

# Open Council 29 January 2026 (website)

PUBLISHED  
28 January 2026

## Meeting of the Council

To be held by video conference from **10:00** on Thursday 29 January 2026

### Agenda

**Ron Barclay-Smith**  
Chair of the Council

**Jacqueline Maunder**  
Council Secretary

- |          |  |            |              |
|----------|--|------------|--------------|
| <b>1</b> | <b>Welcome and Chair's opening remarks</b>                     | NMC/26/125 | <b>10:00</b> |
| <b>2</b> | <b>Apologies for absence</b>                                   | NMC/26/126 |              |
| <b>3</b> | <b>Declarations of interest</b>                                | NMC/26/127 |              |
| <b>4</b> | <b>Minutes of the previous meeting</b><br>Chair of the Council | NMC/26/128 |              |
| <b>5</b> | <b>Summary of actions</b><br>Secretary                         | NMC/26/129 |              |

### Matters for discussion

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|----------|---|------------|--------------------------------------|
| <b>6</b> | <b>Executive report</b><br>Chief Executive and Registrar/Executive        | NMC/26/130 | <b>10:10-<br/>10:30</b><br>(20 mins) |
| <b>7</b> | <b>Quarterly corporate performance report (Q3 2025)</b><br>Chief of Staff | NMC/26/131 | <b>10:30-<br/>10:50</b><br>(20 mins) |
| <b>8</b> | <b>Quarterly strategic risk exposure report (Q3)</b><br>Chief of Staff    | NMC/26/132 | <b>10:50-<br/>11:10</b><br>(20 mins) |
| <b>9</b> | <b>Financial performance</b><br>Interim Executive Director, Finance       | NMC/26/133 | <b>11:10-<br/>11:30</b><br>(20 mins) |

**Refreshment break (15 mins)**

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## Matters for discussion

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| <b>10</b> | <b>Education Quality Assurance Quarterly Report (Q1)</b><br>Acting Executive Director, Professional Practice | NMC/26/134 | <b>11:45-12:05</b><br>(20 mins) |
| <b>11</b> | <b>Questions from observers (Oral)</b><br>Chair  | NMC/26/135 | <b>12:05-12:20</b><br>(15 mins) |

## Matters for information \*

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| <b>12</b> | <b>People and Culture Committee Report</b><br>Chair of the Committee | NMC/26/136 |
| <b>13</b> | <b>Chair's actions taken since the last meeting</b><br>Chair         | NMC/26/137 |

*\*Members should notify the Chair a minimum of two days prior to the meeting should they wish to discuss any 'For Information' items. If not, then it is assumed that Council notes the reports and actions, without discussion.*

**CLOSE**

**12:20**

Item 4  
NMC/26/128  
29 January 2026

Meeting of the Council  
Held on Wednesday 26 November 2025 online via Microsoft Teams

## Minutes

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

Chair  
Member  
Member  
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Member

### NMC Officers

Paul Rees  
Chris Kinsella

Chief Executive and Registrar  
interim Executive Director of Resources and Technology

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

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

### For item 7:

Tom Moore  
Richard Wilkinson

Chief Information Officer  
Assistant Director, Finance and Audit

### For item 8:

Julie Bliss  
Jacqui Williams  
Melanie Coward

Senior Nursing Education Adviser  
Senior Midwifery Adviser, Education  
Assistant Director, Professional Practice

### For item 10:

Nick Burins- Muir

Specialist Adviser, Safeguarding Hub

### For item 11:

Charlotte Eimer

Assistant Director, Culture Change and Transformation

*A list of observers is at Annexe A.*

## Minutes

### NMC/25/106 Welcome and Chair's opening remarks

1. The Chair welcomed all attendees and observers to the meeting.
2. The Chair extended a special welcome to Julia Mundy and Hussein Khatib, who were attending their first Open Council meeting since their appointment as Council members on 13 October 2025.
3. Chris Kinsella, the new interim Executive Director of Resources and Technology Services, was also welcomed.
4. The sad news of the passing of Edward Welsh, former Executive Director of Communications and engagement, was announced. His significant impact during his time at the NMC, particularly in public engagement and advocating for the voice of people who use health and care services and their communities to be heard in the NMC's work and decision making, was acknowledged. Condolences were expressed to Edward's family and former colleagues.
5. The Chair noted that Peter Herbert's term as Independent Adviser to the Council would end on 31 December 2025. Peter's role was established in line with commitments agreed with the Department of Health and Social Care following the Independent Culture Review. Peter was appointed on 1 January 2025 for a one-year term and his experience and analytical perspective had contributed to ensuring the NMC remained focused on cultivating a positive workplace culture that promoted performance, accountability, and continuous improvement. On behalf of the Council, the Chair thanked Peter for his guidance and constructive challenge over the past year.

### NMC/25/107 Apologies for absence

1. There were apologies received from Peter Herbert, Independent Council Adviser.

### NMC/25/108 Declarations of interest

1. The following declarations of interest were recorded:
  - a) **NMC/25/114: Review of the quality of nursing and midwifery practice learning: outcomes of the key lines of enquiry and recommendations for next steps** – All registrant Council members, and the Acting Executive Director, Professional Practice, declared an interest.
2. These interests were not considered material such as to require the individuals concerned to withdraw from the discussion.

**NMC/25/109 Minutes of the previous meeting**

1. **4.1 Minutes of meeting on 24 September 2025**  
The minutes of the meeting on 24 September 2025 were agreed as an accurate record, subject to the following amendment:
  - a) Relating to **NMC/25/89 (2(I): Executive Report** – clarification that the Baroness Amos would lead the rapid national investigation into NHS maternity and neonatal care *in England*.
2. The draft minutes would be amended accordingly and submitted to the Chair for signature.
3. **4.2 Minutes of extraordinary meeting on 21 October 2025**  
The minutes of the extraordinary meeting on 21 October 2025 were agreed as an accurate record. The draft minutes would be submitted to the Chair for signature.

**NMC/25/110 Summary of actions**

1. The Council noted progress on actions arising from previous meetings.
2. Arising from **NMC/25/90: Quarterly corporate performance report**, it was noted that the development of a strategy for clinical advice in casework was part of the Fitness to Practise (FtP) improvement work stream, focused on the elements of clinical advice within the FtP process. The Executive Director, Professional Practice clarified that this workstream was ongoing, led by colleagues in the Employer Link Service, and was separate from the clinical strategy being developed by Professional Practice.

**NMC/25/111 Executive Report**

1. The Chief Executive and Registrar introduced the Executive Report. The following points were highlighted:
  - a) FtP performance for September and October 2025 showed the best performance in almost five years, with an average of just under 72 percent of FtP cases being resolved within 15 months end-to-end. This represented a significant improvement from the summer of 2023, when only 60.8 percent of cases were resolved within the same timeframe. The improvement was attributed to steady progress since then, with October 2025 showing 71.8 percent of cases resolved within 15 months and September showing 71.9 percent end-to-end. The achievements were credited to the Executive Director, Professional Regulation and her team, who had maintained a high rate of decision-making despite an exponential growth in referrals into FtP.

- b) The number of referrals into FtP had continuously increased, from around 490 per month in June 2024 and then reaching 642 in October 2025. Despite this growth, the team had risen to the challenge and maintained an exceptionally high rate of decision-making.
- c) Across the FtP process 1038 decisions were made in September and 1091 in October 2025, exceeding the average number of decisions made per month throughout 2024, which stood at 799.
- d) The current caseload was 6237, down from 6581 a year ago, despite the increase in referrals.
- e) There was still a long way to go in improving the timeliness of the FtP process, as many people were stuck in the FtP process for too long. The headline target of resolving 80 percent of cases within 15 months end-to-end was still not being met, and there was a high number of ageing cases in the system.
- f) The number of referrals was expected to increase in part due to public reviews, inquiries, and reports. To address these challenges, changes were being made to the process to make it fairer, more compassionate, and to eliminate bias.
- g) Plans for the next year included improving case pathways, addressing differential evidence standards, and driving through improvements in Case Management Systems (CMS). Other improvements included refreshing hearing room technology, automating redactions in FtP documents, and building a new operating model for investigations.
- h) Concerns about failings in maternity services had been highlighted in the media, including mothers dying or being severely harmed in childbirth, and stillbirths, and babies dying in neonatal care, or being severely harmed. These issues had affected many families across the UK, with a disproportionate number of mothers and babies from black, Asian, and minority ethnic backgrounds being affected. Black women were up to four times more likely to die in childbirth compared to their white counterparts.
- i) Several reviews were currently underway to investigate maternity care, including a national investigation in England, the Leeds Maternity review, the Nottingham review, and the review of maternity care in Wales. In Scotland, a maternal and neonatal task force had been set up to progress a rapid national investigation into maternal and neonatal care. In Northern Ireland, the Renfrew report recommendations have been endorsed, with a Ministerial Commitment Act. The NMC had offered its support to these reviews.

- j) To improve the midwifery side of maternity services, a Midwifery Action plan had been published by the NMC on 6 November 2025, outlining work to ensure safe, equitable, and person-centred maternity care. The plan included producing a midwifery data dashboard to display the numbers of midwives in the FtP process and their demographics, as well as the investigation themes.
- k) The NMC Standards of Proficiency in midwifery were being mapped against the recommendations from seven major UK reviews to ensure they had taken aboard the learnings.
- l) UK University-approved midwifery curricula were being mapped against the 17 proficiency themes. Lead midwives for education would provide assessments, and a final report would be produced using the findings of Baroness Amos's national investigation. A UK-wide gap analysis benchmark tool was being developed to help employer organisations map performance against the 17 proficiency themes. The 17 proficiency themes would be used to strengthen midwifery practice and education to address disparities and outcomes for black women and minoritised groups by embedding cultural competency, anti-racism, and unconscious bias awareness.
- m) A joint campaign with the General Medical Council (GMC), "Good Teamwork Means Better Maternity Care", would showcase the importance of high-quality multidisciplinary teamwork. A review of the code and revalidation would ensure that they reflected the health and social needs of the population, to be published in autumn 2027.
- n) The NMC had recently sent letters to university Vice Chancellors reminding them of the importance of sticking to approved nursing and midwifery programmes, as there was some concern that some university nursing and midwifery programmes had deviated from what had been approved by the NMC. Additionally, universities had been reminded that promoting a normal birth ideology goes against NMC standards.
- o) The NMC was committed to engaging directly with families affected by poor maternity services. A meeting was held in Nottingham with bereaved families affected by maternity failings, where the amendments to the NMC's processes to make it easier for affected families to make referrals into FtP were discussed. However, family members expressed disappointment that FtP was still too slow and that no one had been struck off the register as yet for the failings in Nottingham.

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- p) Relating to Lucy Letby, in an interview with The Independent online, the Chief Executive and Registrar acknowledged that the NMC got it wrong on this case and should have taken action earlier, and an apology was made for this failure.
  - q) The interview also addressed the fact that the NMC was establishing a new culture, with a key focus on Equality, Diversity, and Inclusion (EDI), and promoting anti-racism across midwifery and nursing.
  - r) On 21 October, the Chief Executive and Registrar spoke on ITV Britain about the need for the health and social care sector to adopt a zero-tolerance approach to racism, citing shocking data from the Royal College of Nursing showing a 55.5 percent rise in calls from nurses who had been racially abused at work. The situation was considered to be worse than any time in the past 30 years, according to some Black, Asian and minority ethnic registrants.
  - s) The NMC's anti-racist agenda was also discussed at the annual Conference of the Jabali Men's Network, a group that empowers senior male nurses from African, Asian and Caribbean backgrounds. The NMC's aims to make progress in becoming a stronger, fairer regulator and reduce inequity in FtP was discussed. To achieve this progress, bespoke measures to deliver a reduction in inequity in FtP would be published in the new year. A meeting with unions and senior registrants would take place on 2 December 2025 to discuss concrete measures to eliminate disparities from FtP. Some members of the Jabali Men's Network had been invited to participate in the Expert Reference Group.
  - t) The NMC had published an update on its work to embed EDI and anti-racism on its website. The Midwifery Action Plan which announced the NMC's plans to improve Black maternal health outcomes as well as other initiatives were covered in this news item on the website.
  - u) The NMC was working to address ethnic and religious hate, including running a webinar for staff and training for key staff on anti-Semitism. A workshop on anti-Semitism for FtP decision-makers was planned, as well as a webinar for staff and a workshop for FtP decision-makers on anti-Muslim hate.

2.

In discussion, the following points were noted:

- a) In future the Executive Report should capture the impact and outcomes of stakeholder engagement rather than just listing activities.

- b) The Executive Report should reflect activity and impact across each of the four UK nations.
- c) The Welsh Government's position on Nursing Associate regulation had changed recently, and it was now supporting it. It was clarified that the UK Government would handle the Nursing Associate Wales request as a standalone Section 60 order, rather than including it in the general Section 60 order. The UK Government intended to move quickly on this and a provisional timeline was expected within the week. The Executive Director, Strategy and Insight planned to meet with the Welsh Government in December 2025 to discuss how to work together during this period. It was anticipated that an update would be brought to the Council on this matter in the new year.
- d) The improvements to the FtP process were commended.
- e) Quality Assurance improvements across the whole FtP process was planned for next year.
- f) A campaign was being drawn up to ensure the right referrals were made to the NMC, with a planned launch in early 2026. The campaign led by the Communications and Engagement directorate alongside the Professional Practice directorate aimed to work closely with employers to ensure they were sending the right cases through to the organisation.
- g) Relating to FtP referrals, there had been a workshop in Wales led by the Welsh Government's Chief Nursing Officer on employee harm, which had been well-received. It would be positive if there was a similar workshop in Scotland, England and Northern Ireland. The learning from the Wales workshop should be taken on board and was being reviewed by Professional Practice colleagues.
- h) Work was underway to address concerns about unconscious bias in the FtP process, including by meeting with senior registrants, with plans to bring measures to eliminate bias to the Council early in 2026. The NMC was working to ensure that claims of racially motivated or biased FtP referrals received expert scrutiny and that unconscious bias was eradicated from the process. There was a lack of tracking and awareness currently as to where racial bias was occurring in the FtP referral process.
- i) The significant work being done on the anti-racism practices agenda was welcomed.
- j) The Midwifery Action Plan was important, and the Council should be kept updated on its outcomes. The Midwifery Strategic Advisory Group (MSAG) was working on a reporting process for the Council, moving away from annual and exception reporting.

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The suggestion that the Council member with midwifery expertise meet with the Acting Executive Director, Professional Practice, and Assistant Director, Midwifery to discuss the development of this reporting.

- k) Relating to the joint campaign with the GMC, "Good Teamwork Means Better Maternity Care", there had also been close collaboration with the Royal College of Midwives, and efforts would be made to work more closely with the Royal College of Obstetricians and Gynaecologists.
- l) In response to the suggestion that it be mandated that midwives self-refer to FtP in cases of mortality in birth or within two weeks of birth, all registrants could self-refer currently, but there was no mandate to self-refer in cases of death. The possibility of making self-referral mandatory for midwives in cases of mortality in birth or within two weeks of birth would be considered and brought back to the Council.
- m) A meeting with the GMC on Regulatory Reform had provided valuable insights on process and provisions.
- n) Relating to Regulatory Reform, there would be work undertaken relating to the protection of the title 'Nurse'. A meeting was scheduled between the Executive Director, Strategy and Insight and Professor Alison Leary, Paul Trevor, and Crystal Oldman to discuss related provisions.
- o) A Council Seminar session on Regulatory Reform would be scheduled for February 2026, to review the provisions and ensure members were up to speed.

<b>Action:</b>	<b>Future Executive Reports to capture the impact and outcomes of stakeholder engagement rather than just listing activities, including in each of the four UK nations.</b>
<b>For:</b>	<b>Chief Executive and Registrar / Executive Director, Communications and Engagement</b>
<b>By:</b>	<b>29 January 2026</b>
<b>Action:</b>	<b>Provide the Council with an update regarding the regulation of Nursing Associates in Wales in the new year.</b>
<b>For:</b>	<b>Executive Director, Strategy and Insight</b>
<b>By:</b>	<b>29 January 2026</b>
<b>Action:</b>	<b>Plans to eliminate unconscious bias in the FtP process would be brought to the Council early in 2026.</b>
<b>For:</b>	<b>Executive Director, People and Culture</b>
<b>By:</b>	<b>29 January 2026.</b>

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<b>Action:</b>	<b>The Council member with midwifery expertise, Acting Executive Director, Professional Practice, and Assistant Director, Midwifery to meet to develop reporting between MSAG and the Council, to cover updates on the Midwifery Action Plan.</b>	1
<b>For:</b>	<b>Acting Executive Director, Professional Practice</b>	2
<b>By:</b>	<b>29 January 2026</b>	3
<b>Action:</b>	<b>Relating to the joint campaign with the GMC, "Good Teamwork Means Better Maternity Care", efforts would be made to work more closely with the Royal College of Obstetrics and Gynaecology.</b>	4
<b>For:</b>	<b>Acting Executive Director, Professional Practice</b>	5
<b>By:</b>	<b>25 March 2026</b>	6
<b>Action:</b>	<b>The possibility of making self-referral mandatory for midwives in cases of mortality in birth or within two weeks of birth would be considered and brought back to the Council.</b>	7
<b>For:</b>	<b>Executive Director, Professional Regulation</b>	8
<b>By:</b>	<b>25 March 2026</b>	9
<b>Action:</b>	<b>A Council Seminar session on updates relating to Regulatory Reform would be scheduled for February 2026.</b>	10
<b>For:</b>	<b>Secretary to the Council / Executive Director, Strategy and Insight</b>	11
<b>By:</b>	<b>29 January 2026</b>	12

**NMC/25/112 Quarterly corporate performance report**

**7.1 Quarterly corporate performance report – Q2 performance (to cover mid-year progress)**

1. The Interim Executive Director, Resources and Technology Services introduced the quarterly corporate performance report, highlighting that whilst he took full responsibility for the report, it covered the period before he joined the NMC.
2. The Chief Information Officer presented the Corporate Performance Report, noting that the data in the report was up to September 2025, but the commentary extended further to-date. The following points were highlighted:
  - a) Relating to the Culture Transformation Plan, significant progress had been made, with delivery activities on track and recommended actions being completed.
  - b) The disability pay gap was in a positive bias, and there had been an increase in representation of Black and Minority Ethnic colleagues at manager level and above. Although the maturity level in this area was still not where it should be, progress was expected with the implementation of key initiatives.

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- c) New principles for Advanced Practice had been launched, and good progress was being made on the review of practice learning.
- d) Progress had been made on the Code and Revalidation process, with stakeholders engaged.
- e) Significant challenges in the first half of the year had been addressed, including improving the identification, assessment, and management of safeguarding concerns.
- f) The new log and learn system had been launched and was nearing full rollout, with positive feedback from colleagues. The system was considered straightforward to use, and more concerns were being logged than in the past. A paper with the first findings from the new system would be presented to the Council in early 2026. A one-hour session was held with members of the Audit and Risk Committee to demonstrate the system, with broadly positive feedback.
- g) Progress had also been made on NMC Online, with the team working hard to meet the January delivery date. The project was on track, with some aspects going better than expected and others not as well.
- h) Relating to Education Quality Assurance (QA), there had been some challenges due to modifications to some programmes in certain universities. Assurance that efforts were being made to support affected students and registrants. Proposals were being prepared for the Chief Executive and Registrar to review. The importance of maintaining registrants within the register and ensuring they completed their training according to approved standards was emphasised.

3.

In discussion, the following points were noted:

- a) The Council commended the progress in providing key performance information in the report.
- b) Improving FtP timeliness continued to be a significant area of focus for the NMC.
- c) The refreshed FtP improvement plan was quite far along in its delivery, with many work streams completed, but ongoing improvement activities still in progress. The initial activities set out in the plan had been achieved, including improving technology in the hearing centre and increasing the number of physical hearings.
- d) The leadership of the adjudication team and case presentation and preparation teams had been merged to improve efficiency. The merger between the teams has been identified as a point of

friction that needed to be tackled, and a new piece of work would be undertaken to address this issue. This work would be included in a new plan, which was currently being developed.

- e) A stocktake had been conducted to assess what was currently being delivered, and prioritisation of tasks would be based on what was strategically important and would make the most difference in FtP.
- f) The new plan would involve working with a partner to improve processes and support on investigations. A refreshed plan would be shared with the Council in January.
- g) Alternative methods of disposal of cases without a hearing were being explored, along with how to ensure fairness and equity, to reduce pressure and caseload in hearings. The NMC would respond to requests for formal hearings while promoting alternative routes. These alternative routes would be used with the agreement of the registrant and in discussion with representative bodies. The GMC annual report showed higher numbers of alternative disposals, indicating opportunities for improvement.
- h) The quality framework had been a source of frustration and difficult to implement, with multiple owners involved. External expertise was being sought, but in the interim work had been commissioned from the NMC's Change and Continuous Improvement team to make existing frameworks more cohesive and consistent.
- i) Referral thresholds were being reviewed to ensure the right referrals were being made. Work was being done to improve referrals, including a project to enhance the referral process.
- j) Once Communications and Engagement's initial campaign to improve FtP referrals was up and running, the guidance and information given to people making referrals would be reviewed. The Health and Care Professions Council (HCPC) guidance was found to be clearer than the NMC's on what referrals they can and cannot review.
- k) Changes were made to the Public Referral team, resulting in better quality referrals, but there was still work to be done.
- l) The focus on quality assurance in the FtP process was welcomed, as it had been a long-standing request from the Council. The quality framework and the understanding of what good looks like was being reviewed and it was expected that this work would be completed and presented to the Council in May 2026.

- m) The importance of the current education QA process in monitoring minor and major modifications was emphasised, with the NMC working closely with universities to ensure its effectiveness.
- n) A broader dashboard of information on education QA, including markers and student views, was requested to help identify potential problems early. A deep dive into education QA was underway, with the aim to triangulate various sources of information and pull together data sources to look ahead and identify early warning signs.
- o) It was important to ensure the Cultural Transformation Plan was linked to improved regulatory outcomes, acknowledging that this would be considered by the People and Culture Committee.
- p) It was emphasised that measuring the actual impact of culture change at the NMC was important and that the Maturity Model discussed at the previous meeting would support this. The Maturity Model aimed to show the NMC's progress over the next few years by triangulating evidence and increasing confidence levels about improving the NMC.
- q) Assessments of the Maturity Model would be presented to the Council quarterly, with interim updates provided to the People and Culture Committee.

## 7.2 Risk report and full corporate risk register

4.

The Interim Executive Director, Resources and Technology Services introduced the item. He provided assurance that he would review the NMC's risk appetite and framework, focusing on fiduciary risk, financial risk and reputational risk, and explore solutions to mitigate financial risk.

5.

The Assistant Director, Finance and Audit highlighted that:

- a) The aggregate risk at the NMC related to capacity, reflecting the level of operational challenge and change.
- b) The NMC had a number of high-priority risks that needed to be addressed.
- c) A workshop was scheduled with the Executive Board to review and prioritise risks, with a focus on activity that would make the most impact.

6.

In discussion, the following points were noted:

- a) The focus on risk management and risk tolerance levels was welcomed and would help with prioritisation.
- b) On the current risk register, many risks were drafted to reflect past problems, not current or future risks, and needed to be

updated. Some risks might be grouped together as they were similar, which might help concentrate on what needed to be done to make a difference.

- c) Concern about potential pressures on the NMC if top-rated red risks materialised at the same time.
- d) A Council Seminar was planned for March 2026 to look at risk across the NMC, including how to refresh the NMC's risk register and its approach to risk appetite and tolerance.

