

Open Council 21 May 2025

MEETING
21 May 2025 10:00 BST

PUBLISHED
21 May 2025

Meeting of the Council

To be held by videoconference at **10:00** on Wednesday 21 May 2025

Agenda

Ron Barclay-Smith
Chair of the Council

Matthew Hayday
Council Secretary

1	Welcome and Chair's opening remarks	NMC/25/36	10:00
2	Apologies for absence	NMC/25/37	
3	Declarations of interest	NMC/25/38	
4	Minutes of the previous meeting	NMC/25/39	
	Chair		
5	Summary of actions	NMC/25/40	
	Secretary		

Matters for discussion

6	Quarterly corporate performance report	NMC/25/41	10:10-10:50 (40 mins)
	Interim Chief Executive and Registrar/Executive		

Matters for decision

7	Safeguarding Board quarterly report Q3/Q4 2024-2025	NMC/25/42	10:50-11:20 (30 mins)
	Acting Director, Professional Practice		

Break (10 mins)

11:20-11:30

Matters for discussion

- | | | | |
|-----------|--|-------------------------|-----------------------------------|
| 8 | Implementation of Independent Culture Review recommendations progress update

Interim Chief Executive and Registrar | NMC/25/43 | 11:30-11:45
(15 mins) |
| 9 | Midwifery annual report

Acting Executive Director, Professional Practice | NMC/25/44 | 11:45-12:00
(15 mins) |
| 10 | Education Quality Assurance

10.1 Annual report 2023-2024

10.2 Canterbury Christ Church University – withdrawal of programme approval: Lessons learned and progress with recommendations for improvement

Acting Executive Director, Professional Practice | NMC/25/45 | 12:00-12:30
(30 mins) |
| 11 | Fitness to Practise: update on our casework performance

Executive Director, Professional Regulation | NMC/25/46 | 12:30 – 12:45
(15 mins) |
| 12 | Panel member reappointments

Chief of Staff | NMC/25/47 | 12:45-12:50
(5 mins) |
| 13 | Questions from observers

Chair | NMC/25/48

(Oral) | 12:50-13:05
(15 mins) |

Matters for information

- | | | |
|-----------|---|-------------------------|
| 14 | Investment Committee Report

Chair of Investment Committee | NMC/25/49

(Oral) |
| 15 | People and Culture Committee Report

Chair of People and Culture Committee | NMC/25/50 |

16 Chair's actions taken since the last meeting

NMC/25/51

Chair

CLOSE

13:10

Meeting of the Council
Held on Wednesday 26 March 2025 in the Council Chamber, 23 Portland Place.

Minutes

David Warren	Chair
Anna Walker	Member
Sue Whelan Tracy	Member
Eileen McEaney	Member
Flo Panel-Coates	Member
Nadine Pemberton Jn Baptiste	Member
Rhiannon Beaumont-Wood	Member
Lindsay Foyster	Member
Lynne Wiggins	Member
Margaret McGuire	Member
Peter Herbert	Independent Adviser

NMC Officers

Paul Rees	Interim Chief Executive and Registrar
Lesley Maslen	Executive Director, Professional Regulation
Gavin Kennedy	Interim Executive Director, People and Organisational Effectiveness
Sam Donahue	Acting Executive Director, Professional Practice
Emma Westcott	Acting Executive Director, Strategy and Insight
Alice Hilken	General Counsel
Noita Sadler (deputising for Miles Wallace)	Assistant Director, External Affairs and Events
Richard Wilkinson, (deputising for Helen Herniman)	Assistant Director, Finance and Audit
Matthew Hayday	Chief of Staff and Secretary to the Council
Alice Horsley	Senior Governance Manager
For item 10:	
Anne Trotter	Assistant Director, Education and Standards
Paula McLaren	Senior Advanced Practice Advisor
Kay Fawcett	Chair, Independent Steering Group

A list of observers is at Annexe A.

