Open Council Meeting 1 July 2026

MEETING

1 July 2026 10:00 BST

PUBLISHED
2 July 2026

Meeting of the Council

To be held in person at 10:00 on Wednesday 1 July 2026
at 23 Portland Place, London WB1 1PZ

Agenda

Ron Barclay-Smith
Chair of the Council

Jacqueline Maunder
Council Secretary

1	**Welcome and Chair's opening remarks**	NMC/26/181	**10:00**
2	**Apologies for absence**	NMC/26/182	
3	**Declarations of interest**	NMC/26/183	
4	**Minutes of the previous meeting** Chair of the Council	NMC/26/184	
5	**Summary of actions** Secretary	NMC/26/185	

Matters for discussion

6	**Executive report** Chief Executive and Registrar/Executive	NMC/26/186	**10:10-10:30** *(20 mins)*

Matters for decision

7	**Audit and Risk Committee Chair's report** Committee Chair	NMC/26/187	**10:30-10:40** *(10 mins)*
8	**Draft Annual report and Financial Statements 2025-2026** Chief Executive and Registrar/Executive	NMC/26/188	**10:40-11:25** *(45 mins)*

Refreshment Break (15 mins)

9	**Draft Fitness to Practise Annual report 2025-2026** Executive Director, Professional Regulation	NMC/26/188	**11:40-12:25** *(45 mins)*

Matter for discussion

10	**Questions from observers (Oral)** Chair	NMC/26/189	**12:25-12:40** *(15 mins)*

Matters for information *

11	**Chair's actions taken since the last meeting** Chair	NMC/26/190

**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 **12:40**

Item 4
NMC/26/184
1 July 2026

Meeting of the Council
Held on Wednesday 20 May 2026 in the Council Chamber

Minutes

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

NMC Officers

Paul Rees	Chief Executive and Registrar
Chris Kinsella	Acting Executive Director of Resources and Technology
Lesley Maslen	Executive Director, Professional Regulation
Ravi Chand	Executive Director, People and Culture
Emma Westcott	Executive Director, Strategy and Insight
Julia Corkey	Executive Director, Communications and Engagement
Donna O'Boyle	Acting Executive Director, Professional Practice
Richard Cartland	Interim Executive Director of Transformation and Technology Services
Alice Hilken	General Counsel
Ben Wesson	Chief of Staff
Richard Wilkinson	Assistant Director, Finance and Audit
Jacqueline Maunder	Secretary to the Council
Sharon Dawson	Senior Governance Manager

For item 10:

Shadae Cazeau	Head of Regulatory EDI

For item 12:

Tracey MacCormack	Assistant Director, Midwifery
Paula McLaren	Senior Advance Practice Advisor

A list of observers is at Annexe A.

Minutes

NMC/26/163 **Welcome and Chair's opening remarks**

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

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

The Chair congratulated James Murray on his appointment to Secretary of State for Health and looked forward to working with him on key priorities for the NHS and the social care system in England.

NMC/26/164 **Apologies for absence**

1 Apologies for absence were received from Nadine Pemberton Jn Baptiste and Lynne Wigens.

NMC/26/165 **Declarations of interest**

1 No declarations of interest were raised.

NMC/26/166 **Minutes of the previous meetings**

1 **25 March 2026**

The minutes of the meeting on 25 March 2026 were received and agreed as an accurate record of the meeting subject to the following amendments:

a) NMC/26/147 paragraph 1 (f) should read 30 March 2026 not 2027.

b) NMC/26/152 regarding the observer question 1 (a), clarification that the Executive Director, Professional Practice had apologised if proper consultation had been missed in error and agreed that she would discuss this with colleagues and follow up with Mr Munday and the Trade Unions.

Secretary's note – this request for clarification was received after the Council meeting on 20 May 2026.

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

28 April 2026

The minutes of the meeting on 28 April 2026 were approved as an accurate record of the meeting and would be signed by the Chair.

NMC/26/167 **Summary of actions**

1 The Council received the summary of actions.

It was noted that there were 28 actions in total with five categorised as completed with the remaining actions due in June, July or September 2026. Members were asked to note the progress on the open actions and agreed to close the actions that were categorised as completed.

The Council was assured that there had been some significant housekeeping on some of the longstanding actions and the Secretary was working with Directors to manage them.

NMC/26/151 - Council cycle of business. Regarding Council committee reports that were placed as 'Matters for information' on the agenda as opposed to 'Matters for assurance', it was felt that for committees that had responsibility for providing assurance to the Council, the action be added to review the timing and how the reports were presented to Council, as assurance or for information, as appropriate.

The Chair agreed to discuss this with the Secretary regarding all current and future Council sub-committees' reporting to Council.

Action: Chair and Secretary to discuss timing and presentation of Council committee reports to the Council

For: Secretary to the Council

By: 21 July 2026

NMC/26/168 **Executive report**

1 The Council received the Executive report and the Chief Executive and Registrar provided a high level summary.

2 Members noted:

a) The presentation later on the agenda of the NMC anti-racism principles for nursing and midwifery education was an important step for the NMC and had been driven by its determination to tackle one of the most unacceptable inequalities in healthcare: the black maternal health crisis. The principles would help ensure that all nursing and midwifery students learned about anti-racism, bias awareness, cultural curiosity, safety, and respect. The response to the principles had been very positive from partners across health and care including the DHSC, Chief Nursing Officers RCM, RCN and the Council of Deans.

b) The NMC's plan for regulatory fairness responds to EDI targets for regulatory work to eliminate ethnicity and gender disparities in

Fitness to Practise processes by 2030 and in midwifery and training and education by 2035.

c) The CER welcomed Michelle Welsh MP on her appointment as the government's first maternity advisor and looked forward to working with her to support and strengthen maternity and midwifery services in the years ahead.

d) In recent weeks, the CER had attended the Proud to be a Midwife event run by the Royal College of Midwives (RCM), a celebration of the profession and a reminder of the extraordinary impact midwives have on people's lives every day.

e) On International Nurses Day on 12 May, the CER had visited Edinburgh Napier University and observed how it has been developing and empowering nurses and midwives of the future. It had been a powerful reminder of the commitment and talent shaping the future workforce.

f) Feedback from delegates at the NHS Race and Health Observatory Conference was that the NMC had made a step change in its determination to embed EDI and become an anti-racist organisation. There was still a long way to go with the transformation of the NMC, which was one year into a three year programme of change and transformation, with bumps in the road as it dealt with many historical challenges. However, evidence was emerging that the NMC was becoming the strong, independent regulator that people wanted to see.

g) It was essential that the NMC set the standards around anti-racism to ensure that those standards filtered through to every level of its work: the Code, revalidation, and fitness to practise. It was important that the NMC influence others in control of the environments in which professionals were working to enable individuals to speak up, particularly those in a learning setting, to be heard without fear of retribution.

h) The Council appreciated and endorsed the leadership of the CER in fronting anti-racism which had also been acknowledged by NMC staff and stakeholders

i) In April, a 12 week consultation had been launched with proposed changes to the NMC's education standards following extensive engagement with partners and stakeholders. They reflected emerging challenges across practice learning environments. The CER encouraged people to respond to the consultation.

j) With reference to the NMC's work with the Public Voice Forum, this was a small number of people and it should be clear how the NMC was currently engaging with the public more widely. As consultation on important issues would be developing over the

next year and onwards, this engagement should be also be front and centre. The CER confirmed that changes were already in train for wider engagement with the public, for example, speaking directly to bereaved families in Nottingham and, as the NMC developed its future strategy, this would be widened out.

k) It was suggested that it might be helpful for the NMC to engage with the Maternity and Neonatal Voice Partnership which had groups regionally to seek their views, if it had not done so already. The principles had been co-designed with Black, Asian and minority ethnic people with lived experience of poor outcomes.

l) It was noted that Council members had not received consistent in-depth training and it would be helpful if members were better equipped to make informed and supportive challenge and comment on the reports provided to them to be assured that the NMC's activities were dismantling discrimination and racism practice. Assurance was requested that a programme of sustained, continuous training be provided for the Council in the same way as for the Executive and other staff. It was agreed that consideration would be given as to what and how this might look.

m) It was vital for the organisation to address public issues, not just around maternity, but also wider. The Executive was requested to give this further consideration and report to Council about how this might best be developed.

The Council noted the report.

NMC/26/169 **Quarterly corporate performance (Q4)**

The Council received the Quarterly performance report and the Chief of Staff presented the report. Members noted the following:

a) Continued progress in key operational areas and a more disciplined approach to performance management were noted, alongside challenges related to workforce capacity, financial constraints, and the operating environment.

b) Improvements continued in fitness to practice (FtP) timeliness and operational grip, building on the progress that has been seen over recent quarters.

c) There was strengthened organisational accountability through more robust directorate level performance oversight and escalation arrangements.

d) Delivery momentum had been maintained across a number of significant programmes of organisational change while operating within a much tighter financial environment.

e) The report reflected progress in embedding the NMC's transformation activity and improvements in management information and assurance reporting.

f) The report reflected a more realistic, data-driven, and accountable approach to performance.

g) Regarding the move towards virtual hearings, progress was welcomed but it would be useful to understand whether outcomes from virtual hearings were similar or dissimilar to in-person, to provide assurance that registrants were not being disadvantaged.

h) Future reports should include different parts of the nursing register beyond adult acute nurses to include children's and mental health nurses.

i) It was suggested that future reports should clearly show performance outcomes, quarter-on-quarter comparisons, and trajectory.

j) Further understanding was sought of the balance between listed and unlisted cases and the targeted quality assurance framework.

k) A greater focus on education, and the different elements of education was requested.

l) The need for performance information to show progress towards agreed outcomes was supported.

m) Progress on an FTP dashboard and the education quality assurance improvement plan was acknowledged.

n) The need for trend analysis in performance reporting was emphasised in order to understand delivery and activity investment balance.

o) Some areas remained off trajectory and required sustained executive focus into the next financial year. Importantly, this report reflected an organisation increasingly taking a more realistic, data-driven and accountable approach to performance, recognising issues earlier, escalating them more consistently and focusing on delivery discipline.

p) This report and the work underneath it would be assigned to the new Planning and Performance Committee, handed over from the Finance and Resource Committee.

q) A concern was raised regarding the implementation of ICR recommendations, suggesting a need for internal alignment before external reporting.

The Council noted the report.

NMC/26/170 **Quarterly strategic risk exposure report (Q4**

1 The Council received the Quarterly strategic risk report and the Chief of Staff presented the report and the members noted the following:

a) The report highlighted the strengthening of the organisation's risk management approach and alignment across various functions.

b) Continued focus was noted on strategic risks related to fitness to practice, performance and sustainability, financial resilience, transformation delivery, organisational capacity, and external confidence.

c) Positive movement was reported in several areas, including strengthened governance and improved executive oversight.

d) Regarding the operational shaping of this work and a concern about the conflation of speaking up guardians and council whistleblowing leads in point 24 of the report, future reporting would reflect the distinction between these roles.

e) Regarding the number of risks exceeding appetite and the perceived lack of impact from mitigations, it was confirmed that appetite would be reflected and more detailed information on mitigations would be provided.

f) Cyber risk should be a standalone item and the risk of not keeping pace with digital modernisation was not clearly reflected.

g) It was agreed that all these points would be incorporated into the updated risk register

h) The importance of nominated directors being involved in risk conversations was emphasised.

i) It was clarified that the new wellbeing risk was separate from safeguarding risks and due to differing mitigation plans.

j) There was concern about the number of risks and duplication. A focus on top risks was suggested also noting duplication.

k) Clearer reporting and suggested phasing target ratings for risks to better track movement was supported.

l) A previously identified gap in Council's technical tools for evaluating assurances, particularly for transformation and EDI was highlighted with the ongoing risk this posed. This gap would be reflected in the new register.

m) The general view was that the report had improved, with cyber risk, consistent terminology, phased risk amelioration, and the EDI point being noted for further consideration.

n) It was suggested that the report should reflect risk appetite and

provide more detailed information on mitigations.

