotherapy, with sterile-services observation where it supports understanding of the operative pathway.
Neonatal and transitional care, including parental involvement	Standards of proficiency for midwives 4.6–4.8, 4.10–4.11; 5.1–5.6; 6.1.1–6.1.8, 6.4.2, 6.71, 6.76–6.81, 6.83 The Code 1–4; 6–8, 10, 13 and 16	GREEN Newborn assessment, partnership with parents, emergency response, referral and bereavement care are covered. Education providers should continue to assure sufficient exposure to neonatal risk, transitional care, family-integrated care and parent–baby separation.	Neonatal unit; transitional care; neonatal outreach; postnatal ward; infant-feeding service; newborn-life-support simulation; neonatal bereavement support.	Clinical priority Paediatric emergency care; children's community nursing; paediatric hospice or palliative care; speech and language therapy. Additional cross-sector option Early-years education; disability family-support organisations or parent–infant relationship services.

Theme from the reports	Relevant NMC standards and Code	Is the current regulatory framework sufficient?	Suggested maternity or perinatal learning exposure	Suggested non-midwifery clinical or cross-sector learning exposure
Mental health, trauma-informed care and safeguarding	Standards of proficiency for midwives 1.9–1.11; 2.11; 3.16–3.17; 4.1, 4.6–4.11; 6.11–6.13, 6.19–6.20, 6.66, 6.80–6.81 The Code 1–4; 7–8 and 13	AMBER Recognition, referral, safeguarding and compassionate support are covered, but trauma-informed care is not consistently expressed as a discrete proficiency. Its visibility in programme expectations, practice learning and simulation should be reviewed.	Perinatal mental-health multidisciplinary team; mother-and-baby unit; specialist safeguarding midwife; bereavement service; trauma-informed maternity clinic.	Clinical priority Mental-health crisis team; community mental-health service; substance-misuse service; liaison psychiatry; social-work safeguarding. Additional cross-sector option Domestic-abuse or sexual-violence service; refugee trauma support or trauma-informed youth and education services.
Racism, discrimination, inequality and language access	Standards of proficiency for midwives 1.8–1.9; 2.7–2.9; 3.1–3.3; 6.1.7 The Code 1; 16–17 and 20	RED Dignity, equality and non-discrimination are covered, but the reports require racism, discrimination and inequality to be treated explicitly as maternity safety issues. Stronger regulatory guidance, programme outcomes, examples and quality-assurance evidence should be considered.	Specialist equity midwife; interpreter-supported clinics; targeted continuity services; maternity listening events; review of inequalities data and family feedback.	Clinical priority Migrant or refugee health; public-health outreach; interpreting services; inclusion-health teams; primary-care health-inequalities work. Additional cross-sector option Race-equality organisations; faith and community groups; housing or welfare-rights services; local-authority equality teams.
Multidisciplinary working and shared learning	Standards of proficiency for midwives 1.23–1.24; 4.6–4.8; 5.8; 6.13, 6.71; programme standards supporting multidisciplinary learning and assessment The Code 6, 8–9, 13, 16 and 20	AMBER Multidisciplinary working is covered, but programme expectations could be more explicit and reciprocal. Shared simulation and learning should include obstetrics, anaesthetics, neonatology, emergency care, theatres, medicine and mental-health colleagues.	Joint obstetric, anaesthetic and neonatal simulation; maternity ward rounds; perinatal mental-health meetings; neonatal unit; maternity governance forums.	Clinical priority Emergency department; ITU/critical care outreach; acute medicine; main theatres; mental-health teams; primary-care networks. Additional cross-sector option Emergency-service incident command, public-health emergency planning or multi-agency social-care exercises.
Learning after harm, candour and investigation learning	Standards of proficiency for midwives 1.11; 5.1–5.3; 6.1.6, 6.83.2–6.83.5 The Code 2, 6–9 and 14	AMBER Candour, reflection, evidence use and improvement are covered. Programme outcomes could more clearly encompass learning from harm, family experience after harm, compassionate communication and the principles of contemporary patient-safety investigation.	Maternity and neonatal governance; incident review; family liaison; bereavement follow-up; perinatal mortality review; maternity patient-safety investigation.	Clinical priority Patient-safety investigation and clinical-governance teams; complaints services; legal and risk teams; coroner's court observation. Additional cross-sector option Ombudsman or mediation; restorative practice; selected aviation, rail or other independent safety-investigation learning.
Culture, civility, speaking up and psychological safety	Standards of proficiency for midwives 1.9, 1.14, 1.19; 5.2, 5.8, 5.13, 5.20; 6.1.7 The Code 1–2; 8, 16–17 and 20	AMBER Expected professional behaviours are clear, but standards alone cannot create psychological safety. Education quality assurance should test whether students experience safe supervision, feedback, challenge and effective responses to concerns in practice settings.	Practice-education team; professional midwifery advocate; student-support and placement-quality review; labour-ward coordinator shadowing; maternity freedom-to-speak-up sessions.	Clinical priority Freedom-to-speak-up service; clinical education teams; staff-support or organisational-development services; multidisciplinary safety huddles. Additional cross-sector option Trade-union or professional advocacy; restorative-practice programmes or organisational-psychology observation.

Theme from the reports	Relevant NMC standards and Code	Is the current regulatory framework sufficient?	Suggested maternity or perinatal learning exposure	Suggested non-midwifery clinical or cross-sector learning exposure
Professional accountability, role-specific capability and continuing development	Standards of proficiency for midwives 1.27; 5.8, 5.18–5.20; 6.85 The Code 8–9 and 20	AMBER Pre-registration standards can establish foundations, but some capabilities are role-specific or post-registration. The framework permits reflection and feedback but does not mandate role-specific credentials or 360-degree feedback. Any further requirements should be proportionate and avoid creating de facto accreditation without evidence and system support.	Professional midwifery advocate sessions; labour-ward coordination; maternity governance and leadership; specialist midwife roles; structured post-registration safety learning.	Clinical priority Professional-regulation or fitness-to-practise observation; clinical education; quality improvement; executive or board governance. Additional cross-sector option Public-health leadership; coaching and 360-degree feedback or professional-leadership development.

Overall implications

The framework is substantially relevant. Most report themes can be mapped to existing proficiencies and Code duties; wholesale rewriting is not indicated by this synthesis.

Two areas warrant particular regulatory review. Maternity triage and telephone risk assessment, and the explicit treatment of racism, discrimination and inequality as safety issues, are rated red because current provisions do not fully express the reports' specificity.

Several issues are primarily implementation questions. The strongest opportunity may lie in practice-learning design, realistic multidisciplinary assessment, programme guidance and quality assurance rather than adding extensive new wording to the standards.

Broader capability does not by itself establish a case for nurse-first education. The comparison shows where targeted cross-professional or cross-sector exposure could add distinctive value. A future appraisal should test whether these benefits require prior nursing registration or can be achieved more proportionately through selected placements, reciprocal learning, simulation or a longer modern midwifery programme.

Placements are one mechanism, not the whole intervention. Short observational exposure, simulation, shared learning, case-based assessment and strengthened supervision may be more feasible or educationally valid than a mandatory placement in every listed setting.

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Report to:	Council	Meeting Date:	23 September 2026
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HISTORICAL REVIEWS PROGRESS UPDATE	
Publication Status	Open
Presenting the Report	Emma Westcott, Executive Director of Strategy and Insight
Executive Director	Emma Westcott, Executive Director of Strategy and Insight
Report Author	Emma Westcott, Executive Director of Strategy and Insight

PURPOSE OF REPORT AND REASON FOR RECOMMENDATIONS: The purpose of this report is to update Council on progress with the recommendations arising from the historical reviews

RECOMMENDATION(S): The Council is asked to: • Note the report.
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ANNEXES: Annexe 1: Historical reviews progress update
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REPORT APPROVAL	
Executive Director:	Approved Emma Westcott
Director of Finance:	N/A

General Counsel:	Approved 25 August 2026
Chief Executive and Registrar (CER):	Approved 25 August 2026
Secretary to the Council:	Approved 15 September 2026

External Engagement (undertaken to date)		
Committee / Group	Date	Outcome
Independent Oversight Group	09/09/26	

Consideration at Committee/Group		
Committee / Group	Date	Outcome
Executive Board (EB) Oral update	25/08/26	Tasking directors to report on outstanding recommendations Annexe 1 update was circulated to Executive Board for contributions

HISTORICAL REVIEWS PROGRESS UPDATE

1. BACKGROUND

- 1.1. The purpose of this report is to update Council on progress with the recommendations arising from the historical reviews.
- 1.2. 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.
- 1.3. The review of fitness to practise (FtP) 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 made some recommendations for further strengthening of our policy and process.
- 1.4. 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.
- 1.5. We reiterate our appreciation of whistleblowers and the role they play in helping organisations to improve. We also remain indebted to the authors of the historical reviews for their considered recommendations, that are helping us become a better regulator.

2. SPECIFIC MATTERS FOR CONSIDERATION

- 2.1. The Council formally received and commented on the review reports on 21 October 2025. It received an update on progress against the recommendations in May 2026. We most recently presented on our progress at the Independent Oversight Group (IOG) in September 2026.
- 2.2. We have now completed our actions in response to 22 of the 25 recommendations from the two historical reviews. The outstanding actions are 8, 9 and 10 all of which are FtP related recommendations. Each has a delivery date (10 is in two parts, and has two). Council is invited to ask any questions or make comments about the actions we have taken, by way of assurance. Please see Annexe 1.
- 2.3. The Council requested six monthly reviews of our progress with these recommendations. If the Council is amenable, it would be helpful if the next

review point was after the end of March 2027 which is the final delivery date for the outstanding recommendations.

3. FINANCIAL /GOVERNANCE IMPLICATIONS

3.1. None

4. RECOMMENDATION

The Council is asked to:

- **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?	Safeguarding is an aspect of our work with whistleblowers
Four country factors and considerations	Are there any four country factors?	N/a
Resource (incl People) implications	Are there any people implications?	Our actions include training for our staff and associates.
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?	Implicit in the report
Midwives and/or Nursing Associates	Any specific implications for midwives and/or nursing associates?	N/a

Item 11: Annexe 1
NMC/26/222
23 September 2026

Historical reviews progress update

September 2026

Annexe 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	Completed		Executive Director 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	Completed		Executive Director 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.	Completed		Executive Director 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	Completed		Executive Director 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	Completed		Executive Director Strategy & Insight

	Recommendation	Status	Delivery date	Sponsor
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	Completed – New guidance on discrimination took effect in March 2026. Now makes explicit reference to charging racism.	Some further improvements planned in Q3 2026	Executive Director 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	Completed - the revised family handbook includes more guidance and information on dealing with cases involving domestic violence and regulatory concerns. Training session in June 2026.		Executive Director 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 – verbal update to Council if available.	End of Q3	Executive Director 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	Refreshed Third party cases SOP implemented Oct 2025. Family court proceedings – handbook has been updated to give enhanced guidance on disclosure and confidentiality matters. Training also provided. Further action under consideration: whether criminal cases should be monitored rather than opened by us where the allegation does not require an IO .	End of Q3	Executive Director Professional Regulation Assistant Director Transformation to support any process/system reqs
10	Consider additional strategies for evaluating and monitoring how guidance is understood and applied across the FtP process, to ensure a common	Ongoing – Working with an external evaluation specialist and by the end of October 2026 we will have:	Evaluation element	Executive Director Transformation and Technology

	Recommendation	Status	Delivery date	Sponsor
	understanding and approach. Consult staff for their ideas on this question	- A corporate policy on evaluation - A toolkit for colleagues containing guidance, resources and practical tools they can use to design and undertake M&E with confidence.	delivered by end of October 2026 Embedding and monitoring approach by March 2027	Services (QA of decision-making) Executive Director Strategy & Insight (evaluation)
11	Ensure that anti-racism training is carried out before any new appointee sits as a FtP panel member	Completed - the training is being done with all panel members as part of their annual training 2026. There are 16 dates across September and October 2026.	Q3 2026 and ongoing thereafter	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
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	Completed - 19 Nov 25 all staff awareness briefing 27 Nov 25 online training Refresher training for Executive and Council Members delivered Feb 2026 New learning module on Learning Pool – a requirement for managers		Executive Director 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	Completed	Reviewed 2025 Next review 2027	Chief of Staff
15	The Raising Concerns policy should be prominently available to all staff on the intranet.	Completed		Executive Director Communications and Engagement

	Recommendation	Status	Delivery date	Sponsor
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)	Completed		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	Completed		Executive Director 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	Completed		Executive Director 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	Completed		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 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.	Completed - Revised policy already now addresses questions around anonymity/ confidentiality as acknowledged by Ms McLynn		Chief of Staff
21	Either this postholder, or another postholder liaising closely with them should ensure that the Chief Executive and Registrar is also kept regularly updated.	Completed – monthly update meetings in place		Chief of Staff

	Recommendation	Status	Delivery date	Sponsor
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	Completed - duplicate email addresses with only private access will be used for key managers when this need arises		Executive Director 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	Completed		Chief of Staff
24	The roles of the Council Whistleblowing Leads should be defined and internally promoted	Completed - 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.	Completed - 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.		Executive Director Communications & Engagement Chief of Staff

Report to:	Council	Meeting Date:	23 September 2026
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Council and Committee Cycle of Business 2027-2028 and 2028-2029	
Publication Status	Confidential
Presenting the Report	Jacqueline Maunder, Secretary to the Council and Assistant Director, Governance
Executive Director	Ben Wesson, Chief of Staff
Report Author	Sharon Dawson, Senior Governance Manager

PURPOSE OF REPORT AND REASON FOR RECOMMENDATIONS: The purpose of this report is to request that the Council approve the cycle of business for Council and Council committee meeting dates for 2027-2028 and 2028-2029.

RECOMMENDATION(S): The Committee is asked to: • Note the report; and • Approve the Council and Committee meeting dates for 2027-2028 and 2028-2029.

ANNEXES: The following annexes are attached to this paper: Annexe 1: Council and committee meeting dates 2027-2028 Annexe 2: Council and committee meeting dates 2028-2029

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REPORT APPROVAL	
Executive Director:	N/A
Director of Finance:	N/A
General Counsel:	N/A
Chief Executive and Registrar (CER):	N/A
Secretary to the Council:	9 September 2026

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

Consideration at Committee/Group		
Committee / Group	Date	Outcome
N/A		

Council and Committee dates 2027-2028 and 2028-2029

1. BACKGROUND

The purpose of this report is to request that the Council approve the cycle of business for Council and Council committee meeting dates for 2027-2028 and 2028-2029.

2.SPECIFIC MATTERS FOR CONSIDERATION

- 2.1 To ensure effective governance a Schedule of NMC Council meetings is agreed in advance of each calendar year. Council meeting dates are published on the NMC webpages on the NMC website.
- 2.2 In order to ensure the smooth running of these meetings, a formal meeting cycle has been established see Annexes 1 and 2.
- 2.3 The forward plans include:
- The devolved nation visits and Open meetings scheduled for September 2027 and September 2028.
 - two leadership meetings with the Chief Nursing Officers (CNOs) and Chief Midwifery Officers (CMidOs) from the devolved nations (plus Social Work England) will be held to coincide with the Council meetings annually – in March and in September.
 - From 2027 onwards there will be only one Open Council meeting in July. There will no longer be a late July Open Council meeting.
 - The current Council Confidential meetings have been retitled 'In Committee' meetings
 - Council Seminar meetings will focus on development and strategic planning.
- 2.4 The Council and committees will also have annual work plans that aligns recurring strategic priorities with structured, time-boxed agendas.

3.GOVERNANCE/FINANCIAL IMPACT

- 3.1 Financial – there are no financial implications
- 3.2 Governance - An effective corporate governance framework requires a well-structured annual cycle of meetings paired with proactive agenda planning. This structure ensures that the Council addresses its statutory duties, focuses on long-term strategy, and maintains oversight without rushing critical decisions.

4.RECOMMENDATION

The Committee is asked to:

- **Note** the report; and
- **Approve** the Council meeting dates for 2027-2028 and 2028-2029.

5.ASSESSMENT

Impact Assessment	Question / Consideration	Response
Equality, Diversity and Inclusion	Has an Equality Impact Screening been undertaken?	Not applicable
Safeguarding considerations	Are there any safeguarding implications?	There are no safeguarding implications.
Four country factors and considerations	Are there any four country factors, including Welsh Language)	The Council aims to hold at least one meeting per annum outside of London, in one of the other devolved nations' capitals. This should be cost effective and demonstrate value for money balanced against the need for the NMC, as a UK-wide regulator, to meet in locations other than London as a demonstration of the NMC's commitment to understanding regional variations across the UK
Resource (incl People) implications	Are there any people implications?	There are no resource implications.
Risk implications associated with the work and the controls proposed/ in place.	What are the key risks and how are they mitigated?	There are no risk implications.
Legal considerations, incl Regulatory Reform	Are there any legal or regulatory implications?	The forward plan of business adheres to the provisions of the NMC Standing Orders.
Midwives	Any specific implications for midwives?	N/A
Nursing Associates	Any specific implications for nursing associates?	N/A

Council Meeting Dates - April 2027 to March 2028

Bank Holidays 2027:

3 May (UK wide)
31 May (UK wide)
12 July (Northern Ireland)
2 August (Scotland)
30 August (England, Wales & Northern Ireland)
30 November (Scotland)
27 & 28 December (UK wide)

Bank Holidays 2028:

3 January (UK wide);
4 January (Scotland)
17 March (Northern Ireland)

Please note: Open meeting finish times may vary.