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Minutes

NMC/25/15 **Welcome and Chair’s opening remarks**

- 1. The Chair welcomed all attendees and observers to the meeting.
- 2. The Chair extended a special welcome to Noita Sadler, Assistant Director, External Affairs and Events, who was attending on behalf of Miles Wallace, Interim Executive Director, Communications and Engagement, and Richard Wilkinson, Assistant Director, Finance and Audit, who was attending on behalf of Helen Herniman, Executive Director, Resources and Technology Services.

NMC/25/16 **Apologies for absence**

- 1. Apologies were received from Deborah Harris-Ugbomah and Claire Johnston, Council members, and Helen Herniman, Executive Director, Resources and Technology Services, and Miles Wallace, Interim Executive Director, Communications and Engagement.

NMC/25/17 **Declarations of interest**

- 1. The following declarations of interest were recorded:
 - a) **NMC/25/25 Item 11: Fitness to Practise: update on our casework performance** – All registrant Council members, and the Acting Executive Director, Professional Practice, declared an interest.
- 2. These interests were not considered material such as to require the individuals concerned to withdraw from the discussion.

NMC/25/18 **Minutes of the previous meeting**

- 1. The minutes of the meeting on 29 January 2025 were agreed as an accurate record and signed by the Chair.

NMC/25/19 **Summary of actions**

- 1. The Council noted progress on actions arising from previous meetings.
- 2. Arising from **NMC/24/85: Update on progressing the Fitness to Practise casework** – A session would be scheduled with the Council at the Away day on 30 April 2025 to explain the data on the age of the caseload, before it was included in the ‘Update on progressing the Fitness to Practise Casework’ paper at Open Council.

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NMC/25/20 Executive Report

1.
- The Interim Chief Executive and Registrar introduced the Executive report.
2.
- The Interim Chief Executive and Registrar noted that on 19 March 2025 the NMC had published a three-year Culture Transformation Plan, which incorporated feedback from NMC colleagues following seven ‘listening’ Town Hall events, which 770 NMC colleagues had attended, as well as feedback form the Council. The Interim Chief Executive and Registrar reported that NMC colleagues had welcomed the fact there was a concrete plan to effect culture transformation, with a quarter-by-quarter breakdown, as well as recognising the speed with which it had been published following his appointment to the role, only 8.5 weeks beforehand. He highlighted that the short time between his appointment and the publication of the Culture Transformation Plan signalled that he wanted to work at a new, faster pace to transform the NMC’s culture. It was noted that the Culture Transformation Plan had also been well-received by stakeholders, with positive commentaries on both the Nursing Standards and Nursing in Practice websites. An email had been sent to all registrants, announcing the publication of the Plan and 377,000 registrants had opened the email. Additionally, the Interim Chief Executive and Registrar informed the Council that when he had described the Culture Transformation Plan to the Chief Nursing Officers and the Chief Midwifery Officers at a meeting in Cardiff two weeks ago, before it was published, their response had been positive.
3.
- The Interim Chief Executive and Registrar highlighted the following points:

a)

On Monday 24 March, he and the Chair had met with Karin Smyth, Minister of State at the Department of Health and Social Care.

b)

On 13 March 2025, he had met in Cardiff with Jeremy Miles, Cabinet Secretary for Health, along with Sam Donohue, Acting Executive Director, Professional Practice and Alice Hood, Assistant Director, Public Engagement.

c)

On 13 March 2025, he had also met with the Chief Nursing Officers and Chief Midwifery Officers of the four nations, as well as their counterparts for the Republic of Ireland.

d)

There had been positive discussion at each of these meetings about the Culture Transformation Plan, the gradual progress the NMC was making to improve Fitness to Practise, and the NMC’s plans to stabilise the organisation by recruiting to the vacant Executive Board roles.

e)

During the meeting with the Cabinet Secretary for Health and the Chief Nursing Officers and Midwifery Officers, updates were provided about the NMC’s rephased work to improve standards

and education.