The Council noted the report.

Action: Reflect risk appetite and provide detailed information on mitigations

For: Chief of Staff

By: 21 July 2026

Action: Incorporate suggestions regarding cyber risk and digital modernisation.

For: Chief of Staff

By: 21 July 2026

Action: Ensure future reporting reflects the distinction between speaking up guardians and council whistleblowing leads.

For: Chief of Staff

By: 21 July 2036

NMC/26/171 **Financial performance report at end March 2026**

The Council received the financial performance report. The Executive Director, Finance presented the report which was a summary of the management accounts. Members noted the following:

a) The report was consistent with previous forecasts, with the exception of reserves being £3 million higher than forecast due to cash flow phasing, which would not affect budget assumptions for the next year.

b) Reserves of £49.6 million were reported at year-end, with an understanding that these would be utilised in the current budget year.

c) Core business spend was stated to be £0.6 million over budget, with £2.7 million attributed to restructuring costs, from which an annual saving of £6 million was targeted.

d) Corporate spend was slightly overspent due to the timing of asset purchases, affecting depreciation.

e) Programme spend was £8.7 million against a budget of £8 million.

f) The utilisation of reserves in the current budget year was reiterated, and a potential mitigating factor regarding a £4 million

provision for legal assessors was mentioned, which would not affect the 2026-2027 financial year due to court hearing timings.

g) The forecast was noted to be highly dependent on the fee increase approved by the Council.

h) It was suggested that the presentation of expense reimbursements in the accounts could be seen to be discriminating against certain Council members.

i) A request was made for clarification on the recommendation regarding early adoption of changes to the Statement of Recommended Practice (SORP).

j) It was suggested that future management accounts should include additional narrative and trend analysis, and that finance reports should be framed by the Finance and Resource Committee, with discussions and assurances provided in writing before meetings.

k) Proposals for managing future financial challenges, rather than just noting the report was a governance question and that future scrutiny would occur through the Finance and Resources Committee.

l) Capital expenditure had been pared back to a safe minimum level to protect cash flow, and that £1.5 million had been allocated to estates over a two-year period to mitigate risks such as boiler failures. It was acknowledged that this was a matter of judgement given pressures on reserves and the uncertainty surrounding fee increases at the time of budget creation.

The Council noted the report.

Action: Provide responses to the matter of expense reimbursements, SORP changes and the format of management accounts offline

For: Executive Director, Finance

By: 21 July 2026

NMC/26/172 **Regulatory fairness plan**

1 The Council received the regulatory fairness plan report. The Executive Director, People and Culture introduced the report and the Head of Regulatory EDI presented the report which outlined deliverables for the next year and a three-year outlook.

Members noted the following:

a) The plan had been developed in close collaboration with the Fitness to Practise (FtP) improvement plan team, with an emphasis on improving efficiency and regulatory fairness.

b) The plan included key performance indicators and outcome measures, with quarterly reporting to the Executive Board and Council planned.

c) It was acknowledged that while some KPIs would remain qualitative, efforts would be made to incorporate more quantitative data as systems improved.

d) Regarding the quality control pathway, an equity review group would act as the escalation point for quality control issues, with matters carrying serious implications escalated to the Executive Board.

e) The absence of clear interventions for Target 3 was explained by the need to establish a baseline. A strategy was in place to support this work, although further development was required.

f) Regarding the map of effort versus impact, it was requested that this include EDI training for Council and the assurance provided through Council committees.

g) It was suggested that a theory of change be incorporated to clarify the plan's hypotheses and assumptions, with the expertise of the Insights team offered to support this work.

2

h) The Council noted the report.

NMC/26/173 **Business plan 2026-2027**

1 The Council received the Business plan 2026-2027. The Chief of Staff presented the plan. Members noted and discussed the following:

a) The plan had been developed with Council feedback on accountability, delivery confidence, value for money, and organisational priorities.

b) The plan reflected immediate priorities, including improvements in fitness to practise, strengthening education quality assurance, advancing regulatory fairness, embedding culture change, and continuing technological and organisational transformation programmes, whilst also reflecting the financial context.

c) Greater focus on priorities had been requested by the Council, and a need for understanding how flexibility would be maintained if new issues emerged was expressed.

d) Alignment between the 'plan on a page' and the business plan would be ensured, particularly concerning the Council's role in strengthening leadership, reviewing governance and developing the Council's effectiveness and driving progress towards PSA

standards. It was agreed that these would be more strongly articulated.

e) Transparency regarding challenges would be maintained and the plan would be adapted as necessary.

f) A clear link between deliverables and PSA standards would be ensured for future reporting. A comprehensive mapping activity against PSA standards had been undertaken to assure the Executive Board that the plan addressed these standards, and it was offered that this could be shared later.

g) The scale of the plan and confidence in its deliverability were noted.

h) The confidence in the feasibility of the £500,000 savings target was queried while acknowledging that it should, in theory, be achievable.

i) The importance of agility in reviewing changes and the need to distinguish between ambition and ability were emphasised with the suggestion of a shift from process actions to outcome actions.

j) It was important to achieve good regulation by self-set principles, not just PSA standards. It was acknowledged that this was included in the plan.

k) The importance of measuring the improvement of regulatory functions as a result of culture transformation.

l) The wording in the supporting narrative should be strengthened to reflect a more ambitious and positive mindset, moving from "trying to achieve" to "will achieve".

m) The need to assess the impact and desired outcomes of actions was reiterated.

n) The business plan represented a significant step in an ongoing journey, with regular reporting on progress against targets and links to PSA and ICR recommendations being crucial. The need for flexibility and agility was also acknowledged, and it was recommended that the report be approved, taking into account the comments made.

2 The Council retrospectively **approved** the Business Plan 2026-2027.

Action: Ensure join-up between the plan on the page and the business plan and **a clear link between deliverables and PSA standards for future reporting**

For: **Chief of Staff**

By: **September 2026**

NMC/26/174 **NMC principles to support anti-racism in midwifery and nursing education and practice**

1 The Council received the NMC principles to support anti-racism in midwifery and nursing education practice report. The Acting Executive Director, Professional Practice introduced the item and the Assistant Director for Midwifery and the Senior Advanced Practice Advisor presented report.

2 Members noted the following:

a) The principles were developed through widespread stakeholder involvement and were intended for implementation in the academic sector by September 2026.

b) There had been extensive engagement undertaken with advocacy groups, individuals with lived experience, professional stakeholders (academics, clinicians, the Royal College of Nursing, the Royal College of Midwives and other healthcare regulators.

c) The principles focusing on culture, learning, community and person-centred practice, and accountability. A gap analysis maturity matrix was being developed to assess the implementation of these principles.

d) Whilst there was no explicit mention of the role of fathers in the document, it was noted that the principles were intended to be all-encompassing, applying to all instances of racialised care. It was agreed that, for clarity, a sentence be introduced to explicitly mention fathers and men.

e) Further engagement was planned with chief nurses, chief midwives, and chief executives within organisations in the healthcare sector to seek support for the principles to be mandated within their individual regions.

f) Members acknowledged the work undertaken by the academic institutions and other accredited education institutions with their stakeholders and they had demonstrated that they were keen to engage with and support this work.

g) Regarding the reporting requirements for providers, reporting would be mandated for educational institutions, but for providers, it

was currently exploratory, with efforts being made to secure support from senior leaders and system regulators.

3 The Council **approved:**

- The principles to support anti-racism in midwifery and nursing education and practice.
- The plan to launch the principles and enable their implementation across education and practice.

Action: Include an explicit mention of fathers and men in the NMC principles to support anti-racism in midwifery and nursing education and practice.

For: Acting Executive Director, Professional Practice

By: June 2026

NMC/26/175 **Historical reviews update.**

1 The Council received the Historical review report. The Executive Director, Strategy and Insight presented the report which provided an update on the historical reviews.

Members noted the following:

a) The report detailed the progress against recommendations from two independent reports commissioned following media coverage of an NMC whistleblower.

b) One report concerned the handling of FtP cases and the other addressed the treatment of the whistleblower.

c) A six-month update was presented, acknowledging improvements already made and suggesting further enhancements.

d) Regarding the blank entry in the report for recommendation #9 from the FTP-related report, which concerned cases proceeding through criminal or family court. It was stated that an evaluation of changes to guidance was underway, with updates already made to the family court handbook for the legal team and relevant training provided. The full entry would be provided and the report updated.

e) Regarding the clarity of "ongoing" statuses and the absence of specific delivery dates for some recommendations, particularly points 10 and 11, with point 11 having a broad 2026 timeframe, it was acknowledged that that some items were perpetually ongoing, while others required further action, and it was confirmed that these points would be tightened for the next report.

f) Point 24 in the report concerning council whistleblowing leads was

not fully accurate in relation to the action stated about the Council whistleblowing (Raising Concerns) leads and should also not the role and existence of the Empowered to Speak Up Guardians (ETSU's).

g) A request was made for the next update to be provided by the end of September, with any issues to be reported to the Council promptly.

2 Members noted the report.

Action: Blank entry for recommendation #9 in the FTP-related report to be updated with the full text.

For: Executive Director, Strategy and Insight

By: 1 June 2026

Action: The clarity of "ongoing" statuses and the provision of specific delivery dates for recommendations to be reviewed and tightened for the next report

For: Executive Director, Strategy and Insight

By: 23 September 2026

Action: An update on the historical reviews to be provided in September 2026

For: Executive Director, Strategy and Insight

By: 23 September 2026

NMC/26/176 Panel member reappointments

1 The Council received the Panel member reappointments report. The Chief of Staff presented the proposal to reappoint two panel members as recommended by the Appointments Board.

2 Council members were content to approve the recommendation by the Appointments Board for the reappointment of the two panel members.

The Council **approved** the reappointments.

NMC/26/177 Observer questions

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

NMC/26/178 **Finance and Resources Committee report**

The Council received the Finance and Resource Committee report from the meeting held on 6 May 2026. The report was noted and taken as read.

NMC/26/179 **Audit and Risk Committee reports**

1 The Council received the Audit and Risk Committee reports of **11 March** and **22 April 2026**. The reports were noted and taken as read.

NMC/26/180 **Chair's actions taken since the last meeting**

1 There had been no Chair's actions formally taken since the previous meeting.

Closing remarks

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

Confirmed by the Council as a correct record:

SIGNATURE: .....

DATE: .....

Annexe A. Council Meeting 20 May Observers

Bola Ogundeji	HR&OD Director, Zevida Ansel HR Consulting
Nikki Reid	Nurse, NHS
Gail Adams	Head of Professional Services, UNISON
Kirsty Davis	Lead Midwife - Quality Assurance, QAA
Jaime Day	Senior Lecturer: Placement Engagement Lead, York St John University
Nigel Ross-Scott	N/A
Anna Harding	Regional Operations South West Region (Registered), NHS
Dave Munday	Lead Professional Officer, Unite the Union
Shirley Gumede	Assistant Professor, University of Bradford
Michelle Lyne	Professional Adviser, Education, Royal College of Midwives
Okerebudu Emeka-Oriasotie	Public Health Nurse, NHS
Jasmine Boulton	Student Midwife, The University of Manchester
Evangeline Nwaigwe	Registered Adult Nurse, Amaya Care
Jennifer Carter	Manager, independent company

Press

Gee Harland	Reporter, Cogora

NMC staff observing

Funke Nana	Senior Finance Business Partner, NMC
Tracey MacCormack	Assistant Director for Midwifery
Jacqui Williams	Senior Midwifery Advisor (Education)
Niamh Fleming	Programme Manager
Clare Minchington	Partner Member
Ade Oloko	Culture Delivery Lead
Darah O'Connor-Wellington	HR Admin
Yasmine Mohungoo	Governance Manager
Asha Bagayat	Head of Governance

Annexe B: Observer questions

Question:

1 Sarah Fraser, NMCWatch

The Council recognises more can be done to support newly qualified registrants. What is the Council doing to monitor the numbers being referred to FtP during preceptorship and within the first few years of qualifying?