Month	Date	Meeting/Event	Time (tbc)
April 2027	Wednesday 14 April	Audit and Risk Committee In person	10:00-13:00
	Thursday 22 April	Planning and Performance Committee	10:00-13:00
	Wednesday 28 April	Development/Strategy day In person	10:00-16:00
	Thursday 29 April	People and Culture Committee	10:00-13:00 or 14:00-17:00
May 2027	Wednesday 5 May	Finance and Resource Committee	10:00-13:00
	Wednesday 19 May	Council Open Meeting Online Council In Committee (if required) Online	10:00 – 14:00 14:00 – 16:00
June 2027	Wednesday 2 June	Audit and Risk Committee	10:00-13:00
	Tuesday 8 June	Council and Executive Development/Strategy day In person	10:00-16:00
	Monday 28 June	Audit and Risk Committee	10:00-13:00

	Tuesday 29 June	People and Culture Committee	10:00-13:00 or 14:00-17:00
	Wednesday 30 June	Open Council In person	10:00 – 16:00
July 2027	Monday 12 July	Planning and Performance Committee	10:00-13:00
	Wednesday 28 July	Finance and Resource Committee	10:00-13:00
September 2027	Wednesday 1 September	People and Culture Committee	10:00-13:00
	Tuesday 21 September	Wales Council health and care site visits	09:00-12:30
		NMC Leadership, CNO, CMidO seminar	14:00-17:00
	Wednesday 22 September	Open Council meeting In person	10:00 – 14:00
October 2027	Tuesday 12 October	Audit and Risk Committee	10:00-13:00
	Tuesday 19 October	Council and Executive development/strategy	10:00-16:00
	Wednesday 20 October	In Committee	10:00-13:00
	Tuesday 26 October	Finance and Resource Committee	10:00-13:00
November 2027	Wednesday 24 November	Council Open meeting Online	10:00 – 14:00
December 2027	No planned meetings		
January 2028	Monday 17 January	Planning and Performance Committee	10:00-13:00
	Wednesday 26 January	Council Open Meeting Online	10:00 – 14:00
February 2028	Tuesday 15 February	Audit and Risk Committee	10:00-13:00
	Tuesday 22 February	Council Development & In Committee meetings In person	09:00 – 16:00
	Tuesday 29 February	Finance and Resource Committee	10:00-13:00

March 2028	Tuesday 21 March	NMC leadership, CNO, CMidO seminar In person	14:00-17:00
	Wednesday 22 March	Council Open meeting In person	10:00-14:00

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Council Meeting Dates - April 2028 to March 2029

Bank Holidays 2028:

14 April (UK wide)
17 April (England, Wales & Northern Ireland)
1 May (UK wide)
29 May (UK wide)
12 July (Northern Ireland)
7 August (Scotland)
28 August (England, Wales & Northern Ireland)
30 November (Scotland)
25 & 26 December (UK wide)

Bank Holidays 2029:

1 January (UK wide);
2 January (Scotland)
17 March (Northern Ireland)

Please note: Open meeting finish times may vary.

Month	Date	Meeting/Event	Time (tbc)
April 2028	Wednesday 19 April	Audit and Risk Committee In person	10:00-13:00
	Thursday 10 April	Planning and Performance Committee	10:00-13:00
	Wednesday 26 April	Development/Strategy day In person	10:00-16:00
	Thursday 27 April	People and Culture Committee	10:00-13:00 or 14:00-17:00
May 2028	Wednesday 3 May	Finance and Resource Committee	10:00-13:00
	Wednesday 24 May	Council Open Meeting Online Council In Committee (if required) Online	10:00 – 14:00 14:00 – 16:00
June 2028	Monday 5 June	Audit and Risk Committee	10:00-13:00
	Tuesday 6 June	Council and Executive Development/Strategy day In person	10:00-16:00

	Tuesday 27 June	Audit and Risk Committee	10:00-13:00
	Wednesday 28 June	People and Culture Committee	10:00-13:00 or 14:00-17:00
July 2028	Wednesday 05 July	Open Council In person	10:00 – 16:00
	Thursday 06 July	Planning and Performance Committee	10:00-13:00
	Tuesday 25 July	Finance and Resource Committee	10:00-13:00
September 2028	Wednesday 6 September	People and Culture Committee	10:00-13:00
	Tuesday 19 September	Scotland Council health and care site visits	09:00-12:30
		NMC Leadership, CNO, CMidO seminar	14:00-17:00
	Wednesday 20 September	Open Council meeting In person	10:00 – 14:00
October 2028	Thursday 5 October	Planning and Performance Committee	
	Wednesday 18 October	Audit and Risk Committee	10:00-13:00
	Tuesday 25 October	Council and Executive development/strategy	10:00-16:00
November 2028	Wednesday 1 November	Finance and Resource Committee	
	Wednesday 29 November	Council Open meeting Online	10:00 – 14:00
December 2028	No planned meetings		
January 2029	Thursday 11 January	Planning and Performance Committee	10:00-13:00
	Wednesday 31 January	Council Open Meeting Online	10:00 – 14:00
	Wednesday 07 February	People and Culture Committee	10:00-13:00
February 2029	Tuesday 20 February	Audit and Risk Committee	10:00-13:00
	Tuesday 21 February	Finance and Resource Committee	10:00-13:00

	Tuesday 27 February	Council Development & In Committee meetings In person	09:00 – 16:00
March 2029	Tuesday 27 March	NMC leadership, CNO, CMidO seminar In person	14:00-17:00
	Wednesday 28 March	Council Open meeting In person	10:00-14:00

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Adrodd i:	Cyngor	Dyddiad y cyfarfod:	23 Medi 2026
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Adroddiad monitro blynyddol Safonau'r Iaith Gymraeg 2025-2026	
Statws Cyhoeddi	Agored
Cyflwyno'r Adroddiad	Emma Westcott, Strategaeth a Mewnwelediad
Cyfarwyddwr Gweithredol	Emma Westcott, Strategaeth a Mewnwelediad (aelod arweiniol Bwrdd Gweithredol dros Gymru) Ravi Chand, Pobl a Diwylliant
Awdur yr Adroddiad	Colette Howarth, Rheolwr Polisi

PWRPAS YR ADRODDIAD A'R RHESWM DROS ARGYMHELLION:
Pwrpas yr adroddiad hwn yw amlinellu'r adroddiad blynyddol ar ein cydymffurfiaeth â Rheoliadau Safonau'r Gymraeg (Rhif 8) 2022. Bydd hwn yn cael ei gyhoeddi ar ein gwefan a'i rannu â Chomisiynydd y Gymraeg erbyn 30 Medi 2026

ARGYMHELLIAD/ARGYMHELLION:
1. Y gofynnir i'r Cyngor: a. Nodi'r adroddiad.

ATODIADAU:
Mae'r atodiad canlynol ynghlwm â'r papur hwn:
Atodiad 1: Adroddiad monitro blynyddol Safonau'r Iaith Gymraeg 2025-2026 (Cymraeg a Saesneg)

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CYMERADWYO'R ADRODDIAD	
Cyfarwyddwr Gweithredol:	Ravi Chand: 25 Awst 2026 Emma Westcott: 21 Awst 2026
Cyfarwyddwr Cyllid:	Dim yn Gymwys
Cwnsler Cyffredinol:	Dim yn Gymwys
Prif Weithredwr a Chofrestrydd (CER):	Dim yn Gymwys – cadarnhau wedi'i ddirprwyo i aelod arweiniol Bwrdd Gweithredol dros Gymru
Ysgrifennydd i'r Cyngor:	Dim yn Gymwys

Ymgysylltu Allanol (a gyflawnwyd hyd yn hyn)		
Pwyllgor / Grŵp	Dyddiad	Canlyniad

Ystyriaeth mewn Pwyllgor/Grŵp		
Pwyllgor / Grŵp	Dyddiad	Canlyniad

Adroddiad monitro blynyddol Safonau'r Iaith Gymraeg 2025-2026

1. SEFYLLFA / CEFNDIR

- 1.1. Pwrpas yr adroddiad hwn yw amlinellu'r adroddiad blynyddol ar ein cydymffurfiaeth â Rheoliadau Safonau'r Gymraeg (Rhif 8) 2022. Bydd hwn yn cael ei gyhoeddi ar ein gwefan a'i rannu â Chomisiynydd y Gymraeg erbyn 30 Medi 2026.

2. MATERION PENODOL I'W HYSTYRIED

- 2.1. Ochr yn ochr â rheoleiddwyr proffesiynol gofal iechyd statudol eraill yng Nghymru, mae'r NMC wedi bod yn ddarostyngedig i [Reoliadau Safonau'r Iaith Gymraeg \(Rhif 8\) 2022](#) ers 6 Rhagfyr 2023.
- 2.2. Mae'r safonau'n ei gwneud yn ofynnol i ni gyhoeddi adroddiad blynyddol yn amlinellu sut rydym wedi cydymffurfio â safonau penodol fel y gofynnwyd amdano gan Gomisiynydd y Gymraeg o fewn chwe mis o ddiwedd y flwyddyn ariannol.
- 2.3. Mae'r adroddiad blynyddol (Atodiad 1) yn rhoi gwybodaeth am y safonau y mae'n rhaid i ni adrodd arnynt, manylion ychwanegol am weithgareddau eraill sy'n gysylltiedig â'r Gymraeg, yn ogystal â'n hymgysylltiad â rhanddeiliaid yng Nghymru.
- 2.4. Mae ein cydymffurfiaeth â'r safonau yn sicrhau ein bod yn hwyluso ac yn hyrwyddo'r defnydd o'r Gymraeg a'n bod yn trin Cymraeg heb fod yn llai ffafriol na Saesneg. Mae hyn yn hanfodol er mwyn sicrhau bod siaradwyr Cymraeg yn cael cyfleoedd cyfartal i ymgysylltu â'r NMC.
- 2.5. Rydym yn hyderus ein bod wedi cydymffurfio'n llwyddiannus â Rheoliadau Safonau'r Iaith Gymraeg rhwng 1 Ebrill 2025 a 31 Mawrth 2026.

Cais her Safon 20

- 2.6. Mae'r adroddiad yn amlinellu'r datblygiadau diweddar mewn perthynas â Safon 20. Yn flaenorol, roeddem wedi cael estyniad i weithredu Safon 20, a oedd yn gofyn i ni ddatblygu fersiwn Gymraeg o'r system gofrestru a hyfforddwyd yn y DU.
- 2.7. O ystyried y newidiadau diweddar yn amgylchiadau ariannol yr NMC, fe wnaethom gyflwyno cais her mewn perthynas â'r safon hon. Awgrymwyd bod y gost amcangyfrifedig ar gyfer datblygu'r system hon yn anghymesur, gan nad ydym wedi derbyn unrhyw geisiadau i ymuno â'r gofrestr gan ddefnyddio'r Gymraeg ers mis Rhagfyr 2023.
- 2.8. Derbyniodd Comisiynydd y Gymraeg ein cais her a diweddarodd ein hysbysiad cydymffurfio i nodi na fydd Safon 20 yn berthnasol mwyach, cyn belled â'n bod yn darparu fersiwn y gellir ei lawrlwytho o'r ffurflen gofrestru Gymraeg. Mae hon ar gael ar ein gwefan.

3. GOBLYGIADAU ARIANNOL / LLYWODRAETHIANT

- 3.1. Mae goblygiadau ariannol sy'n deillio o'r adroddiad hwn yn ymwneud â chasglu, cyfieithu a chyhoeddi'r adroddiad, sy'n cael eu cynnwys o fewn yr adnoddau cyfredol.
- 3.2. O'r flwyddyn hon, mae cadarnhau'r adroddiad blynyddol wedi cael ei ddirprwyo o'r Prif Weithredwr a Chofrestrydd i aelod arweiniol y Bwrdd Gweithredol dros Gymru.

4. ARGYMHELLIAD

- 4.1. Y gofynnir i'r Cyngor:
- a) **NODI'R** adroddiad

5. ASESIAD

Asesiad Effaith	Cwestiwn / Ystyriaeth	Ymateb
Cydraddoldeb, Amrywiaeth a Chynhwysiant	Oes Sgriniad Effaith Cydraddoldeb wedi cael ei gynnal?	Dim yn gymwys
Ystyriaethau diogelu	Oes unrhyw oblygiadau diogelu?	Dim yn gymwys
Ffactorau ac ystyriaethau pedair gwlad	Oes unrhyw ffactorau pedair gwlad, gan gynnwys laith Gymraeg)	Oes – mae'r adroddiad hwn yn ymwneud â'n cyfrifoldebau statudol o dan Reoliadau Safonau'r Gymraeg, ac mae'n arbennig o berthnasol i siaradwyr Cymraeg, a'r rhai sy'n byw ac yn gweithio yng Nghymru.
Goblygiadau adnoddau (gan gynnwys Pobl)	Oes unrhyw oblygiadau i bobl?	Nac oes
Goblygiadau risg sy'n gysylltiedig â'r gwaith a'r rheolaethau a gynigir/ mewn grym.	Beth yw'r prif risgiau a sut maen nhw'n cael eu lliniaru?	Dim yn gymnwys
Ystyriaethau cyfreithiol, gan gynnwys Diwygio Rheoleiddiol	Oes unrhyw oblygiadau cyfreithiol neu reoleiddiol?	Rydym yn ystyried ein bod yn cydymffurfio â Rheoliadau Safonau'r laith Gymraeg ac nad oes goblygiadau cyfreithiol yn codi o'r adroddiad hwn.
Bydwragedd a/neu Cymdeithion Nyrsio	Unrhyw oblygiadau penodol i gymdeithion nyrsio?	Na

Rheoliadau Safonau'r Iaith Gymraeg Adroddiad Monitro Blynyddol 2025-26

Medi 2026

nmc
**Cyngor
Nyrsio a
Bydwreigiaeth**

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Amdanom ni

Ni yw'r rheoleiddiwr annibynnol dros nyrsys a bydwragedd yn y DU, a chymdeithion nyrsio yn Lloegr.

Ein gweledigaeth yw ymarfer nyrsio a bydwreigiaeth diogel ac effeithiol ar draws pedair gwlad y DU – a reoleiddir a'i gefnogi gan yr NMC – sefydliad addas ar gyfer y dyfodol, gyda thegwch a chydaddoldeb wrth wraidd popeth a wnawn.

Ein rôl yw **diogelu'r cyhoedd a chynnal hyder** yn y proffesiynau nyrsio a bydwreigiaeth. Fel y rheoleiddiwr annibynnol mwyaf yn Ewrop o fwy na 860,000 o nyrsys a bydwragedd proffesiynol, mae gennym rôl hanfodol wrth wireddu hyn.

Rydym yn gwneud hyn trwy **osod a hyrwyddo safonau addysg a phroffesiynol uchel** ar gyfer holl nyrsys a bydwragedd cofrestredig a rhai'r dyfodol yn y DU a chymdeithion nyrsio yn Lloegr.

Rydym hefyd yn sicrhau bod pob nyrs, bydwraig a chydymaith nyrsio ar ein Cofrestr yn bodloni **safonau ymddygiad ac ymarfer clir** sy'n diogelu'r cyhoedd ac enw da ein proffesiynau.

Mae gennym ddyletswydd i **ymchwilio i bryderon** ac i gymryd camau i **ddiogelu'r cyhoedd** yn yr enghreifftiau cymharol brin lle bydd angen inni gyfyngu ar hawl nyrs, bydwraig neu gydymaith nyrsio i ymarfer.

Rydym yn adeiladu NMC newydd â chywirdeb, tegwch, parch, cydraddoleb ac effeithiolrwydd wrth ei graidd.

Rydym yn benderfynol o **wella a moderneiddio ein diwylliant a'n ffyrdd o weithio**. Bydd hyn yn sicrhau bod y cyhoedd a gweithwyr proffesiynol yn teimlo'n hyderus yn ein gwaith.

Ein hymrwymiad i'r Iaith Gymraeg

Yn unol â Rheoliadau Safonau'r Gymraeg (Rhif 8), fel y'u hamlinellir gan Gomisiynydd y Gymraeg, rydym wedi ymrwymo i hyrwyddo a hwyluso'r defnydd o'r Gymraeg.