<b>Action:</b>	<b>A paper with the first findings from the new Log and Learn system would be presented to the Council in early 2026.</b>
<b>For:</b>	<b>Interim Executive Director, Resources and Technology Services</b>
<b>By:</b>	<b>29 January 2026</b>
<b>Action:</b>	<b>Share the refreshed FtP plan with the Council in January 2026.</b>
<b>For:</b>	<b>Executive Director, Professional Regulation</b>
<b>By:</b>	<b>29 January 2026</b>
<b>Action:</b>	<b>Present work relating to the review of the quality framework for the FtP process to the Council in May 2026.</b>
<b>For:</b>	<b>Executive Director, Professional Regulation</b>
<b>By:</b>	<b>20 May 2026</b>
<b>Action:</b>	<b>A broader dashboard of information on education QA, including markers and student views, to be provided to the Council to help identify potential problems early.</b>
<b>For:</b>	<b>Acting Executive Director, Professional Practice</b>
<b>By:</b>	<b>29 January 2026</b>
<b>Action:</b>	<b>A Council Seminar was planned for March 2026 to look at risk across the NMC, including how to refresh the NMC's risk register and its approach to risk appetite and tolerance.</b>
<b>For:</b>	<b>Interim Executive Director, Resources and Technology Services</b>
<b>By:</b>	<b>24 March 2026</b>

### **NMC/25/113 Financial performance at end September 2025**

1. The Interim Executive Director, Resources and Technology Services introduced the report, noting that he was working on a long-term financial vision for the NMC. He also reported that he had launched a 'war on waste' on non-pay.
2. The Assistant Director, Finance and Audit highlighted the following points:
  - a) The report covered the period to the end of September 2025 and was out-of-date as matters at the NMC were moving so quickly.

Although the November management accounts were not yet available, the full-year outturn was likely to be much closer to budget than the paper conveyed.

- b) The NMC's performance was broadly in line with the budget, which projected a significant deficit of £2.4 million, and the organisation was operating in line with that.
- c) The NMC would have a significant deficit this year, on top of last year. Work was underway to address this situation in future years, including consultations on cost reductions and fee increases, the delivery of both of which would be key to the NMC's financial recovery.
- d) Concern was expressed about the continuing reduction in overseas applications and the impact of this on income. This reduction in overseas applications was slightly higher than had been anticipated.
- e) The budget included a contingency of £1.5 million at the corporate level, which was now fully committed.

3.

In discussion, the following points were noted:

- a) A reduction in overseas applicants was a predictable outcome of changes in policy regarding immigration and a reflection of the cultural atmosphere in the country.
- b) The way the NMC examined and reported on reserves was identified as needing review. Assurance was provided that the Finance and Resources Committee was scheduled to review the Reserves Policy at its next scheduled meeting.

**NMC/25/114 Review of the quality of nursing and midwifery practice learning: Outcome of the key lines of enquiry and recommendations for next steps**

1.

The Acting Executive Director, Professional Practice, introduced review of the quality of nursing and midwifery practice learning, noting that it was a central part of the Professional Practice 'road map'. It was highlighted that it was an important aspect in allowing the NMC to modernise its Standards and to protect the public. The paper outlined the evidence base and stakeholder engagement that had led to thematic analysis under key lines of enquiry. The modernisation of practice learning environments and workforce challenges across the UK had required improvements to processes.

2.

In discussion, the following points were noted:

- a) Relating to the timeline for the review of the full suite of pre-registration education standards, there were some areas where

- the NMC could make progress without the need for formal consultation, particularly in areas of high risk.
- b) The need to consider the external factors that had affected practice learning and the importance of joint work with midwifery services.
  - c) There would be one consultation for both nursing and midwifery practice learning, although the way the results of the consultation were taken forward may differ.
  - d) The need for careful consideration of the consultation process and the risk of focusing more on nursing than midwifery, as there were many more nurses than midwives on the register. Assurance that when completing the survey respondents could choose which aspects to complete, dependent on relevance for nursing or midwifery.
  - e) There were different directions for nursing and midwifery practice learning, for example the NMC would not be reducing the number of practice learning hours for midwifery.
  - f) There had been extensive mapping relating to the Standards of Proficiency for midwifery which had been completed internally. The NMC was confident that the Standards met all the recommendations of the key maternity services inquiries but was awaiting an external review.
  - g) The importance of evidence-based decision-making relating to the minimum number of practice hours, conscious that there was some pressure to reduce this number of hours. Assurance that the NMC would not sacrifice quality in response to this pressure.
  - h) The importance of looking at the impact and risks attached to the options, as well as focusing on outcomes rather than just the minimum level of hours.
  - i) The unintended consequences of reducing the minimum level of hours would be considered in conjunction with stakeholders once the results of the consultation were provided.
  - j) The distinction between outcomes and Standards, and the need for clarity on quality assurance indicators and metrics.
  - k) The Office for Students and students were key stakeholders.
  - l) Assurance that the education and preparation of teachers and the practice learning environment would be considered as part of the consultation process.

3.

**Decision: The Council approved the public consultation focused on strengthening a number of practice-learning focused education standards.**

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**NMC/25/115 Safeguarding Board quarterly report Q2 2025-2026**

1. The Acting Executive Director, Professional Practice introduced the report, highlighting the NMC’s progress relating to safeguarding, including the implementation of a standard operating procedure (SOP) and training for all staff. She also highlighted there had been an increase in referrals to the safeguarding hub, which was positive. Other improvements included the reestablishment of the Safeguarding Champions programme at the NMC. It was also noted that in future the intention was to present to the Council with a Safeguarding trend analysis as part of the quarterly report.
  
2. The Specialist Adviser, Safeguarding Hub, noted that progress included the development of a safeguarding supervision framework to support colleagues undertaking challenging cases, as well as recruitment of Safeguarding Advisers. Additionally, the NMC had been working to improve its understanding of EDI data and its application in safeguarding, but there had been challenges in collecting this data, particularly from public referrals.
  
3. In discussion, the following points were noted:
  - a) The Council commended the progress made relating to safeguarding.
  - b) It was important to review the NMC’s risk register relating to safeguarding.
  - c) Unallocated investigation cases were constantly being reviewed.
  - d) Training had been provided to panel members on the risks relating to sexual misconduct as well as EDI.
  - e) Trend data was important to understanding the impact of the work being done relating to safeguarding. The NMC was working to improve this trend data, but it had been challenging due to the lack of baseline data.
  - f) Trend data and demographics of cases referred to safeguarding was being gathered, but it needed to be mapped against the register to ensure it was meaningful.
  - g) Whilst the NMC had EDI data on people who were the subject of referrals, there was no EDI data on the people who make public referrals. There was consideration being given to collecting EDI data relating to people who make public referrals on a voluntary basis.
  - h) It was suggested that the NMC consider differentiating between GP practices and NHS trusts in its data collection.

- i) Supervision and support for those undertaking challenging safeguarding cases was available on an ad hoc basis as required. A safeguarding supervision framework had been developed and the NMC was undertaking a review of who required this support in 2025-2026 quarter 4.

4. On behalf of the Council, the Chair thanked Professional Practice colleagues for the significant progress made relating to safeguarding.

**NMC/25/116 EDI Workshop plan for Council**

1. The Executive Director, People and Culture introduced the item, highlighting that the NMC had made significant progress on its EDI work, with a focus on culture change and EDI programmes. It was noted that a widespread and detailed exercise had been undertaken to transform the NMC’s culture to address concerns expressed in the Independent Culture Review report, with a Culture Transformation Plan published in March 2025. A senior team to support culture transformation had been recruited, including an Assistant Director, Culture Transformation, and a Head of Workforce and Regulatory EDI. It was highlighted that work had been undertaken to develop new behaviours and values for the NMC, with a new behavioural framework launched. Additionally, 925 colleagues had completed EDI fundamentals training, and 46 percent of managers had completed embedding EDI training.

2. The Executive Director, People and Culture noted that to support the NMC’s ongoing significant culture transformation work, it was essential that the Council was immersed in the change and development of the workforce and capabilities. A workshop for the Council had been suggested as a starting point, and a more detailed discussion of the development of this workshop would be discussed with the People and Culture Committee on 2 December.

3. In discussion, the following points were noted:
- a) The concern that the proposed objectives only provided a functional understanding of EDI and its relation to the NMC as a regulator. It appeared that the plan for the workshop was taking a step back to basics, which it was acknowledged may be necessary, but was not enough to develop the Council’s cultural competence.
  - b) The suggestion that the baseline level of cultural competence for the Council be assessed.
  - c) Internal issues relating to EDI differed from the Council’s role in relation to EDI externally. It was suggested that it may be helpful to consider the internal and external aspects of EDI separately.

- d) The need to consider the external context, specifically anti-racist work across the UK, such as the anti-racist Wales action plan.
- e) The importance of discussion time in the half-day workshop was emphasised, as workshops had proved helpful in thinking through complicated areas.
- f) The current EDI learning programmes for the Council and the Executive Directors, although separate, were aligned with the same agenda.
- g) The importance of showing leadership and ownership from the top in the widest senior leadership sense, was emphasised.
- h) The NMC had previously relied on external providers for EDI development sessions, but now the organisation had highly skilled EDI individuals in-house. A comprehensive offer could be developed internally, and baseline work with the Council could be undertaken if desired.
- i) Concern was expressed though that internal training may not be focused on the Council's needs. It was emphasised that training should be delivered by people with demonstrated EDI expertise. It was noted that many Council members had EDI understanding, and that 25 percent of the Council had lived experience, which could be useful in moving forward.
- j) The non-executive nature of the Council required training with a governance perspective, which might be lacking in the current plan.
- k) Concern that the current proposal for the EDI Workshop was performative in nature and may not provide sufficient time for complex discussions, resulting in superficial engagement.
- l) Addressing systemic racism required learning about historical context, power dynamics, data analysis of outcomes, and legislative duties.
- m) Concern that the proposed session may not allow for adequate risk identification and may fail to set up proper controls and assurance mechanism for the future.
- n) Relying on individual inspirational personal experiences could trivialise systemic racism into an individual challenge, giving the Council a feeling of completion without addressing hard structural questions. This approach could be perceived as an example of performative allyship, adopting the appearance of commitment without requiring difficult intellectual work.
- o) Assurance was provided that the current proposed approach to the next Council EDI workshop was a start.
- p) It was agreed that the 15 aims to underpin future Council-specific EDI development/training sessions developed in April 2025

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would be reviewed, to inform the further development of the next Council EDI workshop. Reviewing the proposals for the previous Council EDI development sessions held in April and July would also avoid duplicating previous discussions.

- q) The Executive Director, People and Culture was open to taking recommendations for the development of the |workshop, and the Council were encouraged to submit suggestions in writing.
- r) A paper on Council EDI development would also be discussed at the People Culture Committee meeting on 2 December, before further discussion with the Council at its informal meeting scheduled for 15 December.
- s) A balance needed to be found between using available time to support Council development and the depth of learning required.

4.

Summing up, the Chair noted that further work would be undertaken based on the discussion at the meeting to develop the EDI Workshop Plan for the Council for review on 15 December 2025.

**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.

**For:** Executive Director, People and Culture  
**By:** 29 January 2026

**Action:** The Council to submit written recommendations for the development of the Council EDI workshop to the Executive Director, People and Culture, ahead of the informal meeting on 15 December 2025.

**For:** Executive Director, People and Culture / Secretary to the Council  
**By:** 15 December 2025

**Action:** Hold a further discussion with the Council regarding the development of the Council EDI workshop at the informal Council meeting on 15 December 2025.

**For:** Executive Director, People and Culture  
**By:** 15 December 2025

#### **NMC/25/117 Questions from observers**

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

#### **NMC/25/118 Finance and Resources Committee report**

- 1. The Council noted the Finance and Resources Committee report.

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2. The following points were noted in discussion:
  - a) The Committee had discussed renaming itself to reflect the fact that its Terms of Reference covered both finance and performance, but it was decided to retain the current name at this stage.
  - b) The Committee considered how reporting should be presented in the future, agreeing that more integrated reporting around performance and finance was needed, which may highlight risks. These risks would be considered at the end of each meeting. Further work was required on this topic, now that the substantive Chair role had been filled.
  - c) The need to ensure that the legacy of the Investment Committee and the Accommodation Committee were adequately covered by the Finance and Resources Committee was discussed at its last meeting.
  - d) Work was in progress to fully establish the Committee, with priority areas, business cycling, frequency, and timing of meetings to be addressed by the substantive Chair in collaboration with the Interim Executive Director, Finance and Resources, and others.
  - e) It was confirmed that “performance” included corporate performance reporting, the FtP improvement plan, and portfolio reporting.
  
3. The Chair of Council noted that the possibility of establishing a fourth committee to deal with performance was being considered. This performance-focused committee would help balance out reporting and scrutiny on behalf of the Council. The idea was still in its early stages, with various strategies and suggestions being explored.

**NMC/25/119 Audit and Risk Committee report**

1. The Council noted the Audit and Risk Committee Report.

**NMC/25/120 People and Culture Committee Report**

1. The Council noted the People and Culture Committee Report.

**NMC/25/121 Appointments Board report**

1. The Council noted the Appointments Board report.

**NMC/25/122 Investment Committee legacy report**

1. The Council noted the Investment Committee legacy report.

**NMC/25/123 Accommodation Committee legacy report**

1. The Council noted the Accommodation Committee legacy report.

**NMC/25/124 Chair's actions taken since the last meeting**

1. There had been no Chair's action since the last meeting.

**Closing remarks**

1. The Chair thanked all attendees and observers for joining the meeting, noting that the next scheduled Open Council meeting would be held online on 29 January 2026.

*Confirmed by the Council as a correct record:*

**SIGNATURE:** .....

**DATE:** .....

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## Annexe A: Observers

### External Observers

Gail Adams	Head of Professional Services UNISON
Kehinde Adu	Student nurse Manchester Metropolitan university
Nasreen Anderson	Senior Associate Financial Conduct Authority
Heather Bain	Associate Head University of the Highlands and Islands
Juliet Borwell	Senior Specialist NHSE
Heather Bower	Head of Midwifery Education Royal College of Midwives
Rebecca Burgess-Dawson	National Specialist Education Advisor (Mental Heal NHS England)
Zoe Clark	Director of Nursing, Kingston University
Alice Czapla	District Nurse Provide CIC
Faye Eastwood	Senior Education Manager, NHS England WT&E
Catherine Flaherty	Midwifery Lecturer, University of Manchester
Abbie Fordham Barnes	Dean of College Buckinghamshire New University
Cassia Forty	Senior Lecturer De Montfort University
Sarah Fox	Scrutiny Manager Professional Standards Authority
Tayla Green	Community Staff Nurse/ Student District Nurse Cambridgeshire and Peterborough NHS Foundation Trust
Ruby Handley-Stone	Professional Adviser Midwife, Royal College of Midwives
Julie Hadley	Associate professor in midwifery Birmingham City University
Lesley Hegarty	Research Delivery Team Manager RMN Devon Partnership NHS Trust
Bridget Hoad	Senior Education Manager Nursing NHS England
Holly Jenkins	Midwife Edinburgh Napier University
Clare Knowles	Senior Lecturer Birmingham City University
Geeta Lamichhane	Head of Nursing Buckinghamshire New University
Donna Lewis	Senior Lecturer, University of Wolverhampton
Natalie Lord	Senior Lecturer Adult Nursing DeMontfort University
Michelle Lyne	Professional Advisor Education, Royal College of Midwives
Will Malcher	Professional Lead for Students, Royal College of Nursing
Stephanie Marriott	Midwife Advisor International Confederation of Midwives
Bernadette Martin	Senior lecturer Teesside University
Mosireletsi Matshabe	Registered Mental Health Nurse Lancashire & South Cumbria NHS Foundation Trust
Donna Morgan	Clinical Development Coordinator Ramsay Health Care Uk
Mellisah Mphoko	TBC
David Munday	Lead professional officer Unite the union
Lisa Newsu	Nurse Education Lead Oxleas NHS Foundation Trust
Sharleen Nkwo	Nurse education team Oxleas NHS Foundation Trust
Elizabeth Nocton	Lecturer in Midwifery
Bola Ogundeji	HR Director Zevida Ansel HR Consulting
Rachel Picton	Dean of Healthcare and Nursing BPP University
Erika Richardson	Practice Development Midwives ESHT
Caroline Riddell	Professional officer DoH
Claire Roberts	Interim services delivery manager QAA
David Robertshaw	Head Of School, Health And Social Care, University of Derby
Paul Salmon	Nurse NHS

Natalya Semple Lou Sherratt	Student nurse Manchester Metropolitan University Academic Practice Learning Manager University of Staffordshire	2
Saima Siddiq Georgina Sims Tina South Murshidy Tampakan Taiye Uyinmwen	Children's Community Nurse SPQ Student Hertfordshire School Head of Department, Kingston University Midwife Mummy's Star Senior Team Leader Park Homes Volunteer Liverpool Women's Hospital NHS Foundation Trust	3
Navjot Kaur Virk Wilfredo Vitao, Jr. David Walker Amy Walker Miranda Williams	Head of Midwifery and Children University of Derby Practice Educator George Eliot Hospital NHS Trust Member of the Public TBC Deputy Head of Nursing Swansea Bay University Health Board	4
Richard Williams	Head of Practice Education and Apprenticeships Edge Hill University	5
Heather Bain Debra Barker Peter Bates Michelle Beacock Sophie Black	Associate Head, University of the Highlands and Islands Lead Midwife for Education, Teesside University Director, NMCWatch: Registrant Care CIC Midwifery Lecturer, Edge Hill University Lead Midwife For Education and Head of Division, University of Chester	6
Sheila Brown Karen Chandler Nicky Court Sarah Humphrey Natalie Dodge	Senior Lecturer in Midwifery, Bangor University Head of Nursing, University of Westminster Lead Midwife For Education, Swansea University Lecturer, Robert Gordon University Head of Dept, Nursing & Midwifery, University of Staffordshire	7
Laura Iannuzzi	Senior Lecturer, Academic, Researcher Bournemouth University	8
Lisa Jesson Sarah Lewis Linda McNamee Rhea Mills Paula Rimmer	Deputy Lead Midwife, NHS England Lead Midwife For Education, Keele University Senior Lecturer, University of Sunderland UNISON Lead Midwife For Education, University of Greater Manchester	9
Diane Rumney	Practice Placement Facilitator Midwifery, Northumbria Healthcare NHS Foundation Trust	10
Rachel Stanyer Kelly Wilton Sarah Windass Juliet Wood	Lead Midwife for Education, University of Plymouth Course Director, University of Staffordshire Practice Placement Facilitator, Airedale NHS Trust Midwife, Bournemouth University	11
<b>Press</b> Alison Stacey	Nursing Standard/RCNi	12
		13

## NMC staff observing

Olu Adesanya	Assessment Officer
Ghazala Amjid	Strategic Communications and Engagement Officer
Holly Bontoft	Senior Policy Lawyer
Renée Caffyn	Executive Assistant
Janice Cheong	Senior Executive Business Manager
Rebecca Desmond	Head of Corporate Planning, Performance and Risk
Sarah Graham	Senior Research Officer
Shahneela Grygiel	Assistant Director
Michele Harrison	Regulation Adviser
Caroline Holt	Employee Link Service Adviser
Tracey MacCormack	Assistant Director for Midwifery
Clare Minchington	Partner Member, Audit and Risk Committee
Joyce Sarpong	Independence Audit & Risk Committee Member
Ken Batty	Independent Appointments Board
Carl Wilkinson	Finance Business Partner
Jacqui Williams	Senior Midwifery Advisor (Education)
Sharon Dawson	Governance Manager

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## Annexe B: Observer questions

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3	<p><b>1.Question:</b> <i>Item 9 Ley Lines of Enquiry (KLOE 5) – (page 110)- Review of the quality of nursing and midwifery practice learning: The proposal refers to changes to the programme hours from 4600 to 3600 hours (1800 theory/1800 practice) in the Standards for pre-registration nursing programmes. Are there any plans to propose similar changes to the pre-registration nursing associate standards in respect of programme hours?</i> - Dr Karen Chandler, Nursing, University of Westminster</p>
4	<p><b>Response:</b> This issue did not arise during the evidence scoring and stakeholder engagement, but any feedback from the consultation would be considered seriously. The Nursing Associate Standards would need to be reviewed in light of any changes to the pre-registration nursing programme standards.</p>
5	<p><b>2.Question:</b> <i>How were the 17 themes for the proficiencies developed? Who was involved? Were stakeholders involved? Developing themes may be a step away from the standards of proficiency. Has referencing to the proficiencies been made clear to the 17 themes on the mapping tools and documents circulated?</i> - Sheila Brown, Senior Lecturer in Healthcare Sciences, Midwifery, Bangor University</p>
6	
7	<p><b>Response:</b> The Standards of Proficiency already contained the key themes, which were part of their development. It was explained that the themes were not new but had been developed into a question format to allow for further interrogation. It was also noted that the development of the Standards of Proficiency involved detailed consultation with stakeholders in 2017-2018.</p>
8	<p><b>3.Question:</b> <i>What evidence and information has informed the NMC view that programmes have deviated from standards?</i> - Sheila Brown, Senior Lecturer in Healthcare Sciences, Midwifery, Bangor University</p>
9	<p><b>Response:</b> Education quality assurance considered all extraordinary reports received and work with approved education institutions in this regard. The NMC had also been getting intelligence from reviews and consultations and used that to get assurance.</p>
10	<p><b>4.Questions:</b> <i>What is the definition of "normal birth ideology"?</i> - Sheila Brown, Senior Lecturer in Healthcare Sciences, Midwifery, Bangor University</p>
11	<p><b>Response:</b> The term "normal birth ideology" was not defined in the standards and was not a term coined by the NMC. The chief midwifery officers reported that they did not recognise it. It was stated that the NMC standards used the term "optimising physiological process," which was key for all women.</p>
12	<p><b>5.Question:</b> <i>Student midwives are encouraged to achieve 40 spontaneous births to meet NMC requirements, with a caveat to be used in exceptional circumstances (30 births and 20 care in labour). The caveat does not allow student midwives to count labour care for births that end in Caesarean Section and therefore this may give the impression that the NMC values vaginal and assisted birth (with instruments) over operative birth.</i> - Sheila Brown, Senior Lecturer in Healthcare Sciences, Midwifery, Bangor University</p>
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**Response:** The NMC standards did talk about the 40 births and 30 additional births but also had a section on additional care and complications, which included caring for women having (I have removed the word late) caesarean births or complications during labour. It was recognised that this standard may require strengthening.

**6.Question:** *Have the NMC considered that there has only been a few graduating cohorts educated as per the 2019 Proficiencies. Whilst I appreciate that midwives also need to work to the Standards of proficiency, this will take time to embed.* - Sheila Brown, Senior Lecturer in Healthcare Sciences, Midwifery, Bangor University

**Response:** The NMC had looked at this and were mapping the Standards of Proficiency for midwives against the recommendations of maternity investigations and reports. It was stated that this work was ongoing, with a view to producing a report by the end of the year. Additionally, it was mentioned that the NMC was embarking on a piece of work to survey directors and heads of midwifery to see if they were using the Standards of Proficiency in delivering services within their organisations.

**7.Question:** *Why have programmes been asked to map to the 17 themes when NMC processes exist for them report deviations through exception reporting and ASR. Also, the NMC do have access to programme information via the QA link. Was this accessed?* - Sheila Brown, Senior Lecturer in Healthcare Sciences, Midwifery, Bangor University

**Response:** This was part of the triangulation the NMC was doing to ensure that its Standards of Proficiency were being used in theory and practice across Approved Education Institutions (AEIs).