Response:

The Executive Director, Strategy and Insight responded that the NMC had in the recent past highlighted issues relating to the poor experiences of newly qualified nurses and midwives – in Spotlight for example and in its annual leavers' surveys. The NMC did not hold data about preceptorship and this will vary across the many settings in which our registrants practice. Referrals could be interrogated by length of time on the register and doing this had the benefit of also exposing any issues faced by internationally educated registrants who may not be recently qualified. Those findings do provide insight into settings, which can be fed back through the Employee Liaison Service (ELS), and they also help with potentially providing insight about the approved education institutions (AEIs) and whether, for example, students are being signed off too soon before they really feel confident in their practice.

Question:

2. Cathryn Watters – NMC Watch

Bearing in mind the feedback from the previous consultation was ignored and the fee increase continued despite both public and professional resistance about this – how can the Council be assured that the spend on these consultations is a proportionate use of registrant fees? We understand the consultation on the fee increase was over £82k equating to 687 annual fees. Are the other consultations also part of this cost or are they being funded individually at similar costs? For example, the 12-week consultation for revalidation towards the end of the year. How does the Council assess and assure quality of work produced by such contract to assure registrants their fees are being spent appropriately?

Response:

The Executive Director, Strategy and Insight responded, stating that the feedback from the recent consultation was not ignored. While the NMC may not have been able to take the view that many of our respondents took about fee rise, it had a duty to consult, but the Council also had a duty to ensure that there are sufficient funds for the work that only we can do and that's what was weighed up at the end of that consultation. When the recommendations were presented to the Council it was made clear that that the feedback received would help develop a fee strategy to involve more frequent but smaller and more predictable rises in the future, which would be better for registrants and better for the NMC for planning and carrying out its core duties

Question:

3. Cathryn Watters – NMC Watch

With the noting of ongoing deficits how can the Council be assured that continued awarding of contracts for example to PwC of £2million on the 12 May 2026 is appropriate in the current financial landscape? How can the Council be assured that PWC gives the best value for money and there are not other providers that can do so more effectively and for a more appropriate costs considering many of the actions PWC have previously been contracted to resolve are still ongoing?

Response:

The Interim Executive Director, Transformation and Technology Services responded that in terms of the procurement process, the contract was awarded following a legally compliant and competitive procurement exercise through the Crown Commercial Service Management Consultancy framework. Ahead of the procurement, a preliminary market engagement process was carried out. Several suppliers expressed interest and a competitive procurement process was undertaken. All bids were evaluated against a detailed criteria covering quality, delivery, capability, operational capacity, risk and price. PWC achieved the highest overall combined quality and price score and was assessed as the most economically advantageous tender. The scoring criteria was based on a 70% assessment of the operational quality and 30% on price. Through this process it was demonstrated that it was value for money, value for money was being achieved and a robust set of contract deliverables were set. The final price was within the budgeted price. Other providers were given ample opportunities to engage in this procurement, but in the end, PwC demonstrated clearly through this competitive process their offering would be the most effective.

Regarding how they were currently supporting the NMC with this assignment, in line with the specification, PwC were working alongside an NMC team. The focus was to design, test and refine a focused FTP operating model at the investigation stage, to deliver us fairer, faster risk-based regulation. capable of being scaled in a cost effective way. This includes targeted case pathways, to introduce expert advice at the right points in the process and enhance quality frameworks that will be applied consistently to reduce rework. This will also be achieved by delivering and progressing around 350 cases currently at the investigation stage of the process and take them through ready for a decision by NMC case examiners across the six month assignment.

Looking back at the previous assignment, it was important to clarify that PwC's previous 12-week engagement that started in December 2024 was not intended to, nor could realistically, resolve all fitness to practise issues. There were four work streams in that assignment of which operational excellence and casework support related to fitness to practice and PwC's role in that was to help diagnose underlying problems within FtP and identify where internal resources could address those or where focused targeted external work would help. During that period, PwC also supported screening casework activity and help reduce the screening caseload. PwC also undertook two other organisation-wide review work streams looking at the NMC's technology and data and an assignment called Business Excellence. These reviews

provided Executive Board and Council with reassurance and informed the next steps with regards to the strategy for further investment.

Council member Deborah Harris reiterated that when Council was looking at this, it examined the five particular work streams and noted that with the procurement that had been undertaken, the NMC was benefitting from something that was less in terms of the cost, but also going to achieve much more out of the contract than originally anticipated. As a reminder, the last time this was discussed was in May 2025 and the Council was fully aware of the costs and with a clear understanding of its financial responsibilities and duties. The Council was not only assured that this would provide what is needed and build on the work by both PwC, and the NMC's own internal expertise but there would also be a benefit of a knowledge transfer and any learnings would supplement the knowledge already within the NMC. On behalf of the Council, the member was happy to stand behind the decision made knowing that it was not just most economic and advantageous tender but would also provide the help to design and deliver services in an improved way.

Question:

4. Cathryn Watters – NMC Watch

In the questions attached reassurance is given to David Munday, Unite, that "the launch of the Suicide and Self-Harm Protocol has been temporarily paused to allow for further engagement and consultation." Can the Council explain why they did not ensure ALL organisations were included in this work - NMCWatch, Cavell, The Laura Hyde Foundation, Equality for Black Nurses to name a few - all of whom have been raising serious concerns about the lack of safeguarding of mental health of registrants under FtP for a consideration number of years?

Response:

The Acting Executive Director, Professional Practice responded that the protocol was intentionally developed as an internal operational risk tool to support internal risk identification, with a standardised approach and an escalation route in crisis situations. The NMC was definitely looking at wider engagement with all stakeholders and apologised if these groups had not been formally engaged with. However, the NMC would like to engage with them going forward and work was being planned to operationalise in terms of wider mental health and physical health concerns. She agreed to take the details of those organisations away and make sure that they were involved formally as the plans to implement moved forward.

Question

5. Michelle Lyne, Professional Advisor Education, The Royal College of Midwives

Thank you for the principles to support anti-racism paper for midwifery and nursing education and practice. We welcome any improvement/eradication of this in

education and practice. However, I note that on page three it is said that the mapping exercise revealed inequity in maternity outcomes. This was not the case and not the purpose of the exercise. The inequity is/was the backdrop of the exercise not the findings.

Amid the expectations what are the expectations for the NMC as the regulatory body or are these principles it? How do you intend to monitor/evaluate the principles given they are not standards? However, appreciate that the intention is to embed for individuals through the Code and revalidation but this won't be without its' own challenges, but what about within the institutions the register practises across in health and social care? Education?

Response: (Due to insufficient time during the meeting, the response was provided later by email)

These principles are the expected behaviours of the NMC. They are not mandated standards. It is not our role as the regulator to implement and embed, that is the role of individual organisations. We are already working in partnership with the RCM, supporting their decolonising the curriculum work and have developed links with RHO who are leading on the perinatal teaching alongside NHSE.

We have added the reading and visual materials, case studies, and maturity matrix to the hub to assist stakeholders in the evaluation and review of their services. The maturity matrix is a tool to support evaluation, and outputs will not be reviewed by the NMC. We have also engaged with systems regulators to ask them to consider the maturity matrix or gain evidence regarding an organisation's maturity through their inspection processes.

We would be delighted to have a meeting with the RCM to discuss the principles and the information within our hub. Please let us know if this would be useful.

Tracey MacCormack, Assistant Director for Midwifery

Question: (Received in the Q&A box online)

6. Shirley Gumede, Registered Nurse

Thank-you to the Registrar and team for all the work to address racism in Nursing. However, how will the NMC ensure that these proposed anti-racism principles will 'trickle down' to the registrants 'on the ground' who need to effect the changes as strategic policies are normally poorly enforced on the ground for instance we already have numerous policies and legislation to address discrimination, but as already noted indications are that lived experience of staff and patients is generally deteriorating within healthcare organisations.

Response: (due to insufficient time during the meeting, a response was provided later by email)

We are hosting webinars and events , sending out an all-registrant email and promoting the principles at every conference we go to. They are being promoted

regularly on social media (i.e.Linkedin). We will discuss them with teams (via ELS and advisers) when visiting organisations . We are also making sure senior leaders know about the principles through targeted meetings so they can support implementation in their organisations as they will be responsible for ensuring they are fully embedded as BAU.

Tracey MacCormack, Assistant Director for Midwifery, NMC

Item 5
NMC/26/185
1 July 2026

Council

Summary of actions

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

Nursing & Midwifery Council

Council Action Log

For Meeting 1 July 2026

Minute Ref	Minute Ref and Action	Owner	Due date	Progress	Status
26 March 2025					
NMC/25/23 (26 March 2025) And **NMC/25/56 (2 July 2025)**	**Safeguarding update** **Action:** Provide a report setting out the approach to Council member champion and lead roles. **NMC/25/56 Summary of actions** **Action:** At the meeting on 2 July 2025, it was agreed that Council members would have an opportunity to input to the report, before it was submitted to Open Council in September 2025.	Secretary to the Council	~~9 June 2026~~ 21 October 2026	**19.06.2026** – Not yet due. A report setting out the approach to the roles will be submitted to the Confidential Council meeting in October coinciding with the report on the outcomes of the Council effectiveness review and overall Governance review. There will be opportunities for Council members to provide feedback and have input into the report.	**IN PROGRESS**
2 July 2025					
NMC/25/60	**Draft Annual Fitness to Practise Report 2024-2025** **Action:** Provide numbers as well as percentages for FtP	Executive Director, Professional Regulation	1 July 2026	**24.06.2026** Included in the report Action completed.	**COMPLETED**

Minute Ref	Minute Ref and Action	Owner	Due date	Progress	Status
	caseload figures in future reports.				
NMC/25/60	**Draft Annual Fitness to Practise Report 2024-2025** **Action:** Arrange a Council Seminar to present the different processes and stages of the FtP and the support mechanisms available.	Secretary to the Council/Executive Director, Professional Regulation	20 October 2026	**10.06.2026** - Not yet due. A Council Seminar session on the different processes and stages of FtP and the support mechanisms available is on the forward plan for the Council Seminar in October 2026.	**IN PROGRESS**
23 July 2025					
NMC/25/74 And **NMC/25/86**	**Quarterly corporate performance report** **Action:** Following the Health Foundations review, consider whether to review the factors relating to the increase in the number of internationally educated professionals providing supporting information from employers as part of their application to join the register for the first time.	Executive Director, Strategy and Insight	September 2026	**19.06.2026** – not yet due We have commissioned a light-touch evaluation of Supporting Information for Employers (SIFE), to be led by the Policy team with support from Research & Evidence. The aim of this work is to understand recent and historical trends around the use of SIFE and any resulting impacts on public protection, stakeholder confidence, operational function and	**IN PROGRESS**