Rydym wedi ymrwymo i gydymffurfio â Rheoliadau Safonau'r Gymraeg ac ymgysylltu â Chomisiynydd y Gymraeg ac eraill i fod yn ymatebol ac yn wybodus yn ein dull o ddiwallu anghenion siaradwyr Cymraeg sy'n dymuno ymgysylltu â'r NMC. Rydym yn cydnabod na ddylai'r Gymraeg gael ei thrin yn llai ffafriol na'r Saesneg.

Mae gan weithwyr proffesiynol ar ein Cofrestr sy'n gweithio yng Nghymru rôl allweddol i'w chwarae wrth sicrhau bod pobl sy'n cael mynediad at wasanaethau iechyd a gofal cymdeithasol yn cael gofal cyfannol, sy'n canolbwyntio ar y person. I siaradwyr Cymraeg yng Nghymru, mae hyn yn golygu y dylid gwneud ymdrech i sicrhau bod cynnig gweithredol o Gymraeg fel bod eu hanghenion iaith a gofal yn cael eu diwallu.

Nod yr adroddiad monitro blynyddol hwn yw crynhoi ein cydymffurfiaeth â Rheoliadau Safonau'r Gymraeg yn ystod y cyfnod 1 Ebrill 2025 - 31 Mawrth 2026.

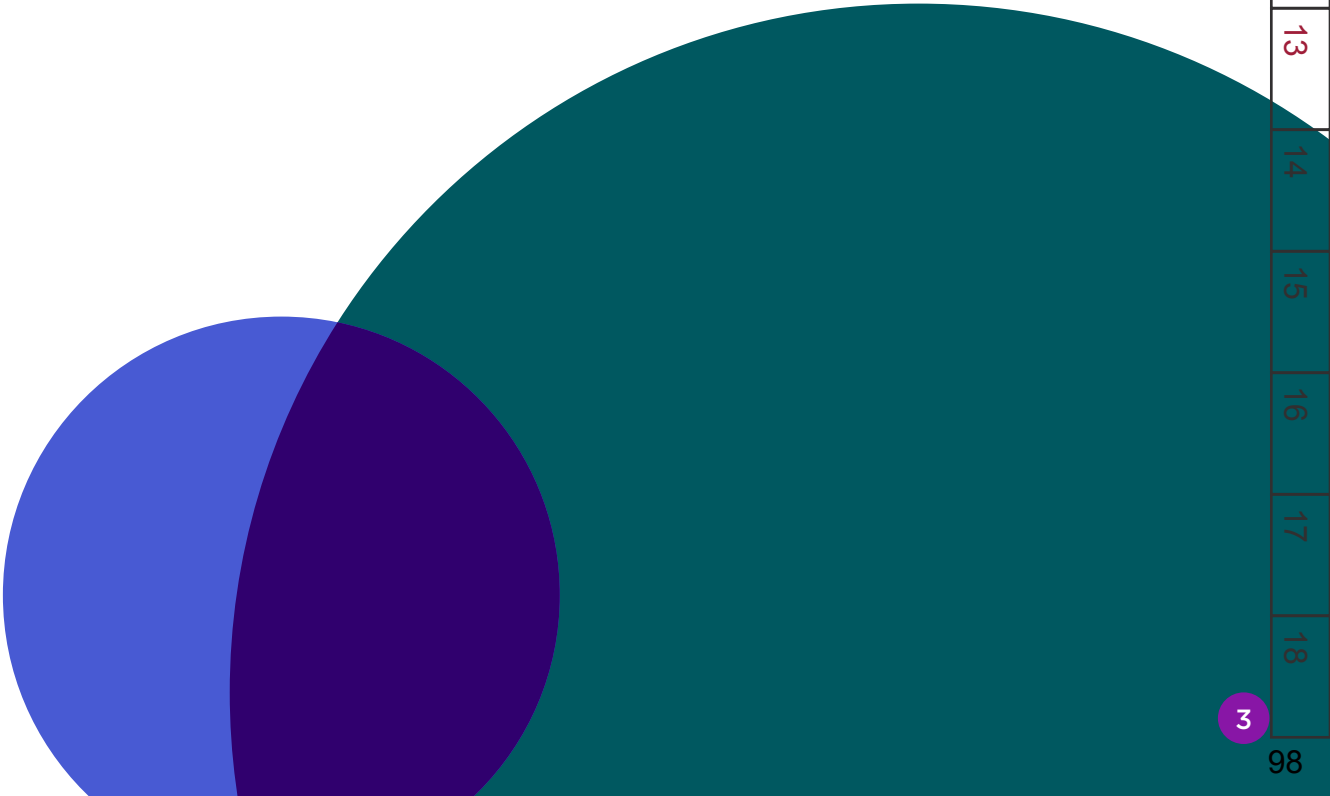
Mae'r adroddiad hwn yn nodi ein gwaith yn y maes hwn a bydd yn cael ei gyhoeddi ar ein gwefan yn y Gymraeg a'r Saesneg.

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Llywodraethiant ein Gwaith laith Gymraeg

Mae aelodau'r Cyngor, y tîm Gweithredol a'n holl gydweithwyr yn chwarae rhan wrth sicrhau ein bod yn cydymffurfio â Safonau'r laith Gymraeg. Mae goruchwyllo'r gwaith hwn yn eistedd o fewn cyfarwyddiaeth Pobl a Diwylliant yr NMC.



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Ein Gwaith Iaith Gymraeg dros y flwyddyn ddiwethaf

Cais her Safon 20

Mae hi wedi bod yn ofynnol i'r NMC gydymffurfio â Rheoliadau Safonau'r Gymraeg (Rhif 8) ers 6 Rhagfyr 2023.

Rydym o'r farn ein bod wedi bod yn cydymffurfio â'r rheoliadau ers y dyddiad hwn, ac eithrio Safon 20, a oedd yn ei gwneud yn ofynnol i ni ddatblygu system ar-lein i ganiatáu i geisiadau ymuno â'r Gofrestr gan ymgeiswyr sydd wedi'u hyfforddi yn y DU gael eu cyflwyno yn y Gymraeg. Fe wnaethom gais i ddechrau a chael estyniad i gydymffurfio â'r safon hon erbyn 31 Rhagfyr 2025. Roedd yr estyniad hwn i gyd-fynd â rhaglen moderneiddio gwasanaethau technoleg yr NMC.

Ym mis Ionawr 2026 fe wnaethom gyflwyno her i'r rhwymedigaethau presennol hyn o dan Safon 20. Fe wnaethom herio'r ddyletswydd bresennol hon yng ngoleuni'r newidiadau diweddar yn amgylchiadau ariannol yr NMC. Yn ein her i Gomisiynydd y Gymraeg, fe wnaethom dynnu sylw at y rhaglen ddiweddar o ailstrwythuro mewnol ac effeithlonrwydd, yn ogystal â'n hymgyngoriad ar gynlluniau i gynyddu'r ffioedd cofrestru ar gyfer gweithwyr proffesiynol ar ein Cofrestr. Yn y cyd-destun hwn, nodwyd bod yr NMC wedi gorfod blaenoriaethu darparu gwerth am arian, a defnyddio ein hincwm gan gofrestrwyr yn gyfrifol.

Gwnaed y cais her yn y cyd-destun hwn. Ers mis Rhagfyr 2023, rydym wedi cynnig fersiwn Gymraeg y gellir ei lawrlwytho o ffurflen gofrestru'r DU, y gall ymgeiswyr ei defnyddio os ydynt yn dymuno ymuno â'r Gofrestr gan ddefnyddio'r Gymraeg. Rydym wedi ymrwymo i hwyluso ceisiadau cofrestru i unrhyw un sy'n dymuno defnyddio'r Gymraeg.

Ers mis Rhagfyr 2023, nid ydym wedi derbyn unrhyw geisiadau i ymuno â'r Gofrestr gan ddefnyddio'r Gymraeg. Fe wnaethom gynnig yn ein cais her, oherwydd y nifer minimol tebygol o geisiadau, a'r costau sylweddol sy'n gysylltiedig â datblygu fersiwn Gymraeg cyfatebol o'r system ar-lein, nad oedd y safon hon yn gymesur.

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Er ein bod yn cydnabod nad yw'r fersiwn bresennol y gellir ei lawrlwytho o'r ffurflen gofrestru yn sicrhau profiad union debyg i ymgeiswyr, ni fydd y rhai sy'n dymuno cofrestru gan ddefnyddio'r Gymraeg dan anfantais uniongyrchol gan y byddant yn dal i allu cael mynediad i'n gwasanaethau ac ymuno â'r Gofrestr gan ddefnyddio'r Gymraeg, os ydynt yn dymuno gwneud hynny.

Derbyniodd Comisiynydd y Gymraeg ein her fod y safon hon yn anghymesur. Mae ein **hysbysiad cydymffurfiaeth** wedi cael ei ddiweddarau i adlewyrchu nad yw Safon 20 yn gymwys, ar yr amod fod fersiwn lawrlwythadwy o'r ffurflen gais cofrestru Gymraeg ar gael. Mae'r ffurflen hon ar gael **ar ein gwefan**.

Hunanasesiad blynyddol

Ym mis Ionawr 2026 gwnaethom gwblhau ein hunanasesiad blynyddol ar gyfer Comisiynydd y Gymraeg mewn perthynas â'n cydymffurfiaeth â'r Safonau. Fe wnaethom ddatgan lefel uchel o sicrwydd ar gyfer y rhan fwyaf o safonau, gan ein bod wedi ymgymryd â gwaith sylweddol yn y blynyddoedd blaenorol i sicrhau bod pob tîm yn barod i ymateb i geisiadau i ddefnyddio'r Gymraeg. Mae llawer o'r safonau heb eu profi oherwydd nifer isel o geisiadau, fodd bynnag, rydym yn fodlon fod prosesau a chanllawiau ar waith i ymateb yn unol â hynny pe baem yn derbyn ceisiadau i gael mynediad i'n gwasanaethau gan ddefnyddio'r Gymraeg.

Ar gyfer y safonau sy'n ymwneud â gwefannau, gwnaethom ddatgan lefel ganolig o sicrwydd oherwydd yr ymagwedd gymesur yr ydym wedi'i chymryd o gyfieithu tudalennau gwefannau. Mae hyn yn golygu bod dolenni i dudalennau gwefan ar gael yn y Saesneg yn unig ar rai o'n tudalennau gwe sydd wedi'u cyfieithu i'r Gymraeg. Yn ein hunanasesiad fe wnaethom gydnabod bod angen diweddarau llawer o dudalennau gwe yr NMC, a byddwn yn ystyried ar yr adeg honno a oes angen cyfieithu ychwanegol. Mae gennym ganllawiau i gefnogi'r broses o wneud penderfyniadau cydweithwyr yn y maes hwn, sy'n canolbwyntio ar y gynulleidfa arfaethedig a phwrpas y deunyddiau, ac a yw'r rhain yn awgrymu bod angen cyfieithu i'r Gymraeg.

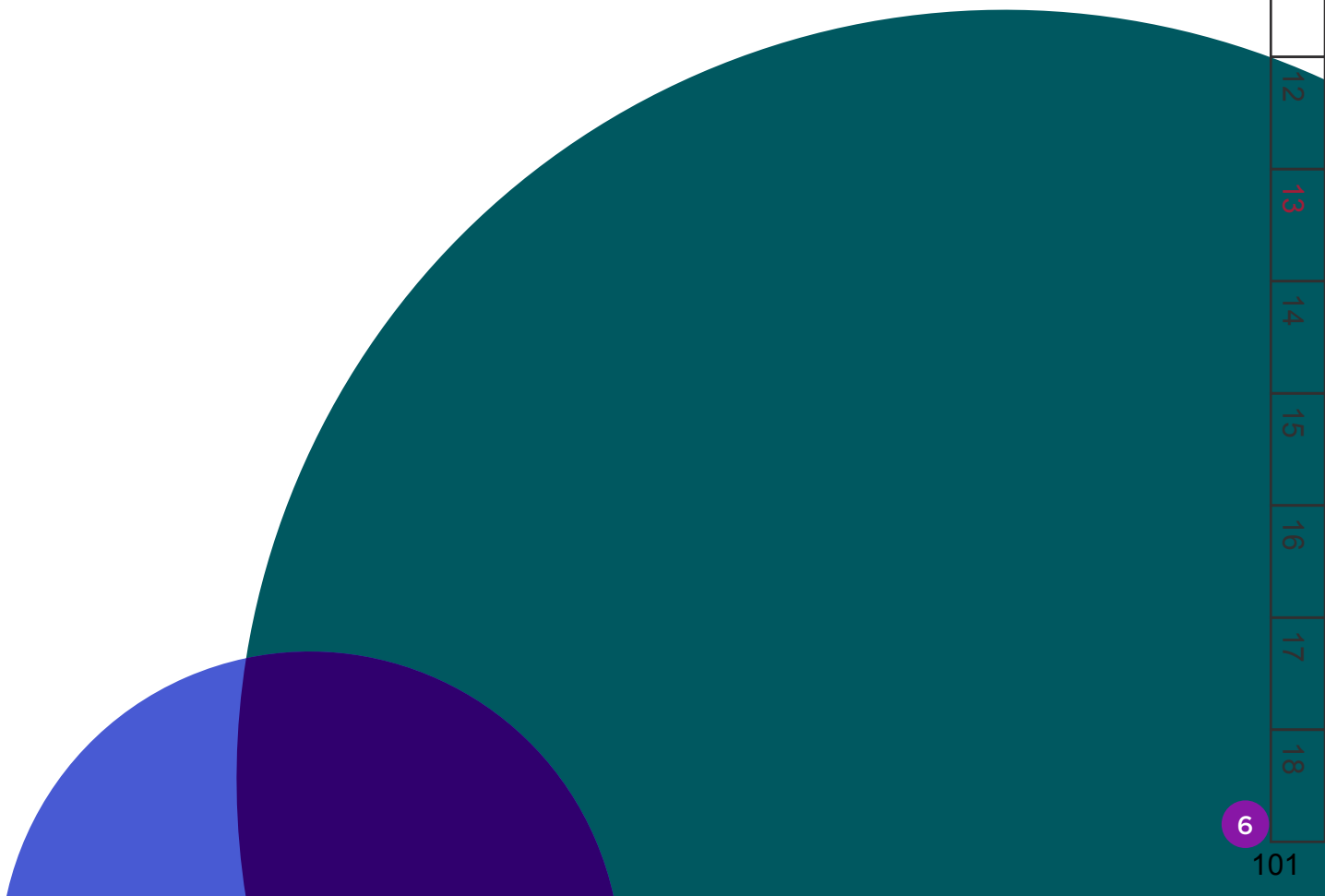
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Fel rhan o’n hadroddiadau cofrestru data pob dwy flynedd, gwnaethom hefyd gynhyrchu cyhoeddiad pwrpasol ar gyflwr y Gofrestr yng Nghymru, sydd ar gael yn y **Gymraeg** a’r **Saesneg**. Mae hyn yn cynnwys gwybodaeth sy’n ymwneud â faint o bobl sy’n ymuno â’r proffesiynau ac yn gadael y proffesiynau, ble cawsant eu haddysgu, eu nodweddion demograffig, a pham y gadawodd pobl y Gofrestr.

Ymgynghoriadau

Yn 2025-26 gwnaethom gyhoeddi dau ymgynghoriad lle gwnaethom geisio barn gan weithwyr proffesiynol, aelodau o’r cyhoedd a rhanddeiliaid allweddol eraill ynghylch cynnydd arfaethedig i ffi gofrestru flynyddol yr NMC, a newidiadau arfaethedig i’n Rheolau Addasrwydd i Ymarfer.

Fe wnaethom ddarparu fersiynau Cymraeg o’r dogfennau ymgynghori hyn a darparu’r opsiwn i ddefnyddio’r Gymraeg i ymateb i’r arolygon ymgynghori hyn. Cawsom sawl ymateb i’r arolygon hyn (llai na phump) a gyflwynwyd gan ddefnyddio’r Gymraeg.



Monitro data blynyddol

Mae Safon 66 o Reoliadau Safonau'r Gymraeg (Rhif 8) yn ei gwneud yn ofynnol i'r NMC ddarparu data yn yr adroddiad blynyddol hwn ar y meysydd canlynol:

1. Nifer y cwynion a dderbyniwyd mewn perthynas â'n cydymffurfiaeth â Safonau'r Iaith Gymraeg
2. Nifer y cydweithwyr sy'n datgan sgiliau iaith Gymraeg a lefelau eu sgiliau
3. Nifer rolau gwag neu newydd lle mae sgiliau iaith Gymraeg yn ofynnol.