**8.Question:** *Given the current challenges within the NHS and the wider healthcare system, it seems that there is limited uptake of practice supervisor and assessor roles. This may be partly because these roles are not widely recognised through academic qualifications or financial incentives, benefits that are available in some other countries for similar responsibilities. Many of these colleagues also take on the important role of competency assessors for early career registrants. Are there any plans to make these roles mandatory, with protected time allocated for staff to complete training and updates? Additionally, is there a plan to standardise this training nationally to ensure consistency and support for those undertaking these responsibilities?* - Wilfredo Vitao, Jr., Practice Educator at George Eliot Hospital NHS Trust and Royal College of Nursing Learning Representative

**Response:** While the NMC could mandate standards and responsibilities, it could not mandate payment aspects or impose requirements on employers. It was stated that it was about working together in partnership with colleagues to bring influence and support for practise educators and assessors.

**9.Question:** *In response to Mags Maguire's previously stated concerns about the practice learning consultation: The Royal College of Midwifery (RCM) would strongly recommend that there are two practice learning consultations: one for nursing and a separate one for midwifery.* - Heather Bower

**Response:** The comment would be taken into consideration, now the Council had given its approval for the NMC to consult formally, and alongside the mapping exercise being undertaken.

**10.Question:** Will the NMC consider reviewing the competencies that students have to achieve on their clinical placements in the practice for learning consultation? Will they be reduced with less hours to complete them? Also, will a cut in hours impact Trusts financially, as they receive less money through tariffs? - Alison Stacey

**Response:** The NMC wanted to consult on the practise learning hours for nursing as a minimum, but still required students to meet the proficiencies as set out and the other programme requirements. It was known that some students would do more hours than was set out. In England where there is the tariff, there may be some unintended consequences which the NMC was mindful of, but it was important to stick to the four-country wide approach.

**11.Question:** *Please can we seek assurance that, during any public/professional consultation, the actual reasons and evidence for/against (or lack thereof) is shared when consulting on the practice learning hours reduction? Namely facilitating increased implementation of priorities such as targeting the quality of placement learning experiences over quantity of placement learning hours. Previously the public said a resounding 'no' to reducing the hours requirement, but many of us feel that insufficient information was provided regarding the wider context.* - Cassia Forty Senior Lecturer in Nursing - De Montfort University

**Response:** Assurance that the consultation was genuine and the NMC would be listening to all responses. There was information that needed to be shared around what impacted on the quality of practice learning, and work on this was underway.

**12.Question:** A lot appears to be riding on the Sunday Times claim that some University Midwifery programmes are promoting a 'normal birth' ideology. We prize the use of trustworthy evidence to underpin midwifery practice and information for families. However, no explanation has been given as to the actual detailed evidence that underpins this claim from Shaun Lintern. Are the NMC aware of the detail of the basis on which this conclusion was reached? - Dr Juliet Wood LME Bournemouth University

**Response:** We do not have an evidence base for his data. We did not decide to carry out the exercises we are doing because of the article. We decided to do these exercises against the Standards of Proficiency in June 2025 as we thought it would be beneficial to understand how if our standards of proficiency for midwives are embedded in education and practice.

## Council

### Summary of actions

<b>Action requested:</b>	<p>The purpose of this report is to provide an update on progress against actions from previous Council meetings. [OBJ]</p> <p>The Council is asked to <b>note</b> the report.</p>	
<b>Key background and decision trail:</b>	<p>This paper is a standing update to the Council for information on actions agreed at previous meetings.</p>	
<b>Key questions:</b>	<p>Has appropriate progress been made in respect of actions agreed at previous meetings?</p>	
<b>Annexes:</b>	<p>None.</p>	
<b>Further information:</b>	<p>If you require clarification about any point in the paper or would like further information, please contact the author or the director named below.</p>	
		<p>Jacqueline Maunder          Secretary to the Council / Assistant Director Governance  <a href="mailto:jacqueline.maunder@nmc-uk.org">jacqueline.maunder@nmc-uk.org</a></p>

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### Council Action Log For Meeting 29 January 2026

Minute Ref	Minute Ref and Action	Owner	Due date	Progress	Status
<b>26 March 2025</b>					
<b>NMC/25/23</b> <b>(26 March 2025)</b>  And  <b>NMC/25/56</b> <b>(2 July 2025)</b>	<b>Safeguarding update</b>  <b>Action:</b> Provide a report setting out the approach to Council member champion and lead roles.  <b>NMC/25/56</b> <b>Summary of actions</b>  <b>Action:</b> 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	25 March 2026	<b>19.12.2025</b> - The Council member champion and lead roles will be reviewed as part of the upcoming Council effectiveness review. A report setting out the approach to the roles will then be submitted to the Open Council meeting on 25 March, coinciding with the report on the outcomes of the Council effectiveness review.  There will be opportunities for Council members to provide feedback and have input into the report in early February 2026.  <b>22.01.2026</b> - Not yet due.	<b>IN PROGRESS</b>

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Minute Ref	Minute Ref and Action	Owner	Due date	Progress	Status
<b>NMC/25/27</b>	<p><b>Pay Gap and Workforce Race Equality Standard (WRES) Report</b></p> <p><b>Action:</b> In future Pay Gap and WRES reports to include data about the overall demographic among the local population.</p>	Executive Director, People and Culture	25 March 2026	<b>22.01.2026</b> - Not yet due.	<b>IN PROGRESS</b>
<b>2 July 2025</b>					
<b>NMC/25/60</b>	<p><b>Draft Annual Fitness to Practise Report 2024-2025</b></p> <p><b>Action:</b> Provide numbers as well as percentages for FtP caseload figures in future reports.</p>	Executive Director, Professional Regulation	1 July 2026	<b>22.01.2026</b> - Not yet due.	<b>IN PROGRESS</b>
<b>NMC/25/60</b>	<p><b>Draft Annual Fitness to Practise Report 2024-2025</b></p> <p><b>Action:</b> Arrange a Council Seminar to present the different processes and stages of the FtP and the support mechanisms available.</p>	Secretary to the Council	24 February 2026	<b>22.01.206</b> - Not yet due. A Council Seminar session on the different processes and stages of FtP and the support mechanisms available is scheduled for February 2026	<b>IN PROGRESS</b>
<b>23 July 2025</b>					
<b>NMC/25/74</b>	<b>Quarterly corporate performance report</b>	Executive Director, Resources and	24 February 2026	<b>22.01.2026</b> – Not yet due. The Council	<b>IN PROGRESS</b>

Minute Ref	Minute Ref and Action	Owner	Due date	Progress	Status
	<b>Action:</b> A Seminar discussion to be scheduled regarding the programme of work to improve data access and reporting at the NMC.	Technology Services / Secretary to the Council		Seminar scheduled for 24 February 2026 will include a programme of work to improve data access and reporting at the NMC.	
<b>NMC/25/74</b> And <b>NMC/25/86</b>	<b>Quarterly corporate performance report</b>  <b>Action:</b> Following the Health Foundations review, consider whether to review the factors relating to the increase in the number of internationally educated professionals providing supporting information from employers as part of their application to join the register for the first time.	Executive Director, Strategy and Insight	29 January 2026	<b>21.01.26</b> - The NMC have decided to commission some further evaluation work ourselves to understand the drivers for using SIFE (Supporting Information from Employers) via the research team as part of next year's business plan. This will incorporate any relevant learning from the Health Foundation review. We continue to monitor our FTP referrals but do not have any evidence at the moment to suggest that the use of SIFE is having a negative impact on public protection.	<b>IN PROGRESS</b>

Minute Ref	Minute Ref and Action	Owner	Due date	Progress	Status
NMC/25/78 And NMC/25/86	<b>Employer Link Service summary activity 2024-2025</b>  <b>Action:</b> Include more information on outcomes in future iterations of the report.	Acting Executive Director, Professional Practice	July 2026	<b>21.01.2026</b> - Not yet due.	<b>IN PROGRESS</b>
<b>24 September 2025</b>					
NMC/25/87	<b>Summary of actions: Equality, Diversity and Inclusion (EDI) Strategic Objectives and 2025-2026 Year 1 actions</b>  <b>Action:</b> Present a paper to the Council setting out the planned interventions to mitigate against bias in early decision makers as well as related outcome measures. <i>Linked to NMC/25/111 (c)</i>	Executive Director, People and Culture	29 January 2026	<b>21.01.2026</b> - an update report is on the Council Confidential meeting agenda for 29 January 2026.	<b>IN PROGRESS</b>
NMC/25/89	<b>Executive Report</b>  <b>Action:</b> Include in the Executive Report details related to the NMC's work to engage with health and social care ministers, and shadow ministers in the	Executive Director, Communications and Engagement	25 March 2026	<b>21.01.2026</b> – Details related to the NMC's work to engage with Ministers / Cabinet Secretaries of Health and Social Care and shadow Ministers, as elections in both Wales	<b>IN PROGRESS</b>

Minute Ref	Minute Ref and Action	Owner	Due date	Progress	Status
	coming months, as elections in both Wales and Scotland approach.			and Scotland approach, will be included in future iterations of the Executive Report.	
<b>NMC/25/90</b>	<b>Quarterly corporate performance report</b>  <b>Action:</b> Include quality measures in future updates relating to FtP casework.	Executive Director, Professional Regulation	29 January 2026	<b>21.01.2026</b> Details of our work to strengthen the quality processes and thresholds within FtP casework are detailed within the Q3 Quarterly Corporate Performance Report which can be found at item 7 on this agenda.	<b>IN PROGRESS</b>
<b>NMC/25/90</b>	<b>Quarterly corporate performance report</b>  <b>Action:</b> Schedule an in-depth discussion at a Seminar session regarding the development of a strategy for clinical advice in casework.	Secretary to the Council / Action Executive Director, Professional Practice	June 2026	<b>21.01.2026</b> - a Seminar session to be scheduled in 2026/2027	<b>IN PROGRESS</b>
<b>NMC/25/90</b>	<b>Quarterly corporate performance report</b>	Acting Executive Director, Resources and	25 March 2026	<b>21.01.2026</b> - Not yet due.	<b>IN PROGRESS</b>

Minute Ref	Minute Ref and Action	Owner	Due date	Progress	Status
	<b>Action:</b> 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.	Technology Services			
<b>NMC/25/90</b>	<b>Quarterly corporate performance report</b>  <b>Action:</b> Relating to the EDI learning suite, involve the Council and incorporate EDI into its learning and development plan, as well as to consider ways the Council could promote and role model this work.	Secretary to the Council	25 March 2026	<b>21.01.2026</b> – An away day has been scheduled for Council members and the Executive Board on 5 March 2026 which discuss development plans and include EDI.	<b>IN PROGRESS</b>
<b>NMC/25/94</b>	<b>Finance and Resources Committee: Terms of Reference</b>  <b>Action:</b> Consider incorporating quality to the Terms of Reference for the Finance and Resources Committee.	Secretary to the Council	25 March 2026	<b>21.01.26</b> – Not yet due. A review of the Council's committee structure is underway which include a review of the Terms of Reference (ToR) for the Committees.	<b>IN PROGRESS</b>

Minute Ref	Minute Ref and Action	Owner	Due date	Progress	Status
NMC/25/95	<p><b>Culture Transformation Plan / Independent Culture Review: Maturity Model</b></p> <p><b>Action:</b> Consider incorporating the feedback provided to the next iteration of the Maturity Model, including whether:</p> <ul style="list-style-type: none"> <li>reference to psychological safety in the Model appropriately encompassed the NMC's 'speak up' culture.</li> <li>whether EDI should be treated separately to avoid duplication.</li> </ul>	Executive Director, People and Culture	25 March 2026	<b>22.01.2026</b> - Not yet due. The Maturity Model will be presented at future Council meetings, at sequenced intervals. We are working with our psychological safety coach feedback and speak up Guardian data to design the next iteration of the psychological safety offer.	<b>IN PROGRESS</b>
<b>21 October 2025</b>					
NMC/25/104	<p><b>Independent reviews</b></p> <p><b>Action:</b> Provide a report to the Council in six months on progress with actions resulting from the reviews, including the work to enhance the governance processes related to the FtP guidance and improving the ways in which colleagues</p>	Executive Director, Strategy and Insight Executive Director, Strategy and Insight	20 May 2026	<b>22.01.2026</b> - Not yet due.	<b>IN PROGRESS</b>

Minute Ref	Minute Ref and Action	Owner	Due date	Progress	Status
	can raise concerns about cases and thematic issues.				
<b>26 November 2025</b>					
<b>NMC/25/111 (a)</b>	<b>Executive Report</b>  <b>Action:</b> Future Executive Reports to capture the impact and outcomes of stakeholder engagement rather than just listing activities, including in each of the four UK nations.	Chief Executive and Registrar / Executive Director, Communications and Engagement	29 January 2026	<b>21.01.2026</b> Agenda item 6 on the agenda.	<b>IN PROGRESS</b>
<b>NMC/25/111 (b)</b>	<b>Action:</b> Provide the Council with an update regarding the regulation of Nursing Associates in Wales in the new year	Executive Director, Strategy and Insight	May 2026	<b>21.01.2026</b> - the Council will be updated as soon as more information is available.	<b>IN PROGRESS</b>
<b>NMC/25/111 (c)</b>	<b>Action:</b> Plans to eliminate unconscious bias in the FtP process would be brought to the Council early in 2026.  <i>Linked to NMC/25/87</i>	Executive Director, People and Culture	29 January 2026	<b>21.01.2026</b> - a report is on the Confidential Council meeting agenda for 29 January 2026.	<b>IN PROGRESS</b>
<b>NMC/25/111 (d)</b>	<b>Action:</b> The Council member with midwifery expertise, Acting Executive Director, Professional Practice, and Assistant	Acting Executive Director, Professional Practice	29 January 2026	<b>21.01.2026</b> - An update report is on the Confidential Council meeting agenda for 29 January 2026. Further	<b>IN PROGRESS</b>

Minute Ref	Minute Ref and Action	Owner	Due date	Progress	Status
	Director, Midwifery to meet to develop reporting between MSAG and the Council, to cover updates on the Midwifery Action Plan.			quarterly reports will be presented to the Council in March, July and November 2026.	
<b>NMC/25/111 (e)</b>	<b>Action:</b> Relating to the joint campaign with the GMC, "Good Teamwork Means Better Maternity Care", efforts would be made to work more closely with the Royal College of Obstetrics and Gynaecology	Acting Executive Director, Professional Practice	25 March 2026	<b>22.01.2026</b> - Not yet due.	<b>IN PROGRESS</b>
<b>NMC/25/111 (f)</b>	<b>Action:</b> The possibility of making self-referral mandatory for midwives in cases of mortality in birth or within two weeks of birth would be considered and brought back to the Council.	Acting Executive Director, Professional Practice	25 March 2026	<b>22.01.2026</b> - Not yet due.	<b>IN PROGRESS</b>
<b>NMC/25/111 (g)</b>	<b>Action:</b> A Council Seminar session on updates relating to Regulatory Reform would be scheduled for February 2026.	Secretary to the Council / Executive Director, Strategy and Insight	24 February 2025	<b>22.01.2026</b> - Not yet due.	<b>IN PROGRESS</b>
<b>NMC/25/112 (a)</b>	<b>Quarterly corporate performance report</b>  <b>Action:</b> A paper with the first findings from the new	Chief of Staff	25 March 2026	<b>22.01.2026</b> - Not yet due.	<b>IN PROGRESS</b>

Minute Ref	Minute Ref and Action	Owner	Due date	Progress	Status
	Log and Learn system would be presented to the Council in early 2026.  <i>Linked to action NMC/25/90.</i>				
<b>NMC/25/112 (b)</b>	<b>Action:</b> Share the refreshed FtP plan with the Council in January 2026	Executive Director, Professional Regulation	24 February 2026	<b>22.01.2026</b> - Not yet due. On the agenda for the Confidential Council meeting 24 February 2026.	<b>IN PROGRESS</b>
<b>NMC/25/112 (c)</b>	<b>Action:</b> 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	<b>22.01.2026</b> - Not yet due.	<b>IN PROGRESS</b>
<b>NMC/25/112 (d)</b>	<b>Action:</b> A broader dashboard of information on education QA, including markers and student views, to be provided to the Council to help identify potential problems early.	Acting Executive Director, Professional Practice	25 March 2026	<b>22.01.2026</b> – Will be included in the next quarterly EdQA update	<b>IN PROGRESS</b>
<b>NMC/25/112 (e)</b>	<b>Action:</b> A Council Seminar was planned for March 2026 to look at risk across the NMC, including how to refresh the NMC's risk register and its approach to risk appetite and tolerance.	Chief of Staff	24 March 2026	<b>22.01.2026</b> - Not yet due.	<b>IN PROGRESS</b>
<b>NMC/25/116 (a)</b>	<b>EDI Workshop plan for Council</b>	Executive Director, People and Culture	29 January 2026	<b>21.01.2026</b> An away day is being held on 5 March	<b>IN PROGRESS</b>

Minute Ref	Minute Ref and Action	Owner	Due date	Progress	Status
	<b>Action:</b> 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.			2026 for Council members and members of the Executive Board which will inform future development activity.	
<b>NMC/25/116 (b)</b>	<b>Action:</b> The Council to submit written recommendations for the development of the Council EDI workshop to the Executive Director, People and Culture, ahead of the informal meeting on 15 December 2025.	Executive Director, People and Culture	15 December 2025	<b>21.01.2026</b> – A meeting was held on 15 December 2025 to discuss EDI matters. Action completed.	<b>COMPLETE</b>
<b>NMC/25/116 (c)</b>	<b>Action:</b> Hold a further discussion with the Council regarding the development of the Council EDI workshop at the informal Council meeting on 15 December 2025.	Executive Director, People and Culture	15 December 2025	<b>22.01.2026</b> - Feedback from the Council members following the informal meeting held on 15 December to be considered and incorporated into EDI discussions and the away day planned for 5 March 2026.	<b>IN PROGRESS</b>

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

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## Executive report

<b>Action requested:</b>	The Council is asked to <b>discuss</b> the Executive’s report on key developments during 2025-2026, up to 29 January 2026.  <b>For discussion</b>			
<b>Key questions:</b>	<ul style="list-style-type: none"> <li>• How have we responded to key developments in the external environment?</li> <li>• How have we engaged with professionals, the public, colleagues, stakeholders and the NMC about our work?</li> </ul>			
<b>Key background and decision trail:</b>	This paper provides information on key developments and updates since the last Council meeting on 26 November 2025.  The Executive Report is structured around the five agreed priorities of the 2025-2026 Corporate Plan.			
<b>Annexes:</b>	None			
<b>Further information:</b>	If you require clarification about any point in the paper or would like further information, please contact the author or the director named below.  <table border="1" data-bbox="384 1335 1401 1442"> <tr> <td data-bbox="384 1335 858 1442">           Author: Orfhlaith Kearney  <a href="mailto:Orfhlaith.Kearney@nmc-uk.org">Orfhlaith.Kearney@nmc-uk.org</a> </td> <td data-bbox="863 1335 1401 1442">           Executive Director: Julia Corkey  <a href="mailto:Julia.Corkey@nmc-uk.org">Julia.Corkey@nmc-uk.org</a> </td> </tr> </table>		Author: Orfhlaith Kearney <a href="mailto:Orfhlaith.Kearney@nmc-uk.org">Orfhlaith.Kearney@nmc-uk.org</a>	Executive Director: Julia Corkey <a href="mailto:Julia.Corkey@nmc-uk.org">Julia.Corkey@nmc-uk.org</a>
Author: Orfhlaith Kearney <a href="mailto:Orfhlaith.Kearney@nmc-uk.org">Orfhlaith.Kearney@nmc-uk.org</a>	Executive Director: Julia Corkey <a href="mailto:Julia.Corkey@nmc-uk.org">Julia.Corkey@nmc-uk.org</a>			

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## Discussion

### Key stakeholder engagement moments

#### *Key stakeholder meetings*

- 1 The NMC has continued to engage proactively and constructively with key stakeholders on significant organisational developments, including Fitness to Practise (FtP), Culture Transformation, and the NMC's Professional Practice roadmap. Notably, on 2 December the NMC's Chair, Ron Barclay-Smith, and Chief Executive and Registrar, Paul Rees MBE met with Karin Smyth MP, Minister of State for Health at the Department of Health and Social Care (DHSC). The meeting covered the NMC's improved FtP performance, work to support midwifery care, the NMC's fees and FtP rules consultation, and updates on advanced practice.
- 2 Other key engagements to date have included meetings with: Deborah Sturdy (Chief Nurse for Adult Social Care, DHSC), the Charity Commission, Sally Warren (Director General for Adult Social Care, DHSC), Aisha Holloway (Chief Nursing Officer, Scotland), Kate Brintworth (Chief Midwifery Officer, England), Sue Tranka (Chief Nursing Officer, Wales), Maria McIlgorm (Chief Nursing Officer, Northern Ireland), Baroness Mary Watkins, Sally Holland (Chair of the Wales-wide assessment of maternity and neonatal services), Nicola Ranger (General Secretary and Chief Executive, Royal College of Nursing), and counterparts for other regulators including the General Medical Council and Professional Standards Authority.
- 3 Throughout December, the NMC also engaged with professionals and members of the public through its Professional Strategic Advisory Group, Midwifery Strategic Advisory Forum and Public Voice Forum for their final meetings of the year. These groups continue to provide valuable insight and feedback, using peoples' lived experiences to shape the NMC's strategic direction. Members provided feedback on various topics, including proposed changes to FtP rules, progress on the Code and revalidation reviews, the review of nursing and midwifery practice learning, and building a new NMC and strengthening trust with professionals. The NMC looks forward to continuing and deepening its engagement with these groups throughout 2026, ensuring their perspectives remain central to ongoing reform and delivery priorities.

#### *Engagement on equality, diversity and inclusion*

- 4 The Chief Executive and Registrar, Paul Rees MBE, Executive Director of Strategy and Insight, Emma Westcott, and Assistant Director for Culture Change and Transformation, Charlotte Eimer, met with Lord Mann – who is leading the government's rapid review into how the NHS and healthcare professional regulators handle antisemitism and all forms of racism – on 11 December. The NMC expressed its full support for the review and explained the steps it is taking to

tackle racism and discrimination. The discussion was positive, with Lord Mann identifying areas of good practice.

- 5 Alongside this, the NMC continues to tackle ethnic and religious hate within health and care. Most recently, the NMC ran a webinar for staff, and training for key staff on antisemitism, with a dedicated workshop planned for FtP decision-makers. This was followed by a staff webinar on anti-Muslim hate during Islamophobia Awareness Month, alongside a further planned workshop for FtP decision-makers. Together, these actions are strengthening the NMC's cultural competence, supporting fairer FtP outcomes and improving trust and confidence in the organisation's regulatory role.
- 6 Meanwhile, NMC colleagues have met with the newly convened Equality, Diversity and Inclusion (EDI) Target Reference Group for the first time. The group will provide insight and feedback on NMC proposals to de-bias its FtP processes – part of the NMC's EDI target to eliminate ethnicity and gender disparities in FtP by 2030. It consists of senior nursing and midwifery professionals from Black, Asian and minority ethnic backgrounds, who have lived experience of the NMC's FtP processes or have been involved in making referrals.
- 7 The group will remain in place for approximately one year, holding the NMC to account and providing valuable insight into how its work is impacting healthcare professionals who engage with or experience its regulatory processes. This engagement will be key to building and improving relationships with stakeholders, and ensuring that this work is properly informed, supporting the NMC to meet its EDI targets and, over time, effectively reduce ethnic and gender disparities.
- 8 The NMC also continues to engage with professionals and stakeholders about its commitment to EDI. This includes Paul Rees MBE's recent address at the annual Jabali Men's Network Conference. Paul emphasised the NMC's commitment to tackling discrimination within its own processes, and its determination to ensure that all nursing and midwifery professionals can engage with the NMC with confidence, fairness, and respect – reinforcing the organisation's broader commitment to becoming an anti-racist organisation and embedding EDI in everything it does.