Minute Ref	Minute Ref and Action	Owner	Due date	Progress	Status
				other factors. This should help identify any need for further amendments to the policy or our processes. Planning and scoping is underway and external engagement is due to commence in September. We continue to monitor our FtP referrals but do not have any evidence at the moment to suggest that the use of SIFE (Supporting Information from Employers) is having a negative impact on public protection.	
NMC/25/78 And **NMC/25/86**	**Employer Link Service summary activity 2024-2025** **Action:** Include more information on outcomes in future iterations of the report.	Acting Executive Director, Professional Practice	23 September 2026	**19.06.2026** - Not yet due. Quarterly report will be provided at September Council.	**IN PROGRESS**
24 September 2025					
NMC/25/90	**Quarterly corporate performance report**	Secretary to the Council / Action	21 July 2026	**10.06.2026** – Not yet due.	**IN PROGRESS**

Minute Ref	Minute Ref and Action	Owner	Due date	Progress	Status
	Action: Schedule an in-depth discussion at a Seminar session regarding the development of a strategy for clinical advice in casework.	Executive Director, Professional Practice		A Council Seminar session is scheduled for 21 July 2026	
NMC/25/90 *Linked to action* **NMC/25/112 (a)**	**Quarterly corporate performance report** **Action:** Present updates about log and learn rates of engagement and trends to both Confidential Council and the Audit and Risk Committee from the end of Q3 2025-2026.	Interim Executive Director, Transformation and Technology Services	21 October 2026	**24.06.2026** - Not yet due. Item on the agenda for Confidential Council 21 October 2026	**IN PROGRESS**
NMC/25/90 Linked to NMC/25/116 **NMC/25/116**	**Quarterly corporate performance report** **Action:** Relating to the EDI learning suite, involve the Council and incorporate EDI into its learning and development plan, as well as to consider ways the Council could promote and role model this work. **EDI Workshop plan for Council**	Secretary to the Council	July 2026	**24.06.2026** A further programme of work is being developed and a Council away-day planned in the autumn (September/October) once the format and content has been confirmed.	**IN PROGRESS**

Minute Ref	Minute Ref and Action	Owner	Due date	Progress	Status
	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.				
NMC/25/95	**Culture Transformation Plan / Independent Culture Review: Maturity Model** **Action:** Consider incorporating the feedback provided to the next iteration of the Maturity Model, including whether: • reference to psychological safety in the Model appropriately encompassed the NMC's 'speak up' culture. • whether EDI should be treated separately to avoid duplication.	Executive Director, People and Culture	20 May 2026	**19.06.2026** Incorporated into later iteration of the Culture Maturity Model Action completed	**COMPLETE**
21 October 2025					
NMC/25/104	**Independent reviews**	Executive Director, Strategy and Insight Executive	20 May 2026	**20.05.2026** Agenda item 20 May	**COMPLETE**

Minute Ref	Minute Ref and Action	Owner	Due date	Progress	Status
	Action: Provide a report to the Council in six months on progress with actions resulting from the reviews, including the work to enhance the governance processes related to the FtP guidance and improving the ways in which colleagues can raise concerns about cases and thematic issues.	Director, Strategy and Insight		Action completed	
26 November 2025					
NMC/25/111 (b)	**Executive Report** **Action:** Provide the Council with an update regarding the regulation of Nursing Associates in Wales in the new year	Executive Director, Strategy and Insight	Dec 2026	**16.06.2026 –** No update on the timetable from the Department of Health and Social Care (DHSC) available yet.	**IN PROGRESS**
NMC/25/111 (f)	**Action:** The possibility of making self-referral mandatory for midwives in 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	July 2026	**23.06.2026** An update to be provided to Confidential Council in July 2026	**IN PROGRESS**
NMC/25/112 (a)	**Quarterly corporate performance report**	Chief of Staff	21 October 2026	**16.06.2026** - Not yet due. Item for Confidential Council 21 October 2026	**IN PROGRESS**

Minute Ref	Minute Ref and Action	Owner	Due date	Progress	Status
	Action: A paper with the first findings from the new Log and Learn system would be presented to the Council in early 2026. *Linked to action NMC/25/90.*				
NMC/25/112 (c)	**Action:** Present work relating to the review of the quality framework for the FtP process to the Council in May 2026.	Executive Director, Professional Regulation	~~20 May 2026~~ 23 September 2026	**16.06.2026 –** not yet due More information about the Quality Assurance processes for FtP will form part of an update to Council on the Health Check assessments. This is likely to be September 2026	**IN PROGRESS**
25 March 2026					
NMC/26/143	**Executive Report** **Action**: Consideration to be given to how a system of payment for support could work for the Diaspora Registrant Association Forum (DRAF).	Executive Director, People and Culture	21 July 2026	**16.06.2026 -** Not yet due	**IN PROGRESS**
NMC/26/144	**Midwifery Quarterly Report** **Action:** Additional detail on the provider gap analysis to	Executive Director, Professional Practice	21 July 2026	**16.06.2026 –** Not yet due	**IN PROGRESS**

Minute Ref	Minute Ref and Action	Owner	Due date	Progress	Status
	be included in the next midwifery quarterly report.				
NMC/26/147	**Quarterly Safeguarding update (Q3) and Safeguarding Policy** **Action:** Further information on KPIs regarding outcomes and impact would be provided at the next meeting.	Executive Director, Professional Practice	21 July 2026	**16.06.2026 –** Not yet due	**IN PROGRESS**
NMC/26/149	**Education Quality Assurance (EdQA) activity report** **Action:** An update report to be provided to the Council in six months	Executive Director, Professional Practice	23 September 2026	**16.06.2026 –** not yet due	**IN PROGRESS**
NMC/26/151	**Council Cycle of Business 2026-2027** **Action**: The Secretary to the Council to review timing of committee reports to the Council	Secretary to the Council	21 July 2026	**16.06.2026 –** not yet due	**IN PROGRESS**

Key	

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

Item 6
NMC/26/186
1 July 2026

Report to:	Open Council	Meeting Date:	1 July 2026

Executive Report	
Publication Status	**Open**
Presenting the Report	Paul Rees MBE, Chief Executive and Registrar
Executive Director	Julia Corkey, Executive Director of Communications and Engagement Julia.Corkey@nmc-uk.org
Report Author	Clare Quinlivan, Communications Business Manager Clare.quinlivan@nmc-uk.org

PURPOSE OF REPORT AND REASON FOR RECOMMENDATIONS:
This paper provides information on key developments, updates and engagements since the last Council meeting on 20 May 2026.

RECOMMENDATION(S):

1. That the Council is asked:

   To **discuss** the Executive's report on key developments, updates and engagements during 2026-2027, up to 1 July 2026.

REPORT APPROVAL	
Executive Director:	**Approved**
Director of Finance:	**N/A**
General Counsel:	**N/A**
Chief Executive and Registrar (CER):	Executive Director, Communications and Engagement at Executive Board **23 June 2026**
Secretary to the Council:	**Approved 25.06.2026**

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

Consideration at Committee/Group		
Committee / Group	**Date**	**Outcome**
Executive Board	23 June 2026	

EXECUTIVE REPORT

1. SITUATION / BACKGROUND

1.1 The purpose of this report is to provide information on key developments, updates and engagements since the last Council meeting on 20 May 2026.

2. SPECIFIC MATTERS FOR CONSIDERATION

Professional Standards Authority 2024/25 Review

2.1. On 28 May, the Professional Standards Authority (PSA) published its annual review of the Nursing and Midwifery Council's (NMC) performance from 1 January to 31 December 2025.

2.2. The PSA recognised the new leadership's commitment to change and the progress the NMC has made to start improving operational performance. It also acknowledged that 2025 was a very challenging year for the NMC, as it continued to address the significant concerns identified in the Independent Culture Review, published in July 2024.

2.3. The NMC notes that the PSA has recognised key areas where we have made progress over the past year. However, in light of the NMC meeting nine of the PSA's 18 Standards of Good Regulation for 2025, we remain committed to working closely with the PSA, welcoming their support and challenge, as we continue our transformation journey of delivering sustainable improvements.

Addressing the NMC's Registration failure

2.4. In May, the NMC shared that it has taken comprehensive action to protect the public after it was discovered that for 12 years, the full process to assess health and character concerns, declared by nursing and midwifery professionals, was not consistently followed. As a result of the NMC's new value of Integrity and the emphasis on the speak up culture, a member of staff came forward to raise concerns about the historical failure.

2.5. While addressing the failure, the NMC's focus has been on making fair and proportionate decisions to protect the public and maintain public confidence in the nursing and midwifery professions, while minimising the distress for the registrants impacted.

2.6. Following discovery of the failure, the NMC undertook extensive engagement with stakeholders, employers, professional bodies, parliamentarians, and regulators to explain the issue, provide reassurance about patient safety, and outline the decisive actions taken to strengthen governance, quality assurance and oversight arrangements.

2.7. In order to make sure that all the NMC's regulatory functions are operating as expected, the NMC will now be carrying out 'health checks', to ensure all areas

are following the correct processes and policies as well as quality assuring their work.

2.8. The NMC will follow this by setting up a function within the Transformation and Technology Services directorate to manage a central Quality Management System, which will work in partnership with all NMC regulatory functions to ensure they consistently work in line with policy and procedure.

Key stakeholder meetings

2.9. As part of the NMC's wider parliamentary and stakeholder engagement programme, it held a parliamentary event hosted by Baroness Watkins in the House of Lords in May 2026. The event brought together cross-party parliamentarians, including Health and Social Care Committee members, to discuss our improvement journey, culture, Fitness to Practise improvement programme, maternity care and regulatory priorities. Discussions highlighted the importance of rebuilding trust, improving transparency and communications, strengthening collaboration with other regulators, and reducing fear and adversarial experiences in regulatory processes.

Strategic Advisory Groups

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

2.11. At the latest Public Voice Forum on 10 June, members discussed how the NMC should take forward learning from the PSA 2024/25 review and the recent registration failing. Forum members also contributed to discussions on the NMC's newly published anti-racism principles for nursing and midwifery education and practice, strongly supporting clearer accountability, culturally safe care, and a stronger focus on racism as a patient safety and public protection issue. Forum members welcomed the NMC's transparency and the continued opportunity for public involvement in our areas of work.

2.12. The Professional Strategic Advisory Group (PSAG) continued to support our improvement and transformation work through discussions on embedding public health across regulation and practice, including implications across all four nations. PSAG members also provided feedback on the NMC's practice learning consultation proposals, helping to strengthen education and training standards, with a focus on practice learning.

Equity, Diversity and Inclusion

2.13. The NMC carried out broad engagement to support implementation of the NMC's new anti-racism principles for nursing and midwifery education and practice which were published on 29 May. The principles, designed to tackle the Black maternal health crisis, outline ways educators, organisations, registrants and employers can address the growing concerns around inequities in care and racism across health and social care practice, education, and regulation. We

have engaged with registrants, diaspora groups, educators, employers, patient representatives, regulators and professional leaders to build shared understanding of the principles and encourage their adoption across practice learning, education and workplace cultures.

2.14. In parallel, the NMC has continued discussions with other healthcare regulators and system partners on responding to the recommendations of Lord Mann's independent review on antisemitism and other forms of racism. These discussions have focused on how regulators can work collectively to address discrimination, improve cultural competence, strengthen public confidence and ensure regulatory approaches are fair, inclusive and proportionate.

2.15. Meanwhile, the NMC continues to promote equity, diversity and inclusion among colleagues. In June, it supported Pride Month with the LGBT+ Network through activity to strengthen inclusion, visibility and allyship. This included promoting the Pride march, hosting a virtual fireside chat, encouraging colleagues to update diversity data to improve workforce diversity insights, and promoting the new Allyship in the Workplace EDI learning module.