Ar gyfer y cyfnod o **1 Ebrill 2025 i 31 Mawrth 2026**, gallwn ddarparu'r data canlynol:

1. Ni dderbyniwyd cwynion mewn perthynas â'n cydymffurfiaeth â Safonau'r Iaith Gymraeg
2. Roedd pum cydweithiwr wedi datgan sgiliau iaith Gymraeg. Datganodd tri o'r rhain hyfedredd lefel A1 CEFR, un hyfedredd lefel A2 CEFR, a datganodd un hyfedredd lefel B2 CEFR. Mae hyn yn ddau gydweithiwr yn fwy na'r sgiliau a ddatganwyd yn 2024-25
3. Nid oedd unrhyw swyddi gwag neu newydd wedi'u hysbysebu lle mae angen sgiliau Cymraeg.

Yn ystod y cyfnod hwn, fe wnaethom gasglu data ychwaanegol ynghylch ein darpariaeth iaith Gymraeg:

- Roedd 43 darn o waith prosiect corfforaethol yn gofyn am gyfieithiad Cymraeg. Mae hyn yn cynnwys prif adroddiadau, fersiynau Cymraewg hawdd i'w darllen, a cheisiadau ad-hoc am gyfieithiadau
- Roedd 1670 o ymweliadau â gwefan iaith Gymraeg yr NMC. Roedd 1721 o ymweliadau yn 2024-25
- Cafodd tri chyfarfod/digwyddiad eu cynnal lle cynigiwyd cyfieithiadau a/neu ddehongliadau Cymraeg.

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Camau allweddol ar gyfer y flwyddyn nesaf

Byddwn yn parhau i gasglu data monitro Cymraeg i gynnal goruchwyliaeth o'n cydymffurfiaeth â'r safonau a nodi unrhyw feysydd i'w gwella.

Byddwn hefyd yn sicrhau bod Asesiadau Effaith Iaith Gymraeg ychwanegol yn cael eu cwblhau mewn perthynas â'n prosiectau mawr a'n gwaith datblygu polisi. Mae'r gofyniad i gwblhau Asesiad Effaith Iaith Gymraeg ac ystyried effeithiau ar y defnydd o'r Gymraeg yn cael ei amlygu mewn fframweithiau rheoli prosiectau, yn ogystal â mewn templedi ar gyfer papurau i'w cyflwyno i'r Cyngor.

Mae ein prif flaenoriaethau corfforaethol ar gyfer 2026-27 yn cynnwys adolygiad o ddysgu ymarfer, ac ymgynghori ar newidiadau i'n Cod a'r broses Ailddilysu. Bydd y gwaith hwn yn cynnwys ymgynghori â rhanddeiliaid allweddol, a fydd yn cynnwys aelodau o'r cyhoedd yng Nghymru. Trwy gydol y gwaith hwn byddwn yn sicrhau ein bod yn hwyluso'r defnydd o'r Gymraeg mewn unrhyw un o'n hymgysylltiadau â'r cyhoedd yng Nghymru ac yn sicrhau bod effeithiau a chyfleoedd i'r Gymraeg yn cael eu hystyried wrth i ni ddatblygu a diweddarau polisiâu.

Mae Asesiadau Effaith Iaith Gymraeg wedi cael eu datblygu ar gyfer ymgynghoriadau ar y newidiadau hyn, a bydd y rhain ar gael ar ein gwefan, ynghyd â dogfennau ymgynghori a fydd hefyd yn cael eu darparu yn y Gymraeg. Rydym yn croesawu ymatebion i'r ymgynghoriadau hyn yn y Gymraeg, a byddwn hefyd yn ceisio barn rhanddeiliaid yng Nghymru ar y newidiadau hyn, ac unrhyw effeithiau a chyfleoedd i'r iaith Gymraeg.

Rydym yn parhau i ymrwymo i ymgysylltu â fframwaith rheoleiddio Comisiynydd y Gymraeg ac yn edrych ymlaen at gynnig ein barn trwy eu dull cydreoleiddio, a chwblhau hunanasesiad o'n cydymffurfiaeth yn erbyn y safonau. Byddwn yn parhau i wneud ein gwasanaethau yn hygyrch i siaradwyr Cymraeg ac yn cynyddu cyfleoedd i bobl ddefnyddio'r iaith Gymraeg.

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Gweithgaredd ymgysylltu diweddar yng Nghymru

Yn ogystal â chydymffurfio â Rheoliadau Safonau'r Iaith Gymraeg, rydym yn parhau i ymgysylltu â rhanddeiliaid allweddol yng Nghymru.

Yn ystod y cyfnod adrodd o **1 Ebrill 2025 i 31 Mawrth 2026**, ymunodd yr NMC ag amrywiaeth o gyfarfodydd a digwyddiadau gyda rhanddeiliaid iechedd a gofal cymdeithasol yng Nghymru.

Er bod ein gwaith gyda rhanddeiliaid iechedd a gofal cymdeithasol yng Nghymru yn cael ei gynnal yn y Saesneg yn bennaf, mae'r ymgysylltiad hwn yn darparu cyfleoedd i ddeall y cyd-destun yn well i weithwyr proffesiynol a'r cyhoedd yng Nghymru. Yn benodol, edrychwn ymlaen at barhau i weithio gyda'r rhanddeiliaid hyn i ddeall cyd-destun y Gymraeg yn well ar gyfer iechedd a gofal cymdeithasol, a sut y gellir hyrwyddo a hwyluso'r defnydd o'r Gymraeg i weithwyr proffesiynol a'r cyhoedd yng Nghymru.

Ymgysylltu trawsreoleiddiol ar Reoliadau Safonau'r Iaith Gymraeg

Trwy gydol 2025, ymunodd yr NMC â chyfarfodydd rheolaidd Fforwm Cydreoleiddwyr Safonau'r Gymraeg, lle rydym yn trafod ein dulliau priodol o weithredu'r safonau a'n dealltwriaeth o sut i gymhwyso'r safonau yng nghyd-destun rheoleiddio gweithwyr iechedd a gofal proffesiynol.

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Rhanddeiliaid sector iechyd a gofal cymdeithasol

Rydym wedi parhau â’n hymgysylltu cadarnhaol â rhanddeiliaid ar draws y sector iechyd a gofal cymdeithasol yng Nghymru.

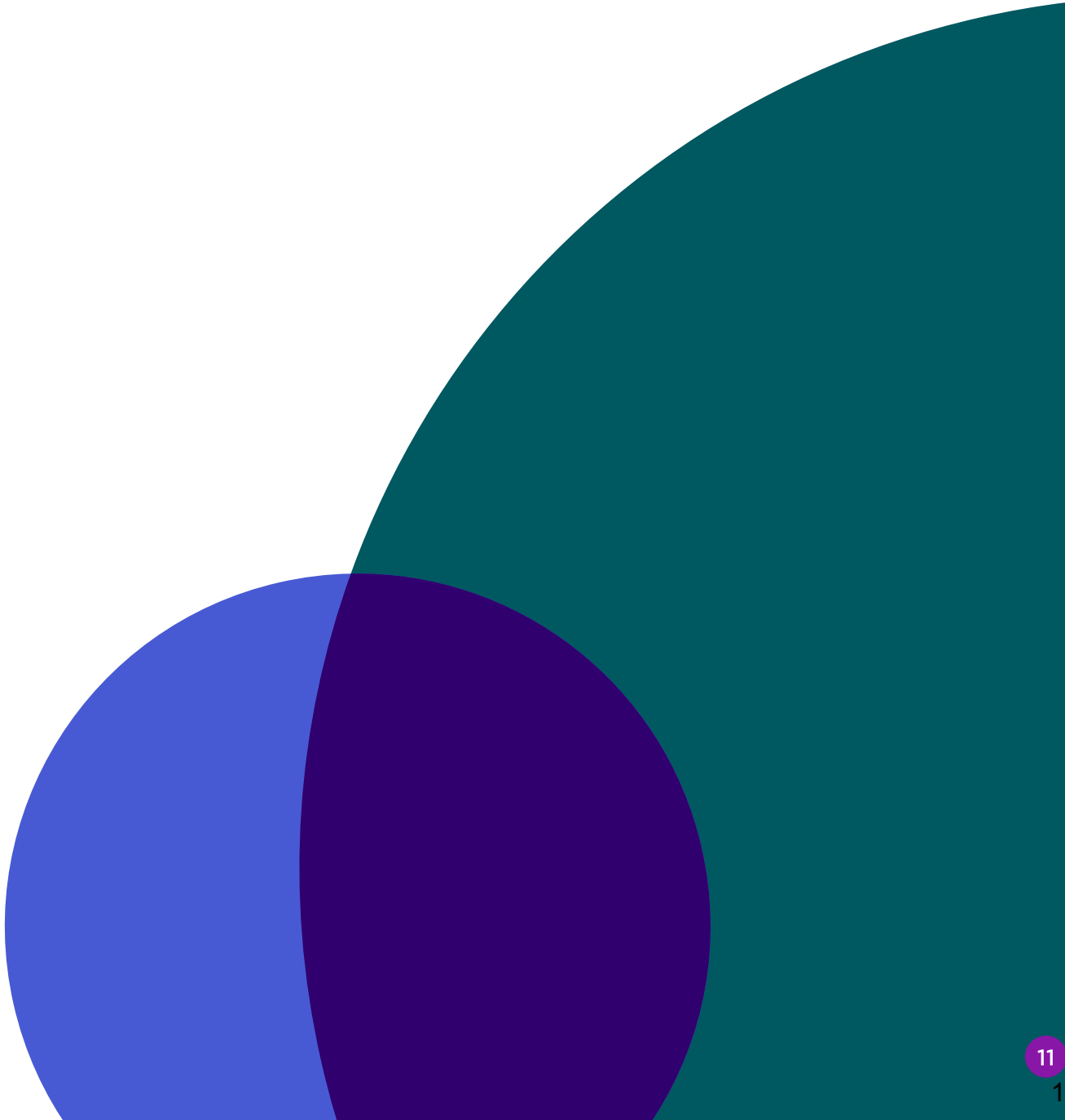
Mae’r ymgysylltiadau hyn yn cynnwys:

- Siaradodd Paul Rees, Donna O’Boyle a chydweithwyr Rheoleiddio Proffesiynol mewn digwyddiad ar ‘Cefnogi Gweithwyr Cofrestredig NMC drwy Lens Niwed i Weithwyr y gellir ei Osgoi’ a drefnwyd gan Addysg a Gwella Iechyd Cymru (AaG) yn Swyddfeydd Llywodraeth Cymru
- 42 o sesiynau dysgu wedi eu cyflawni mewn Byrddau Iechyd ledled Cymru gan ein Gwasanaeth Dolen Cyflogwyr
- Saith sesiwn ddysgu ychwanegol a gyflawnwyd i fydwragedd, cyrff cynrychioladol bydwreigiaeth a myfyrwyr bydwreigiaeth
- Pedair sesiwn gydweithredol gyda’r GMC gan gynnwys un gynhadledd lles mamolaeth, a thair sesiwn beilot mewn gwasanaeth mamolaeth/amenedigol mewn Bwrdd Iechyd yng Nghymru ar ‘Empathi ar Waith,’ y cyntaf i gael ei threialu yn y DU
- Datblygu sesiynau pwrpasol wedi’u cynllunio i fydwragedd mewn un uned famolaeth Bwrdd Iechyd
- Cyfraniad parhaus yn Uwchgynhadledd Gofal Iechyd Cymru bob dwy flynedd dan gadeiryddiaeth AGIC, a chyfraniad at Weithgor Uwchgynhadledd Gofal Iechyd Cymru i gryfhau effaith ac effeithiolrwydd yr Uwchgynhadledd
- Partneriaeth Gweithlu Gofal Cymdeithasol grŵp Tasg a Gorffen Disgyblaethol a Chwyrion Gofal Cymdeithasol
- Grŵp Gwaith Addasrwydd i Ymarfer Addysg a Gwella Iechyd Cymru i ddatblygu canllawiau trosfwaol Addasrwydd i Ymarfer i staff clinigol sy’n cynorthwyo myfyrwyr nyrsio israddedig
- Gŵyl Famolaeth a Bydwreigiaeth Cymru a’r De-orllewin
- Digwyddiad Dysgu Mamolaeth Bwrdd Iechyd Prifysgol Bae Abertawe
- Cynhadledd Myfyrwyr Bydwreigiaeth Cymru Gyfan
- Cynhadledd Dydd Gŵyl Dewi RCM Cymru.

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Cymdeithion Nyrsio yng Nghymru

Yn dilyn cytundeb y Cyngor i reoleiddio rôl Cydymaith Nyrsio yng Nghymru ym mis Mawrth 2024, rydym yn parhau i weithio'n agos gyda Llywodraeth Cymru ar reoleiddio cymdeithion nyrsio yng Nghymru, yn amodol ar y newidiadau angenrheidiol i'n deddfwriaeth.



nmc

Cyngor Nyrsio a Bydwreigiaeth

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+44 20 7637 7181
www.nmc.org.uk

 @nmcuk

 @nmcnews

 The Nursing and Midwifery Council

Y rheoleiddiwr nyrsio a bydwreigiaeth ar gyfer Cymru, Lloegr, yr Alban a Gogledd Iwerddon
Elusen gofrestredig yng Nghymru a Lloegr (1091434) ac yn yr Alban (SC038362).

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Report to:	Council	Meeting Date:	23 September 2026
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Welsh Language Standards annual monitoring report 2025-2026	
Publication Status	Open
Presenting the Report	Emma Westcott, Strategy and Insight
Executive Director	Emma Westcott, Strategy and Insight (lead Executive Board member for Wales) Ravi Chand, People and Culture
Report Author	Colette Howarth, Policy Manager

PURPOSE OF REPORT AND REASON FOR RECOMMENDATIONS:
The purpose of this report is to outline the annual report on our compliance with the Welsh Language Standards (No.8) Regulations 2022. This will be published on our website and shared with the Welsh Language Commissioner by 30 September 2026.

RECOMMENDATION(S):
The Council is asked to:
Note the report.

ANNEXES:
The following annexe is attached to this paper:
Annexe 1: Welsh Language Standards annual monitoring report 2025-2026 (Welsh and English)

REPORT APPROVAL	
Executive Director:	Ravi Chand: 25 August 2026 Emma Westcott: 21 August 2026
Director of Finance:	N/A
General Counsel:	N/A
Chief Executive and Registrar (CER):	N/A – sign-off delegated to lead Executive Board member for Wales
Secretary to the Council:	Jacqui Maunder: 15 September 2026

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

Consideration at Committee/Group		
Committee / Group	Date	Outcome
N/Aa		

Welsh Language Standards annual monitoring report 2025-2026

1. SITUATION / BACKGROUND

- 1.1. The purpose of this report is to outline the annual report on our compliance with the Welsh Language Standards (No.8) Regulations 2022. This will be published on our website and shared with the Welsh Language Commissioner by 30 September 2026.

2. SPECIFIC MATTERS FOR CONSIDERATION

- 2.1. Along with other statutory healthcare professional regulators operating within Wales, the NMC has been subject to the [Welsh Language Standards \(No. 8\) Regulations 2022](#) since 6 December 2023.
- 2.2. The standards require us to publish an annual report outlining how we have complied with specific standards as requested by the Welsh Language Commissioner within six months from the end of the financial year.
- 2.3. The annual report (Annexe 1) provides information on the standards we must report on, additional detail on other Welsh language related activity, as well as our engagement with stakeholders in Wales.
- 2.4. Our compliance with the standards ensures we facilitate and promote the use of Welsh language and that we treat Welsh no less favourably than English. This is crucial to ensure Welsh speakers have equal opportunities to engage with the NMC.
- 2.5. We are confident that we have successfully complied with the Welsh Language Standards Regulations between 1 April 2025 and 31 March 2026.

Standard 20 challenge application

- 2.6. The report outlines recent developments in relation to Standard 20. We had previously been granted an extension to implement Standard 20, which required us to develop a Welsh language version of the UK-trained registration system.
- 2.7. Given the recent changes in the NMC's financial circumstances, we submitted a challenge application in relation to this standard. We suggested that the estimated cost for developing this system was disproportionate, as we have received no requests to join the register using Welsh since December 2023.
- 2.8. The Welsh Language Commissioner accepted our challenge application and updated our compliance notice to note that Standard 20 will no longer apply, as long as we provide a downloadable version of the Welsh language registration form. This is available on our website.

3. FINANCIAL / GOVERNANCE IMPLICATIONS

- 3.1. Financial implications arising from this report relate to the compilation, translation and publication of the report, which are covered within current resources.
- 3.2. From this year, sign-off for the annual report has been delegated from the Chief Executive and Registrar to the lead Executive Board member for Wales.