## **Key developments in the wider landscape**

### *Maternity care*

#### *Baroness Amos initial reflections on maternity care*

- 9 On 9 December, Baroness Amos published her first update from the Independent Investigation into Maternity and Neonatal Services in England. The NMC is explicitly named in the report as one of the national organisations the investigation will engage with as part of its system-wide review. The report also sets out that families raised concerns about regulatory bodies, with some saying they were not

listened to or taken seriously, and questioning whether national organisations, including regulators, act effectively when things go wrong or work together to prevent harm.

- 10 The findings from this review will help the NMC to strengthen its regulatory oversight, inform improvements in practice, and ensure it meaningfully contributes to safer, more equitable maternity care.

#### *Care Quality Commission (CQC) maternity survey*

- 11 On 10 December, the CQC published its latest national maternity survey, capturing people's experiences of antenatal, labour and postnatal care across England – to highlight what is working well and where services need to improve. The findings show pressures around patient safety in maternity care and come at a time of increased scrutiny on maternity and neonatal safety following Baroness Amos's investigation. For the NMC, it highlights some of the challenges professionals on the Register face. We will continue to support improvements in maternity care, as seen through its recent '[Good teamwork means better maternity care](#)' campaign and [Midwifery Action Plan](#).

- 12 The NMC recently reported on [the progress](#) of its Midwifery Action Plan. This includes a consultation in February as part of the review into nursing and midwifery practice learning, including exploring whether to extend the duration of midwifery programmes, and an independent review of the NMC's standards of proficiency against recommendations from recent maternity reviews. These reviews will help the NMC to understand whether it needs to strengthen its standards in areas such as cultural competence, unconscious bias and anti-racism – to tackle unacceptable health inequalities and support midwives to deliver the best possible care.

#### *Winter pressures*

##### *Joint communication from the NMC and CNOs for England, Wales and Northern Ireland*

- 13 On 22 December, the NMC in collaboration with the Chief Nursing Officers for England, Wales and Northern Ireland, issued [a joint letter to professionals](#), thanking them for the work they do every day, and providing assurance that they will continue to take into account the context in which registrants work as part of their decision-making processes. This comes during what is expected to be another demanding winter for health and social care services – helping to reinforce trust and confidence in regulation, and show support for professionals as they continue to deliver safe care under sustained pressure.

#### *Political landscape*

##### *Non-surgical Procedures and Functions of Medical Reviewers (Scotland) Bill*

- 14 On 9 December, the NMC's Senior Adviser for Advanced Practice, Paula McLaren, gave oral evidence to the Scottish Health, Social Care and Sport Committee on

their Non-surgical Procedures and Functions of Medical Reviewers Bill. The Bill was introduced to address growing concerns about unsafe or poorly regulated aesthetic treatments, the risk of physical and psychological harm, and the current gaps in how providers, premises and training are overseen.

- 15 While the NMC was not the focus of the session, it provided valuable insight into how its position on remote prescribing of non-surgical cosmetic medicines (updated in July 2024), Code, and education standards ensure professionals on the Register have the support and guidance needed to work within their scope of practice and comply with current and future legislation. The NMC will continue to monitor the Bill's progress and maintain engagement with the Scottish government, Health Improvement Scotland, and other regulators on the matter.

### **Mid-year registration data report 2025**

- 16 On 5 December, the NMC published its [latest mid-year registration report](#) which showed that the number of nurses, midwives and nursing associates who can practise in the UK has risen to a record 860,801, but growth of the workforce has slowed significantly due to a sharp fall in the number of internationally educated professionals joining the Register for the first time.
- 17 Despite this, the Register has continued to become more ethnically diverse, with a third of professionals from Black, Asian and minority ethnic backgrounds. This makes it more important than ever that the whole health and care sector takes a zero-tolerance approach to the racism and discrimination that persists in society, and in health and care. The NMC shared these updates via its communication channels, and encourages the wider health and care system to use this data to help drive improvements, support professionals and ultimately improve care for the public.

### **Fitness to Practise insight report 2025**

- 18 On 12 December, the NMC published its Fitness to Practise Insight report for 2025 – highlighting how evidence and insight enable faster, fairer regulatory processes, influence practice, and support improvements across health and care. It highlights the NMC's learnings and shows: why some concerns lead to more serious outcomes, what dishonest behaviour looks like and why it happens, and why some employer referrals don't require a formal investigation.
- 19 The findings come 18 months since the NMC launched its FtP Plan, against which it has made steady progress – with quicker, fairer decisions, and a process that is more person-centred for those involved. Understanding these insights provides confidence that the changes the NMC is making to FtP are meaningful, helps us to plan future improvements based on clear evidence, and track the impact for the

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public and professionals on the Register. A blog by the Executive Director of Strategy and Insight, Emma Westcott, is [available on the NMC website](#).

### Annual Spotlight report 2025

- 20 The NMC will soon publish its latest *Spotlight* report, which includes findings from its first ever annual survey of professionals on the Register. The NMC heard the views and experiences of 37,961 nurses, midwives and nursing associates, who shared insights into the reality of their practice – including that over half of respondents are satisfied in their work – motivated by making a difference to people’s lives – but also some marked warning signs around burnout, discrimination and patient safety.
- 21 This highlights the importance of understanding the lived experiences of nurses, midwives and nursing associates, and how these voices can help organisations to improve the health and care environment for people who use services and the professionals who care for them. *Spotlight* also includes data on nursing and midwifery recruitment and retention, including the number of professionals – both UK and internationally educated – coming onto the Register and leaving it. The report will also share data captured as part of the revalidation process and what this tells us about people’s professional practice.

### Disability History Month

- 22 The NMC marked Disability History Month (20 November – 20 December) with a programme of awareness, education and celebration. Events included a webinar, *‘Understanding neurodivergence: Webinar with the Royal College of Midwives’*, about supporting neurodivergent colleagues in the workplace. There was fruitful discussion on how to make ensure the NMC’s review of the Code and revalidation is neurodivergence inclusive. This demonstrates the importance of involving external speakers, both in enriching the discussion and in strengthening the NMC’s ongoing relationships with stakeholders.
- 23 Celebrations also included in-person coffee and cake events across NMC offices with colleagues sharing their lived experiences – helping to create an environment where colleagues felt seen, valued and inspired to be their authentic selves.

### Next Steps

The Council is invited to discuss the updates in the Executive report

### Implications

The following were considered when preparing this paper:

Implication:	Yes/No/NA	Location if in paper:	Content if not in paper:

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

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## Council

### Quarterly Performance Report Q3 2025-2026

<b>Action requested:</b>	<p>The Council is asked to review and <b>discuss</b> the quarterly report on our performance for the Quarter 3 reporting period September-December 2025. (<b>paragraph 58</b>).</p> <p>For <b>discussion</b>.</p>
<b>Key background and decision trail:</b>	<ul style="list-style-type: none"> <li>• This is our performance report to Council. It includes:           <ul style="list-style-type: none"> <li>○ Performance indicators related to core business supporting our Corporate Plan (<b>annexe 1</b>)</li> <li>○ Performance indicators related to the commitments we have made within our Corporate Plan to deliver transformation activity (<b>annexe 2</b>)</li> <li>○ Individual performance updates on key deliverables, success and challenges within our five priorities (<b>'Discussion'</b> section of this paper)</li> </ul> </li> <li>• Performance commentary is provided by the relevant Executive Directors.</li> <li>• Data is provided for Q3 (October - December 2025), but commentary extends up to the Council meeting to ensure the most recent events are shared and discussed.</li> <li>• Any non-performance or delivery focused updates on progress we are making to achieve our corporate priorities, can be found in our Executive Report which is an item at this meeting.</li> </ul>
<b>Key questions:</b>	<ul style="list-style-type: none"> <li>• Is our delivery of key initiatives on track, and therefore can we assume delivery of our intended benefits/outcomes?</li> <li>• What are the challenges or blockers we need to address to ensure activity can remain on track, and how should we reduce their impact?</li> </ul>
<b>Annexes:</b>	<p>The following annexes are attached to this paper:</p> <ul style="list-style-type: none"> <li>• <b>Annexe 1:</b> Core business scorecards</li> <li>• <b>Annexe 2:</b> Commitments scorecards</li> <li>• <b>Annexe 3:</b> Fitness to Practise (FtP) performance dashboard</li> <li>• <b>Annexe 4:</b> FtP caseload breakdown (by profession and country)</li> </ul>

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<b>Further information:</b>	If you require clarification about any point in the paper or would like further information, please contact the author or the director named below.	
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# Quarterly Performance Report

## Discussion

### Delivery updates for Q3 2025-2026

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

##### *Independent Culture Review (ICR) actions*

- 1 The **Independent Culture Review** (ICR) identified 37 recommendations. Progress against the recommendations was discussed at the Council meeting on 26 November consequently the People and Culture Committee (PCC) requested a deep dive into all the recommendation ratings that had been provided previously.
- 2 .The People and Culture Committee (PCC) met on 20 January 2026 to review the evidence provided.
- 3 We are working with the PCC to provide assurance that the NMC would not only deliver the specific recommendations, but also embed the underlying cultural change in a sustained and measurable way, with the intention of reporting on ICR action progress to the Professional Standards Association Independent Oversight Group (PSA IOG), and to Council using the culture maturity model going forward.
- 4 Progress against action 6 regarding eliminating backlogs at Screening by 2025 has not been met in full but we have made notable improvement. We had planned to return our case holding back towards 1200 open cases. In December 2025 we had 1944 open cases, this is a variance of 794 cases compared to 1200 cases. A key driver was the significant increase in referrals that was not fully anticipated at the point this recommendation was set. In 2024-25 we experienced a 13 percent increase in referral volumes which led to us processing over 700 more referrals than the previous year. We expect a similar increase again. Had we not seen referrals increase, we would have expected to be within reach of our 1200 case holding target. Increased referrals exceeded our resourcing assumptions slowed the pace at which we could reduce our screening case holding. However, when we compare case holding at July 2024 to December 2025, the number of open cases has reduced by more than 1000 cases or 35 percent. We removed the backlog of over 900 unallocated cases at screening during 2024, improved efficiency through triage and new guidance, and now have a more manageable caseload. Persistently high referrals have masked the full progress at this stage. See **Priority 3** for an outline of the work we are doing in the next phase of FtP improvement, which will inform the revision of our delivery targets.

##### *Culture Transformation Plan actions*

- 5 For more detail on our activity, please see the *People and Culture Committee Report*, an item at this meeting.
- 6 **The Independent Oversight Group** (IOG) met in November 2025. The discussion centred on the independent reports into whistleblowing and FtP, Culture Transformation Plan (including feedback from Staff Networks on the plan), an update on the role of the NMC Council. The Professional Standards Authority (PSA) also presented the analysis of their recent survey of IOG members as to

their level of assurance on the progress the NMC has made on organisation culture, FtP, and safeguarding. At IOG on 12 January 2026, a decision was made to reduce the meetings to six per year. A further review will be held in June 2026.

- 7 Work has been progressing on the **EDI objectives** underpinned by the EDI targets. The EDI stocktake which was presented to Council in September 2025 is now complete. As part of the stocktake the Head of Regulatory EDI presented a number of de-biasing proposals to both internal and external stakeholders, including the EDI Target Reference Group, (senior stakeholders across nursing and midwifery) which was formed specifically to support this work. A paper will be shared with Council in January 2026 outlining the proposals and evaluating the stocktake and next steps. Upon agreement, a prioritisation exercise will be conducted to determine which of the interventions can be implemented over Q1/Q2 with implementation commencing in February 2026.
- 8 Work has also been progressing on the (internal) Workforce EDI workstream, as we conducted an Equality Impact Assessment (EQIA) and delivered inclusive recruitment training as part of the voluntary redundancy programme. The team has a dedicated project to enhance our EQIA process and continued to meet our Anti-Racism commitments. We also delivered bespoke EDI learning on bias interruption for the Professional Practice directorate.
- 9 A new strategy has been created for our staff networks to help ensure the NMC is building a positive and empowering inclusive culture for colleagues. As part of this work, an interactive workshop was held to establish shared expectations. The strategy, which includes new terms of reference for Chairs and Executive Sponsors, has been shared with EB, staff network chairs and the Culture Transformation Steering Group (CTSG).

### *Inquiries and Reviews*

- 10 In November 2025, we submitted a Rule 9 request to the statutory inquiry on the attacks in Nottingham in June 2023. We have now received a request for our Chief Executive and Registrar to give evidence to the inquiry in June 2026.
  - 10.1. Colleagues attended the quarterly families' meeting related to the Nottingham Maternity Review and maintain regular contact with the Review team and the Nottingham Police. This engagement enables us to uphold our duty of public protection through ensuring we receive the right referrals and can take the right action to protect the public and maintain public confidence in the professions.
  - 10.2. On 21 January 2026, our Chief Executive and Registrar will also meet with Members of Parliament from Nottingham to update them on how the NMC is engaging with and supporting the Independent Review into Maternity Services at Nottingham University Hospitals Trust.
- 11 We received an additional Rule 9 request from the Lampard Inquiry in December 2025. The Inquiry has requested a single consolidated case list which comprises all previously disclosed and newly identified cases.

- 12 We are meeting with the Muckamore Abbey Inquiry team on 22 January 2026 to discuss publication of the report expected in March 2026.
- 13 We continue activity to prepare for the publication of the Thirlwall Inquiry report, now expected after Easter (April) 2026.
- 14 All engagement with statutory inquiries is subject to legal advice and confidentiality obligations.

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

- 15 In November 2025, the NMC appointed Christopher Kinsella, as Interim Executive Director of Resources and Technology Services (which has since been reorganised to form a focused Finance directorate). His directorate’s priority is to secure our financial position to meet our core regulatory responsibilities now, and long-term.

**Priority 3: Improve fitness to practise**

- 16 Performance metrics are detailed within **annexe 3** FtP performance dashboard and **annexe 4** FtP caseload breakdown (by profession and country).
- 17 We ended 2025 with our key fitness to practise (FtP) timeliness metric at its strongest in nearly five years – in December 2025 we concluded an average of 73.3 percent of cases within 15 months, the highest average since February 2021.
- 18 The screening caseload has reduced by 19.5 percent this year, from 2,416 cases in March 2025 to 1,944 cases in December 2025. This reflects the timeliness improvements made to our screening casework and decision-making in 2024 and 2025, meaning fewer people seeing delays at this part of the FtP process.
- 19 We continued to see improvements in Investigations performance during Q3, where the volume of progressions rose over March to November 2025, there was an expected dip in December due to fewer working days and festive leave. The April to December 2025 average was 151 cases progressed each month, compared to an average of 111 per month in the same April to December period in 2024.
- 20 Despite positive progress we know we still have significant work to do to improve timeliness across the whole of the FtP process. The age profile chart at **annexe 3** shows that in December, 24 percent of the caseload was aged over two years (cases opened in 2023 or older). We have made progress in concluding older casework this year, when we compare volumes in March 2025 to December 2025, we have closed 929 cases older than two years since April.
- 21 Incoming concerns continue to rise. This is a trend seen across the health and social care sector, with other regulators and the NHS seeing similar patterns. Research from the Nuffield Trust (2025) attributed increases to rising dissatisfaction with health care in the UK.
- 22 In March 2025 the average number of referrals per month was 546 and by December this had risen to 590 average per month. Forecasting suggests this trend will continue and we’ll match or exceed 600 average per month by the close

of the year. Consistent increases place more demand across FtP and impacts case progression and timeliness, masking the gains achieved through various improvement interventions. 600 average referrals per month was our worst-case scenario, our expectations were closer to 570 average per month. As we move into the new financial year, we are planning for a range between 600-700 average referrals per month phased across the year. In 2025-2026 our updated screening guidance and efficiencies at triage were key mitigations which enabled us to manage this increase at this stage. As these extra cases flow through other stages of the FtP process, planned interventions contained within our updated FtP programme are intended to create capacity that will support us to sustainably manage our casework (see next paragraph).

23 Q3 was a period of scoping the next phase of our FtP improvement programme for a faster and fairer FtP process. This involved FtP and other NMC leaders reviewing our context of future demand, upcoming regulatory reform changes and commitments such as addressing bias in FtP and using this context to define our next programme of work and the governance arrangements. We sought feedback and ‘test and challenge’ from stakeholders such as the representative bodies and Chief Nursing Officers.

24 The programme is continuing to focus on timeliness, quality and the experience of people in FtP and we will pivot internal resource and invest in partner support to deliver against five aims:

24.1. **Invest in better technology**, tools and automation to improve efficiency, consistency and experience.

24.2. **Develop better ways of working** – earlier clinical advice on cases, the right expertise on the right cases at the right time including safeguarding and EDI, improved processes.

24.3. **Invest in high performing teams** – strengthened operational leadership, management and cross department collaboration.

24.4. **Deliver a quality service** – strengthening quality gateways before cases move to the next stage of the process and alignment on standards, reducing re-work and improving timeliness.

24.5. **Align on what good regulation looks like** and use of alternative disposals – to arrive at fair, proportionate outcomes at each stage of the process.

25 In January 2026, we moved into implementation for priorities underpinning these aims and we introduced new governance arrangements. Further work is ongoing, to bring project plans together for holistic review of timescales, impacts and benefits. We will determine success measures, including on quality and FtP timeliness. Our Council will have an in depth briefing and discussion on this work in February 2026.

26 There will be a proactive communications and engagement plan to promote understanding (and the delivery) of the plan.

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**Quality**

- 27 One of the priorities is strengthening the quality processes and thresholds at Investigations, Case Examiner and Adjudication stages. Our Case Preparation and Presentation (CPP) and Adjudication teams have been identifying a new approach to how we prepare cases for hearings. This has been informed by feedback from stakeholders such as the representative bodies, about delays to hearings because of document issues, or the NMC not engaging early enough with case parties. We identified improvement actions in Q3 and are now implementing that work. This includes embedding new quality checks and criteria that a case needs to meet before it is deemed ready for a hearing. This will ensure all case parties are ready and supported for a hearing, will prevent avoidable hearings issues such as administrative issues and will reduce hearings delays.
- 28 Another key quality-related strand of work moving into delivery has been a review of evidential quality standards (EQS) used by our Investigations team. These define what a quality investigation is, for example, the evidence required to prepare cases for a Case Examiner decision. These standards were last updated in 2023, and one issue has been the differing interpretation of these by Investigations, Case Examiner and CPP teams. We have seen this can lead to many casework queries, re-working and delays. The updates will improve the robustness of the EQS and provide our teams with greater confidence and clarity. One batch of changes is going live in January 2026, with teams embedding improvements to how we handle cases with a criminal conviction, which links to an ICR recommendation. These EQS operational changes are a building block for another FtP improvement priority, on embedding new ways of working in Investigations.

**Supporting people**

- 29 We will shortly launch a refreshed customer contact standard operating procedure (SOP) amongst FtP teams. This clarifies expectations for how frequently our teams contact case parties with updates; addressing feedback we received that some people have not had timely updates on their case, and/or about inconsistencies in their experience. This also addresses one of the ICR recommendations. The FtP improvement programme will see our FtP process become more customer-centric and this SOP work is an important foundational step in changing how we support people in our casework.

**Enablers**

- 30 Work has continued to strengthen our leadership and operational management, to enable high-performance and effective delivery of FtP improvements. Workshops involving FtP legal colleagues commenced in November 2025, developing a new legal competencies and behaviours framework for all NMC legal professionals. This will align with the NMC behaviours framework. The expected outcomes will be improved legal recruitment and retention, better professional development and supporting legal colleagues to perform at their best.
- 31 We continued our programme to replace our FtP case management system and modernise other systems. In Q3 we have scoped replacing technology in our London and Edinburgh hearings rooms, with procurement of a supplier happening

now and implementation expected late Q4 / early Q1. In addition, we released bitesize videos to support colleagues to make the most of our current systems, covering tips for redaction, understanding version histories, and communicating. More videos in the series will be released.

#### *Modernisation of Technology Services (MoTS)*

- 32 The decision has been taken to revise the deployment date to 10 February 2026 for NMC Online. This project will deliver an improved user experience for professionals on our register (and other key external stakeholders), including better protection of their personal and financial data; as well as efficiencies for colleagues, which in turn protects the integrity of our register. We will be launching a hub of webpages which will provide guidance for those accessing the new system.
- 33 The project has encountered complex technical and environmental challenges and needed to absorb an increased scope, resulting in overspend. A paper is scheduled for Council Seminar in February 2026 to address this.

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

#### *Practice learning review*

- 34 At the November 2025 Council meeting, we announced proposals to consult on changes to a number of education standards, with a focus on practice learning. This follows several months of extensive research and stakeholder engagement, which shows that while many students across the UK benefit from positive practice learning experiences, the quality of these experiences vary.
- 35 Following Council approval at that meeting, we are moving to consult on the proposed changes from February 2026. If the findings show there is a need to update the NMC's standards, we will look to do this from September 2026. We will continue to work closely with key stakeholders and subject matter experts from across the UK as this work progresses.

#### *Refreshing our Code and Revalidation*

- 36 Our new Public Advisory Group met for the first time on 4 December 2025. It's formed of members of the public with lived experience of nursing and midwifery care, as well as representatives from charity and advocacy groups, to offer their insight and views as part of the review. This will sit alongside our Breadth of Practice Group (formed of professionals), and Student and Recently Registered Group which met for the first time in November.
- 37 The online survey for the Code and revalidation reviews closed on 31 December 2025. We received over 13,000 responses, mostly from professionals, but also from students, employers, members of the public and educators. Research colleagues are analysing the findings which will help inform our consultation proposals and future engagement plans.

38 In Q3 we undertook extensive engagement to collect views on our current requirements and analysed the emerging survey findings. We convened our independent steering group and three advisory groups. We also started to develop concrete proposals for change, working with colleagues across the NMC to understand the potential impacts on our operations and processes. We have a particular focus on digital transformation, robustness, enabling access, improving efficiency, enhanced communications and regulatory reform.

39 This work will continue in the new year with further engagement, meetings of our independent steering group and advisory groups, research findings and roundtables with key groups. In March 2026, we will update Council on our work to date, and in July 2026 we will seek permission for formal consultation later in 2026.

#### *Education Quality Assurance (QA)*

40 For further information on our core activity, please see the *Education QA Quarterly Report*, which is an agenda item at this meeting.

#### *Strengthening international registrations processes*

41 We have now concluded the signing of the memorandum of understanding with Occupational English Test (OET), one of our key language test providers, to reinforce our expectations and mitigate our risk of international registrations fraud.

42 Following discussion with the RCN and other stakeholders, we are exploring whether a review of the test of competence should be initiated. We are exploring the evidence that might lead to this review including continuing discussion with relevant stakeholders.

### **Priority 5: Address our most significant challenges**

#### *Safeguarding*

43 At **annexe 1** we report the strategic workplan as remaining on track.

44 Q3 focused on the roll-out and delivery of the Safeguarding Standard Operating Procedure for Fitness to Practise and Safeguarding Essentials course between October and December. There has been an immediate impact seen with the increase in the number of safeguarding advice requests made by colleagues across the NMC. Both the emergency helpline and mailbox have seen referrals increase by 42 percent from 108 requests in October, to 154 and 153 requests in November and December 2025 respectively.

45 Ninety two percent of colleagues have completed our safeguarding level 1 e-learning. Executive Directors are following up with colleagues in their directorates to increase uptake further. We will shortly roll out equivalent training for all panel members so they have a baseline knowledge of our safeguarding duties at the NMC.