Key developments in the wider landscape

Regulatory reform

2.16. The NMC responded to the Department for Health and Social Care's (DHSC) consultation on new legislation for the General Medical Council (GMC), which is the latest step in the government's reforms of professional healthcare regulation. The legislation will form a template, the core of which will apply to each regulator in turn and will support regulators to modernise and have greater flexibility. The NMC liaised closely with the GMC, the Health and Care Professions Council and PSA during the consultation period. There are a few areas of the drafting that are not yet where we think they need to be to deliver DHSC's intent but we will continue to work with them on addressing those. They include comprehensive evidence-gathering powers, provisions around the disclosure of information, and behaviours that will lead to automatic removal from the register.

Public inquiries

2.17. We remain committed to learning from public inquiries to strengthen our regulatory processes.

2.18. Paul Rees MBE, Chief Executive and Registrar attended the Nottingham Attacks Inquiry to give evidence on 2 June. In the session, Paul paid respect to the victims of the attack on behalf of the NMC and explained how the professional Code and standards provide an effective framework for nursing and midwifery practice, and the NMC's plans to review and update them to reflect modern practice. The report is expected to publish in Spring 2027 – the NMC will continue to monitor progress and engage with the inquiry, where required, leading up to publication.

The NMC has responded to the statutory inquiry into the shocking abuse of patients at Muckamore Abbey Hospital in Northern Ireland published on 18 June – saying that patients were badly let down and that there is no place in health and care for people who do not treat others with compassion and dignity. The NMC said there must now be lasting and meaningful change, and it will play its part in a coordinated, whole system response to help ensure such widespread abuse is never repeated. The NMC is carefully considering the recommendations of the report in full to ensure the learning is embedded in its work. Outside of the inquiry, it has been working with partners in Northern Ireland to strengthen how regulation, safeguarding and criminal processes work together in complex cases.

2.19. The NMC has responded to the independent review of maternity services at the Nottingham University Hospitals NHS Trust, led by Donna Ockenden and published on 24 June. The experiences shared by families which includes poor communication with women and families, not recognising deterioration, and failing to escalate effectively – all against the backdrop of chronic workforce pressures and poor working culture, are deeply shocking in describing harm and loss that should never have happened. The NMC recognises that in the past it was too difficult to access, and too slow to understand the depth of the concerns being raised – failing many families, whose tireless campaigning is helping to ensure those responsible are held to account. It has apologised to the families and is committed to ensuring that the findings of this review continue to shape and strengthen its work, driving improvements in accountability, public protection and trust. The NMC will now play its part in delivering the immediate and essential actions from Ms Ockenden's review – for example, working with its partners to support delivery of a national perinatal standard for education, and making sure that all midwives can recognise when labour goes wrong and escalate effectively. It will continue to work with Donna Ockenden and with affected families as it takes forward learning from the report and responds to its recommendations.

2.20. The NMC is expecting the publication of the National Investigation into Maternity Services in England (Amos Review) on 30 June. It will work to analyse this report and respond to learning and recommendations after publication.

Practice learning review consultation

2.21. The NMC will continue to promote its consultation on the review into nursing and midwifery practice learning through extensive engagement and communications activity.

2.22. During May and June, colleagues attended key events, including NHS ConfedExpo, Royal College of Nursing Congress and the Primary Care Show, where the consultation was one of the most frequently discussed topics with professionals, students and educators. The NMC has also published news stories, blogs and social media content, and engaged stakeholders across the UK to raise awareness of the proposals and encourage participation.

2.23. There have been nearly 4,000 consultation responses so far. The NMC is particularly keen to hear from more people in the devolved nations and from Black, Asian and ethnic minority backgrounds to ensure feedback reflects a broad range of perspectives. The consultation closes on 23 July – all survey responses will be analysed by an independent research company, before bringing recommendations to Council for approval later in the year.

The Code and Revalidation review

2.24. Pre-engagement on the Code review has continued since the last Council meeting. The NMC has been taking an evidence-based approach to reviewing these key regulatory tools since summer 2025, to ensure they reflect today's health and social care landscape, the evolution of professional practice, and the ongoing expectations of the public, professionals and employers.

2.25. In recent weeks it has hosted a series of roundtable events to gauge people's views on which areas of the Code and Revalidation it could strengthen – including hearing from members of the public with lived experiences of nursing and midwifery care. This follows events with prescribers, midwives, social care nurses and nursing associates.

Using insights to inform our work

2.26. On 17 June, the NMC launched its annual survey of the professionals on the Register. The survey asks about registrants' experiences in practice, with most questions being the same as last year's to help us track trends over time. It also has a new section this year on technology, including artificial intelligence (AI) – to understand if registrants currently use AI in their practice, and how confident they feel using it in the future. The survey closes on 9 July and the NMC expects to publish the findings in the autumn.

2.27. The NMC coordinates an external insight community of interest for those working in or interested in nursing and midwifery, healthcare education and regulation. This includes representatives from academia, think tanks, professional bodies, unions and other regulators. The June meeting focused on education data – what exists, where it's held and how it can be brought together – to understand what external sources of information can support our work to improve education quality assurance, EDI and insight more broadly.

Fitness to Practise (FtP) improvement programme

Updates to FtP guidance library

2.28. Following collaboration with the PSA, the NMC published updated fitness to practise guidance on Substantive Order Reviews in May. The guidance clarifies the factors that need to be considered when panels are making decisions relating to registrants who have already been the subject of a substantive order leaving the Register. The NMC also published guidance on anti-Jewish and anti-Muslim hate, referring to the International Holocaust Remembrance Alliance

definition of antisemitism and the recently published UK Government definition of anti-Muslim hostility.

Legally Qualified Chairs

2.29. The Legally Qualified Chair (LQC) project forms a core component of the FtP improvement programme, following Council's decision on 28 April 2026 to proceed with amendments to the FtP Rules enabling the appointment of LQCs. These changes are intended to modernise adjudication, strengthen case management powers, improve the efficiency and fairness of hearings, and reduce reliance on Legal Assessors through a phased transition to a mixed model from 2027. Subject to Privy Council and Parliamentary approval, the amended rules are expected to come into force in October 2026.

2.30. Inclusive Boards has been appointed as the external recruitment partner, engagement with legal networks and internal stakeholders is underway, and diversity targets have been provisionally agreed. The NMC remains on track to launch the internal campaign in August 2026 and the external campaign in September 2026, with interviews scheduled for late 2026 and early 2027, and appointments anticipated in early and mid-2027, subject to Appointments Board approval in July 2026.

Living out our values

2.31. In May, the NMC launched two campaigns to help colleagues live out the value of effectiveness. 'War on Waste' promotes better every day financial decision-making, while 'Fix It Together' is built on a simple but important principle: if something is getting in the way of us delivering excellent regulation, we need to know about it. Together, the campaigns empower colleagues to share ideas, improve how time and resources are used and strengthen continuous learning and improvement.

Governance Review

2.32. In addition to the annual review of Council and Committee effectiveness undertaken in mid-2025, in February 2026, the Chair of the Council, Ron Barclay-Smith, launched a governance review to support strengthening Council and Committee governance, to clarify roles and responsibilities, improve the planning and performance cycle, and ensure that the Council is properly equipped to exercise effective scrutiny, control and strategic leadership.

2.33. The report was informed by feedback from Council members and Executive Directors, internal audit findings, the findings of the internal Council and Committee effectiveness surveys, Council seminars and away days, external reviews and observations arising from Council and Committee practice between 2024-2026. The report made several recommendations to strengthen and develop Council business including the introduction of a new Planning and Performance Committee (PPC). The new PPC held its inaugural meeting on 2 June 2026.

2.34. The NMC has established the Policy and Standards Board to provide assurance to the Executive Board and Council around decision-making. The Board's role is to ensure the quality of the NMC's core regulatory tools, namely overarching regulatory policy, guidance for decision makers, education standards and requirements, and practice standards and guidance for professionals on the register. It forms part of the governance framework for regulatory policy, guidance and standards.

3. FINANCIAL/GOVERNANCE IMPLICATIONS

Not applicable.

4. RECOMMENDATION

4.1. The Council is asked to:

- **Discuss** the Executive's report on key developments, updates and engagements during 2026-2027, up to 1 July 2026.

5. ASSESSMENT

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

Item 7
NMC/26/187
01 July 2026

Report from Committee to Council

Name of committee	Audit and Risk Committee
Date of meeting	26 June 2026
Committee chair / report author	Committee Chair: Lindsay Foyster Author: Alexa Halabi
Date of report	29 June 2026

This report has been prepared to provide Council members with a summary of the key issues considered by the Audit and Risk Committee at its meeting on 26 June 2026. The Terms of Reference for the Committee (ToR) can be found here.

Key discussions

- **Final Internal Audit Annual Report.** This was RSM's last meeting as the NMC's Internal Auditors and they provided their final annual opinion, and also final IA report which was on Contract Management and was noted by the Committee. Both provided a partial assurance outcome with the annual opinion having been reflected in the draft Annual Report and Accounts. Thanks were given to Nick Atkinson and RSM for their work and support over the past few years, and for the smooth transition to the new internal auditors, KPMG. KPMG were encouraged to not lose sight of the 'green shoots' that RSM had witnessed over the last six months and suggested a focus on themes around accountability and ownership for 2026-2027 as the organisation moves away from siloed working and firefighting.
- **Risk Register.** The Committee noted the key changes to the strategic risk scores following the Executive Board review. The Committee queried some of the changes, including the impact scores for Wellbeing and Safeguarding which would be reviewed by the incoming Executive Director, Professional Practice. It was agreed that target scores generally should not be reduced just because the target risk score has been met. The Committee welcomed and endorsed the revisions to the risk register to make it more high level and strategic but with clear drilldowns to more specific risks.
- **Log and Learn Review.** The Committee noted this report which looked at the changes being made to the Log and Learn process (previously the Serious Event Review process) following an internal review. The Committee was content with the development of Log and Learn and acknowledged the maturing of this approach, while recognising the challenges of embedding a speak up culture with the volume of minor events being reported. It was noted that 'near misses' were still being evaluated and recorded across all categories.
- **Rapid Investigation Review (RIT) Assurance Report.** This report provided an overview of the RIT issues, corrective action taken, and proposed future

activity to prevent a similar occurrence. This included undertaking a 'health check' exercise which would give us a baseline and would highlight any gaps, as we move forward with the Quality Management System. The Committee commended the teams involved in this work and how the RIT issue had been approached and communicated, while also maintaining business as usual work which was critical with such incidents. The Committee noted that this whistleblower had been fully supported, with no issues to report.

- **Single Tender Actions (STAs).** The NMC currently had an annual STA target of 12 but the basis for this would be clarified and the target reviewed. STAs were normally driven by time issues and a range of actions were already underway to support the organisation, such as resetting procurement engagement with roadshows across the NMC and centralising contract management. The team was also reviewing the strategic contract list and creating more detailed pipelines to prevent the need for as many STAs in the future. The Committee was content with this approach, recognising that historically there had been several contract extensions requested at Council that could not go out to tender due to timing issues.

Key decisions

1 **Draft Annual Report and Accounts 2025-2026.** The Committee had a robust discussion on the draft Annual Report, focusing mainly on the overall tone and positivity, with particular regard to the Foreword. There needed to be greater consistency and balance throughout the report with reference to critical reports, such as the PSA's annual performance report. Further comments and edits were sent via email outside of the meeting.

The Committee endorsed the Draft Annual Report and Accounts 2025-2026 for Council approval subject to the amendments raised in the meeting and shared via email outside of the meeting being actioned. The Committee also reviewed the external auditors' annual completion report and was content with the draft letter of representation and the going concern analysis by management.

2 **Draft Annual Fitness to Practise Annual Report.** The Committee was notified to a change in data in the 'concerns by country of registered address' section. This would only be a minor adjustment to the cases, but not the percentages, due to an incorrect filter having been applied. It only impacted this section. The Committee favoured the tone of this Foreword and wanted the Annual Report and Accounts to be more aligned with this and have a more balanced and consistent tone in both reports. The Committee suggested some minor and immaterial changes to provide more detail.