4. RECOMMENDATION

- 4.1. The Council is asked:
To **NOTE** the report

5. ASSESSMENT

Impact Assessment	Question / Consideration	Response
Equality, Diversity and Inclusion	Has an Equality Impact Screening been undertaken?	Not applicable
Safeguarding considerations	Are there any safeguarding implications?	Not applicable
Four country factors and considerations	Are there any four country factors, including Welsh Language)	Yes – this report relates to our statutory responsibilities under the Welsh Language Standards Regulations, and is of particular relevance to Welsh speakers, and those living and working in Wales.
Resource (incl People) implications	Are there any people implications?	No
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?	We consider we are compliant with the Welsh Language Standards Regulations and there are no legal implications arising from this report.
Midwives and/or Nursing Associates	Any specific implications for midwives and/or nursing associates?	No

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Welsh Language Standards Regulations Annual Monitoring Report 2025-26

September 2026

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About us

We are the independent regulator for nurses and midwives in the UK, and nursing associates in England.

Our vision is for safe and effective nursing and midwifery practice across the four countries of the UK – regulated and supported by the NMC – a fit for the future organisation, with fairness and equity at the heart of everything we do.

Our role is to **protect the public and maintain confidence** in the nursing and midwifery professions. As the largest independent regulator in Europe of more than 867,000 nursing and midwifery professionals, we have a crucial role in making this a reality.

We do this by **setting and promoting high education and professional standards** for all future and registered nurses and midwives in the UK and nursing associates in England.

We also ensure every nurse, midwife and nursing associate on our Register meets **clear standards of conduct** and practice which protects the public and the reputation of our professions.

We have a duty to **investigate concerns** and to take steps to **protect the public** in the relatively rare instances where we need to limit or restrict a nurse, midwife or nursing associate’s right to practise.

We are building a new NMC with integrity, fairness, respect, equity and effectiveness at its core.

We are determined to **improve and modernise our culture and ways of working**. This will ensure that the public and professionals feel confident in our work.

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Our commitment to the Welsh language

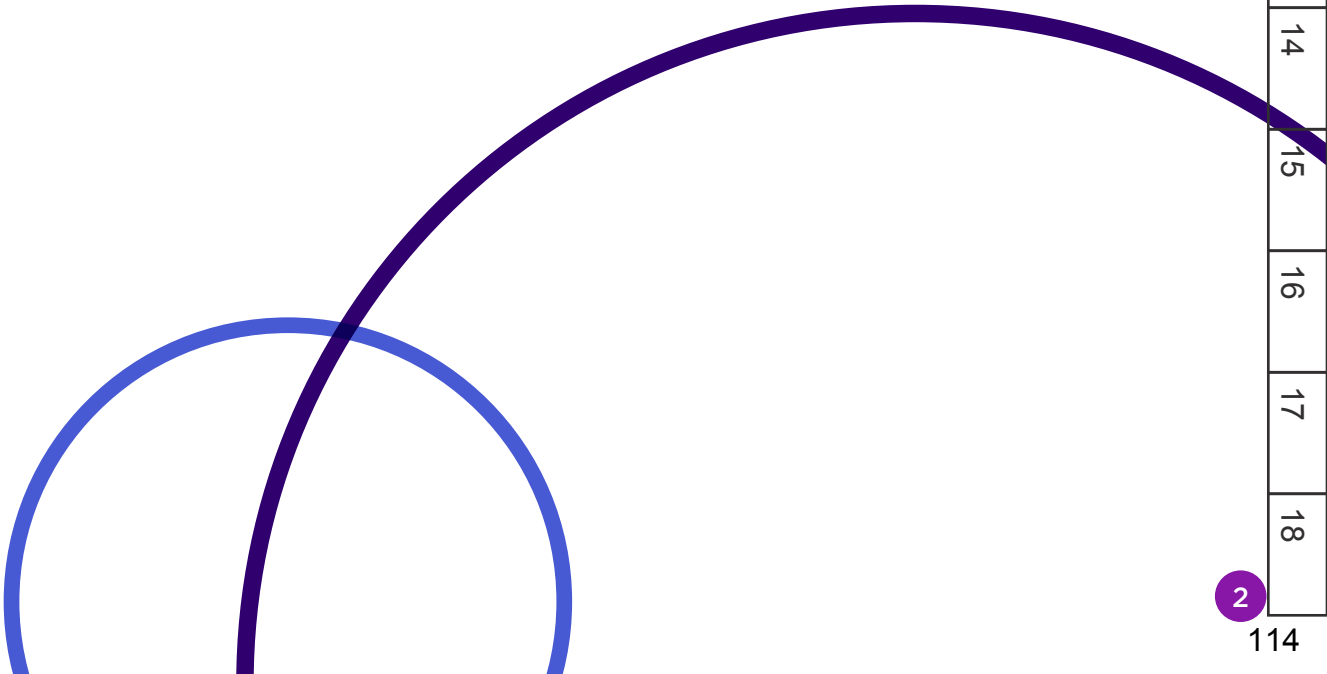
In line with the Welsh Language Standards (No. 8) Regulations, as set out by the Welsh Language Commissioner, we are committed to promoting and facilitating the use of the Welsh language.

We are committed to complying with the Welsh Language Standards Regulations and engaging with the Welsh Language Commissioner and others to be responsive and informed in our approach to meeting the needs of Welsh speakers wishing to engage with the NMC. We recognise that the Welsh language should be treated no less favourably than English.

Professionals on our Register who work in Wales have a key role to play in ensuring that people accessing health and social care services receive holistic, person-centred care. For Welsh speakers in Wales, this means that effort should be made to ensure there is an active offer of Welsh so that their language and care needs are met.

The aim of this annual monitoring report is to summarise our compliance with the Welsh Language Standards Regulations during the period 1 April 2025 – 31 March 2026.

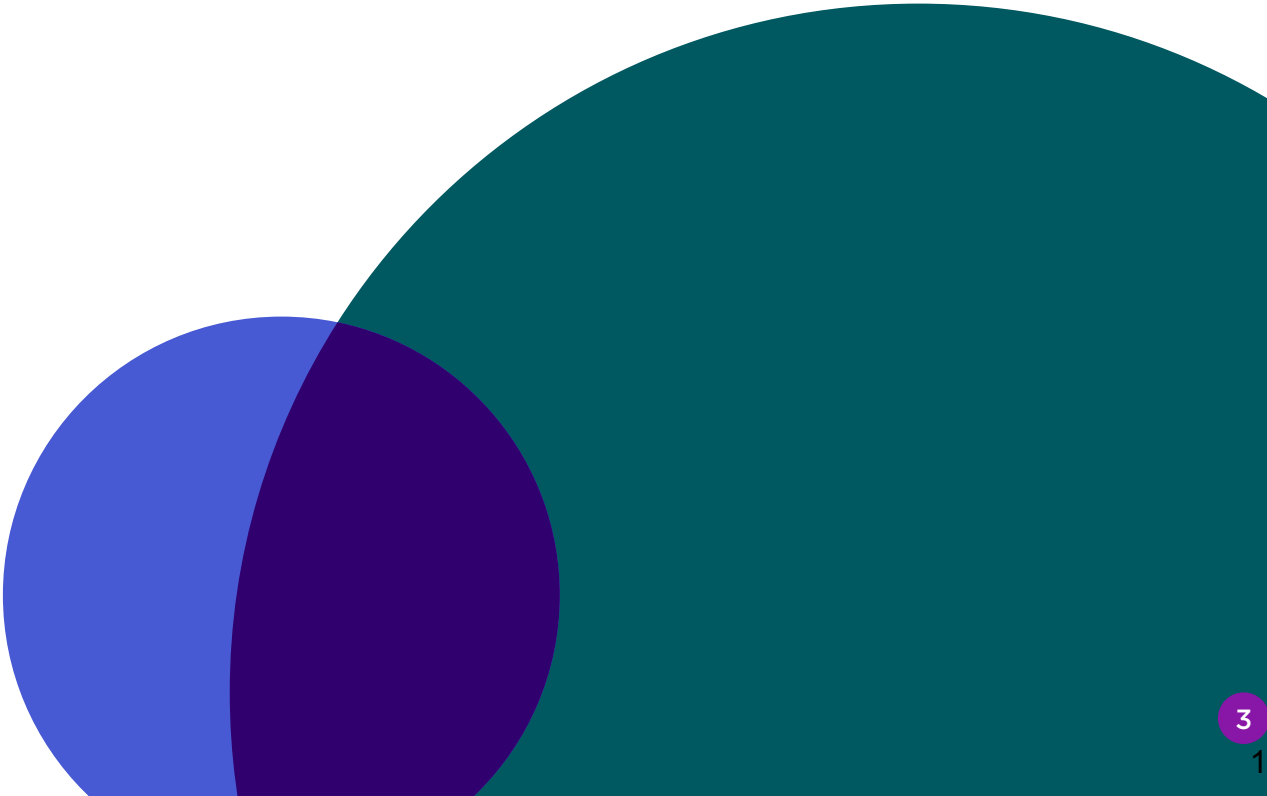
This report sets out our work in this area and will be published on our website in Welsh and English.



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Governance of our Welsh language work

Members of the Council, the Executive team and all our colleagues play a part in ensuring our compliance with the Welsh Language Standards. Oversight of this work sits within the NMC’s People and Culture directorate.



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Our Welsh language work over the past year

Standard 20 challenge application

The NMC has been required to comply with the Welsh Language Standards (No.8) Regulations since 6 December 2023.

We consider that we have been compliant with the regulations since this date, except for Standard 20, which required us to develop an online system to allow applications to join the Register from UK-trained applicants to be submitted in Welsh. We initially applied and were granted an extension to comply with this standard by 31 December 2025. This extension was to coincide with the NMC’s programme of technology services modernisation.

In January 2026 we submitted a challenge to these existing obligations under Standard 20. We challenged this existing duty in light of recent changes in the NMC’s financial circumstances. In our challenge to the Welsh Language Commissioner we highlighted the recent programme of internal restructuring and efficiencies, as well as our consultation on plans to increase the registration fees for professionals on our Register. Within this context we noted that the NMC has had to prioritise delivering value for money, and using our income from registrants responsibly.

The challenge application was made within this context. Since December 2023, we have offered a downloadable Welsh version of the UK registration form, which applicants can use if they wish to join the Register using Welsh. We are committed to facilitating registration applications for anyone who wishes to use Welsh.

Since December 2023, we have received no applications to join the Register using Welsh. We proposed in our challenge application that, due to the likely minimal number of applications, and the significant costs involved in developing an equivalent Welsh version of the online system, this standard was not proportionate.

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While we acknowledge that the existing downloadable version of the registration form does not ensure an identical experience for applicants, those wishing to register using Welsh will not be directly disadvantaged as they will still be able to access our services and join the Register using Welsh, should they wish to do so.

The Welsh Language Commissioner accepted our challenge that this standard was disproportionate. Our **compliance notice** has been updated to reflect that Standard 20 now does not apply, as long as a downloadable version of the Welsh registration application form is available. This form is available **on our website**.

Annual self-assessment

In January 2026 we completed our annual self-assessment for the Welsh Language Commissioner in relation to our compliance with the Standards. We declared a high level of assurance for most standards, as in previous years we had undertaken significant work to ensure that all teams are prepared to respond to requests to use the Welsh language. Many of the standards remain untested due to low numbers of requests, however we are satisfied that processes and guidance are in place to respond accordingly should we receive requests to access our services using Welsh.

For the standards relating to websites, we declared a medium level of assurance due to the proportionate approach we have taken to translating website pages. This means that on some of our web pages which have been translated into Welsh, there are links to website pages available in English only. In our self-assessment we acknowledged that many of the NMC’s web pages require updating, and we will consider at that point whether additional translation is required. We have guidance to support colleagues’ decision making in this area, focused on the intended audience and the purpose of materials, and whether these suggest that translation into Welsh is required.

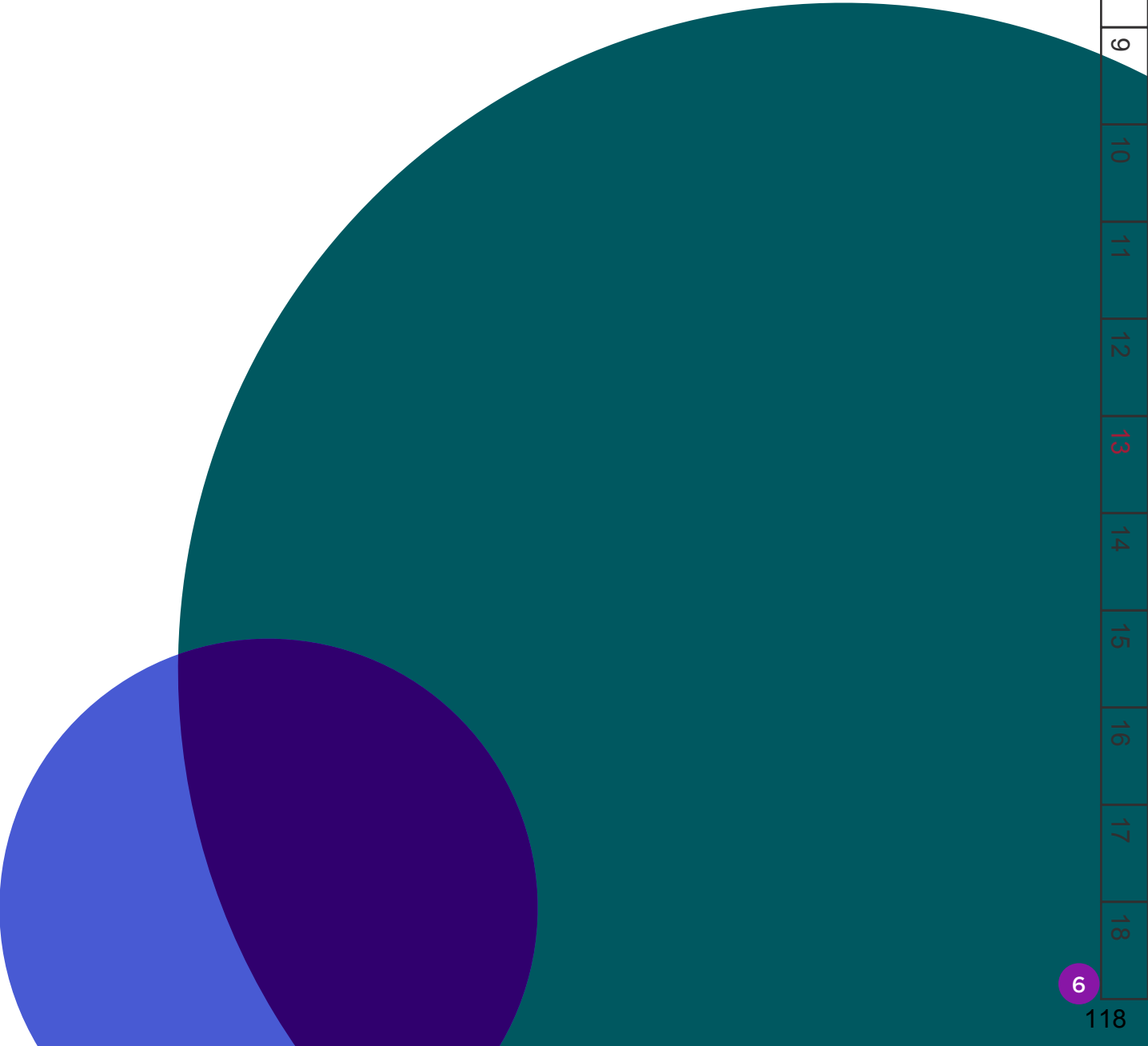
As part of our biannual registration data reporting, we also produced a bespoke publication on the state of the Register in Wales, available in both **Welsh** and **English**. This includes information relating to how many people are joining and leaving the professions, where they were educated, their demographic characteristics, and why people left the Register.

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Consultations

In 2025-26 we published two consultations where we sought views from professionals, members of the public and other key stakeholders around a proposed increase to the NMC’s annual registration fee, and proposed changes to our Fitness to Practise Rules.

We provided Welsh language versions of these consultation documents and provided the option to use Welsh to respond to these consultation surveys. We received several responses to these surveys (fewer than five) which were submitted using Welsh.



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Annual data monitoring

Standard 66 of the Welsh Language Standards (No.8) Regulations requires the NMC to provide data within this annual report on the following areas:

1. Number of complaints received in relation to our compliance with the Welsh Language Standards
2. Number of colleagues declaring Welsh language skills and their skill levels
3. Number of vacant or new roles where Welsh language skills are required.

For the period from **1 April 2025 to 31 March 2026**, we can provide the following data:

1. No complaints were received in relation to our compliance with the Welsh Language Standards
2. Five colleagues had declared Welsh language skills. Three of these declared CEFR A1 level proficiency, one declared CEFR A2 level proficiency, and one declared CEFR B2 level proficiency. This is two more colleagues than declared skills in 2024-25
3. There were no vacant or new roles advertised where Welsh language skills are required.

During this period, we collected additional data around our Welsh language provision:

- 43 pieces of corporate project work required Welsh translation. This includes key reports, Welsh easy read versions, and ad-hoc translation requests
- There were 1670 visits to the NMC’s Welsh language website. There were 1721 visits in 2024-25
- Three meetings and events were held where Welsh translations and/or interpreting were offered.