46 Other key pieces of work for Q3 include the updating of the current safeguarding policy to reflect the new safeguarding process and practice changes. This is due to be finalised in March and presented at Council for approval in April 2026.

### *Education Quality Assurance (QA): managing concerns*

- 47 A 'deep dive' assessment has been undertaken to identify work needed to improve data, resource, processes and regulatory approaches undertaken within this core regulatory function of the organisation. As identified by the PSA, there are concerns regarding these particular aspects, particularly over how we gain assurance that nursing and midwifery education is compliant with our standards. A plan to address these issues has been developed and resources assigned.
- 48 We continue to support one Approved Education Institution (AEI) through a critical concern. There are three cohorts of mental health nursing students who are undertaking a restorative programme of study, with one cohort's programme being lengthened by four months. We continue to meet regularly and monitor their ongoing progress.
- 49 A new concern has led to us requesting that the Quality Assurance Agency (QAA) undertake an Extraordinary Review Assessment (ERA) at an AEI in England for their pre-registration 'blended' learning nursing programme; the programme has been delivered in two sites, one in the North, one in the South. We became aware of a significant deficit in hours of study which led to the need for the ERA. This is ongoing at the time of writing this report.
- 50 We continue to progress the assurance exercise for 34 Nursing Associates (NAs) who registered after completing their apprenticeship programme at the University of Bradford but did not have the opportunity to complete the second part of their Practice Assessment Document. The affected NAs have until 31 January 2026 to fill in the required information retrospectively, which will inform decisions on their registration status.

### *Data roadmap*

- 51 FtP data for the majority of Q3 was shared with the Chief Nursing Officers and Chief Midwifery Officers in November 2025. The data set continues to evolve in response to stakeholder feedback, to best support their needs.
- 52 The Data Capability Group will next convene in February 2026 to discuss the latest data provided, further iterations and development of the reporting dashboard.

### *Legislative Change Programme*

- 53 To progress regulation of Nursing Associates in Wales, the Department for Health and Social Care indicated that they would deliver the necessary changes to our Order via a separate Section 60 Order and we are currently awaiting the timetable.
- 54 For our work around regulatory reform, we are waiting for the Department for Health and Social Care (DHSC) to share a timetable with us to start work on our Order, although they have indicated that this work will begin this spring.
- 54.1. Internally we have been refreshing our policy requests for our Order and considering what resource will be needed to implement the changes that reform will bring.

54.2. Recruitment for a new Deputy Director to lead the work will begin in January 2026.

54.3. We have also continued to work with DHSC, General Medical Council (GMC) and Health and Care Professions Council on drafting for the GMC's legislation, which DHSC intends to consult on in Spring 2026.

55 In November 2025, we launched two public consultations on a proposed increase to the registration fees and on changes to the FtP Rules to support our FtP improvement plan. Through December and into January 2026, we have been undertaking a number of engagement exercises with unions and representative bodies, patient and public advocacy groups, NMC panellists and legal assessors to discuss the FtP proposals. When the consultations close, we will analyse the responses and Council will consider the findings to decide whether the draft Rules consulted on should be made or refined.

#### *Compliance with Welsh language standards*

56 We submitted our Welsh Language standards self-assessment questionnaire to the Welsh Language Commissioner on 16 January 2026. We have assessed our compliance as 'high' in all standards, save standards 19-22. For these standards we provide Welsh versions on request for any documents and forms.

56.1. For Standard 20, in relation to the application to join the register in Welsh, we have submitted a challenge to this existing standard (primarily due to the costs and technical challenges of implementing an identical Welsh registration system). To date there have been no requests to join the register in Welsh, however we can provide a Welsh PDF version of the form should someone request this. We are challenging the proportionality of this standard on these grounds.

#### *Planning for 2026-2027*

57 The Executive is in the process of finalising budgets for 2026-27 and indicative budgets for later years. A paper outlining our approach to budget setting, developing our Corporate Plan and corporate delivery plan, and highlighting the associated risks will be considered by the newly constituted Finance and Resources Committee in January 2026. The Corporate Plan and Budget will subsequently be presented to Council at its Seminar in February 2026 and to Open Council in March 2026, requesting formal approval.

**58 Recommendation: The Council is asked to review and discuss the quarterly report on our performance**

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## Next Steps

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

## Implications

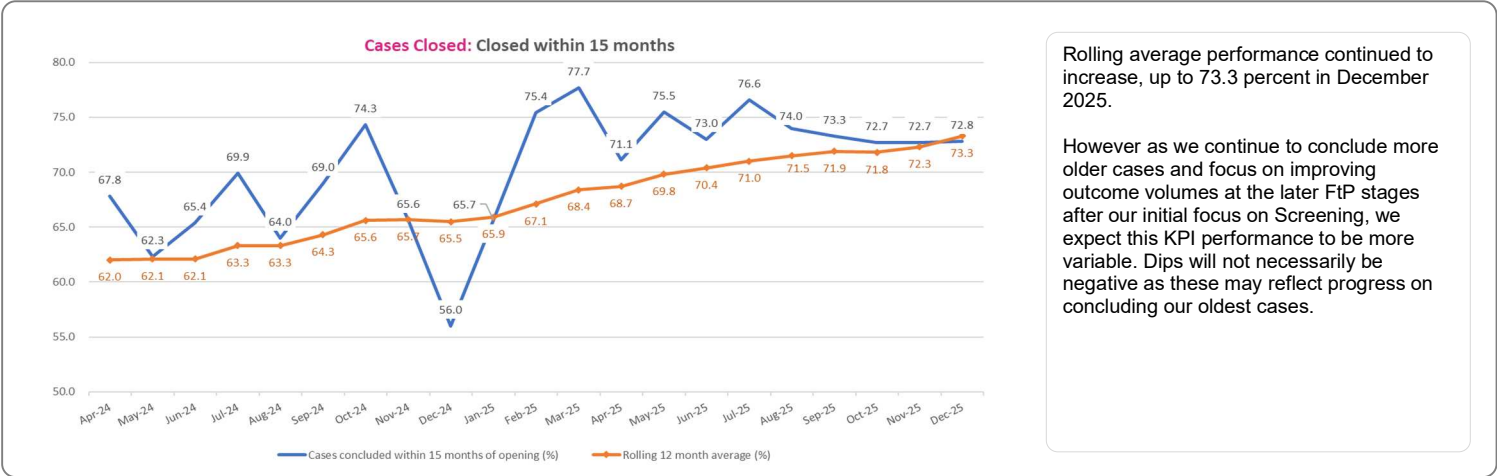
The following were considered when preparing this paper:

Implication:		Location if in paper:	Content if not in paper:
Public protection/impact for people.	Yes	Throughout	
Safeguarding considerations	Yes	Throughout. Particularly within Priority 5	
The four country factors and considerations.	Yes	Throughout	
Resource implications including information on the actual and expected costs involved.	Yes	Throughout. Cost detail explored further in Financial Report, this is an agenda item for this meeting.	
Risk implications associated with the work and the controls proposed/ in place.	Yes	Throughout, detail explored further in Strategic Risk Report, this is an agenda item for this meeting.	
Legal considerations.	Yes	Throughout	
Midwives and/or nursing associates.	Yes	Throughout	
Equality, diversity, and inclusion.	Yes	Throughout. Particularly within Priority 1 and 2.	
Stakeholder implications and any external stakeholders consulted.	Yes	Throughout. Detail included in Executive Report, this is an agenda item for this meeting.	
Regulatory Reform.	Yes	Within Priority 5	

Core Business Scorecards

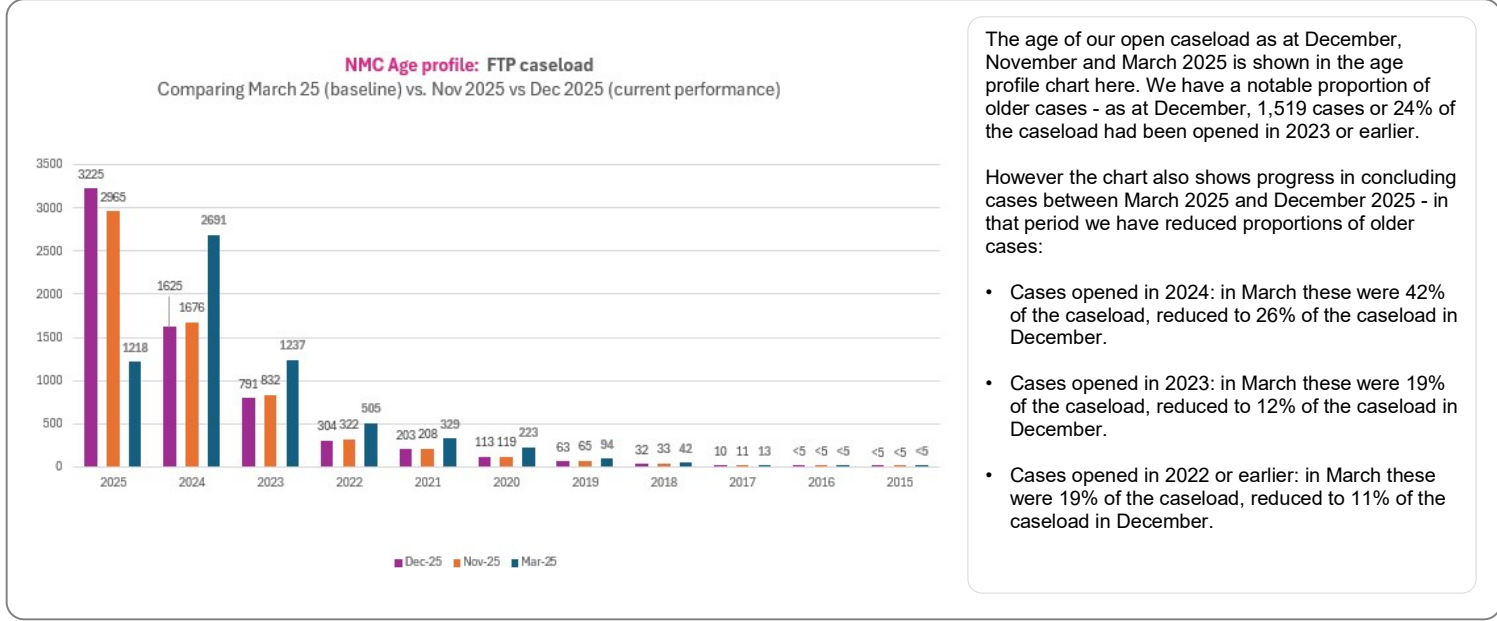
	Target	Results				Trend*	Overall RAG Status***
		Oct-25	Nov-25	Dec-25	Q3 Avg		
<b>Fitness to Practise (Priority 3)</b>							
% Cases concluded within 15 months of opening (12-month rolling average)	80%	72%	72%	73%	-	▲ 1%	●
No. of cases closed per month	-	641	586	502	<b>576</b>	▼ -6%	-
Volume of the overall fitness to practise caseload	-	6,237	6,234	6,369	<b>6,280</b>	▲ 1%	-
Total No. of decisions made per month (both progressions and closures)	-	1,045	966	765	<b>925</b>	▼ -6%	-
% IOs Imposed Within 28 Days (Under review)	80%	56%	78%	77%	<b>71%</b>	■ 0%	●
% IOs Imposed Within 28 Days (12-month rolling average) (Under Review)	80%	66%	69%	70%	-	▲ 6%	●

Further details on FtP performance



Rolling average performance continued to increase, up to 73.3 percent in December 2025.

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



The age of our open caseload as at December, November and March 2025 is shown in the age profile chart here. We have a notable proportion of older cases - as at December, 1,519 cases or 24% of the caseload had been opened in 2023 or earlier.

However the chart also shows progress in concluding cases between March 2025 and December 2025 - in that period we have reduced proportions of older cases:

- Cases opened in 2024: in March these were 42% of the caseload, reduced to 26% of the caseload in December.
- Cases opened in 2023: in March these were 19% of the caseload, reduced to 12% of the caseload in December.
- Cases opened in 2022 or earlier: in March these were 19% of the caseload, reduced to 11% of the caseload in December.

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# Annexe 1 (continued)

Q3 2025-26

## Core Business Scorecards

	Target	Results				Trend		Overall RAG Status
		Oct-25	Nov-25	Dec-25	Q3 Avg	% Change vs Prev. Qtr		
<b>Registrations (Priority 4)</b>								
%UK initial registration applications with no concerns, completed in one day (month actual)	97%	100%	100%	100%	100%	—	0%	●
% UK initial registration applications with concerns, completed within 60 days (month actual)	90%	98%	98%	94%	96%	▲	3%	●
% Overseas registration applications assessed within 30 days (month actual)	95%	99%	100%	100%	100%	—	0%	●
% Readmission applications completed within 21 days (month actual)	95%	99%	99%	96%	98%	—	0%	●

	Target	Results				Trend		Overall RAG Status
		Oct-25	Nov-25	Dec-25	Q3 Avg	% Change vs Prev. Qtr		
<b>Education Quality Assurance and Standards (Priority 4)</b>								
Proportion of critical concerns with QA Board ratified action plans	100%	1/1	1/1	1/1	-	-	-	-
Progress of PP roadmap (Advanced Practice and Practice Learning) <i>Note: Code and Revalidation reviews launch in July 2025 and therefore not included in this assessment until Q2</i>	-	●	●	●	●	—	-	●

	Target	Results				Trend		Overall RAG Status
		Oct-25	Nov-25	Dec-25	Q3 Avg	% Change vs Prev. Qtr		
<b>Safeguarding (Priority 4)</b>								
Progress of strategic workplan	-	●	●	●	●	—	-	●

**Key:**

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

### Delivery Confidence Assessment- RAG Descriptions

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

### KPI RAG Rating Table

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

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## Annexe 2

Q3 2025-26

### Commitments scorecards

	Target	Results				Trend		Overall RAG Status
		Oct-25	Nov-25	Dec-25	Q3 Avg	% Change vs Prev. Qtr		
<b>Culture Transformation</b>								
Rolling number of ICR recommendations completed	37	-	-	-	-	-	-	-
EDI Targets - development of the implementation plan	-	●	●	●	●	-	-	●
Unison anti-racist organisation charter - development of implementation plan	-	●	●	●	●	-	-	●
Median Pay Gaps per <b>Gender</b>	0% by 2030	12%	12%	12%	<b>12%</b>	■	0%	-
Median Pay Gaps per <b>Ethnicity</b>	0% by 2030	32%	32%	32%	<b>32%</b>	▼	-3%	-
Median Pay Gaps per <b>Health Condition</b>	=<0% by 2030	-14%	-13%	-14%	<b>-13%</b>	■	0%	-
% of Black and Minority ethnic colleagues represented in grades 6 and above	30%	29%	29%	29%	<b>29%</b>	■	0%	●

ICR reporting was paused for Oct- Dec due to deep dive review of evidence, see para 1 in the Quarterly Performance Report.

	Target	Results				Trend		Overall RAG Status
		Oct-25	Nov-25	Dec-25	Q3 Avg	% Change vs Prev. Qtr		
<b>Regulatory Transformation</b>								
Legislative change programme: progress of regulatory reform project	-	●	●	●	●	■	-	●

#### Key:

\* The icon shows whether the trend is tracking up, down or stable, the icon colour indicates whether the change is positive, negative or neutral.

\*\* The trend column displays the percentage change between the Q1 average and the Q4 2024/25 average. For rolling average KPIs, the comparison was made between the latest month in Q1 and the latest month in Q4.

\*\*\* The RAG ratings are based on the average values for Q1 vs target. For KPIs RAG ratings are based on KPI RAG rating Table; and programme delivery is RAG rated against our Delivery Confidence Assessment.

#### Delivery Confidence Assessment- RAG Descriptions

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

#### KPI RAG Rating Table

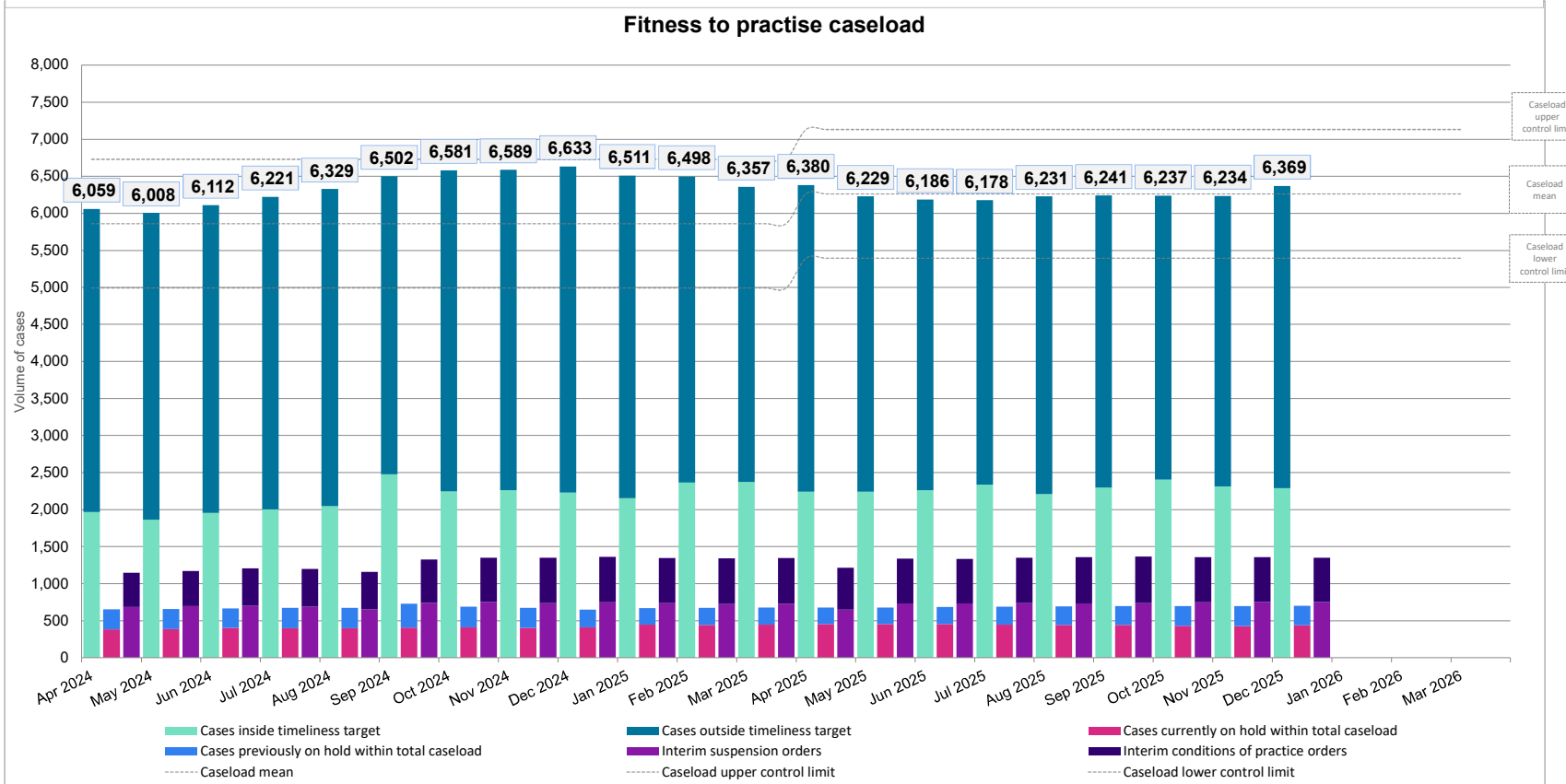
<b>R</b>	<b>Significant Risks</b>	<b>Significantly below target</b> More than 8% below target
<b>A</b>	<b>Off Target</b>	<b>Off target</b> Between 0 and 8% below target
<b>G</b>	<b>Within Range</b>	<b>Within range</b> On or above target

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### Annexe 3: Fitness to Practise Council performance dashboard December 2025

The chart below shows the total fitness to practise caseload broken down into the cases that are within and outside our timeliness targets. The chart also shows within that caseload the cases that are currently on hold for a third party investigation and those that have previously been on hold but are now active. It also shows the number of interim suspension orders and interim conditions of practise orders for the cases that are still open without a final outcome.

A1



**Commentary December 2025**

Caseload has slightly increased, driven by persistently high referrals flowing through our casework and a lower volume of decisions in December which saw fewer working days.

The green bars show as at December 2025, 4,079 or 64 percent of our open cases were **outside of the timeliness target for the FtP stage they are at**. This compares to 65 percent in April 2025. This indicates the number of aged cases at various stages that we still need to progress, to improve timeliness across FtP.

1,351 cases had an **interim order** in place during December (21.2 percent of the total caseload). Of these, 752 were interim suspension orders and 599 interim conditions of practice orders. This means that out of the 6,369 caseload, 88 percent of professionals with an open case are able to work whilst we progress their case. 454 of the 1,351 interim order cases are **interim orders that we have applied to the High Court to extend** - this is 7.1 percent of the total caseload.

The pink bar for December 2025 shows 438 cases (7 percent of caseload) were on hold whilst a **third party investigation (TPI)** is underway, where another organisation is undertaking an investigation and we need to limit or delay our investigation to avoid potentially prejudicing their investigation. The blue bar shows 264 cases were previously on hold due to a TPI and we are now progressing these.

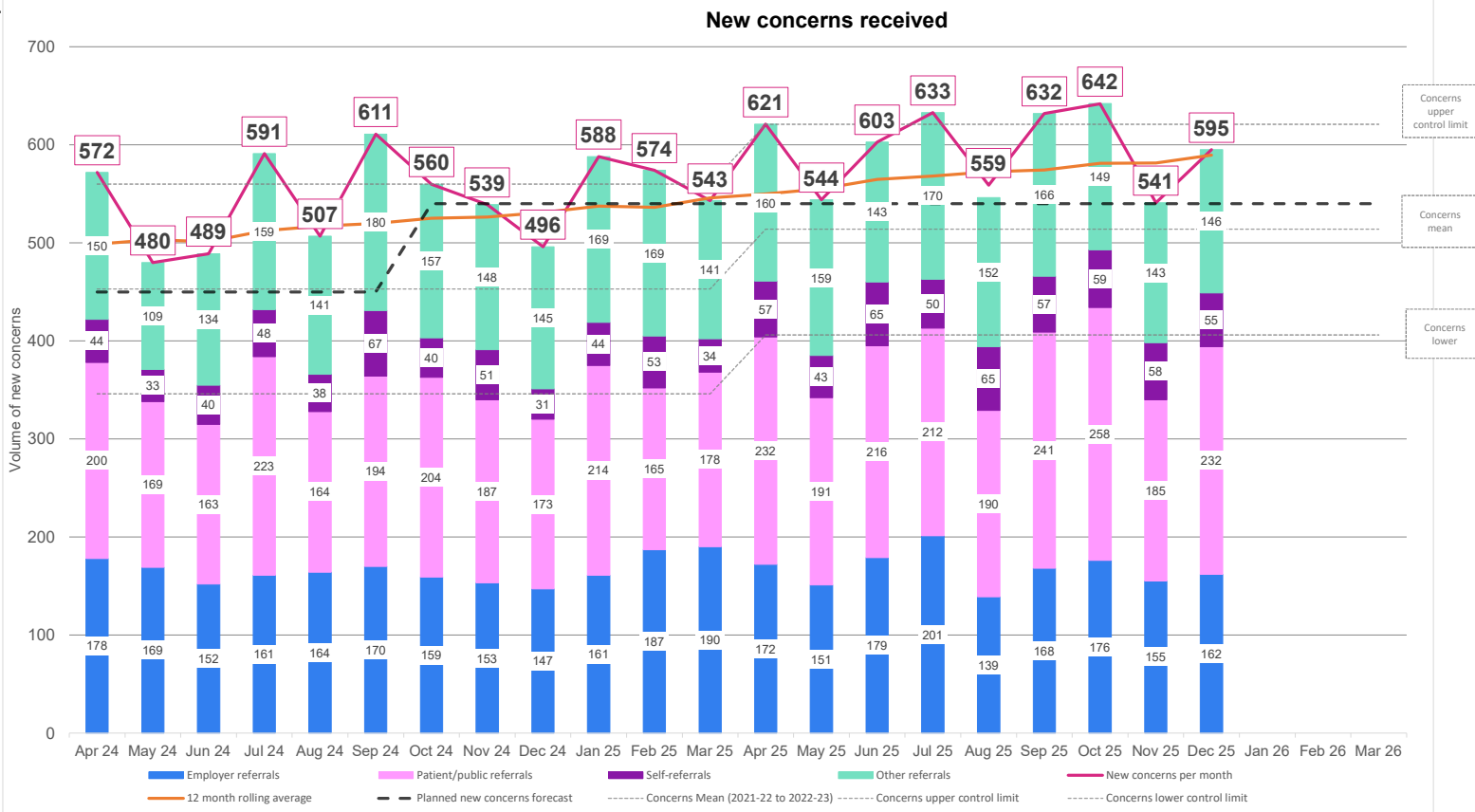
*Mean, upper and lower control limit lines:- The data for April 2024 to Mar 2025 is based on two financial years' worth of data from 2022-2023 to 2023-2024, while the data for April 2025 onwards is based on two financial years' worth of data from 2023-2024 to 2024-2025.*

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# Fitness to Practise Council performance dashboard December 2025

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

B1



## C1 Monitoring and Compliance

Substantive order review caseload: 423  
Undertakings caseload: 161

The figures above shows the total number of substantive orders that are subject to review following a decision by a Fitness to Practise Committee Panel at a hearing or meeting. It also shows the total number of undertakings offered by Case Examiners that were accepted, were still active and being reviewed.