The Committee recommended the Draft Annual Fitness to Practise Annual Report for Council approval subject to the minor amendments suggested in the meeting.

Item 8
NMC/26/188
1 July 2026

Report to:	Council	Meeting Date:	01 July 2026

DRAFT ANNUAL REPORT AND ACCOUNTS 2025-2026	
Publication Status	Open
Presenting the Report	Jacqui Maunder, Secretary to the Council, Assistant Director, Governance Chris Kinsella, Executive Director of Finance
Executive Director	Ben Wesson, Chief of Staff Christopher Kinsella, Executive Director of Finance
Report Author(s)	Jacqui Maunder, Secretary to the Council / AD Governance (Annual Governance Statement) Tony Phillips, Financial Controller (Accounts and Remuneration Report) Frances McConnell, Communications Manager (Performance Report)

PURPOSE OF REPORT AND REASON FOR RECOMMENDATIONS:
The purpose of this report is to present the draft NMC Annual Report and Accounts for the reporting period 1 April 2025- 31 March 2026 for review and recommendation by the Council along with the letter of representation to the National Audit Office (NAO)

RECOMMENDATION(S):

1. That the Council is asked to:
    a. **Note** the report
    b. **Note** that the Audit and Risk Committee considered the draft Annual report and Accounts 2025-2026 on 26 June 2026
    c. **Approve** the Annual Report and Accounts 2025-2026 for submission to Parliament
    d. **Approve** that in its view the NMC is a going concern
    e. **Approve** authorisation for the Chair and Chief Executive and Registrar to sign the letter of representation to the external auditors, NAO, on behalf of the Council members as Trustees

ANNEXES:

- Annexe 1*: Annual Report and Accounts 2025-2026
- Annexe 2: Review of Going Concern
- Annexe 3: Draft Letter of Representation to the NAO

***Please note that Annexe 1 is not included in the public Council papers. This is so that we comply with strict rules not to publish the content of the report before it is submitted to Parliament.**

REPORT APPROVAL	
Executive Director: Insert Name	**Approved** 19 June 2026
Director of Finance:	**Approved/N/A** 19 June 2026
General Counsel:	**N/A**
Chief Executive and Registrar (CER):	**Approved** 18 June 2026
Secretary to the Council:	**Approved** 19 June 2026

External Engagement (undertaken to date		
Committee / Group	**Date**	**Outcome**
External Auditors – National Audit Office	February – June 2026	External Audit report – clean opinion
Internal Auditors – RSM	April 2026	Input to presentation and content of Annual Governance Statement
External Auditors – NAO	June 2026	List of suggestions to strengthen the ARA, including: • Strengthened the narrative regarding the System of Internal Control on risk, concerns and financial points

		• Updated the narrative on the remuneration report Head of Internal Audit Opinion.

Consideration at Committee/Group		
Committee / Group	**Date**	**Outcome**
Executive Board	14 April 2026	The draft Annual Governance Statement was presented to the EB
Audit and Risk Committee	22 April 2026	Noted and discussed the Draft Annual Governance Statement. Noted the need to discuss with auditors
Executive Board	30 April 2027	The draft Going Concern report was considered by the EB.
Finance and Resources Committee	6 May 2026	Received an update and initial draft of the review of going concern.
Executive Board	7 May 2026	The draft Performance review of the Annual Report and Accounts was presented to the EB.
People and Culture Committee	14 May 2026	Noted and Discussed the draft Remuneration report. Members queried the expenses of the Chair, Council Members and ED's
Executive Board	14 May 2026	The draft Fitness to Practise Annual report was presented to the EB.
Executive Board	16 June 2026	The updated ARA and FtP Reports were noted with no additional amendments suggested

Audit and Risk Committee	26 June 2026	The updated ARA and FtP Reports were noted with no additional amendments suggested

DRAFT ANNUAL REPORT AND ACCOUNTS 2025-2026

1. SITUATION / BACKGROUND

1.1. The purpose of this report is to present the draft NMC Annual Report and Accounts for the reporting period 1 April 2025- 31 March 2026 for review and recommendation

2. SPECIFIC MATTERS FOR CONSIDERATION

2.1. Background

The HM Treasury Government Financial Reporting Manual (FReM) mandates that statutory bodies and government departments must prepare and publish their Annual Report and Accounts (ARA) as a single, cohesive document divided into three distinct and mandatory sections – a performance report, an accountability report and financial statements.

The Nursing and Midwifery Order 2001 ("the Order") requires us to produce an annual report and accounts in the form determined by the Privy Council, and a strategic plan, to be laid in Parliament by the Privy Council. The annual report also serves as the trustees' report to the Charity Commission for England and Wales and the Office of the Scottish Charity Regulator and must comply with Charity Commission requirements.

Under the Privy Council's Accounts Determination, the accounts must be prepared in compliance with the Charities Statement of Recommended Practice (SORP), and having regard to the *Government Financial Reporting Manual* issued by HM Treasury ("FReM") to the extent that those requirements clarify, or build on, the requirements of the Charities SORP. Both of these are, in turn, based on Financial Reporting Standard 102 (FRS102) issued by the Financial Reporting Council.

In addition, the NMC is required to submit an Annual Fitness to Practise (FtP) Report: which provides a statistical breakdown and evaluation of the efficiency and effectiveness of the arrangements in place to protect the public. This is a separate item on the agenda.

The ARA has been reviewed at each stage of its development as outlined on pages 1 and 3 of this report. The comments received on the draft versions of the report have as always been welcomed as they have enabled the document to be further refined and strengthened.

2.2. **Roles and Responsibilities**

The Executive is responsible for preparing the Annual Report and Accounts in accordance with our statutory obligations. The People and Culture Committee is responsible for reviewing the Remuneration Report. The Audit and Risk Committee is responsible for reviewing the annual report and accounts before they are submitted to the Council for approval. The Council is responsible for approving the Annual Report and Accounts for submission to the Privy Council for laying in Parliament.

3. DRAFT ANNUAL REPORT AND ACCOUNTS 2025-2026

3.1. The draft Annual report and accounts for the 1 April 2025 – 31 March 2026 period are presented at Annexe 1*.

The report comprises of:

- **Foreword, Our role and Performance review sections -** The performance review needs to focus on impact and describe how we have made a difference for the professionals on our register, the public and other stakeholders. It should provide readers of the report with the right information to understand the organisation, our purpose, the key risks to the achievement of our objectives and our operating and financial performance during the year. Infographics will be used in the final designed version, similar to last year.

- **Our Strategic Plan 2026-2027 -** The strategic plan section is a summary of our corporate plan for 2026-2027 which was approved by Council in September 2025. The NMC is required by the Order to publish and lay before Parliament a strategic plan.

- **Financial -** financial review section includes a high-level summary of the accounts, including key variances compared to 2024-2025 - and to budget and a summary of the reserves and investment policies.

- **Remuneration Report -** The report covers Council member remuneration and expenses; Executive ('Senior Key Personnel') reward and expenses; employee reward; and gender, disability and ethnicity pay gap information. Individual disclosures have been shared with Executive and previous Executive members. Further analyses of remuneration, including numbers of 'higher paid employees' by remuneration band, are also provided in note 9 of the accounts.

- **Annual Governance Statement –** The Annual Governance Statement provides assurance on:

    - the Chief Executive and Registrar's Accounting Officer status for the propriety and regularity of finances

    - explains the internal control structures and stewardship,

- explains the risks the organisation has been exposed to, how the risks were mitigated, the potential impact of the risks on the operating environment,
- key disclosures relating to governance, risk, and control, such as information security lapses. To ensure it meets requirements it has been drafted in line with NAO guidance.
- the achievements of the organisation; and
- how the organisation coped with the challenges faced.

- **Financial Statements for the year ended 31 March 2026 –** key points on these are summarised below.

4. Financial statements – accounting judgements and points to note

Particular aspects of the accounts to note are:

4.1. Defined benefit pension scheme. This pension scheme, which closed to new members in 2013 and to new accrual of benefits in 2021, remains in surplus as it has been for the previous two years. This surplus belongs to the pension scheme which is overseen by independent trustees. The valuation itself contains a significant number of actuarial assumptions (for instance around life expectancy of members) which have been prepared by the scheme's actuaries, reviewed by our own actuaries and by our external auditors. As in previous years, and in line with FRS102, we have applied an 'asset ceiling adjustment' to bring the net position on the scheme to neither a deficit or a surplus in our accounts since we believe it would be misleading to reflect the surplus, to which we have no access, in our accounts.

4.2. Provision for potential liability arising from a tribunal case. Last year, we created provision covering the potential wider implications, arising from a tribunal case. That case, due to be heard by an Employment Tribunal in April 2026, was adjourned and the claim has now been withdrawn. Whilst another similar case may be brought, we have concluded that the provision is no longer required since the prospect of potential wider implications has significantly receded. As a result it is simply disclosed as a contingent liability. The judgement that the provision is no longer required accounts for the difference in outturn reported in our management accounts provided to Council in May and the financial statements presented to the Council for approval here.

4.3. Going concern. A key judgement informing the presentation of accounts for all organisations and their auditors is that they are a 'going concern'. Broadly, for us, this is the assessment of the Executive Board, the Audit and Risk Committee, Council and the NAO that we are able to operate for at least twelve months from the planned date of signing of our accounts in July 2026. This is of particular relevance to us this year given the level of our deficits (in line with budgets) for 2024-2025, 2025-2026 and budgeted again for 2026-2027. These have been possible due to our level of reserves as measured by cash and investments but these have been significantly reduced.

It is the judgement of the Executive Board, that the NMC is a going concern. This reflects the review detailed in ***Annexe 2*** and is on the basis of the budget approved by Council in March 2026 which assumes that the registrant fee remains at its current £120 level. In particular this shows that even based on the budget agreed by Council, the NMC has adequate reserves to continue its operations to the end of 2027-2028. A more detailed version of this review was discussed at the Audit and Risk Committee and the Finance and Resources Committee.

4.4. NAO completion report. At its recent meeting the Audit and Risk Committee also considered the draft NAO Completion Report for 2025–2026 which included the draft letter of representation to the NAO. The Committee considered and recommends to the Council that it authorise the Chair and Chief Executive and Registrar to sign the letter of representation attached as part of this paper.

4.5. Other aspects to note include items below. These are addressed in places such as the financial review or in notes to disclosures:

4.5.1. The level of deficit, which reflects agreed budget deficits needed to invest in improvement including with respect to fitness to practise caseload. This also relates to the going concern risk;

4.5.2. Remuneration disclosures, such as numbers of higher paid employees (defined as those with remuneration of more than £60,000) increasing from 304 in 2024-2025 to 366 in 2025-2026 as a result of normal pay rises and some strengthening of more senior roles.

5. NEXT STEPS

5.1. Subject to the Council's approval and the post balance sheet review, the Annual Report and Accounts will be signed, electronically, by the Chair of Council and by the Chief Executive and Registrar, as Accounting Officer.

5.2. Having been signed by the NMC and auditors, the report can then be laid in Parliament, along with the Annual Fitness to Practise Report. We are due to lay the reports ahead of the parliamentary summer recess on 16 July 2026.

5.3. The Annual Report and Accounts will also be submitted to the Charity Commission for England and Wales and the Office of the Scottish Charity Regulator in advance of their respective deadlines of 31 January 2027 and 31 December 2026.

6. COMMUNICATIONS

6.1. Once laid before Parliament, the Annual Report and Accounts will be published on the NMC website, along with the Annual Fitness to Practise Report. The Reports will also be published in Welsh. We are also producing an Easy Read version.