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Key actions for the next year

We will continue to collect Welsh Language monitoring data to maintain oversight of our compliance with the standards and identify any areas for improvement.

We will also ensure that further Welsh Language Impact Assessments (WLIAs) are completed in relation to our major projects and policy development work. The requirement to complete a WLIA and consider impacts on the use of the Welsh language is highlighted in project management frameworks, as well as in templates for papers to be presented to the Council.

Our key corporate priorities for 2026-27 include a review of practice learning, and consulting on changes to our Code and Revalidation process. This work will include consultation with key stakeholders, which will include members of the public in Wales. Throughout this work we will ensure that we facilitate the use of Welsh in any of our engagement with the public in Wales and ensure that impacts and opportunities for Welsh language are considered as we develop and update policies.

WLIAs have been developed for consultations on these changes, and these will be available on our website, along with consultation documents which will also be provided in Welsh. We welcome responses to these consultations in Welsh, and we will also seek the views of stakeholders in Wales on these changes, and any impacts and opportunities for the Welsh language.

We remain committed to engaging with the Welsh Language Commissioner’s regulatory framework and look forward to offering our views through their co-regulatory approach, and completing self-assessment of our compliance against the standards. We will continue to make our services accessible to Welsh speakers and increase opportunities for people to use the Welsh language.

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Recent engagement activity in Wales

In addition to complying with the Welsh Language Standards Regulations, we continue to engage with key stakeholders in Wales.

During the reporting period from **1 April 2025 to 31 March 2026**, the NMC joined a range of meetings and events with health and social care stakeholders in Wales.

While our work with health and social care stakeholders in Wales is primarily conducted in English, this engagement provides opportunities to better understand the context for professionals and the public in Wales. In particular, we look forward to continuing to work with these stakeholders to better understand the Welsh language context for health and social care, and how the use of the Welsh language can be promoted and facilitated for both professionals and the public in Wales.

Cross-regulatory engagement on the Welsh Language Standards Regulations

Throughout 2025, the NMC joined regular Welsh Language Standards Joint Regulators’ Forum meetings, where we discuss our respective approaches to implementing the standards and our understanding of how to apply the standards in the context of health and care professional regulation.

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Health and social care sector stakeholders

We have continued our positive engagement with stakeholders across the health and social care sector in Wales.

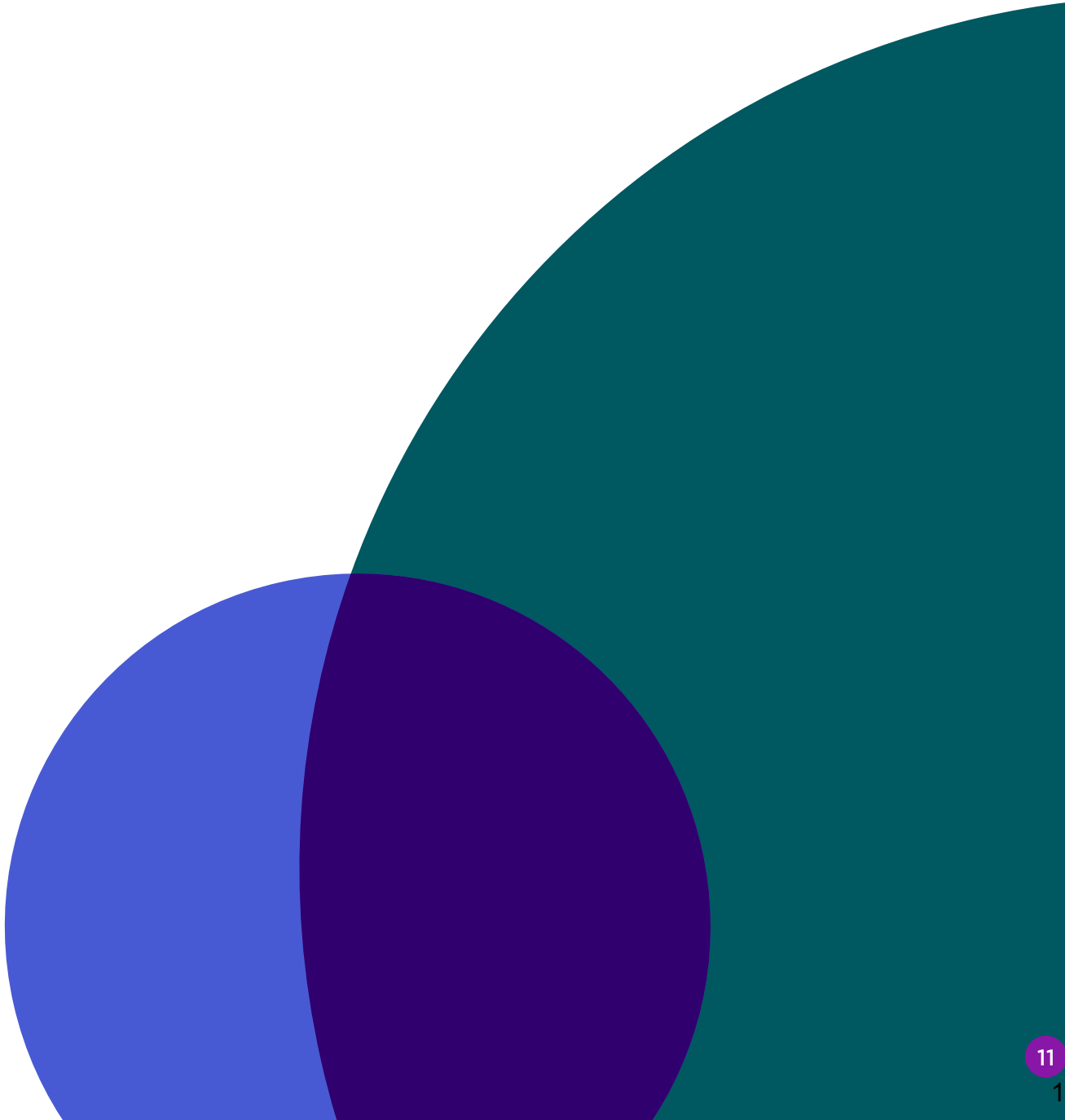
These engagements include:

- Paul Rees, Donna O’Boyle and Professional Regulation colleagues spoke at an event on ‘Supporting NMC Registrants through an Avoidable Employee Harm Lens’ Organised by Health Education and Improvement for Wales (HEIW) at Welsh Government Offices
- 42 learning sessions delivered at Health Boards across Wales by our Employer Link Service
- Seven further learning sessions delivered to midwives, midwifery representative bodies and midwifery students
- Four collaborative sessions with the GMC including one maternity wellbeing conference, and three pilot sessions at a maternity/ perinatal service in a Welsh Health Board on ‘Empathy in Action,’ the first to be piloted in the UK
- Development of bespoke sessions designed support to midwives at one Health Board maternity unit
- Continued contribution at the biannual Wales Healthcare Summit chaired by HIW, and contribution to the Wales Health Care Summit Working Group to strengthen the impact and effectiveness of the Summit
- Social Care Workforce Partnership Social Care Disciplinary & Grievance Task and Finish group
- HEIW’s Fitness to Practise Working Group to develop overarching FtP guidance for clinical staff who are supporting undergraduate nursing students
- Wales and South-West Maternity and Midwifery Festival
- Swansea Bay University Health Board Maternity Learning Event
- All Wales Student Midwife Conference
- RCM Wales St David’s Day Conference.

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Nursing Associates in Wales

Following Council’s agreement to regulate the role of Nursing Associate in Wales in March 2024, we continue to work closely with the Welsh Government on the regulation of nursing associates in Wales, subject to the requisite changes to our legislation.



This document is also available
in Welsh on our website.

Mae'r ddogfen hon hefyd ar gael
yn y Gymraeg ar ein gwefan.

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 The Nursing and Midwifery Council

The nursing and midwifery regulator for England, Wales, Scotland and Northern Ireland
Registered charity in England and Wales (1091434) and in Scotland (SC038362).

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Report from Committee to Council

Name of committee	Finance and Resource Committee
Date of meeting	28 July 2026
Committee chair / report author	Committee Chair: Julia Mundy Author: Alexa Halabi
Date of report	10 August 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 28 July 2026. The Terms of Reference for the Committee (ToR) can be found [here](#).

Key discussions

This was a positive and transparent meeting. It was noted that the Executive Director, Finance had started to attend the Executive Board planning meetings to consider themes which would support FRC meeting agendas. A key theme in this meeting was the need for the ‘hardwiring’ of good work and embedding processes so that they cannot be undone, such as the changes to procurement and RIT.

Financial grip and control

- 1 The Internal Audit – Contract Management report: ARC had recommended that the Committee saw this report given their oversight of procurement. The majority of management actions were already in train, and this was no longer an area of risk. There was a discussion around the Procurement Act 2023 as the report noted the organisation did not have a formally documented Procurement Policy aligned to the new Act. This led to a conversation about other new legislation coming into force that we might not be prepared for. Executive Directors and their teams are encouraged to maintain professional curiosity around new rules and legislation.
- 2 Financial Report: Positive news about the budget was given which reflected the planned fee rise and avoided costs following a withdrawal of a Tribunal case. The Committee supported the ringfencing of a contingency pot that was only accessible through the Executive Director, Finance, given the number of unknowns we face as an organisation, such as the RIT issue and subsequent health checks. The Committee endorsed the joint approach of the Executive Director, Finance and Chief Executive & Registrar having regular check-ins with directors on their budgets. The regular investment update formed part of this item, the Committee were satisfied with Cazenove’s performance and understand the need for balance between liquidity and return rate.
- 3 RIT Update: It was noted that the June ARC meeting had an item on RIT from an assurance perspective. The scale and pace of this operation had given the

Committee confidence in our abilities and the work done by the teams was acknowledged. The biggest risk around RIT was seen to be reputational and not financial.

- 4 Portfolio overview: There was a question to whether the new Performance and Planning Committee should regularly go through the portfolio itself, and the FRC would continue to see the financial management side. The Committee suggested a dashboard that could be shared with the PPC.
- 5 FtP Improvement Portfolio and New Ways of Working (NWOW): There was a thorough and transparent discussion on this item, with NWOW as the detailed example. There were no new emerging risks in the FtP improvement programme but concerns still around organisational capacity to receive change, however a lot of milestones have been achieved and spend is on track. Discussion focused mainly on the need for brave decisions to enable us to deliver a sustainable way of operating for FtP practices, ongoing challenges around culture, autonomy, and siloed working practices/incentives.

Assurance

- 6 Risk register: this was a transitional paper as we move to the new strategic risks. The Committee discussed internal controls and how these were evidenced to be working. There could be more assurance that we are aligned with our risk appetite, and the positives/upside to risks could be captured in the risk profile. The Committee agreed that the strategic risks assigned to the Committee felt right.
- 7 NMC Online post project review: The January FRC had requested to see this post project review after the successful delivery of the NMC Online project. There had been learnings around the overspend which had been caused by inadequate scope management, engaging with the vendor on a day rate, and a high level of bespoke coding leading to coding errors. The Committee were happy with this work and believes there is better understanding through TTS on how the effort and scope of projects from the outset.

It was agreed to keep the September hold meeting in the diary. The agenda will likely cover productivity, War on Waste, and sickness absence.

Report from Committee to Council

Name of committee	Finance and Resource Committee – extraordinary
Date of meeting	9 September 2026
Committee chair / report author	Committee Chair: Julia Mundy Author: Alexa Halabi
Date of report	11 September 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 9 September 2026. The Terms of Reference for the Committee (ToR) can be found [here](#).

Key discussions

This was an extraordinary meeting because it was added to the calendar after formal approval of the committee's 2026-7 schedule in order to reduce the gap between the July and November meetings.

Financial grip and control

- 1 Financial Performance Report: The Committee noted the paper on the July Financial performance and a verbal update on the August outturn was given, this was out of sequence due to the timing of the data so had not gone via the Executive Board, but the Chief Executive and Registrar was aware that the Committee would receive the information. Key areas from the August outturn focused on the positive outcomes of work done to improve the year-end reserves position and the risk that the Professional Regulation directorate might not achieve its forecasted budget as it was going through a workforce planning in detail. The Committee concentrated on the staffing levels by directorate, and risk to delivery acknowledging that Strategy and Insight and Professional Practice was impacting programmes, while the vacancy rate in Professional Regulation could risk business as usual work and increase the backlog of cases. The Committee felt that they had received the assurance on the grip and control of the financial performance.
- 2 NMC Workforce Capacity Deep Dive – attendance management: the September People and Culture Committee had also reviewed this item. The FRC reviewed it through a productivity and financial loss perspective, focusing on the risks to delivery and workforce. The biggest area of concern was in FtP which had the highest sickness absence rates and risked impact to delivery. The Committee noted the report and that the Executive Board were discussing how to intervene in key areas and encourage better wellbeing management generally.

Assurance

- a) War on Waste Update: The Committee received this update on the War on Waste and the current savings to date of £84k. The discussion focused mainly on the incentives to drive the behaviours we want to see, such as directorates to negotiate non-pay savings into this central pot as there had been some challenges here.
- b) Forward plan of Business: The Committee reviewed the forward plan of business for the remainder of this financial year. The November meeting would have an item on the 2027-28 budget to give the Committee early sight of the approach.

Report to:	Council	Meeting Date:	23 September 2026
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PEOPLE AND CULTURE COMMITTEE'S ANNUAL REPORT TO COUNCIL 2025-2026			
Publication Status	Open		
Presenting the Report	Jacqui Maunder, Assistant Director Governance		
Executive Director	Ben Wesson, Chief of Staff		
Report Author	Sharon Dawson, Senior Governance Manager		

PURPOSE OF REPORT AND REASON FOR RECOMMENDATIONS: The purpose of this report is to present the People and Culture Committee's annual report for the reporting period 1 April 2025 – 31 March 2026. This report to the Council draws on the Committee's activities for the 2025-2026 financial year and: • sets out how the People and Culture Committee satisfied both its current Terms of Reference. • supplies all declarations and recommendations to Council as required of the People and Culture Committee.
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RECOMMENDATION: The Council is asked to: Note this report.

ANNEXES: None.

REPORT APPROVAL	
Executive Director:	N/A

Director of Finance:	N/A
General Counsel:	N/A
Chief Executive and Registrar (CER):	N/A
Secretary to the Council:	Approved, 15 September 2026

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

Consideration at Committee/Group		
Committee / Group	Date	Outcome
N/A		

PEOPLE AND CULTURE COMMITTEE'S ANNUAL REPORT TO COUNCIL 2025-2026

1. SITUATION / BACKGROUND

- 1.1. The purpose of this report is to present the People and Culture Committee's annual report for the reporting period 1 April 2025 – 31 March 2026. This report to the Council draws on the Committee's activities for the 2025-2026 financial year and sets out how the People and Culture Committee satisfied both its current Terms of Reference plus any additional mandatory statutory or regulatory obligations.
- 1.2. The remit of the People and Culture Committee is to ensure that there are appropriate systems in place for objective setting and appraisal, remuneration and succession planning at the NMC. The Committee also has oversight of the People Plan and Equality, Diversity, and Inclusion Plan, including their strategic development and receiving assurance on key learning and delivery of actions. It also advises the Council of any potential amendments to the risk register identified through the course of the Committee's work.
- 1.3. The Council is asked to accept this Annual Report from the People and Culture Committee.

2. SPECIFIC MATTERS FOR CONSIDERATION

Introduction and overview

- 2.1. The Committee's role is to approve and oversee the recruitment, selection, performance appraisal and succession planning of the Chief Executive and Registrar, as well as the Executive Directors. It approves their annual reward packages in line with Council's agreed reward strategy and considers objective-based reward arrangements aligned with those of wider colleagues.
- 2.2. The Committee also considers requests and reports relating to non-contractual payments, reviews significant changes to the People Plan, pay and grading structure, and pension schemes, and monitors relevant risks. Where appropriate, it advises Council on matters arising from its work and recommends any necessary amendments to the risk register.

3. Remuneration, pay and performance reviews

- 3.1. The Committee discussed proposals for the annual pay review 2026-2027 for both the Executive and Staff. The pay review proposals for 2026-2027 presented various options and rationale for the staff pay award for 2026. The Committee welcomed the improved completion rate of the Ambitious Appraisals which would play a role on pay decisions for the first time. The Committee discussed the recently introduced framework of assessing colleagues against the NMC's values and their performance objectives. The Committee supported the proposal of a progression only pay increase and agreed to review how Ambitious Appraisals were working in terms of fairness and rigour.

3.2. A set of performance objectives based on the new strategy were agreed for the Chief Executive and Registrar (CER) with a process for reporting on progress against these.

3.3. The Committee received an assessment of the performance of each of the Executive Directors / Interim/Acting Executive Directors based on the appraisals undertaken by the Interim Chief Executive and Registrar.