- f) There was a meeting of the Professional Standards Authority (PSA) Independent Oversight Group on 12 March 2025. The updates about the Culture Transformation Plan and Fitness to Practise (FtP) improvements were positively received, but there was some disappointment that there were further delays with the Ijeoma Omambala KC reports.
- g) Recognition that recruiting to vacant roles on the Executive Board was crucial to ensuring there was stability at the NMC. There had been some progress in recent weeks, with Matt Hayday appointed to the substantive Chief of Staff role on 7 March 2025, following a competitive process. On 21 March, the advert for the substantive Executive Director, People and Culture role was closed. On 24 March, the advert for the Executive Director, Strategy and Insight position went live. The advert for the Executive Director, Communications and Engagement role would go live soon.
- h) His gratitude to Sam Donohue, Acting Executive Director, Professional Practice, who was leaving the NMC in April 2025. Sam had been excellent in her role as Acting Executive Director, Professional Practice as well as in her substantive role as Assistant Director, National and Regional Outreach. During the Interim Chief Executive and Registrar's tenure to date, Sam had been an invaluable presence on the Executive Board and a source of wise counsel.

4. The Interim Chief Executive and Registrar noted that it was the final meeting for Sir David Warren, who had completed his term of just under four years as Chair of Council and was to leave office on 31 March 2025. On behalf of the NMC, the Interim Chief Executive and Registrar thanked David for everything he had done for the organisation during his term and, personally, for the kindness and support he had shown to him during his period as Interim Chief Executive and Registrar. The NMC would make a formal announcement regarding its new Chair of Council on Monday 31 March 2025.

5. The Chair responded to thank the Interim Chief Executive and Registrar for his kind words and noted that he had greatly enjoyed his time as Chair of Council, which had been a privilege. On behalf of the Council, he also expressed thanks to Sam Donohue for her significant contribution to the NMC, particularly the important work on the Employer Link Service.

6. In discussion, the following points were noted:

- a) Relating to the annual perception survey of public, professionals and stakeholders, the Council would welcome being provided

with the findings of the surveys to understand experiences of receiving or delivering care, and of the NMC, as soon as possible. It was acknowledged that the NMC was uniquely well placed to deliver this insight work and that the findings would be an important baseline against which to measure the NMC's culture transformation work.

- b) The NMC had piloted the survey with 7,000 professionals initially to test the questions and different email approach, and how clicks and open rates varied by country, protected characteristic and length of time on the register. The remainder of the register would receive the survey between March and April. The Council would be provided with detail about response rates and any variation in these rates post the Independent Culture Review, which would be valuable in assessing the level of engagement with the organisation.
- c) The new online format piloted for the education quality assurance self-report in 2023-2024 had been positively received, with the data now being analysed alongside an evaluation of the new format.
- d) Relating to concerns raised about potential fraud in respect of some Occupational English Testing (OET) at a test centre in Chandigarh, India, the NMC had concluded the first cases for candidates and found there was not sufficient evidence to prove individuals were involved in test fraud. Assurance was provided that in cases where fraud could not be proved, the individual concerned would still have to provide alternative English language evidence that met the NMC's requirements, as their original test results were withdrawn by OET.
- e) Recognition that this OET concern and the Computer Based Testing (CBT) issue relating to the Yunnik test centre in Nigeria were complex situations, and the NMC had responded with a person-centred approach.
- f) Concern about the implications for the health workforce in the countries where the nurses who were coming to the UK had originated and were trained. Whilst this was a public policy issue with which the NMC had an interest, its role as a statutory regulator was to maintain the integrity of the register of those eligible to practise in the UK.
- g) The NMC reviewed English language testing requirements in 2022 and, following extensive consultation, the requirements were modified and relaxed. English language testing requirements were kept under continual review to ensure the

requirements were fair and appropriate.

7. Summing up, the Chair thanked the Interim Chief Executive and Registrar for the work presented on the Culture Transformation Plan, which touched all aspects of the NMC's work. The energy the Interim Chief Executive and Registrar had brought to the culture transformation work was commended.