### Commentary December 2025

We received 595 referrals in December 2025, equating to an average of 590 referrals per month in the 12 months to December. This average compares to an average of 531 per month as at December 2024.

Most referrals in December were from patients and the public (232 referrals), continuing this trend.

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

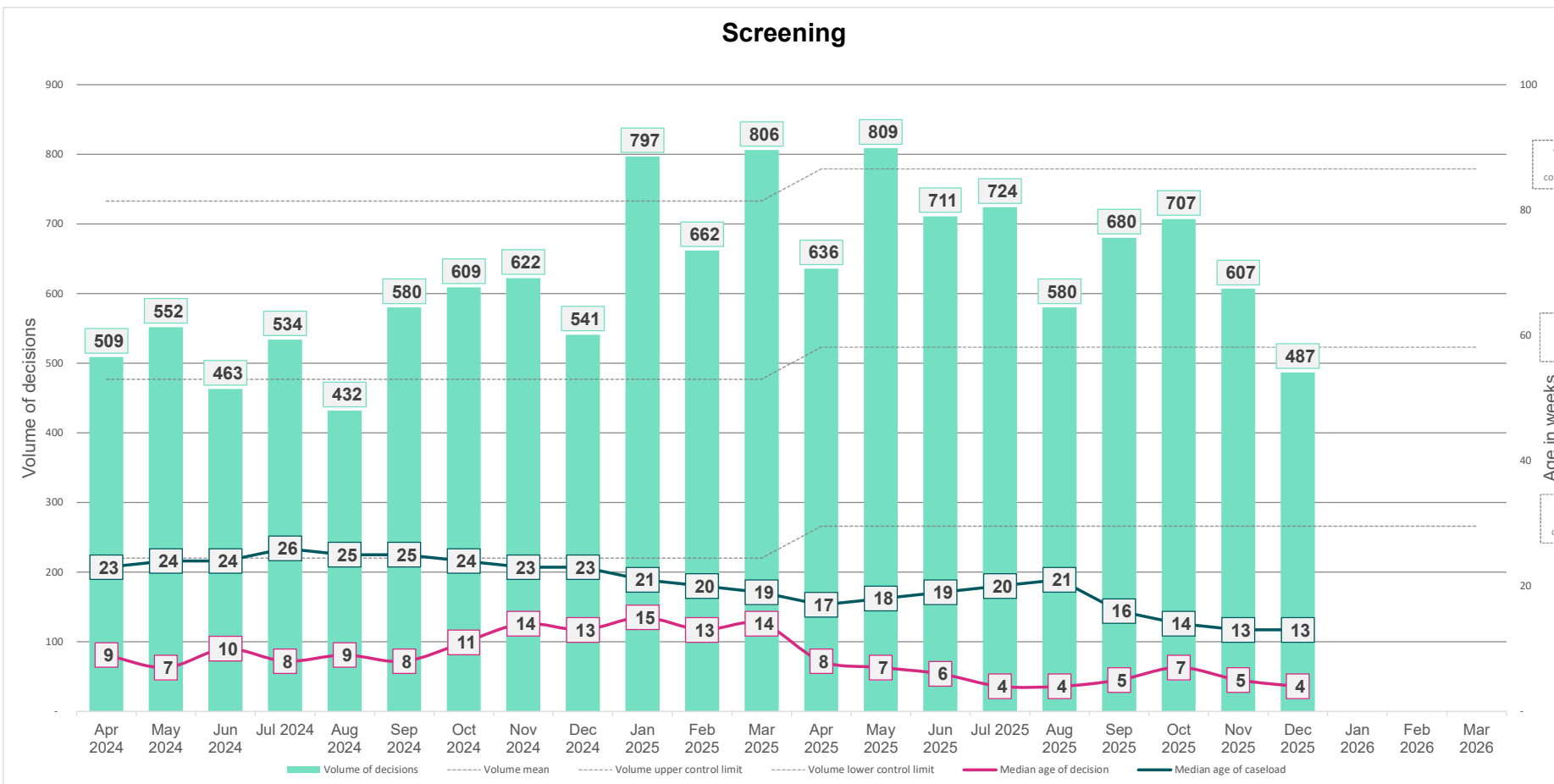
Planned new concerns forecast line:- We revised our assumption from 450 a month to 540 a month in October 2024 to reflect actual volumes received.

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# Fitness to Practise Council performance dashboard December 2025

The charts below provide a performance summary for the Screening stage of our fitness to practise process. The bar charts provide the total number of decisions or completed cases within the month, and the line charts show both the median age of decisions/completed cases in weeks and the other shows the median age of the open caseload at that stage.

D1



## Commentary December 2025

Screening have been averaging 631 decisions per month over the past six months (July - December 2025) compared to 725 per month, a higher performance, in the previous six months (February - June 2025).

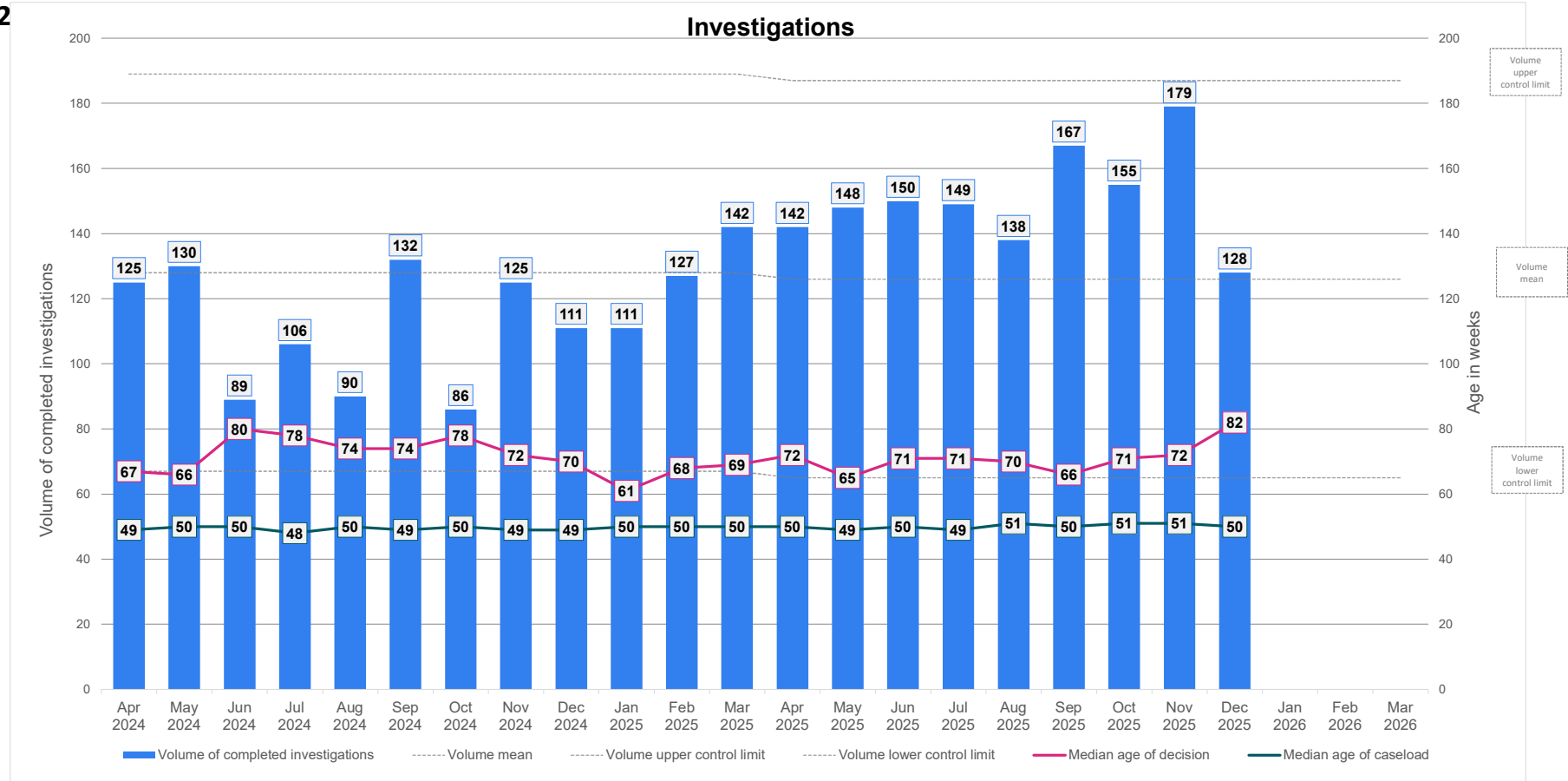
The median age of decision remains lower than earlier in the year, reflecting more cases progressing through our new ways of working at the Triage section of Screening and also early indication of the impact of our Screening guidance changes in May 2025, which is enabling us to reach decisions more quickly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

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## Fitness to Practise Council performance dashboard December 2025

The charts below provide a performance summary for the Investigations stage of our fitness to practise process. The bar charts provide the total number of decisions or completed cases within the month, and the line charts show both the median age of decisions/completed cases in weeks and the other shows the median age of the open caseload at that stage.

D2



### Commentary December 2025

A high 179 outcomes were produced in November (completed investigations ready for the Case Examiners), helped by the work of the external firms. This dipped in December, due to fewer working days and festive leave. Overall performance has shown improvement across this financial year. The year to date average is 151 average progressions per month. For the same period last year (April-December 2024) the average was 111 per month.

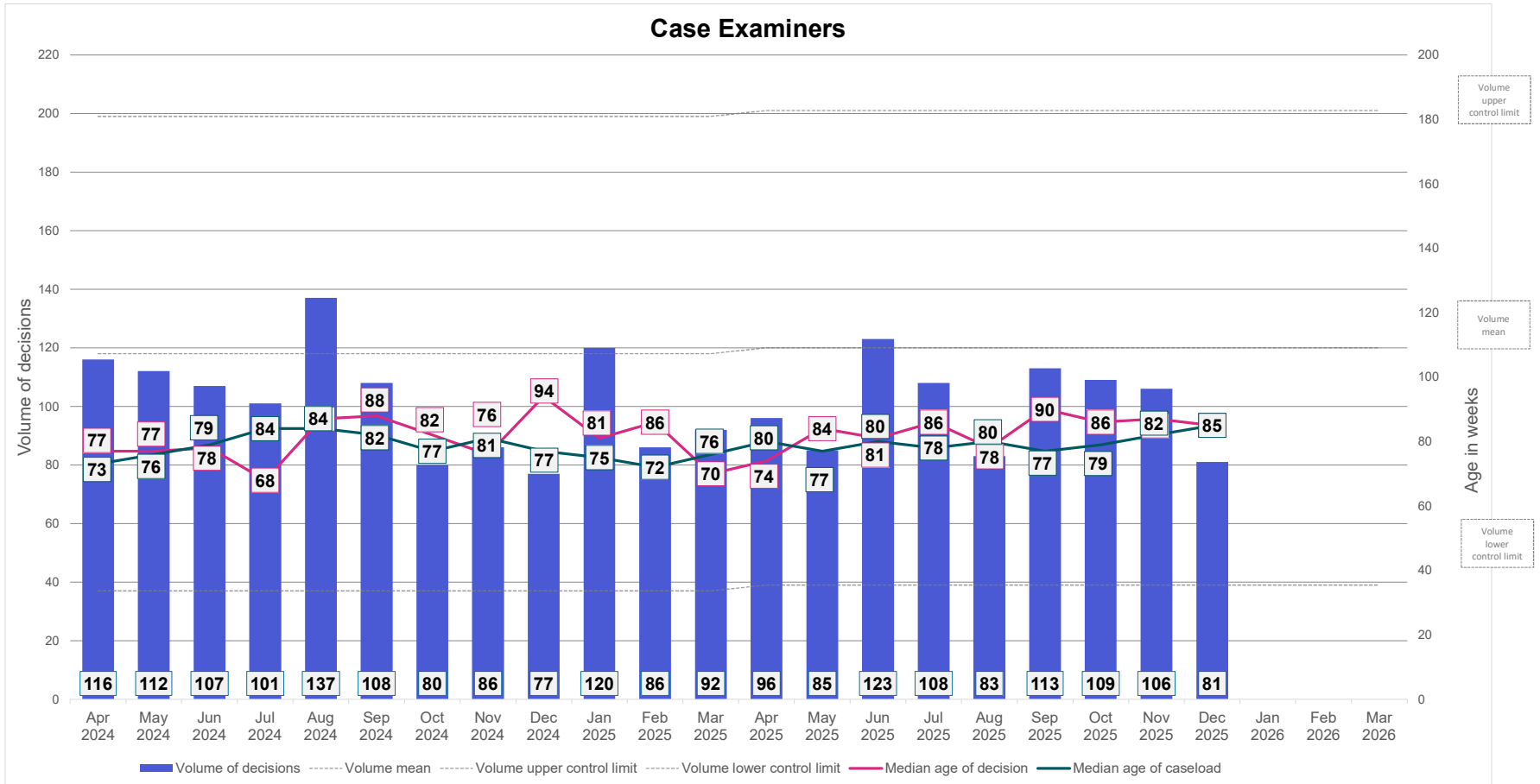
However, the volume of incoming cases from Screening remains high and we are considering further improvements in this area to speed up timeliness and address the volume of the Investigations caseload which is growing due to outputs not keeping pace with inputs.

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## Fitness to Practise Council performance dashboard December 2025

The charts below provide a performance summary for the Case Examiner stage of our fitness to practise process. The bar charts provide the total number of decisions or completed cases within the month, and the line charts show both the median age of decisions/completed cases in weeks and the other shows the median age of the open caseload at that stage.

**D3**



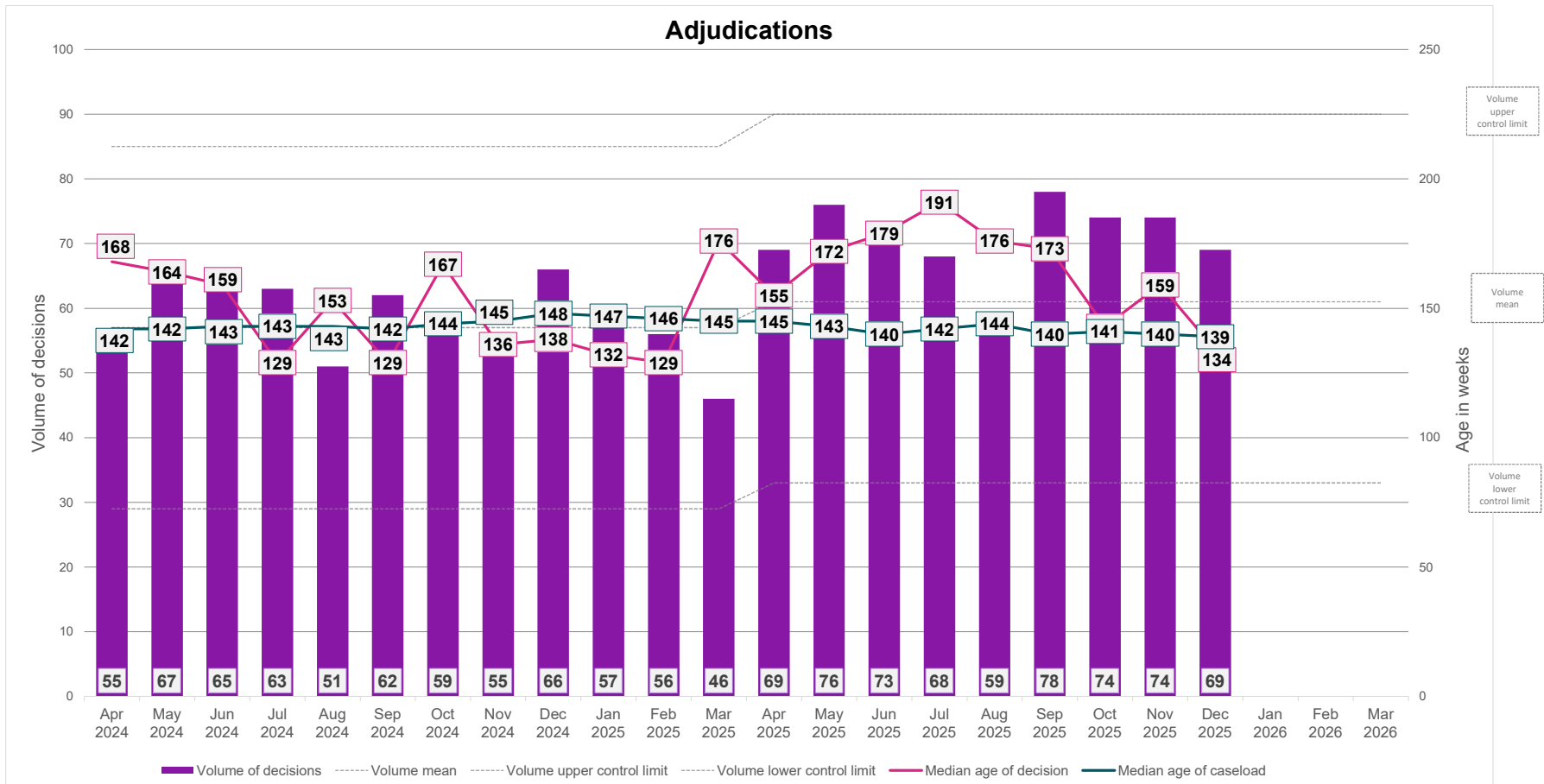
### Commentary December 2025

The team continue to see a high volume of cases in from Investigations and the outputs have not been keeping pace with the inputs, meaning a growing caseload. The caseload volume at this stage is smaller compared to other stages (732 cases in December, compared to the next largest caseholder which is Adjudication with 1,043 cases in December). Our capacity in this area has been a key factor behind the growing caseload, as expected, with Case Examiners assisting other FtP teams to address Screening and Investigations challenges.

## Fitness to Practise Council performance dashboard December 2025

The charts below provide a performance summary for the Adjudication stage of our fitness to practise process. The bar charts provide the total number of decisions or completed cases within the month, and the line charts show both the median age of decisions/completed cases in weeks and the other shows the median age of the open caseload at that stage.

**D4**



### Commentary December 2025

We have seen improved performance in recent months with higher volumes of decisions made compared to earlier in the year. The level of outputs is broadly keeping pace with demand and the incoming volumes from Case Examiners, and the caseload here is remaining steady.

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

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## Annexe 4: FtP caseload data by registrant type and country

Data is as at 31 December 2025.

The category of 'No registrant PIN linked to case' is for open FtP cases where we have not yet confirmed whether the individual is on our register.

### Caseload by registration type

The proportion of professionals on our register as at 30 September 2025 was 92.2 percent nurses, 5.5 percent midwives, 0.7 percent dual-registered and 1.6 percent nursing associates.

Fitness to practise caseload by registration type broken down into our stages, as of December 2025 caseload	Screening stage	Investigations stage	Case Examiners stage	Adjudication stage	Total caseload
Nurse	1,362	2,491	698	978	5,529
Midwife	121	131	28	61	341
Dual	6	2	1	0	9
Nursing Associate	18	26	5	4	53
No Registrant PIN linked to case	437	0	0	0	437
<b>Grand Total</b>	<b>1,944</b>	<b>2,650</b>	<b>732</b>	<b>1,043</b>	<b>6,369</b>

Fitness to practise caseload by registration type broken down into our stages, as of December 2025 caseload	Screening stage	Investigations stage	Case Examiners stage	Adjudication stage	Total caseload
Nurse	70.1%	94.0%	95.4%	93.8%	86.8%
Midwife	6.2%	4.9%	3.8%	5.8%	5.4%
Dual	0.3%	0.1%			0.1%
Nursing Associate	0.9%	1.0%	0.7%	0.4%	0.8%
No Registrant PIN linked to case	22.5%				6.9%
<b>Grand Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

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## Caseload by UK country of registered address

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

Fitness to practise caseload by country of registered address broken down into our stages, as of December 2025 caseload	Screening stage	Investigations stage	Case Examiners stage	Adjudication stage	Total caseload	% of registrants from each country who are in the FtP process
England	1,000	1,690	459	663	3,812	0.6%
Scotland	159	202	63	83	507	0.7%
Wales	63	80	25	34	202	0.5%
Northern Ireland	31	83	12	32	158	0.5%
Overseas	254	595	173	231	1,253	2.6%
No Registrant PIN linked to case	437	0	0	0	437	-
<b>Grand Total</b>	<b>1,944</b>	<b>2,650</b>	<b>732</b>	<b>1,043</b>	<b>6,369</b>	<b>0.7%</b>

Fitness to practise caseload by country of registered address broken down into our stages, as of December 2025 caseload	Screening stage	Investigations stage	Case Examiners stage	Adjudication stage	Total caseload
England	51.4%	63.8%	62.7%	63.6%	59.9%
Scotland	8.2%	7.6%	8.6%	8.0%	8.0%
Wales	3.2%	3.0%	3.4%	3.3%	3.2%
Northern Ireland	1.6%	3.1%	1.6%	3.1%	2.5%
Overseas	13.1%	22.5%	23.6%	22.1%	19.7%
No Registrant PIN linked to case	22.5%				6.9%
<b>Grand Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

## Council

### Strategic risk exposure report

<b>Action requested:</b>	<p>The Council is asked to <b>note</b> the report and <b>discuss</b> the strategic risks and how we are managing them.</p> <p>For discussion</p>	
<b>Key background and decision trail:</b>	<ul style="list-style-type: none"> <li>• This is our strategic risk report to Council and is contributed to by stakeholders from across the NMC.</li> <li>• We have made changes to our strategic risks since our last report in November 2025 (<b>para 1</b>)</li> <li>• We have included the trajectory of each strategic risk over the previous four quarters, along with the inherent current and target risk scores (<b>annexe 1</b>).</li> </ul>	
<b>Key questions:</b>	<p>1. Are we managing strategic risks appropriately, or are there any exceptions to consider addressing?</p>	
<b>Annexes:</b>	<p>The following annexe is attached to this paper:</p> <ul style="list-style-type: none"> <li>• <b>Annexe 1:</b> Strategic risk register</li> </ul>	
<b>Further information:</b>	<p>If you require clarification about any point in the paper or would like further information, please contact the author or the director named below.</p>	
	<p>Author: Rebecca Desmond          Phone: 020 4524 1309  <a href="mailto:rebecca.desmond@nmc-uk.org">rebecca.desmond@nmc-uk.org</a></p> <p>Author: Karen Sellick          Phone: 020 7681 5211  <a href="mailto:karen.sellick@nmc-uk.org">karen.sellick@nmc-uk.org</a></p>	<p>Ben Wesson          Chief of Staff  <a href="mailto:ben.wesson@nmc-uk.org">ben.wesson@nmc-uk.org</a></p>

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# Strategic risk exposure report

## Discussion

### 1. Changes to strategic risks approved at Executive Board (EB) on 6 January 2026.

#### 1.1 Strategic risk STR18/01 - failure to meet internal and external expectations.

1.1.1 The risk score has been reduced to AMBER 12 from RED 16. The likelihood of the risk occurring has reduced due to significant improvements in Fitness to Practise (FtP), the work that is in progress within Professional Practice (PP) roadmap, as well as internal improvements that have been put into place as part of our cultural transformation.