4. Council appointments and reappointments process

4.1. The Committee reviewed the proposed process and timetable for upcoming potential reappointments of three Council members whose terms of office are due to end on 31 March 2026.

4.2. The Committee agreed it was important that the reappointment process was clear, transparent and standardised, with a record maintained of the rationale for the Chair of Council recommending Council members for reappointment. A recommendation was made for the Finance and Resource Committee to consider appointing an independent member with digital and IT expertise, to cover any related skills gaps when the outgoing lay Council member left at the end of September 2025.

4.3. It was acknowledged that the reappointment process was determined by statute and scrutinised by the Professional Standards Authority (PSA). However, upcoming legislative change would mean a period of uncertainty as it was not yet known how many individuals would comprise a Unitary Board, nor the mix of lay, registrant or Non-Executive/Executive colleagues.

4.4. The Committee considered and approved the proposed process and timeline for selecting two new Council members (one registrant and one lay).

5. Independent Culture Review (ICR) Recommendations and NMC Culture Transformation Plan

5.1. The Committee received regular updates on the progress being made on the Independent Culture Report (ICR) recommendations and the NMC Culture Transformation Plan (CTP). The Committee agreed that some of the recommendations fell outside the scope of the Committee and discussions took place between committee chairs and the Chair of the Council to determine which recommendations would be assigned to the appropriate Council committee.

5.2. A Cultural Maturity Model had been developed to track the longer-term outcomes of the ICR recommendations and CTP. The Cultural Maturity Model enabled monitoring of the transformative journey. The Committee commended the Cultural Maturity Model, which allowed the organisation to demonstrate what the NMC was striving to achieve, and the progress made against the Plan over three years.

5.3. The Committee made recommendations to the Council on the longer term outcome measures which the Cultural Maturity Model and Transformation programmes were aiming to achieve. Progress on the delivery of the recommendations was acknowledged as well as the importance of the work

relating to culture transformation at the NMC. Clear 'process' and 'outcome' measures were recommended.

5.4. The Committee acknowledged the 21 recommendations assigned to it with the remaining 16 to the Finance and Resources Committee.

5.5. The independent Freedom to Speak Up Guardian joined a Committee meeting to provide an overview of Freedom to Speak Up activity at the NMC in 2024-2025, covering themes, outcomes and learnings and initiatives. Among the concerns reported, there had been no instances of bullying or harassment and no cases where colleagues had alleged to have suffered detriment as a result of speaking up.

5.6. The Committee recommended that training and coaching be provided to managers to better equip them to have difficult conversations and address concerns raised.

5.7. The Independent Guardian and NMC Freedom to Speak Up Ambassadors were working well together, with the Independent Guardian impressed by the Ambassadors' commitment to the service.

6. People Strategic Objectives and EDI Strategic Objectives:

6.1. The Committee agreed with the approach to metrics and evaluation for the People Strategic Objectives and commended the progress made by People and Culture directorate colleagues, noting that the Objectives were a continuation of the work in the former 'People Plan'.

6.2. The Committee discussed in detail the metrics for the EDI Strategic Objectives.

6.3. The Committee acknowledged that EDI needed to be embedded at the NMC in a way that did not cause division, in order that measurable change was achieved. It was essential that the NMC facilitated the right conditions to allow all colleagues to have an equitable chance to succeed in their careers.

6.4. The Committee welcomed the opportunity to engage with staff networks and hear 'staff stories' on a more regular basis at Committee meetings.

7. Committee effectiveness review

7.1. The Committee approved the approach to the process of the 2025-2026 Committee Effectiveness Review and that it needed to correlate with the Council Effectiveness Review survey. The Committee agreed that part of the People and Culture Committee effectiveness review should include engagement with NMC staff who attend Committee meetings and ask if they thought the People and Culture Committee was fulfilling its role effectively.

8. People and Culture reporting

8.1. The Committee reviewed the refined proposed approach to reporting metrics and evaluation relating to the NMC Culture Transformation Plan, People Strategic Objectives and Equality, Diversity and Inclusion (EDI) Strategic Objectives.

8.2. A set of Key Performance Indicators (KPIs) and success measures were required to enable tracking of culture change at the NMC and trends over time. Committee members offered to work with People and Culture directorate colleagues to agree a set of KPIs and a dashboard for this purpose.

8.3. The Committee highlighted that it was important that the sentiment of colleagues working at the NMC was monitored on a regular basis. Assurance was provided that staff views were captured regularly, including at all staff briefings, Town Hall events and Leadership Huddles, and through a survey about the NMC's culture sent routinely after each coaching session. It was agreed that a question around how colleagues felt about working at the NMC should be included in the quarterly Ambitious Appraisal form.

9. Development

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

9.2. The Committee agreed that a short summary on the Council members' awareness and learning in the area of EDI would help to inform the development of an EDI workshop for Council.

10. People and Culture Committee matters

10.1. The Committee reviewed its Terms of Reference. Minor amendments were agreed to reflect the change in title of the 'People Plan' to the 'People Strategic Objectives', and the 'EDI Plan' to the 'EDI Strategic Objectives', as well as to note that meetings of the Committee would ordinarily be held five times a year, and no fewer than four times a year.

10.2. The Committee noted other amendments for consideration as part of a wider review of its Terms of Reference, including that the Partner member role be accounted for throughout; further clarity in respect of the Committee's role relating to the objectives and performance of the CER and the inclusion of the Committee's role and responsibilities relating to the structure of the organisation.

10.3. The Committee agreed that opportunities for meeting in person more regularly should be considered, with the current annual Committee schedule comprising four virtual meetings and one in person meeting.

10.4. It was agreed that at the end of all meetings a 'Reflections' item would be presented by a Committee member by rotation and that the evaluation of the meeting would be structured around the NMC's values.

11. People

11.1. The Committee received an update on the Efficiency Review, including plans to communicate, engage and support NMC colleagues throughout the process. The Committee acknowledged the extensive programme of work undertaken to implement the efficiencies programme and the successful redeployment of the majority of at risk colleagues and the avoidance of compulsory redundancies.

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

11.3. The Committee received the results of the annual people survey and noted the impact of the significant changes in the NMC during the year, such as the new Culture Transformation Programme and several new appointments to the Executive team. The survey had revealed some positive trends as well as highlighting some opportunities for improvement around supporting well-being, enhancing leadership skills and support, hybrid working arrangements, and career path development.

11.4. The Committee was advised that the Your Voice system allowed for setting actions, making them accessible to all colleagues, and enabled progress to be tracked. It also allowed for the identification of strengths and focus areas.

11.5. Assurance was provided that teams, departments and Executive Directors had clear actions to undertake in order to drive change with the aim of seeing progression and positive changes in the survey results in one to two years' time.

12. Executive Director, People and Culture: Highlight reports

12.1. A new report was introduced to provide a regular update for the Committee on the People and Culture directorate activities. It was agreed that reports would include trend data, top risks, and areas of focus

13. Staff networks

13.1. The Committee welcomed the refresh of the staff networks and the focus on supporting them to benefit the organisation and staff.

13.2. The Committee was assured that the networks chairs, which were voluntarily roles, had one protected day per month to focus on their network and managers were aware of this protected time.

13.3. The plan to align the terms of reference across all the staff networks, to have one clear and consistent version and ensure a cohesive approach to leadership and membership across the NMC was welcomed by the Committee.

13.4. The Committee noted the support from the EDI workforce team to the networks to help them operate more cohesively and to assist the drive to meet the equality objective.

13.5. The Committee welcomed the suggestion that it interact with each of the staff networks as it recognised the importance and value of these groups in the NMC.

14. Strategic risk register

14.1. A refreshed strategic risk register was presented to the Committee which now included three strategic risks following discussion with some Committee members.

14.2. A “deep dive” discussion on workforce capability and capacity risk was undertaken by the Committee which acknowledged the one-year plan to address issues within this risk area.

- 14.3. Regarding the risk of low morale, staff engagement, and increased turnover, more qualitative data was requested by the Committee to enable it to monitor any issues.

15. People and Culture plan 2026-2027

- 15.1. The Committee noted that the one year plan for People and Culture work incorporated strategic workforce planning, focussing on leadership development, people management, and all staff as regulators and agreed that the plan should link directly to the ICR recommendations and Cultural Maturity Model.
- 15.2. The Committee welcomed the approach of "all staff are regulators" and acknowledged that this would help link roles to business needs and regulatory outcomes.
- 15.3. The Committee acknowledged that changes were widely recognised by staff and evidenced by internal communications and feedback.

16. Update on Standard 3 EDI PSA self-assessment and audit status

- 16.1. The Committee acknowledged the proposed submission to the Professional Services Authority (PSA) regarding the confidence level rating for Standard 3 covering the period 1 January to 31 December 2025.

17. Draft annual Remuneration Report 2024-2025

- 17.1. The Committee discussed the draft statutory Remuneration Report which formed part of the statutory Annual Report and Accounts 2024-2025. The Annual Report and Accounts was presented to the Council for approval at its Open meeting on 2 July 2025, before being laid before Parliament.

Committee membership and attendance

People and Culture Committee (28 April 2025 onwards)		
Membership	Lynne Wiggins Chair 28 April 2025 – 31 March 2026	8 of 9
	Anna Walker 28 April 2025 – 31 March 2026 Acting Chair 10 February 2026	9 of 9
	Lindsay Foyster 28 April 2025 – 31 March 2026	9 of 9
	Margaret McGuire 28 April 2025 – 31 March 2026	8 of 9
	Bola Ogundeji 28 April 2025 – 31 March 2026	9 of 9

18.FINANCIAL / GOVERNANCE IMPLICATIONS

The People and Culture Committee’s annual report is a key governance document that provides independent assurance to the Council that the NMC’s people, culture, workforce, and organisational development frameworks are effective and aligned with its strategic objectives. It supports robust oversight of workforce-related risks, supports accountability for management, people-related decisions and outcomes, and demonstrates compliance with relevant employment, regulatory, and organisational requirements.

19.RECOMMENDATION

The Council is asked to **note** this report.

20.ASSESSMENT

Impact Assessment	Question / Consideration	Response
Equality, Diversity and Inclusion	Has an Equality Impact Screening been undertaken?	Not applicable
Safeguarding considerations	Are there any safeguarding implications?	Not applicable
Four country factors and considerations	Are there any four country factors, including Welsh Language)	Not applicable
Resource (incl People) implications	Are there any people implications?	Not applicable
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
Midwives	Any specific implications for midwives?	Not applicable
Nursing Associates	Any specific implications for nursing associates?	Not applicable

Report from Committee to Council

Name of committee	People and Culture Committee
Date of meeting	14 May 2026
Committee chair / report author	Committee Chair: Anna Walker on behalf of Lynne Wiggins Author: Sharon Dawson
Date of report	16 September 2026

Key discussions

14 May 2026

1. Council Allowances and Expenses and Review of Council gifts and hospitality register 2025-2026

The Committee discussed the paper in detail and suggested a review of the average time commitment of three days per month for Council members.

The Committee requested that benchmarking on allowances and time commitment to the role with other health regulators and comparable public sector and charitable organisations be undertaken.

The Committee agreed the timeline process for the commissioning of an Independent Panel on allowances (including remuneration and expenses and time allocation for the role), with any revised allowances being effective from 1 April 2027 and not backdated.

The Committee agreed to a review and refresh of the Gifts and Hospitality policy including the disclosure thresholds.

2. Draft statutory remuneration report (for inclusion in the Annual Report and Accounts 2025-2026)

The Committee's approval was sought on the draft Remuneration report for inclusion in the NMC's Annual Report and Accounts 2025-2026.

The Committee requested clarity around expenses and allowances, the usual assessment processes for the Chair, Council members, and independent Partner members, and to include independent Partner members expenses and remuneration in the report.

3. Independent Culture Review (ICR) update

The Committee received the report which noted progress, the proposed change in implementation status for the People and Culture Committee (PCC) related

recommendations. The Committee's view on whether the proposed status changes provided sufficient assurance for the Council was sought.

The Committee noted that 21 of the ICR recommendations were allocated to the PCC and 16 to the Finance and Resource Committee but which would move to the new Planning and Performance Committee in due course.

The Committee agreed that the report be updated for the Council to reflect that the six newly implemented recommendations had not yet been formally agreed by the FRC.

4. Cultural Maturity Model, self-assessment pilot outcomes

The Committee noted the report that set out the current assessment of culture maturity, summarised key learning from the pilot, and explained how this learning was shaping the next phase of culture transformation.

The Committee requested that pillars and progression stages towards measures and outcome descriptors to be included in the Cultural Maturity Model.

5. People and Culture Plan 2026-2027

The Committee noted the one year approach to accelerating organisational capability structured around three pillars; people as regulators, manager capability, and leadership.

The Committee endorsed the People & Culture Plan 2026/27 and its three-pillar structure.

6. People and Culture Risk Register

The Committee noted that new strategic risks for 2026-2027 were under development for both the Executive Board and the Council.

The Committee acknowledged the external risks impacting the organisation particularly the increasing number of Fitness to Practise referrals and requested that the risk rating for this would be reviewed.

The Committee agreed to undertake quarterly deep dives into high-concern risks.

Report from Committee to Council

Name of committee	People and Culture Committee
Date of meeting	30 June 2026
Committee chair / report author	Committee Chair: Anna Walker on behalf of Lynne Wiggins Author: Sharon Dawson
Date of report	16 September 2026

Key discussions

30 June 2026

1. Apprenticeships

The Committee received an update on the apprenticeship programme and the continued strategic use of the apprenticeship levy funds. The Committee noted progress of the programme.

The Committee endorsed the continued use of apprenticeship levy funds to strengthen the NMC as a continuously learning organisation; the development of a refreshed Apprenticeship and Skills Plan; cementing apprenticeships as a core component of NMC workforce, and the ongoing commitment to social mobility and inclusive access through both internal and external apprenticeship pathways.

2. Independent Culture Review (ICR) Recommendations Status update

The Committee noted the updated status of the Independent Culture Review (ICR) recommendations that fall within the remit of the PCC, with 18 judged to be implemented and three initiated, 1 with a moderate concern relating to implementation delays.

Progress was noted and estimated implementation timelines for the remaining 3 initiated recommendations.

The frequency of future progress updates to the Committee for the remaining Initiated recommendations, and the approach to monitoring the embedding and sustainability of the implemented recommendations was agreed.

3. People and Culture Strategic Risk Register Update

The Committee noted that work was ongoing to streamline the risks and align them with the new corporate risk framework and map mitigating actions from the People and Culture plan,

The register had been reduced to approximately nine strategic risks, with two specifically related to people: having the right people in the right place at the right time, and culture. The Committee welcomed the streamlining of the risk register.

4. Empowered to Speak Up (ETSU) and Guardian service– update

The Committee received the ETSU and Guardian update which set out the monthly trends and insights arising from the ETSU Guardian data, ETSU Ambassador activity and organisational learning.

The Committee noted the findings and themes presented and discussed emerging trends and implications for organisational culture and staff engagement.

5. Executive Director, People and Culture: Highlight Report

The Committee noted that:

- recruitment controls had been extended until March 2027
- hybrid working was fully embedded
- a refresh of employee networks had been completed and
- training programmes addressing anti-Jewish and anti-Muslim hate were recognised as successful but focus should be maintained on this work.
- Work was underway to reshape EDI work programmes

6. Update on Standard 3 EDI PSA self-assessment and audit status

The Committee acknowledged the proposed submission to the Professional Services Authority (PSA) regarding the confidence level rating for Standard 3 covering the period 1 January to 31 December 2025.

Report from Committee to Council

Name of committee	People and Culture Committee
Date of meeting	02 September 2026
Committee chair / report author	Committee Chair: Margaret McGuire, Acting Chair Author: Sharon Dawson
Date of report	16 September 2026

Key discussions

02 September 2026

1. The Committee welcomed Flo Panel-Coates as a new Council member of the committee.

2. Culture Transformation Plan – EDI update

The Committee received an update on all areas of EDI activity with evidence of the impact of interventions and how they contributed to transforming the culture at the NMC.

The Committee noted the progress against the Culture Transformation Plan, focusing on the EDI activity, training and interventions that have been implemented, evidence of impact, and how they combine to help achieve the Culture Transformation Plans vision to create a positive, empowering and inclusive culture at the NMC

The Committee approved the delivery and governance approaches for the programme in collaboration with the Planning and Performance Committee.

3. PSA Standard 3 – Regulatory Fairness

The Committee received the report which provided clarity on the Regulatory Fairness delivery plan and how it will address the concerns raised by the PSA in the periodic review 2024/25 on Standard 3.

The Committee approved the delivery and governance approaches for the programme.

The Committee noted the need for Regulatory Fairness initiatives to be added to business plans for the remainder of 2026/27 and endorsed their inclusion in the 2027/28 business plans. The Committee noted how the programme supported achieving the PSA Standard 3.