6.2. After submission to Parliament, the Reports will be sent out electronically to each of the devolved administrations, our stakeholders and partners across the four countries, to those we work with and internally to colleagues.

8. FINANCIAL / GOVERNANCE IMPLICATIONS

8.1. Financial – This report and accompanying documents demonstrates compliance with the HM Treasury Government FReM which mandates that statutory bodies and government departments must prepare and publish their Annual Report and Accounts (ARA) as a single, cohesive document.

8.2. **Governance** – In accordance with the scheme of delegation under the NMC Standing Orders (SO's) the Chief Executive and Registrar is responsible "securing the effective, efficient, and economic use of resources, ensuring financial propriety, keeping proper records of account, and fulfilling the role of Accounting Officer for the NMC (as appointed by the Privy Council". The documents are presented to the Executive Board to support the approval process prior to submission to the Audit and Risk Committee on 26 June 2026. Approval of the Annual Report and Accounts is reserved to the Council.

9. RECOMMENDATION

9.1. The Council is asked to:

i. **Note** the report

ii. **Note** that the Audit and Risk Committee considered the draft Annual report and Accounts 2025-2026 on 26 June 2026

iii. **Approve** the Annual Report and Accounts 2025-2026 for submission to Parliament

iv. **Approve** that in its view the NMC is a going concern

v. **Approve** authorisation for the Chair and Chief Executive and Registrar to sign the letter of representation to the external auditors, NAO, on behalf of the Council members as Trustees

10. ASSESSMENT

Impact Assessment	Question / Consideration	Response
Equality, Diversity and Inclusion	Has an Equality Impact Screening been undertaken (including Welsh Language)?	No. The Annual Report and Accounts are prepared in line with statutory requirements. They will be published in Welsh.
Safeguarding considerations	Are there any safeguarding implications?	The Annual Report and Accounts set out how we fulfil our regulatory role to protect the public and includes a section on safeguarding.
Four country factors and considerations	Are there any four country factors, including Welsh Language)	The Annual Report reflects work across the four nations.

Resource (incl People) implications	Are there any people implications?	Resources to deliver the Annual Report and Accounts are already included in relevant budgets
Risk implications associated with the work and the controls proposed/ in place.	What are the key risks and how are they mitigated?	Failure to comply with our statutory reporting requirements could compromise trust and confidence in the NMC.
Legal considerations, incl Regulatory Reform	Are there any legal or regulatory implications?	The Annual Report and Accounts have been prepared in accordance with the NMC's legal obligations.
Midwives and/or Nursing Associates	Any specific implications for midwives?	Our Annual Report and Accounts reflect our work on midwifery and nursing associates.

Review of going concern – Council July 2026

Issue

1. As part of its review of the annual report and accounts each year, the Executive Board, Finance and Resources Committee, Audit and Risk Committee and Council need to consider whether the NMC is a 'going concern'. The standard letter of representation our auditors, the NAO, will need to include Council's confirmation that the NMC is a going concern. Going concern is also addressed within the accounts themselves as part of Note 1.

Context

2. This note represents the information that our Council needs to consider in providing the view as to whether the NMC is a going concern.
3. Going concern is always a consideration for auditors since the financial statements of any organisation are normally prepared on the basis that it will continue to operate for the foreseeable future – so is a 'going concern'. The 'foreseeable future' in this context can be taken to be a period of typically at least one year after the accounts are signed.
4. The focus on going concern by auditors for all organisations has recently increased. Although inflation has reduced compared to two to three years ago, there continues to be concern about economic and financial stability being driven by factors such as the war in Ukraine, the Iran conflict and uncertain UK economic performance.
5. There is a particular focus this year since we have incurred significant planned deficits in 2024-25 (£19.2 million deficit) and 2025-26 (£20.8 million deficit for draft accounts), and have agreed a budget deficit of £29.4 million for 2026-27 (assuming no increase in the annual registration fee). In addition, the Department of Health and Social Care (DHSC) has been consulting on reform of the health regulators in the UK.

Discussion

Summary of basis for assessing going concern

6. The Executive's view is that our position as regards going concern is a strong one. The evidence to support this is summarised below. More detailed analysis has been reviewed and discussed with the Finance and Resources Committee and the Audit and Risk Committee and is available to Council members should they wish to review. The view that we are a going concern reflects that:

    a. The approved budget and related cashflows/reserve projections for the next two years which show us with positive cash holdings both one year from the planned signing of the accounts in July 2026 and well beyond that to March 2028;

b. The level of contingency built-into the budget as agreed in March 2026 along with some corporate budgets that provide some additional head-room should it be needed;

c. There are significant and now *certain* upsides *not* reflected in the budget which was prepared on a pessimistic basis. In particular, the removal of a provision and costs of nearly £4.0 million where we had assumed payment of that amount in summer 2026 reflects the withdrawal of a tribunal case;

d. our high level of financial scrutiny and strong financial management to identify potential pressures early and implement appropriate mitigations as well as our continued commitment to identifying efficiencies and cost savings. More detail on this is given below;

e. our ability, *in extremis*, to take appropriate action whether to reduce or delay spend or seek additional funding through borrowing (as our regulations permit us to do) or government grant;

f. the consultation exercises by the Department of Health and Social Care on the UK model of regulation for healthcare professionals make clear the presumption of the continued future need for our regulatory functions.

7. It should also be noted that:

a. actual outturn for the first two months of 2026-27 shows reserves, as measured by cash and investments, some £1.8 million above projected levels at £42.3 million, with the actual deficit being £2.5 million being lower than budget of £4.0 million. Whilst still early in the financial year, this provides some additional confidence that our budget and projections will be met;

b. We have considered risks to our forecasts and stress tested them to ensure reasonable resilience, even without the need for the *in extremis* measures mentioned above. For instance, to take into account increasing inflation, unexpected cost pressures, lower than expected income;

c. The Executive's view on going concern and the evidence above, make no assumption as to the implementation of the fee increase approved by Council in April 2026. This still completing its Privy Council and Parliamentary processes, but, subject to those completing successfully and on time, this will provide additional funding of some £7 million this financial year with increasing amounts from 2027-28.

Further detail on financial control

8. As set out above, a key part of ensuring we remain a going concern is maintaining strong financial control, keeping spend within budget or adjusting spend appropriately, including downwards where necessary, perhaps due to pressures outside our control. As a result, it is worth expanding on the recent steps we have taken to further strengthen ourselves. These include:

a. Continuing to maintain strong systems of financial management with monthly financial reports to each Executive Director and the Executive Board and quarterly financial reports to the Finance and Resources Committee and Council. Evidence of these in the past year include the overall outturn relative to budget (with spend on our core business being within 0.5% of the £123 million budget) and our action to reduce headcount by around 10 percent;

b. A very detailed and thorough review of expected project costs as part of 2026-27 budget setting to reduce the risk of significant unexpected costs emerging;

c. Strengthened business case requirements and scrutiny with tighter project management oversight. In particular, we have re-established our Portfolio Board that oversees our project portfolio and looks at all business cases. This is led by two recently appointed Executive Directors both of whom have strong senior commercial backgrounds;

d. Re-organising and strengthening our procurement and commercial function to bring a sharper commercial and professional focus to our procurement, as well as to our contract negotiations and contract management. The impact has already been seen through the negotiation of fixed price, output focussed contracts for major IT and FtP transformation projects;

e. Introducing bi-monthly reviews by the Chief Executive and Registrar and the Chief Financial Officer with each Executive Director to review their finances in detail;

f. The establishment of a Finance and Resources Committee specifically to scrutinise and obtain assurance on our financial management;

g. The creation of a Finance Directorate and a separate Transformation and Technology Service Directorate to bring greater focus and additional expertise to bear on finance and change implementation;

h. Launching a ‘War on Waste’ initiative, both to specifically identify savings but also raise awareness and develop a stronger culture of cost control throughout the organisation. We will also be doing this through ensuring that financial and commercial management becomes embedded in our core manager development and training.

9. Confidence with our financial management is supported by the positive Internal Audit report on financial management provided to the Audit and Risk Committee in April 2026.

End

[Client letterhead]

The Comptroller and Auditor General
National Audit Office
157-197 Buckingham Palace Road
Victoria
LONDON
SW1W 9SP

LETTER OF REPRESENTATION: NURSING AND MIDWIFERY COUNCIL 2025-26

We acknowledge as Chief Executive and Registrar and as Chair of the Council, on behalf of the Council our responsibility for preparing accounts that give a true and fair view of the affairs as at 31 March 2026 and their incoming resources and application of resources and cash flows of the Nursing and Midwifery Council for the year ended 2025-26.

In preparing the accounts, we were required to:

- observe the accounts direction issued by the Privy Council, including the relevant accounting and disclosure requirements and apply appropriate accounting policies on a consistent basis
- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards have been followed and disclosed and explain any material departures in the accounts; and
- make an assessment that the Nursing and Midwifery Council is a going concern and will continue to be in operation throughout the next year; and ensure that this has been appropriately disclosed in the financial statements.

We confirm that for the financial year ended 31 March 2026:

- neither we nor our staff authorised a course of action, the financial impact of which is that transactions infringe the requirements of regularity as set out in the Nursing and Midwifery Order 2001 and Privy Council directions thereunder;
- having considered and enquired as to the Nursing and Midwifery Council's compliance with law and regulations, we have disclosed to you any actual or potential non-compliance that could have a material effect on the ability of the Nursing and Midwifery Council to conduct its business or whose effects should be considered when preparing financial statements;
- all accounting records have been provided to you for the purpose of your audit. All other records and related information, including minutes of all management meetings which you have requested have been supplied to you. Furthermore, you have been granted unrestricted access to persons within the Nursing and Midwifery Council from whom you determined it necessary to obtain audit evidence;
- all transactions undertaken by the Nursing and Midwifery Council have been recorded in the accounting records and are properly reflected in the financial statements; and
- the information provided regarding the identification of related parties is complete; and the related party disclosures in the financial statements are adequate.

All material accounting policies as adopted are detailed in note 1 to the financial statements.

INTERNAL CONTROL

We acknowledge as Chief Executive and Registrar and as Chair of the Council, on behalf of the Council our responsibility for the design and implementation of internal controls to prevent and detect error and we have disclosed to you the results of our assessment of the risk that the financial statements could be materially misstated.

We confirm that we have reviewed the effectiveness of the system of internal control and that the disclosures we have made are in accordance with the determinations by the Privy Council in the Governance Statement.

FRAUD

We acknowledge as Chief Executive and Registrar and as Chair of the Council, on behalf of the Council our responsibility for the design, implementation, and maintenance of internal controls to prevent and detect fraud and we have disclosed to you the results of our assessment of the risk that the financial statements could be materially misstated as a result of fraud.

We have disclosed to you any knowledge of fraud or suspected fraud affecting the Nursing and Midwifery Council involving management, employees who have significant roles in internal control, or others where the fraud could have a material effect on the financial statements.

We have disclosed to you any knowledge of any allegations of fraud or suspected fraud, affecting the Nursing and Midwifery Council's financial statements communicated by employees, former employees, analysts, regulators or others.

ACCOUNTING ESTIMATES

We acknowledge as Chief Executive and Registrar and as Chair of the Council, on behalf of the Council our responsibility to make judgments and estimates on a reasonable basis.

We confirm that the methods, the data, and the significant assumptions used by the Nursing and Midwifery Council in making accounting estimates and related disclosures are appropriate to achieve recognition, measurement or disclosure that is reasonable in the context of the Nursing and Midwifery Order 2001 and privy council direction thereunder.

GOING CONCERN

We have assessed whether the going concern basis of accounting is appropriate for the Nursing and Midwifery Council. The plans for future actions upon which this assessment is based are feasible. The assumptions made in my assessment are reasonable and appropriate in the context of the Charities SORP (FRS 102) 2019.