#### 1.2 Strategic Risk PEO24/04 - People's trust and confidence in the NMC

1.2.1 The risk was escalated from our operational risk register in December 2025. The risk score has also been reduced to AMBER 15, from RED 20 due to our culture transformation work and how we collaborate with stakeholders.

#### 1.3 Strategic risk REG22/04 - Education Quality Assurance (EdQA)

1.3.1 The risk was increased to RED 20 from RED 16, supported by the Education QA Board. The likelihood has increased due to increased caseload, lack of resource, and poor data and systems. Current development of our EdQA improvement project plan is a key mitigation to address this risk and will be finalised over the coming weeks.

#### 1.4 Strategic risk REG24/01 - Safeguarding

1.4.1 The risk was reduced to AMBER 12, from RED 20, due to the success of the Safeguarding Hub and the removal of the wellbeing element of the risk. As wellbeing is a separate concern, the Corporate Risk team, in conjunction with subject matter experts from across teams, are working to produce a new standalone wellbeing risk. This is to highlight those areas of concern that may require specific, focussed controls to manage the risk.

### 2. Addressing unchanged strategic risks

#### 2.1 Strategic risk REG18/01 - safe and effective register

2.1.1 Evaluation of our current controls will be included within our Annual Review of Risk Effectiveness, which is presented to Audit and Risk Committee in April 2026. The purpose is to look at how the risk is managed in line with our corporate Risk Management Framework and identify any opportunities to strengthen our mitigations.

#### 2.2 Strategic risks TECH24/01 - access to sensitive IT data, STR24/07 - maturing our data culture.

2.2.1 Both risks will now be managed as part of the new Transformation and Technology Services Directorate and so are currently under review by the new Executive Director.

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

Midwifery

- 3.1 **Inquiries work and complex family engagement** – A small Inquiries and Reviews Team within Strategy and Insight continues to respond to statutory inquiries and external reviews. Separately, new pre-referral engagement with families arising from the Nottingham University Hospitals maternity review is being led by the Professional Regulation colleagues, while substantive Fitness to Practise (FtP) cases are managed through Sensitive and Complex Casework Team (SCCT) and wider maternity and inquiry-driven communications are held by the Midwifery Regulation Oversight Group.
- 3.2 The volume and complexity of Nottingham-related work has increased significantly. The approach to handling pre-referral information has been rapidly established and stabilised through revised ways of working and targeted resourcing. However, there is an immediate resourcing risk associated with managing the full breadth of Nottingham work across the Inquiries and Reviews Team and SCCT, alongside a medium- to longer-term risk to capacity for Nottingham and other maternity or inquiry-driven FtP work.
- 3.3 This model supports earlier identification of regulatory concerns and helps ensure cases progress toward the right outcome as early as possible, in line with our regulatory principles. Residual risks include an as yet unquantifiable workload, pressure on existing budgets, the need to manage family expectations, and ensuring consistency with our approach to similar harms in other settings. These risks will be kept under regular review and appropriate mitigations identified by the Executive Board.

Finance

- 3.4 **Financial planning and building our financial resilience** - Our recent fees consultation, has reinforced that the impact of our decision to freeze the registration fee, while expanding our workforce to cope with the growth in the volume and complexity of work, is that our reserves will have reduced from £101 million in March 2024 to around £45 million by March 2026, and then further beyond that. We need to rebuild our reserves so that we have financial resilience long-term. Without an increase to our fees our reserves would be seriously depleted by 2027. If the proposed fee increase goes ahead, we would expect our reserves to stand at around £27 million in March 2027.

**4. Overall risk summary:** At the end of 2024 there were 15 risks on the strategic register with 10 of those scored as RED (67 percent). The register now has 17 risks, 6 of which are RED (35 percent).

- 4.1 Having a risk-based Corporate Plan has ensured our priority activities and interventions seek to reduce our strategic risks. The positive impact of our significant investment and targeted actions can now be seen within our strategic risk register.
- 4.2 In 2025, we also continued to implement our risk improvement plan to mature how we identify, assess and report on risk. This included risks receiving more scrutiny at EB and within Committees, and in regular meetings with Executive

Director risk owners. We also implemented quarterly risk prioritisation reviews, assessing how confident we were that our controls were effective. The prioritised risks are then identified for deep dive discussions at EB to provide challenge and consider alternative measures that may be more impactful.

4.3 For the next set of Executive Director risk owner reviews in February 2026, we will be looking at target risk scores and dates to develop incremental steps where needed. This is in response to feedback from Audit and Risk Committee.

**5. Quarterly aggregate risk review:** We have carried out the regular review of our Strategic and Operational registers for aggregate risks (i.e. those which may compound an issue or its impact). The overarching theme continues to be people-related concerns – both wellbeing and workload. This is understandable at this time, considering recent restructuring. Embedding of our new structures, alongside our ongoing culture transformation work, should reduce the concern over time. Ongoing monitoring of people-related risks and issues will continue in line with the newly articulated people risks, and through our regular Ambitious Appraisal data on colleague wellbeing and workload.

## Next Steps

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

## Implications

The following were considered when preparing this paper:

Implication:		Location if in paper:	Content if not in paper:
Public protection/impact for people.	Yes	Throughout	
Safeguarding considerations	Yes	Within Risk REG24/01	
The four country factors and considerations.	Yes	All risks	Within annexe 1
Resource implications including information on the actual and expected costs involved.	Yes	Paras 2.1 and 2.2	This is covered in the finance paper
Risk implications associated with the work and the controls proposed/ in place.	Yes	All risks	Within annexe 1
Legal considerations.	Yes	All risks	Within annexe 1
Midwives and/or nursing associates.	Yes	Paras 2.3 and 2.4	Within annexe 1
Equality, diversity, and inclusion.	Yes	People risks	Within annexe 1

Stakeholder implications and any external stakeholders consulted.	No		Not covered in this paper
Regulatory Reform.	Yes	Within risk STR24/01	

# 1. Annexe 1 - Strategic risk register – January 2026

Risk ref	Strategic risk description	Risk owner	Inherent rating			Performance				Current mitigations	Current rating			Planned mitigations			Target rating			Target date (financial year)	Committee oversight
			L	I	LxI	Q4	Q1	Q2	Q3		L	I	LxI	L	I	LxI					
REG18/02	We fail to take appropriate action to address a regulatory concern about a professional on our register in a timely or person-centred way	Executive Director Professional Regulation	5	5	25	↔	↔	↔	↔	<b>FtP Plan:</b> <ul style="list-style-type: none"> <li>Case clinics, interventions for oldest cases and tracking of referral data</li> <li>Registrant/witness/decision makers support</li> <li>Early engagement with employers/stakeholders</li> <li>Support the public to make appropriate referrals</li> </ul>	4	5	20	<ul style="list-style-type: none"> <li>Support from delivery partners for six months (from Oct 2025)</li> <li>Outreach and engagement with employers</li> <li>PR data project</li> <li>Work from historic reviews/forthcoming public inquiries</li> <li>Updated guidance (Q3 2025/26) revised warnings guidance (Oct 2025)</li> </ul>	3	5	15	March 2027	Audit & Risk Committee Appointments Board		
FIN21/02	We do not achieve a sustainable budget or the planned financial benefits from our strategy.	Executive Director Finance	5	5	25	↔	20 ↑	↔	↔	<ul style="list-style-type: none"> <li>Planning and budget controls</li> <li>Insurance policies</li> <li>Investments</li> <li>Reserves policy allows more access to reserves</li> </ul>	5	4	20	<ul style="list-style-type: none"> <li>Financial Strategy early 2026</li> <li>Implementation of actions from turnaround and efficiency</li> <li>Review of business plan and budget for 2026-27</li> </ul>	2	4	8	Q4 2026/27	Audit & Risk Committee Finance & Resources Committee		
REG22/04 <b>Risk increased</b>	We fail to take appropriate or timely action to address a regulatory concern regarding the quality of nursing or midwifery education.	Executive Director Professional Practice	5	5	25	↔	16 ↓	↔	20 ↑	<ul style="list-style-type: none"> <li>QA board</li> <li>QA Review phase 1 delivered</li> <li>Data driven approach to QA.</li> <li>New QA service provider</li> </ul>	5	4	20	<ul style="list-style-type: none"> <li>Introduce “warnings” and “conditions” (via reg reform)</li> <li>Enhance and develop systems/data capability.</li> <li>EdQA improvement programme to implement operating model.</li> <li>Build and strengthen the QA team.</li> </ul>	3	4	12	Q1 2026	Audit & Risk Committee		
GOV24/01	We may not effectively prioritise, monitor, and manage our portfolio activity and keep pace with the high level of change (and resources required) to achieve our five priority outcomes.	Executive Director Transformation and Technology Services	5	5	25	↔	↔	16 ↓	↔	<ul style="list-style-type: none"> <li>Annual business planning and budgeting</li> <li>Quarterly progress reports</li> <li>Standardised approach to governance of programmes and projects</li> </ul>	4	4	16	<ul style="list-style-type: none"> <li>Refresh of Portfolio Board</li> <li>Tracking of timeliness and quality of reporting to support objective-setting and monitoring</li> <li>Executive Board to carry out 6 monthly strategic reviews</li> </ul>	2	4	8	Q4 2025/26	Audit & Risk Committee Finance & Resources Committee People & Culture Committee		
TECH24/01	Unauthorised access to sensitive information and records or the failure of key business technologies, leading to the loss of confidentiality, integrity, or availability of our information, data, or information systems.	Executive Director Transformation and Technology Services	5	5	25	↔	↔	↔	↔	<ul style="list-style-type: none"> <li>Firewalls, antivirus and other security software</li> <li>Disaster recovery tests</li> <li>Business Continuity plans</li> <li>Cyber security annual plan</li> <li>Migration of key systems to cloud</li> </ul>	4	4	16	<ul style="list-style-type: none"> <li>Implementation of MoTS programme - Ongoing</li> <li>Internal cyber security capability Q4 2025/26</li> <li>Review of corporate wide technology landscape Q3 2025/26</li> </ul>	3	4	12	Q4 2025/26	Audit & Risk Committee		
STR24/07	Risk that we fail to mature our process and culture around data which could potentially impair our progress.	Executive Director Transformation and Technology Services	4	5	20	↔	↔	↔	↔	<ul style="list-style-type: none"> <li>Data Governance Board</li> <li>Data issues and risk assessment process</li> <li>Data strategy covering people, process, technology and stakeholders.</li> <li>Data warehouse migrated to contemporary platform ahead of further work</li> </ul>	4	4	16	<ul style="list-style-type: none"> <li>Data strategy, including reference data project</li> <li>New Modern Data Platform – mid 2026</li> <li>MoTS programme key systems replacement – mid 2026</li> <li>Work with Digital Services team to align changes– Q3 2025</li> </ul>	2	3	6	Mid 2026/27	Audit & Risk Committee		

Risk ref	Strategic risk description	Risk owner	Inherent rating			Performance				Current mitigations	Current rating			Planned mitigations	Target rating			Target date (financial year)	Committee oversight
			L	I	LxI	Q4	Q1	Q2	Q3		L	I	LxI		L	I	LxI		
REG18/01	We fail to maintain an accurate register of people who meet our standards (including timeliness of registrations)	Executive Director Professional Practice	5	5	25	↔	↔	↔	↔	<ul style="list-style-type: none"> <li>Regulatory policies and procedures</li> <li>Fraud detection</li> <li>Oversight of escalated education concerns.</li> <li>Robust controls in Microsoft dynamics, back-up and roll back to previous versions of register.</li> <li>Clear, tested business continuity plans.</li> </ul>	3	5	15	<ul style="list-style-type: none"> <li>Support AEIs with NMC Online launch</li> <li>Consider the role of the register and its processes under regulatory reform TBC</li> <li>Register and FtP processes to be migrated to new system - NMC Online 2025, FtP CMS 2026+</li> <li>Operationalise enhanced fraud detection/monitoring in testing services.</li> </ul>	2	5	10	Q4 2026/27	Audit & Risk Committee
PEO24/04 ESCALATED FROM OPS REGISTER Risk decreased	Trust and confidence in the NMC as a regulator and an employer are affected by a range of issues, undermining our ability to communicate and engage effectively.	Executive Director Comms & Engagement	5	5	25	↔	↔	15	↓	<ul style="list-style-type: none"> <li>Welsh language/4 nations/EDI considerations built into planning</li> <li>Accessible visual identity</li> <li>Increased diversity of imagery + focus on diversity of panel members and strategic groups</li> <li>Live captioning for events</li> </ul>	3	5	15	<ul style="list-style-type: none"> <li>An effective annual communications and engagement planning process for 26/27</li> <li>C&amp;E supporting culture change engagement</li> <li>Open and transparent communications and engagement around FtP improvements and safeguarding plans and Freedom to Speak up</li> <li>Your Voice C&amp;E action plan: speaking up</li> <li>Website improvements</li> </ul>	3	3	9	TBC	Audit & Risk Committee
PEO24/10	We fail to effectively respond to the recommendations from learning reviews and deliver the cultural change that is needed, resulting in the experience of colleagues not improving, and our regulatory and safeguarding responsibilities not being delivered.	Chief Executive and Registrar	5	4	20	↔	↔	12	↓	<ul style="list-style-type: none"> <li>Revision of Business Plans – Prioritise Culture transformation/FTP improvement plans</li> <li>Performance management for project plans</li> </ul>	3	4	12	<ul style="list-style-type: none"> <li>Mechanism needed to ensure learning is tracked</li> <li>Align recommendations from historic reports to existing plans.</li> </ul>	4	2	8	Q4 2026/27	Audit & Risk Committee
STR18/01 Risk decreased	Risk that we fail to meet internal and external expectations about delivering our regulatory functions.	Executive Director Comms & Engagement	5	4	20	↔	↔	12	↓	<ul style="list-style-type: none"> <li>Strategic communications underpinned by audience insight</li> <li>Director led strategic collaborative engagement with senior stakeholders</li> <li>Participation and monitoring of public inquiries</li> <li>Press office, public affairs and stakeholder teams</li> </ul>	3	4	12	<ul style="list-style-type: none"> <li>Deliver new approach to strategic stakeholder engagement with focus on rebuilding trust and confidence of senior stakeholders</li> </ul>	3	3	9	December 2026	Audit & Risk Committee
REG24/01 Risk decreased	We fail to meet our statutory safeguarding responsibilities to protect people, who come into contact with the NMC through our work, from abuse or mistreatment	Executive Director Professional Practice	5	5	25	↔	20	↔	12	<ul style="list-style-type: none"> <li>Safeguarding Hub reviews new referrals</li> <li>Emergency and urgent helpline</li> <li>Escalation SOP</li> <li>Training programme</li> </ul>	3	4	12	<ul style="list-style-type: none"> <li>Business case approved for resources recruitment – on hold</li> <li>Finish review of unallocated pot in investigations (High risk complete with actions TBC) – medium risk to be completed by end of Q3 2025-2026.</li> <li>Urgent cases escalated to weekly operational group ongoing</li> <li>FtP SOP training programme Q3 2025-2026</li> </ul>	3	4	12	Safeguarding plan delivered date TBC	Audit & Risk Committee
STR22/04	The risk that external impacts such as climate change, natural disasters, pandemic, and national security will have an impact on our ability to be an effective regulator, or to deliver our core regulatory functions.	Executive Director Finance	4	5	20	↔	↔	↔	↔	<ul style="list-style-type: none"> <li>Business continuity/contingency planning and insurance to cover disasters</li> <li>investment policies and pension with resilient, ethical, diversified portfolios.</li> <li>technology strategy to build in resilience</li> </ul>	4	3	12	<ul style="list-style-type: none"> <li>Business continuity plan/disaster recovery testing and training planned for IT and estates over period to end 2025.</li> </ul>	4	3	12	At target	Audit & Risk Committee  Finance & Resources Committee

Risk ref	Strategic risk description	Risk owner	Inherent rating			Performance				Current mitigations	Current rating			Planned mitigations	Target rating			Target date (financial year)	Committee oversight
			L	I	LxI	Q4	Q1	Q2	Q3		L	I	LxI		L	I	LxI		
STR24/01	In the longer term, people's safety, and their confidence in the NMC may be compromised if we cannot manage legislative change effectively or implement change in a way that realises the benefits.	Executive Director Strategy and Insight	4	4	16	↔	↔	↔	↔	<ul style="list-style-type: none"> <li>Maintain interactions with Welsh govt and DHSC</li> <li>Clarity about what we want to safeguard and full involvement in the drafting of the GMC Order</li> <li>Concerted stakeholder engagement</li> </ul>	3	4	12	<ul style="list-style-type: none"> <li>Regulatory Reform confirmed for end of 2025/early 2026 -resource for the work ahead</li> <li>Continued full engagement in pan-regulatory work on the GMC draft Order</li> </ul>	3	4	12	At target	Audit & Risk Committee Finance & Resources Committee
PEO25/04 New risk	There is a risk that weaknesses in workforce capability, culture, leadership, or employee relations could undermine the NMC's ability to deliver its strategic priorities and statutory and regulatory duties.	Executive Director People and Culture	5	5	25	N/A	N/A	N/A	12 ↔	<ul style="list-style-type: none"> <li>People Strategy 2025–2028 focused on inclusion, leadership, and performance.</li> <li>Workforce planning and resourcing framework aligned with priorities.</li> <li>Culture and engagement surveys; wellbeing and inclusion programmes.</li> <li>Leadership development and management capability framework.</li> <li>UNISON recognition.</li> <li>Governance oversight via Executive Board, Council and Audit &amp; Risk Committee.</li> <li>Equality Impact Assessments for workforce change.</li> </ul>	3	4	12	<ul style="list-style-type: none"> <li>Deliver People Strategy KPIs and milestones.</li> <li>Complete organisation design and job matching.</li> <li>Launch HR system modernisation to improve data and compliance.</li> <li>Strengthen inclusion, wellbeing and leadership accountability.</li> <li>Introduce quarterly culture and engagement pulse checks.</li> </ul>			TBC	TBC	Audit & Risk Committee People and Culture Committee
PEO25/05 New risk	There is a risk that the NMC may not have sufficient workforce capability or capacity to deliver its strategic and regulatory objectives, particularly during major change programmes	Executive Director People and Culture	5	5	25	N/A	N/A	N/A	12 ↔	<ul style="list-style-type: none"> <li>Strategic workforce planning aligned to budget and service priorities.</li> <li>Skills gap analysis and capability framework.</li> <li>Targeted recruitment and retention strategies.</li> <li>Leadership accountability for workforce sustainability.</li> </ul>	3	4	12	<ul style="list-style-type: none"> <li>Implement refreshed workforce plan by Q1 2026.</li> <li>Expand leadership and development offers to build resilience.</li> <li>Improve workforce analytics to predict and respond to gaps.</li> <li>Implement the values based behavioural framework in Ambitious Appraisals.</li> </ul>			TBC	TBC	Audit & Risk Committee People and Culture Committee
PEO25/06 New risk	There is a risk that industrial relations tensions or poor employee engagement could disrupt delivery of organisational change or erode trust and collaboration across the workforce	Executive Director People and Culture	5	5	25	N/A	N/A	N/A	9 ↔	<ul style="list-style-type: none"> <li>Active partnership working with UNISON through formal consultation.</li> <li>Clear communication and engagement plans during change.</li> <li>Employee assistance and wellbeing programmes.</li> <li>Culture and inclusion initiatives monitored via engagement surveys.</li> </ul>	3	3	9	<ul style="list-style-type: none"> <li>Strengthen change communications and local listening mechanisms.</li> <li>Develop union engagement plan for post-consultation period.</li> <li>Monitor sentiment and consultation feedback data monthly.</li> </ul>			TBC	TBC	Audit & Risk Committee People and Culture Committee
REG19/03	We do not make sure that educational standards are fit for purpose (including processes to ensure compliance with	Executive Director Professional Practice	4	4	16	↔	↔	↔	↔	<ul style="list-style-type: none"> <li>Four country engagement plan</li> <li>Midwifery standards published</li> <li>Post registration standards published.</li> <li>Updated pre-registration programme standards published.</li> </ul>	2	4	8	<ul style="list-style-type: none"> <li>Advanced practice timeline extended to 2026-27. Additionally, revalidation and Code review 2025-2026</li> <li>Plans to independently analyse Midwifery standards</li> </ul>	1	4	4	April 2026	Audit & Risk Committee

## Council

### Financial Performance Report to end December 2025

<b>Action requested:</b>	<p>The Council is asked to <b>note</b> the Financial Performance Report to end December 2025 (<b>paragraph 17</b>).</p> <p><b>For noting</b></p>	
<b>Key background and decision trail:</b>	<p>This paper provides an overview of the organisation’s financial performance for the nine months to the end of December 2025.</p> <p>It summarises income and expenditure trends across directorates, highlights key risks and pressures, and outlines any planned actions needed to address them.</p>	
<b>Key questions:</b>	<ul style="list-style-type: none"> <li>• Are we financially sustainable in the short term?</li> <li>• Why are we overspending compared to our budget, and where are the pressures?</li> <li>• Are there emerging risks and unbudgeted pressures and are there steps we need to take to address them?</li> </ul>	
<b>Annexes:</b>	<p>The following annexe is attached to this paper:</p> <ul style="list-style-type: none"> <li>• <b>Annexe 1:</b> Management Accounts as at end December 2025 (Financial Performance and Balance Sheet)</li> </ul>	
<b>Further information:</b>	<p>If you require clarification about any point in the paper or would like further information, please contact the author or the director named below.</p>	
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# Financial Performance Report to end December 2025

## Discussion

### Overview

- 1 Our overall in-year financial performance in terms of income, expenditure and reserves level, is broadly in line with budget.
- 2 We have £58 million of reserves as measured by cash and investments. This is down by £25 million in the nine months since the end of March 2025. This rapid reduction of our reserves highlights the critical need for us to deliver on our recently announced cost-saving initiatives no later than from the beginning of the next financial year. It also highlights what we have said in our recent fees consultation, that the impact of our decision to freeze the registration fee, while expanding our workforce to cope with the growth in the volume and complexity of work, is that our reserves will have reduced from £101 million in March 2024 to around £45 million by March 2026 and then further beyond that. We need to rebuild our reserves so that we have the financial resilience long-term. Without an increase to our fees our reserves would therefore reach unsafe levels by summer 2027. If the proposed fee increase goes ahead, we would expect our reserves to stand at around £27 million in March 2027.
- 3 We are forecasting reserves to be around £46 million by 31 March 2026 in line with budget. This is an improvement over earlier forecasts primarily due to our decision to put back the timing of some key unbudgeted project spend which will support further improvement in our fitness to practise (FtP) operations.