4. People and Culture Risk Register

The Committee noted the update on the People and Culture Strategic Risk Register - people risk. Following a refresh of the strategic risk register, the existing people risks had been consolidated down to two main areas of responsibility for the People and Culture directorate – skills and culture.

The Committee welcomed the new Risk Register, timescales, and flight path visual to demonstrate how risks are expected to reduce based on the controls in place, and planned actions.

5. Restructure review and learnings programme

The Committee received the report which provided an assessment of the key lessons learnt from the 2025 efficiencies programme.

The Committee noted the programme outcomes and acknowledged the considered and sensitive handling of the exercise. The Committee endorsed the application of the learnings to future organisational change programmes.

6. Council Member recruitment and selection process 2026-2027

The process for the recruitment of four Council Members was outlined - two lay members and two registrant member. Two would take office from 1 February 2027 and two would take Office from 1 April 2027.

The Committee noted the process and timeline for the selection and appointment of four new Council members.

7. Council member remuneration, expenses & time commitment

The Committee received an update on the progress made in establishing an Independent panel to review the level of Council Member remuneration, expenses, and time commitment.

The Committee approved the approach and suggestions for members of the independent panel.

8. Workforce Capacity Deep Dive - Attendance Management

The Committee received the report which provided an assessment of sickness absence and its impact on workforce capacity, organisational performance and financial sustainability.

The Committee noted that the data had been clearly analysed to address the problems and challenges more easily and that attendance was framed as a leadership and capacity issue rather than the policy gap. The wellbeing offer and support for reasonable adjustments were acknowledged as substantial.

The Committee supported the series of leadership actions committed to by the Executive Board to improve attendance across the NMC.

9. End of year coaching report 2025-2026

The Committee received an update on learning from Year One of the coaching programme, work undertaken so far and how this would inform the approach into years two and three of the coaching programme.

The Committee noted the findings and insights outlined in the report. Year One had provided an important foundation on which to continue to build the desired culture and embed the development and leadership offer at the NMC. The Committee noted the importance of strong leadership.

10. Empowered to Speak Up (ETSU) annual report

The Committee received the report which provided an assessment of concerns raised through the NMC's external Empowered to Speak Up (ETSU) Guardian Service between 1 April 2025 and 31 March 2026.

The Committee found the report helpful and reassuring in the way the service was being used by staff.

11. Executive Director, People and Culture Highlight report

The Committee received the report which provided updates on initiatives, progress against the strategic objectives, highlight themes, concerns, and mitigations, in the corporate risk register.

The Committee welcomed the overview of the key areas of work which it found helpful and offered its support for any notable challenges either ongoing or anticipated.

Report from Committee to Council

Name of committee	Audit and Risk Committee
Date of meeting	7 September 2026
Committee chair / report author	Committee Chair: Lindsay Foyster Author: Alexa Halabi
Date of report	10 September 2026

This report has been prepared to provide Council members with a summary of the key issues considered by the Audit and Risk Committee at its meeting on 7 September 2026. The Terms of Reference for the Committee (ToR) can be found [here](#).

The Committee met on 1 September 2026 for a workshop reviewing the action log and forward plan of business. The Committee's role is to be reviewed following the implementation of the new Committee structure, and consideration given to how the Committee will be developed into the Audit, Risk and Assurance Committee.

Key discussions

- 1. Internal Audit report** - The Business Cases Review is the first internal audit to be undertaken by our new auditors, KPMG as part of their programme of work for 2026-2027. The Committee were impressed with the input and engagement from the internal auditors. The business case internal audit had received a 'partial assurance with improvements required' and the Committee noted that we had asked for this audit and had been aware of gaps, noting that improvements were already in train. Assurance was given in the meeting around safeguarding auditor independence whilst they also helped on the health checks and other workstreams. These were distinct projects not related to the audit. A structured approach to how other committees can input into the internal audit plan going forward will be developed.
- 2. Log and Learn Theming Report.** This six-monthly standing report indicated that colleagues' sense of psychological safety has increased enabling them to come forward to raise concerns based on the volume of events logged. The discussion revolved around the NMC wanting to become a learning organisation and how we would know if the learnings have been actioned and were making a difference. The Executive Director, Technology and Transformation Services (TTS) has established a new Learning and Actions Board (LAB) which will have a holistic view of all learning and consequent improvements in one place, and consider the resourcing needed. ARC will be kept informed of assurance levels resulting from standing up the LAB.

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3. Comprehensive Assurance Review: Implementation of CBT learning to prevent fraud and incorrect entries.

The Committee sought and was given further assurance that the organisation had strengthened its CBT security controls and had a clearer implementation and assurance route than it did at the time of this incident. For example, there was more explicit reference to security arrangements in the contract. Learnings would be going through the newly established Learnings and Actions Board. The relationship with the contractor was now strong with monthly meetings on security, and clear escalation routes.

4. Update on reporting errors within FtP Annual report.

The Committee requested this update following the discovery of errors in the finalised FtP Annual Report 2025-2026 which led to the report having to be withdrawn. The data error was due to 'no case to answer' and 'FtP impaired' categories of outcomes not being applied consistently. There was no impact to registrants or to public safety. The Executive Board upgraded this to a deep dive from KPMG, with the report due to be shared with the Committee at the November meeting. The Annual Report was due to be laid before the Privy Council in mid-September.

5. Update on the Review of the Raising Concerns Policy.

The new policy was approved by Council in July 2025, and it was agreed that it should be piloted for three months. The Audit and Risk Committee agreed to extend this pilot at the November 2025 meeting. Now that several live concerns have been concluded, the Committee agreed with the proposal to review the policy in the Autumn with an updated version presented to the November 2026 ARC meeting for consideration.

Key decisions

6. Risk Register

The Committee noted the various risk discussions and workshops taking place. When reviewing the risks that ARC have oversight of, there was additional assurance that the Executive Board had had significant discussions on risk TECH26B on cyber security and that there was an incoming Head of Cyber who would be joining the organisation shortly.

The Committee **approved** the Corporate Risk Framework which had minimal changes, so an updated framework would be included in the next regular Council report. In moving to become an ARAC, consideration will be given as to how ARAC holds oversight of assurance, including efficacy of the governance of these risks, across the totality of NMC strategic risks.

Report from Committee to Council

Name of committee	Planning and Performance Committee
Date of meeting	27 July 2026
Presented by	Jacqueline Maunder, Secretary to the Council
Committee chair	Anna Walker ¹
Report author	Polly Knewstub, Interim Head of Governance
Date of report	11 September 2026

The report has been prepared to provide Council members with a summary of the key issues considered by the Planning and Performance Committee at its meeting on 27 July 2026.

Key discussions

1. Independent Culture Review (ICR) Recommendations Status Update

1. The Committee reviewed progress against the 16 Independent Culture Review (ICR) recommendations transferred from the Finance and Resources Committee (FRC).
2. Members welcomed the revised governance arrangements and emphasised that future reporting should provide clear evidence that recommendations had been implemented and were delivering the intended outcomes.
3. The Committee noted:
 - a. the need for greater clarity regarding ownership and accountability for recommendations
 - b. ensuring implementation reporting clearly evidences delivery against the original recommendation
 - c. safeguarding recommendations, recognising that the Professional Standards Authority's (PSA's) findings indicate further work remains despite previous implementation assessments
 - d. panel diversity and whether oversight should remain with the Planning and Performance Committee (PPC) or transfer to the People and Culture Committee (PCC)

¹ Note – the Chair of the Planning and Performance Committee has not had the opportunity to review this report, and the details of the report are subject to amendment.

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- e. the establishment of specialist teams and the need for reporting to demonstrate that recommendations have been fully met.
4. The Committee supported managing the remaining strategic recommendations as dedicated projects, with regular progress reporting and a greater emphasis on evidence of delivery and outcomes. The Committee agreed to continue oversight of the transferred ICR recommendations through project-based reporting.

2. Briefing on the current position of Fitness to Practise casework

5. The Committee received an update on current operational performance within Fitness to Practise (FtP).
6. Members noted that:
 - a. referral volumes continued to increase significantly above original planning assumptions
 - b. operational demand exceeded current capacity, resulting in growing caseloads and increasing backlogs
 - c. workforce pressures, recruitment challenges and wider transformation activity continued to affect performance.
7. The Committee welcomed the commissioning of external workforce modelling to assess future operating requirements and resource options, and Members supported ongoing work to:
 - d. improve referral quality and demand management
 - e. strengthen data and performance reporting
 - f. develop realistic recovery KPIs
 - g. balance immediate operational recovery with longer-term transformation.
8. The Committee welcomed the transparent assessment of current challenges and noted the importance of aligning resources with demand.

3. PSA Standards update and action proposed and Improvement Plan overview

9. The Committee reviewed the PSA improvement programme following the recent assessment. Members welcomed the structured approach to developing improvement actions and recognised the importance of embedding sustainable change rather than focusing solely on immediate compliance.
10. Members noted:
 - a. the Committee's role in scrutinising and approving the improvement programme

- b. ensuring improvement actions are aligned with wider organisational programmes, including the ICR, transformation activity and business planning
 - c. strengthening outcome measures, particularly relating to equality, diversity and inclusion (EDI), safeguarding and education quality assurance (EdQA)
 - d. independent assurance being provided through KPMG
11. It was agreed that the Committee should provide ongoing oversight of delivery of the PSA improvement plan.

4. Quarterly Performance Report - Q1 2026/27

12. The Chair and Committee agreed not to discuss the Quarterly Performance Report for Q1 2026/27, as it had previously been considered by Council on 21 July 2026 and a need for a more realistic perspective was noted to provide a balanced view of performance.

5. Planning and Performance Committee (PPC) Risk Register July 2026

13. The Committee received the Strategic Risk Register and agreed that future reporting should provide:
- a. clearer articulation of strategic risks and mitigating actions
 - b. clear identification of assurance gaps
 - c. trajectory reporting to demonstrate whether risks are improving or deteriorating
 - d. stronger alignment between strategic objectives, performance measures and risk management.
14. The Committee agreed to oversee four strategic risks relating to organisational performance, regulatory reform and regulatory processes. Members also agreed that regulatory reform should become a standing element of future Committee oversight.

6. Forward Plan of Business

15. The Committee received the forward programme of business.
16. Members discussed the timing of future meetings and agreed that consideration should be given to moving the September meeting to ensure timely oversight of key regulatory objectives and maximise member attendance.

Report to:	Council	Meeting Date:	23 September 2026
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Chair's Actions	
Publication Status	Open
Presenting the Report	Jacqui Maunder, Secretary to the Council
Executive Director	Ben Wesson, Chief of Staff
Report Author	Jacqui Maunder, Secretary to the Council

PURPOSE OF REPORT AND REASON FOR RECOMMENDATIONS: The purpose of this report is to note actions taken by the Chair of the Council since 21 July 2026 under delegated powers in accordance with Standing Orders.
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RECOMMENDATION(S): The Council is asked to: Note and ratify the Chair's Actions to: • Approve the recommendation of the Appointments Board for the transfer of one Panel Member in Table 1 of Annexe 3 from the Fitness to Practise Committee to Investigating Committee (05/2026), and; • Accept the recommendation of the Appointments Board for the removal of six Panel Members and two Legal Assessors set out in Table 2 of Annexe 3 (06/2026)
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ANNEXES: The following attached to this paper: • Annexe 1: Chair's Action 05/2026 • Annexe 2: Chair's Action 06/2026 • Annexe 3: Panel Member and Legal Assessor Data Table 1 and Table 2
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REPORT APPROVAL	
Executive Director: Ben Wesson	Approved 3 August 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	29 July 2026	Approved

Chair’s Actions

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1. SITUATION / BACKGROUND

1.1. The purpose of this report is to note actions taken by the Chair of the Council since 21 July 2026 under delegated powers in accordance with Standing Orders.

2. SPECIFIC MATTERS FOR CONSIDERATION

2.1 There have been two Chair’s actions since 21 July 2026:

- a) Chair’s action 05/2026 to **approve** the recommendation of the Appointments Board for the transfer of one Panel from the Fitness to Practise Committee to Investigating Committee. The Appointments Board approved this recommendation at its meeting on 29 July 2026.
- b) Chair’s action 06/2026 to **accept** the removal of six Panel Members and two Legal Assessors who have resigned since the Appointments Board meeting on 18 February 2026. Appointments Board accepted the removals at its meeting on 29 July 2026

3. FINANCIAL / GOVERNANCE IMPLICATIONS

3.1. None

4. RECOMMENDATION

4.1. The Council is asked:

- a) To **note** the Chair’s Action 05/2026
- b) To **note** the Chair’s Action 06/2026

5. ASSESSMENT

Impact Assessment	Question / Consideration	Response
Equality, Diversity and Inclusion	Has an Equality Impact Screening been undertaken?	Yes. The Council should feel assured that there are no significant trend differences. There is minimal impact with the transfer and removals
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 and Legal Assessors 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 receive too many resignations or have too many non-engaged Panel Members, there is a risk that we will have insufficient numbers to undertake current levels of planned hearing activity. We will address this by drawing on the Panel Member reserve list as required.
Legal considerations, incl Regulatory Reform	Are there any legal or regulatory implications?	The Nursing and Midwifery Council (Practice Committees) (Constitution) Rules 2008 set out the requirements for Panel Members to declare their personal interests in a register of interests and the rules regarding removing a member from the Practice Committees.
Midwives and/or Nursing Associates	Any specific implications for midwives and/or nursing associates?	No

Chair's Action 05/2026

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

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

Requested by: Ruth Bass Panel Performance Manager	Date: 18 August 2026
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Request for Panel Member transfer

Purpose

To seek the Chair's Action to:

- a. **accept** the recommendation of the Appointments Board for the transfer of one Panel Member in Table 1 of Annexe 1 from the Fitness to Practise Committee to Investigating Committee.

Background

This report sets out the proposed transfers of a Panel Members across the practice committees

Transfers

- 1.1. Table 1 sets out one Panel Member who has requested to transfer from the Fitness to Practise Committee to the Investigating Committee.
- 1.2. PM1 contacted us in June 2025 to express interest in transferring from the Fitness to Practise Committees (FtP) to Investigating Committee (IC). PM1's preference has always been with IC, however, PM1 felt the need to support the NMC with FtP Committees. PM1 asked whether there might be an opportunity to move to the IC.
- 1.3. PM1 is a Registrant Panel Member and is meeting the required standards of performance and there have been no concerns about PM1's conduct.

1.4. PM1 has completed IC induction training.

1.5. The impact of this transfer is minimal as two Panel Members moved over from the IC to the FtP side at the last Board meeting. The Panel Allocations team has confirmed they are content with this change.

1.6. Appointments Board approved this recommendation at its meeting on 29 July 2026.

Chair's Action Requested

The Chair is asked to approve the recommendation of the Appointments Board for:

- **the transfer of one Panel Member in Table 1 Annexe A from the Fitness to Practise Committee to Investigating Committee.**

Signed



Ron Barclay-Smith
Chair of Council

Date: 16 September 2026

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Chair's Action 06/2026

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

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

Requested by: Ruth Bass Panel Performance Manager	Date: 18 August 2026
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Request for Panel Member Removals

Purpose

To seek the Chair's Action to:

- a. **accept** the recommendation of the Appointments Board for the removal of six Panel Members and two Legal Assessors set out in Table 2 of Annexe 1.

Background

This report sets out the proposed transfers and removals for Panel Members and Legal Assessors across the practice committees

Removals

- 1.1. Table 2 sets out the six Panel Members and two Legal Assessors who have resigned since the last Appointments Board meeting on 18 February 2026. It sets out the relevant dates and the reasons for removal.
- 1.2. Appointments Board accepted the removals at its meeting on 29 July 2026.

Chair's Action Requested

The Chair is asked to approve the recommendation of the Appointments Board for:

- a) **the removal of six Panel Members and two Legal Assessors set out in Table 2.**

Signed



Ron Barclay-Smith
Chair of Council

Date: 16 September 2026

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Annexe 3 - Panel Member and Legal Assessor Data

Table 1 - Panel Members recommended for transfer

	Full name	Panel	Concerns	Training	Term in Office	Term start date	End of Term Date
1.	Asma Boujnah	Fitness to Practise Committee	0	Complete	First Term	14/02/2025	13/02/2029

Table 2 – Panel Members and Legal Assessors recommended for removal

	Full name	Role	Date	Notes
1.	Sally Napper	Panel Member	29/01/2026	Resigned – personal reason
2.	Bernard Herdan	Panel Member	18/02/2026	Resigned – new role
3.	Richard Schofield	Panel Member	07/04/2026	Resigned – new role
4.	Marian Killen	Legal Assessor	23/02/2026	Resigned – new role
5.	Charles Conway	Legal Assessor	16/02/2026	Resigned
6.	Des McMorrow	Panel Member	15/05/2026	Resigned
7.	Brian Stevenson	Panel Member	19/05/2026	Retiring
8.	Karen Shubert	Panel Member	26/06/2026	Resigned