ASSETS

General

All assets included in the statement of financial position were in existence at the reporting date and owned by the Nursing and Midwifery Council and free from any lien, encumbrance or charge, except as disclosed in the financial statements. The statement of financial position includes all tangible assets owned by the Nursing and Midwifery Council.

Non-Current Assets

All assets over £5,000 are capitalised. Depreciation is calculated to reduce the net book amount of each asset to its estimated residual value by the end of its estimated useful life in the Nursing and Midwifery Council's operations.

Other Current Assets

On realisation in the ordinary course of the Nursing and Midwifery Council's operations, the other current assets in the statement of financial position are expected to produce at least the amounts at which they are stated. Adequate provision has been made against all amounts owing to the Nursing and Midwifery Council which are known, or may be expected, to be irrecoverable.

Pensions

The pension surplus is not recognised in the financial statements as the Nursing and Midwifery Council do not have an unconditional right to the benefits from the assets. We confirm this treatment is appropriate in line with our review of scheme documentation and the related legal advice.

LIABILITIES

General

All liabilities have been recorded in the statement of financial position in accordance with the Nursing and Midwifery Order 2001 and privy council direction thereunder.

Provisions and Contingent Liabilities

LEGAL ASSESSORS PROVISION
No provision is made for future costs associated with an outstanding legal claim for holiday pay for legal assessors as we do not assess the liability to be probable at the balance sheet date.

We have disclosed to you all actual or possible litigation and claims whose effects should be considered when preparing the financial statements. All such matters have been accounted for and disclosed in accordance with the Nursing and Midwifery Order 2001 and privy council direction thereunder.

We are not aware of any action which is or may be brought against the Nursing and Midwifery Council under the Insolvency Act 1986.

OTHER DISCLOSURES

Results

Except as disclosed in the financial statements, the results for the year were not materially affected by transactions of a sort not usually undertaken by the Nursing and Midwifery Council, or circumstances of an exceptional or non-recurring nature.

Unadjusted Errors

The following unadjusted errors have been brought to my attention:

An extrapolated overstatement of accruals from errors found in our accruals testing. The uncorrected misstatement would decrease spend and increase net assets by £253k.

A manual adjustment to the accounts was made to remove a prepayment that had not yet been paid. However, the debit adjustment was mistakenly made to expenditure rather than payables. The uncorrected misstatement would decrease spend and increase net assets by £255k.

We consider the effect of these unadjusted errors to be immaterial, both individually and in aggregate, to the financial statements taken as a whole.

Events after the Reporting Period

All matters regarding events occurring subsequent to the date of the financial statements, and for which the financial statements require adjustment or disclosure, have been adjusted or disclosed.

Chief Executive and Registrar

[Name]
[Position]
[Date]

Chair of the Council of NMC

[Name]
[Position]
[Date]

Item 9
NMC/26/189
01 July 2026

Report to:	Council	Meeting Date:	01 July 2026

Draft Fitness to Practise Annual Report 2025-2026	
Publication Status	Open
Presenting the Report	Lesley Maslen, Executive Director, Professional Regulation
Executive Director	Lesley Maslen
Report Author	Claire Davidson, Senior Executive Business Manager

PURPOSE OF REPORT AND REASON FOR RECOMMENDATIONS:

The Fitness to Practise Annual Report is a statutory report as set out in the Nursing and Midwifery Order 2001. The Order mandates we prepare a statistical report which sets out the efficiency and effectiveness of our operations. It must also provide details of the arrangements the Council has put in place under Article 21(1)(b) to protect members of the public from professionals on the register whose fitness to practise is impaired.

This report is prepared annually alongside the Annual Report and Accounts and will be laid before Parliament following the Council's approval.

***Please note that the draft report is not included in the public Council papers. This is so that we comply with strict rules not to publish the content of the report before it is submitted to Parliament.**

RECOMMENDATION(S):

That the Committee is asked:

- To discuss and approve the draft Fitness Annual Fitness to Practise Report 2025-2026 to be laid before Parliament.

REPORT APPROVAL	
Executive Director:	**Approved** 24.06.2026

Director of Finance:	**N/A**
General Counsel:	**N/A**
Chief Executive and Registrar (CER):	**Approved at Executive Board** 16 June 2026
Secretary to the Council:	**Approved** 24 June 2026

External Engagement (undertaken to date		
Committee / Group	**Date**	**Outcome**
None required		

Consideration at Committee/Group		
Committee / Group	**Date**	**Outcome**
Annual Report Working Group	Ongoing	Alignment with the draft Annual Report and Accounts 2025-2026
Executive Board	13 May 2026 2 June 2026 16 June 2026	Drafts approved to be submitted for Audit & Risk Committee consideration on 26 June 2026
Audit & Risk Committee	26 June 2026	Verbal updates will be provided at the Council's meeting of any amendments requested by the Audit & Risk Committee. These amendments, and any requested by Council, will be incorporated into the final draft laid before Parliament.

Draft Fitness to Practise Annual Report 2025-26

1. SITUATION / BACKGROUND

1.1. The Nursing and Midwifery Order 2001 mandates we must prepare for Parliament a statistical report which sets out the efficiency and effectiveness of our operations. It must also provide details of the arrangements the Council has put in place under Article 21(1)(b) to protect members of the public from professionals on the register whose fitness to practise is impaired.

1.2. This report is prepared annually alongside the Annual Report and Accounts and will be laid before Parliament following the Council's consideration in July 2026.

2. SPECIFIC MATTERS FOR CONSIDERATION

2.1. The draft Fitness to Practise (FtP) Annual Report provides a comprehensive overview of our FtP activity, performance and improvement work during 2025-26.

2.2. The draft Fitness to Practise Annual Report has been considered by the Executive Board and the Audit & Risk Committee prior to submission to Council. As the Audit & Risk Committee will be meeting after the submission date for Council papers, any amendments requested by the Committee will be communicated to Council in a verbal update at the meeting. All amendments, including those requested by Council, will be incorporated to the final version laid before Parliament.

2.3. We have also reviewed the narrative within the report to ensure there is balance and alignment with the findings of the Professional Standards Authority (PSA) Performance Review published on 28 May 2026.

2.4. This year's report sets out the significant on-going investment we have made into the FtP process to improve timeliness, quality and consistency of decision making and better the experience for people involved in our casework.

Report highlights

2.5. This year showcases continued operational challenges alongside tangible improvements progress in key areas of the FtP process. Demand has remained at historically high levels, with new referrals increasing by 9.4% to 7,152 concerns, continuing a trend seen across healthcare regulators and contributing to sustained pressure across the end-to-end process.

2.6. The report presents a balanced assessment of our performance. While notable improvements have been made in several areas, including reductions in screening backlogs, we did not meet either of our public key performance indicators during 2025-26. Performance against the 15-month timeliness measure improved to 73.9% but remained below the target of 80%. Similarly, 68.7% percent of interim orders were imposed within 28 days against a target of 80%.

2.7. External scrutiny has played an important role in shaping our improvement activity. The report acknowledges the findings of the PSA's 2025 performance review, which concluded that we did not meet a number of the standards of good regulation, including those related to EDI, timeliness of the FtP process and aspects of safeguarding assurance. The annual report sets out the actions we have taken during 2025-26 to address these areas and explain how the findings have informed ongoing improvement activities.

2.8. Significant focus during 2025-26 was on the delivery of the FtP improvement programme and in the report, we showcase the progress in strengthening decision-making a screening, reducing the age profile of the caseload and enhancing our oversight of the consistency and quality of our decision-making.

2.9. The report also sets out the continued development of our safeguarding arrangements, including the embedding of the Safeguarding Hub, introduction of enhanced governance arrangements and additional investment in safeguarding capability and training for our colleagues.

2.10. Alongside this, we remain committed to improving the experience of everyone involved in FtP cases through expanded support services and pilots aimed at improving early engagement.

2.11. In September 2025 we published the findings of the independent reviews commissioned in response to whistleblowing concerns relating to FtP cases and the handling of those concerns. The reviews provided reassurances regarding the outcomes reached in the majority of the cases examined, but they also identified important learning related to decision-making approaches and processes, much of which had already informed changes implemented during the reporting period for this report.

2.12. In conclusion, while the report demonstrates that significant challenges to FtP operations remain in relation to demand, timeliness and the delivery of sustained performance improvement, we have established important foundations to support further progress in 2026-27.

Data highlights

2.13. **Makeup of the register**: The overall register has grown by 1.7 percent, to 867,935. There has been growth in the number of all professionals by registration type.

2.14. **Referrals received in 2025-2026**: Overall referral numbers rose to 7,152 representing a 9.4% increase from 2024-25. Engagement through recent PSA all-regulator discussions indicates a number of regulators are experiencing sustained increases in referral and complaint volumes, matching other complaints and court services.

The proportion of the register referred in 2025-26 increased to 0.82%. This is the third consecutive annual increase, although referrals continue to represent a less than one percent of the overall register.

Member of the public referrals increased by 3% and accounted for 37% of all referrals. Employer referrals reduced slightly, accounting for 29 percent of referrals compared to 30 percent in 2024-25.

Referrals by registration type remain consistent with previous years.

73% of initial assessments resulted in a decision for no further investigation – a 1% increase from 2024-25.

2.15. **Interim Orders**: Fewer interim orders were made this year (14% less). However, there was an increase in the proportion of interim suspension orders compared to interim condition of practice orders.

2.16. **Case Examiners**: Case Examiners made 3% more decisions during the year (1,205 total). As reflected in performance reporting throughout 2025-26, capacity within the team remained challenging due to temporary redeployment of resource to screening and wider organisational pressures during the efficiency consultation period.

The Case Examiners referred marginally more cases for a hearing or meeting compared to the previous year, while decisions to provide advice, issue warnings or undertakings remained at similar levels.

2.17. **Adjudication:** There were 669 panel decisions in 2025-26 (2024-25: 647). Panels imposed 6% fewer strike-off orders during the year. We also saw an increase in the number of outcomes where a professional's fitness to practise was found not impaired, increasing by 6% compared to the previous year.

2.18. **Allegations found proved at adjudication:** For the first time since this data has been included within the FtP Annual Report, the three most common allegation themes have changed. Prescribing and medicines management concerns no longer feature within the top three themes, while communication concerns increased notably to become the third most common allegation category.

The top three allegations found provided at adjudication:
1) Patient care (21%)
2) Record keeping (12%)
3) Communication issues (11%)

3. FINANCIAL/GOVERNANCE IMPLICATIONS

There are no financial implications associated with this work. Resource for production of this report is part of business-as-usual activity within Professional Regulation.

4. RECOMMENDATION

The Council is asked to:

- To **discuss** and **approve** the draft Fitness to Practise Annual Report 2025-26 to be laid before Parliament subject to any further input.

5. ASSESSMENT

Impact Assessment	Question / Consideration	Response
Equality, Diversity and Inclusion	Has an Equality Impact Screening been undertaken (including Welsh Language)?	Not applicable. Welsh version of report will be made available at time of publication.
Safeguarding considerations	Are there any safeguarding implications?	The report contains a summary of safeguarding activity throughout 2025-2026.
Four country factors and considerations	Are there any four country factors?	The report covers activity across all four nations.
Resource (incl People) implications	Are there any people implications?	None
Risk implications associated with the work and the controls proposed/ in place.	What are the key risks and how are they mitigated?	None
Legal considerations, incl Regulatory Reform	Are there any legal or regulatory implications?	We ensure that out statutory annual reports meet the legislative requirements set out in the Nursing and Midwifery Order 2001 (as amended).
Midwives and/or Nursing Associates	Any specific implications for midwives and/or nursing associates?	Not applicable.