### Further detail

#### Income

- 4 Income is slightly below budget overall due to a higher-than-expected reduction in applications from overseas professionals. This adverse variance is being offset by slightly higher than budgeted investment income with de-risking of our investments leading to more funds being invested in funds generating interest rather than offering capital growth.

#### Key Areas of Spend

- 5 **Professional Regulation:** Year-to-date spend is £53.1 million, £1.7 million (3 percent) over budget. This is partly driven by FtP reflecting delays in bringing external case presenting in-house, as well as additional staff costs. Professional Regulation has programmed adjustments to its workload in the final quarter of the year to bring its costs for the whole year within budget. The exception to this is an

agreed increase in resource over budget of £0.4 million to accelerate the progression of cases relating to the CBT (computer-based testing) issues.

- 6 In addition, we agreed that there should be £0.5 million of unbudgeted external support early in the financial year to undertake investigations work. This has helped both address the investigations backlog directly but also identify improvements to processes that can be applied more widely. This cost is shown in **annexe 1** as 'FtP Transformation'.
- 7 **Resources & Technology:** Expenditure is just under budget. Some of these underspends are being reprofiled this year. Current forecasts indicate a net overspend of £0.2 million, mainly due to backdated undercharges from our direct debit fee collection provider and additional staff costs.
- 8 **People and Culture:** including the Culture Transformation programme, outturn is £0.2 million (4 percent) over budget year-to-date. This is due to decisions taken after budgets were set to increase investment in coaching costs, provide some additional roles. Some of this variance is expected to be offset by the underspends within wider learning and development later in the year. Overall, the predicted overspend is forecast to amount to £0.3 million.
- 9 **Other Directorates:** The Office of the Chair and Chief Executive faces pressures from legal and resourcing costs above budgeted expectations and is estimated to have a £0.4 million adverse variance at the end of this year.
- 10 **Professional Practice** is currently showing an underspend due to slippage on the Professional Practice (PP) Roadmap programme. Underspends on the PP Roadmap projects will be deferred to next financial year to fund ongoing activity. Additionally, underspends from additional funding for Education Quality Assurance contract will be deferred into next financial year to match activity. Overall, the forecast overspend amounts to £0.1m due to staff costs.
- 11 Professional Practice, Strategy & Insight and Communications & Engagement directorates are currently underspent and are expected in total to be £1.0 million underspend by the end of the year mainly due to staff vacancies and alterations to the timing of planned activities.
- 12 The organisation structure changes to the directorates will be reflected in financial reporting from 1 April 2026.

### **Contingency and Investments**

- 13 As of end of December, commitments against the £1.5 million contingency budget, total to £1.8 million which includes £0.2 million for legal costs, £0.3 million for IT software and equipment, £1.1 million for restructuring costs and £0.2 million agreed to improve the IT in hearing rooms to improve utilisation rates.

14 The value of our stock market investments obtained realised gains of £1.1million from the liquidation of our long-term investments to de-risk them.

### Programmes and Projects

15 December's position on the project portfolio is in line with budget overall although reflecting some variances on individual projects. Some core elements of the MOTs programme are scheduled to extend to 2026 and there is a risk of a further overspend on the programme. We will provide further information to Council separately on any need for further funding.

### Financial Trajectory and future financial plans

16 We continue to operate within a challenging context with projections still in line with those previously presented to Council and a budgeted deficit of £24 million alongside £6 million in planned capital expenditure. Work is underway, including with the newly created Finance and Resources Committee, to develop a budget for next year and a longer-term financial strategy.

**17 Recommendation: The Council is asked to note the Financial Performance Report to end December 2025.**

## Next Steps

1 The Executive is developing plans around managing our financial position that will be discussed with Council.

## Implications

The following were considered when preparing this paper:

Implication:		Location if in paper:	Content if not in paper:
Public protection/impact for people.	Yes		Financial management directly supports public protection by ensuring that critical resources are available to maintain high standards, timely interventions, and robust oversight.

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Safeguarding considerations	Yes		Financial management is designed to ensure adequate use of resources to provide support our safeguarding responsibilities
The four country factors and considerations.	Not Applicable		
Resource implications including information on the actual and expected costs involved.	Yes	Covered in main body of paper	
Risk implications associated with the work and the controls proposed/ in place.	Yes	Covered in main body of paper	
Legal considerations.	Not Applicable		
Midwives and/or nursing associates.	Not Applicable		
Equality, diversity, and inclusion and Welsh Language impact.	Yes		Financial management ensures that resources are allocated fairly and strategically, enabling targeted investment in EDI
Stakeholder implications and any external stakeholders consulted.	Yes		Good financial management builds trust with stakeholders by demonstrating responsible use of resources and commitment to organisational goals
Regulatory Reform.	Not Applicable		

## Nursing and Midwifery Council Financial Monitoring Report

£'m	December 2025 Year-to-Date				Full Year		
	Income	Actual	Budget	Var.	Var. (%)	#Forecast	Budget
Registration fees	77.3	77.4	(0.1)	(0.1%)	103.5	103.5	-
Other	3.2	3.7	(0.5)	(14%)	4.1	5.0	(0.9)
<b>Total Income</b>	<b>80.5</b>	<b>81.1</b>	<b>(0.6)</b>	<b>(0.8%)</b>	<b>107.6</b>	<b>108.5</b>	<b>(0.9)</b>
<b>Expenditure</b>							
<u>Core Business</u>							
Professional Regulation	53.1	51.4	(1.7)	(3%)	68.9	68.5	(0.4)
Resources & Technology Services	19.1	19.4	0.3	2%	26.6	26.4	(0.2)
People & Culture	3.5	3.6	0.1	3%	5.1	4.8	(0.3)
Office of the Chair and Chief Executive	4.7	4.3	(0.4)	(10%)	6.2	5.8	(0.4)
Professional Practice	5.9	6.4	0.5	8%	8.2	8.3	0.1
Strategy & Insight	2.8	3.2	0.4	13%	4.1	4.7	0.6
Communications & Engagement	2.4	2.8	0.4	14%	3.5	3.8	0.3
<b>Directorate - Core Business</b>	<b>91.5</b>	<b>91.1</b>	<b>(0.4)</b>	<b>(1%)</b>	<b>122.6</b>	<b>122.3</b>	<b>0.3</b>
<u>Corporate</u>							
Depreciation	2.9	2.8	(0.1)	4%	3.7	3.7	-
PSA Fee	1.8	1.8	-	-	2.4	2.4	-
Apprenticeship Levy*	0.2	0.2	-	-	0.3	0.3	-
Contingency	0.5	1.1	0.6	55%	1.6	1.5	(0.1)
FTP Transformation	0.5	-	(0.5)	(100%)	0.7	-	(0.7)
Panelist and other hol pay provision	-	-	-	-	0.7	0.7	-
<b>Total Corporate</b>	<b>5.9</b>	<b>5.9</b>	<b>-</b>	<b>-</b>	<b>9.4</b>	<b>8.6</b>	<b>(0.8)</b>
<b>Total Core Business</b>	<b>97.4</b>	<b>97.0</b>	<b>(0.4)</b>	<b>(1%)</b>	<b>132.1</b>	<b>130.9</b>	<b>(1.1)</b>
<b>Surplus/(Deficit) excluding Programmes</b>	<b>(16.9)</b>	<b>(15.9)</b>	<b>(1.0)</b>	<b>(6%)</b>	<b>(24.5)</b>	<b>(22.4)</b>	<b>(2.1)</b>
<b>Programmes &amp; Projects</b>							
Modernisation of Technology Services**	5.0	4.6	(0.4)	(9%)	6.4	5.9	(0.5)
Technology Improvements	0.2	0.5	0.3	60%	0.6	0.6	-
Functional master & data project	0.1	0.2	0.1	50%	0.2	0.2	-
Culture Transformation programme	0.5	0.2	(0.3)	(>100%)	0.2	0.2	-
D&A FtP caseload improvement	0.1	0.1	-	-	0.1	0.1	-
Legislative Change	0.3	0.5	0.2	40%	1.0	1.0	-
<b>Total Programmes/Projects</b>	<b>6.2</b>	<b>6.1</b>	<b>(0.1)</b>	<b>(2%)</b>	<b>8.5</b>	<b>8.0</b>	<b>(0.5)</b>
<b>Total Expenditure including capex</b>	<b>103.6</b>	<b>103.1</b>	<b>(0.5)</b>	<b>(1%)</b>	<b>140.6</b>	<b>139.0</b>	<b>(1.6)</b>
<b>Capital Expenditure</b>	<b>5.5</b>	<b>5.2</b>	<b>(0.3)</b>	<b>(5%)</b>	<b>7.0</b>	<b>6.4</b>	<b>(0.6)</b>
<b>Total expenditure excluding capex</b>	<b>98.1</b>	<b>97.9</b>	<b>(0.2)</b>	<b>(1%)</b>	<b>133.6</b>	<b>132.6</b>	<b>(1.0)</b>
<b>Net income</b>	<b>(17.6)</b>	<b>(16.8)</b>	<b>(0.8)</b>	<b>(5%)</b>	<b>(26.1)</b>	<b>(24.1)</b>	<b>(2.0)</b>
Realised Gains/(Losses)	1.1	-	1.1	-	1.1		
<b>Net Surplus/(Deficit) excluding capex</b>	<b>(16.5)</b>	<b>(16.8)</b>	<b>0.3</b>	<b>2%</b>	<b>(25.0)</b>	<b>(24.1)</b>	<b>(0.9)</b>
<b>Reserves (Cash and Investments)</b>	<b>58.5</b>	<b>59.0^</b>	<b>0.5</b>	<b>0.8%</b>	<b>45.8</b>	<b>45.1</b>	<b>0.7</b>

**NB:** figures are subject to rounding

\* Apprenticeship Levy is tax paid to HMRC

^ Includes adjustments for year end actuals

\*\* Including PayPoint workstream

# Forecast as at 7th January 2026

**Council**

**Education Quality Assurance (EdQA) Quarterly Report Q1**

<p><b>Action requested:</b></p>	<p>This paper summarises EdQA activity from September 2025 to December 2025 (Q1).</p> <p><b>For noting</b></p> <p>The Council is asked to <b>note</b> the report.</p>	
<p><b>Key background and decision trail:</b></p>	<ul style="list-style-type: none"> <li>• This report examines the EdQA activity we have undertaken and the key themes and risks that emerged in Q1 of 2025.</li> <li>• The activities highlighted in this report have been discussed with relevant cross organisational colleagues, the Quality Assurance Board and the Executive Board (06 January 2026).</li> <li>• EdQA has a strategic risk within the corporate risk register (REG22/04) rated 20; <i>We fail to take appropriate or timely action to address a regulatory concern regarding the quality of nursing or midwifery education.</i></li> </ul>	
<p><b>Key questions:</b></p>	<ul style="list-style-type: none"> <li>• How is the Quality Assurance Service Provider (QASP) contract being delivered in line with KPIs?</li> <li>• How have we addressed concerns highlighted by the Professional Standards Authority (PSA) and the internal audit report (IA)?</li> <li>• What plans are in place to address the ongoing challenges in EdQA?</li> </ul>	
<p><b>Annexes:</b></p>	<p>None</p>	
<p><b>Further information:</b></p>	<p>If you require clarification about any point in the paper or would like further information, please contact the author or the director named below.</p>	
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# Education Quality Assurance (EdQA) Quarterly Report Q1

## Discussion

### Quality Assurance Service Provider (QASP) Performance and Monitoring

- 1 Q1 marks the commencement of year 2 of the QASP contract with the Quality Assurance Agency (QAA). A summary paper evaluating the provision of the QASP contract will be presented to Confidential Council on 24 February 2026. Monthly contract review meetings are held where an action log and risk register are jointly managed:
  - 1.1 The annual contract review meeting was held in partnership with QAA staff in October 2025, together with colleagues from Procurement and Finance.
  - 1.2 The contract variation was approved by the Chair of Council on 24 November 2025; this updated contract contains realistic workload numbers and agreed KPIs for monitoring purposes.

In this period, AEIs have submitted 31 requests, 30 of which were for major modifications and the other, an endorsement. Table 1 below shows a comparison of relevant data from the first year of the QAA contract to current:

*Table 1: QAA Activity – requests from AEIs*

Request Type	01.09.2024 – 31.12.2024	01.09.2025 – 31.12.2025	Variance
New Programme Approval	6	1	-5
Endorsement	0	1	+1
Major Modification	36	30	-6
<b>Total:</b>	<b>42</b>	<b>32</b>	<b>-10</b>

- 3 Table 1 shows a decrease in activity from the first year of the QAA contract; likely due to the financial challenges in AEIs currently, with many having already restructured and reduced staff. We have also received exception reports to notify us that some programmes are being put on temporary pause.
- 4 In addition to the requests received in this timeframe, QAA have undertaken activities to deliver requests received between January and June 2025; 12 of these have been completed as site visits or desk top reviews.

### Quality Assurance Board Activity

- 5 The Quality Assurance Board (QAB) has met on 22 September, 4 November and 16

December during this reporting period; pertinent agenda items are highlighted below:

- 5.1 The Chair of QAB took Chair's action on 09 September which was formally noted at the 22 September meeting. This action was to approve the Extended Programme of Study for final year Nursing (mental health) students at an AEI in England. The programme underwent independent scrutiny from a QA Visitor.
- 5.2 Ongoing discussions have taken place to review work regarding non fault incorrect entries. A task and finish group was established in conjunction with colleagues in Registrations and Revalidation to ensure that due process is applied in all cases, ensuring rigour and fairness whilst upholding the integrity of the register.
- 5.3 An escalating concern at an AEI related to a blended learning nursing programme was noted at the November QAB. Following their submission of an exception report, a risk assessment was undertaken by EdQA which identified that potential risks existed across our standards within this programme. There are 398 students currently enrolled on this NHSE (WTE) commissioned programme, additionally there are 79 students who have previously completed it. The Board approved the recommendation for an Extraordinary Review Assessment to be undertaken by the QASP in January 2026, the AEI have been informed.
- 5.4 The QAB has reviewed corporate risk **REG22/04**; previously graded '16' but due to a large number of critical and escalating concerns received, the QAB approved an increase in the overall risk rating to '20' with the likelihood score increasing from 4 to 5; there are comprehensive mitigating actions in place, detailed in paras 6-9 of this paper.

#### EdQA Improvement Plan

- 6 On 23 October, 2025 an EB paper presented an action plan to address PSA recovery and recommendations from the Internal Audit report.
  - a. The action plan highlights interdependencies and associated risks, and required team process improvements;
  - b. It also highlights concern regarding the veracity of data.
- 7 The action plan and EdQA Improvement work is now incorporated within the Professional Practice Directorate roadmap, assigning resource to its oversight and strengthening internal governance.
- 8 A Deep Dive exercise commissioned by the Executive Director Professional Practice has been undertaken, and its results presented to the Executive Board on 16/12/25, outlining recommendations for further development.
- 9 Detailed analysis of the data requirements have been undertaken by an external consultant, alongside a review of regulatory processes which require data governance; this has also enabled colleagues in the central QA team, to undertake Gemba walks on the recently refreshed Standard Operating Procedures (SoPs); providing independent scrutiny.

## Next Steps

10. Data from the Annual Self Report (closure date 01/12/2025) will be analysed and prepared for presentation at the end of Q2.

The following were considered when preparing this paper:

<b>Implication:</b>		<b>Location if in paper:</b>	<b>Content if not in paper:</b>
Public protection/impact for people.	Yes	Throughout the paper	
Safeguarding considerations	Not Applicable		BAU of EdQA exception reporting, monitoring and ASR
The four country factors and considerations.	Yes	Throughout the paper	
Resource implications including information on the actual and expected costs involved.	Not Applicable		QASP contract monitored monthly
Risk implications associated with the work and the controls proposed/ in place.	Yes	<ul style="list-style-type: none"> <li>QASP contract</li> <li>EdQA Improvement Plan</li> </ul>	
Legal considerations.	No		
Midwives and/or nursing associates.	Yes	Throughout the paper	
Equality, diversity, and inclusion and Welsh Language impact.	Yes	Throughout the paper	
Stakeholder implications and any external stakeholders consulted.	No		

Regulatory Reform.	Not Applicable		Ongoing preparation for this with EdQA function
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## Report from Committee to Council

<b>Name of committee</b>	People and Culture Committee
<b>Date of meeting</b>	02 December 2025
<b>Committee chair / report author</b>	Committee Chair: Anna Walker in Lynne Wiggins absence Author: Sharon Dawson
<b>Date of report</b>	16 January 2026

### Key discussions

#### Executive Pay and Staff Pay: Annual Pay Review

- 1 The Committee held an initial discussion about proposals for the annual pay review 2026-2027 for both the Executive and Staff.
- 2 The Committee agreed that a further iteration of the pay review proposals for 2026-2027 be circulated to the Committee clarifying the various options and rationale for the staff pay award for 2026. The importance of broad consistency between staff and executive pay was also noted
- 3 The Committee welcomed the improved completion rate of to Ambitious Appraisals which meant they would play a role on pay decisions for the first time. , the Committee agreed to schedule a further discussion regarding the recently introduced framework of assessing colleagues against the NMC's values and their performance objectives.

#### Your Voice 2025

- 4 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.
- 5 The Committee noted that the survey revealed some positive trends as well as highlighting some opportunities for improvement around supporting well-being, hybrid working arrangements and career path development.
- 6 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.
- 7 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. This was particularly important as Directorate results were very variable.

### **Executive Director, People and Culture: Highlight report**

- 8 The Committee welcomed this new report which was intended to provide a regular update for the Committee on the People and Culture directorate activities.
- 9 It was agreed that for future reports, trend data, top risks, and areas of focus would be included.

### **Independent Culture Report: update on recommendations**

- 10 The Committee received an update on the progress made on the Independent Culture Report (ICR) recommendations.
- 11 The Committee acknowledged the progress made on the delivery of the recommendations and that the work relating to culture transformation at the NMC was very important.
- 12 The Committee was assured that the Culture Transformation team collected data relating to all of the 37 ICR recommendations every four to six weeks and provided updates.
- 13 The importance of its role in recognising and highlighting any of the ICR recommendations which remained open was acknowledged by the Committee.
- 14 The Committee agreed that allocation of the recommendations between the Council's committees was required (some ,such as FtP required expertise other than the PCC). This should be agreed by the Committee chairs and the Chair of Council to ensure business was appropriately handled between the Council committees.
- 15 A Culture Transformation Maturity Model had been developed to track the longer-term outcomes of the ICR recommendations and Culture Transformation Plan. The Council had endorsed the approach to move from reporting on activity to rigorous reporting on impact and outcomes .It was agreed that further work was needed to agree the outcomes from cultural transformation and the Maturity Model so progress could be tracked on these.
- 16 One of the key aspects of the Maturity Model related to regulatory fairness, but this aspect needed to be considered also as part of the FtP Transformation Plan.
- 17 The Committee welcomed the circulation of an update to the annexe provided to the Council in July 2025 regarding progress on the ICR recommendations. It agreed it would hold a further meeting to look at the evidence the executive considered meant that the outputs of some of the ICR recommendations had now been met.

## EDI Workshop plan for Council

- 18 The Committee noted the feedback from the Council that the plan and time allocated for a Council EDI workshop, as presented at Open Council in November 2025, was not sufficient and agreed that a revised proposal for the workshop was needed.
- 19 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 the EDI workshop for Council.

## Staff network strategic reset

- 20 The Committee welcomed the refresh of the staff networks and the focus on supporting them to benefit the organisation and staff.
- 21 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.
- 22 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.
- 23 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.
- 24 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.

## People and Culture Strategic risk register

- 25 The Committee welcomed the amended strategic risk register which now included three strategic risks following discussion with some Committee members.
- 26 The Committee agreed to schedule a "deep dive" discussion on workforce capability and capacity risk at a future Committee meeting.

## Key decisions

### Proposed approach to Committee effectiveness review

- 27 The Committee agreed that the proposed approach needed to correlate with the Council Effectiveness Review survey.
- 28 The Committee agreed with the suggestion that part of the PCC effectiveness review should include engagement with the other Council committees to

understand how the committees interact. NMC staff attending the PCC should also be asked if they thought the Committee was fulfilling its role effectively.

29 The Committee approved the proposed approach to the process of the 2025-2026 Committee effectiveness review.

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## Council

### Chair's action taken since the last meeting of the Council

<b>Action requested:</b>	<p>Reports action taken by the Chair of the Council</p> <p>The Council is asked to <b>note</b> the report.</p>
<b>Key background and decision trail:</b>	<p>This paper reports action taken by the Chair of the Council since 26 November 2025 under delegated powers in accordance with Standing Orders.</p> <p>There has been one Chair's action:</p> <ul style="list-style-type: none"> <li>• <b>Approval of Annual Returns 2024-2025 to the Charity Commission and the Office of the Scottish Charity Regulator (OSCR)</b></li> </ul>
<b>Key questions:</b>	<p>What action on minor, non-contentious or urgent matters falling under the authority of the Council (Scheme of Delegation, paragraph 4.6) has the Chair taken on behalf of the Council since the last meeting</p>
<b>Annexes:</b>	<ul style="list-style-type: none"> <li>• <b>Annexe 1:</b> - Chair's action 10/2025</li> </ul>
<b>Further information:</b>	<p>If you require clarification about any point in the paper or would like further information, please contact the author or the director named below.</p>
	<p>Secretary: Jacqueline Maunder  <a href="mailto:jacqueline.maunder@nmc-uk.org">jacqueline.maunder@nmc-uk.org</a></p>

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## Chair's Action 10/2025

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.

<b>Requested by:</b>	<b>Date:</b>
Secretary to the Council	15 December 2025

### Approval of Annual Returns 2024-2025 to the Charity Commission and the Office of the Scottish Charity Regulator (OSCR)

1. As a registered charity with income in excess of £10,000 a year, the NMC is required to submit annual returns to the Charity Commission and OSCR, together with copies of the audited annual report (Trustees' annual report) and accounts. Charity Commission guidance requires that the annual returns be reviewed and approved by a Trustee of the charity. The Audit Committee confirmed in June 2015 that review and approval by the Chair, on behalf of the Trustees, was appropriate. Once approved the document will be circulated to the full Council via email for assurance.
2. The proposed 2024-2025 annual returns are attached for review, along with a supporting paper.
  - 2.1. Annexe 1: Charity Commission
  - 2.2. Annexe 2: OSCR
3. The returns have been populated using information already included in the audited Annual Report and Accounts 2024-2025, which have been laid in Parliament and published.
4. The Chief of Staff has reviewed the returns on behalf of the Chief Executive and Registrar and is content for them to be submitted to the Charity Commission and the OSCR.
5. **The Chair is asked to:**
  - a. approve the annual returns; and
  - b. confirm that you are content for your electronic signature to be

**attached to this Chair's action.**

6. Once approved, the returns will be submitted by the governance team online, ahead of the deadlines of 31 December 2025 (OSCR) and 31 January 2026 (Charity Commission).



Signed

Date: 15 December 2025

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