Action: Provide the Council with the findings of the annual perception survey, including detail about response rates and any variation in these rates post the Independent Culture Review.
For:
By: Acting Executive Director, Strategy and Insight
24 September 2025

NMC/25/21 Review of Financial Strategy

1. The Assistant Director, Finance and Audit introduced the Financial Strategy for annual review.
2. In discussion, the following points were noted:
- a) A significant change proposed related to the definition of the NMC's reserves and a move away from a definition based on 'free reserves', which was accounting-based, to one based on holdings of cash and liquid investments. The practical impact of this change was that it allowed the release of additional resources for the NMC to invest in improvement, such as improving the Fitness to Practice process. The change would avoid the NMC holding unnecessarily high levels of cash and investments, allowing for more flexibility whilst maintaining an adequate level of reserves. This would be a positive change and a shift away from the current, more cautious approach.
 - b) The NMC was in the process of establishing the Finance and Resources Committee, which would be an important part of its financial governance.
 - c) There had not been a change to the number of registrants seeking flexibility and support with regards paying the registration fee due to financial difficulty in the year.
3. **Decision: The Council approved the revised Financial Strategy.**

NMC/25/22 Annual Corporate Plan and Budget 2025-2026

1. The Interim Chief Executive and Registrar introduced the annual corporate plan and budget 2025-2026. It was noted that the NMC had a huge scope of work and there had been a robust prioritisation exercise. Implementing the Culture Transformation Plan was crucial for the year ahead. The other top priorities included strengthening leadership to

support change, continuing with improvements to the Fitness to Practise process, as well as the approach to both safeguarding and education quality assurance.

2. The Assistant Director, Finance and Audit highlighted the following points:
 - a) The change to the definition of reserves allowed the NMC to release funds toward continued high levels of investment in improving the Fitness to Practise process.
 - b) The overall financial position at year-end remained strong, although the investment in improvements and culture change was decreasing reserves.
 - c) In 2025-2026, reserves were sufficient for the NMC to maintain the annual registration fee at its current level of £120. The registration fee had been the same for ten years. Accounting for adjustments for inflation, the registration fee had reduced by 26 percent compared to 10 years ago.
 - d) Financial plans would be reviewed over the coming months to assess the NMC's position, and there would be a report to the Council on plans and budgets in September or October 2025.
3. In discussion, the following points were noted:
 - a) The Executive Board had agreed to sequence activities as a strategic road map according to three phases: recover, stabilise and rebuild, and enhance and improve. This helped with the prioritisation and communication about the planning of work activities.
 - b) The key performance indicator (KPI) framework was reviewed annually, to ensure there was a robust measurement framework to support the Corporate Plan. The KPI framework would be submitted to the Council soon for review. Once established, the KPI framework would be an area of work the Finance and Resources Committee would want to review.
 - c) The Investment Committee ensured the NMC's reserves were invested according to the Ethical Investment Policy, which was reviewed annually.
 - d) In May 2025 there would be a review of the previous year against plan and budget to measure the success of delivery versus target, which would allow for lessons to be learned. It was important that the corporate plan and budget was adaptable to allow for the flexibility to respond to a changed context.
 - e) Work to modernise the Code and Revalidation was planned for 2025-2026 and the next step was to establish a programme board.

- f) Relating to the workstream focused on improving the quality of the experience of those involved with the FtP process, there was work in progress to map quality assurance and ensure consistency of quality assurance across each part of the FtP process. Work in this area would be accelerated once recommendations had been received from PwC.
- g) New KPIs for FtP were being considered and would include quality of experience for those involved.
- h) Whilst the refurbishment of 23 Portland Place was not a priority currently, the office was outdated and the impact of this on colleagues was acknowledged. Assurance was provided that planned mitigation included a schedule of minor improvements in 2025-2026.
- i) The NMC was independent of Government and answerable to Parliament and the Government's current efforts to improve the efficacy of regulation were targeted at Arms-Length Bodies. The NMC had a role to play in contributing to public policy for the benefit of the UK by improving the quality and productivity and effectiveness of the regulation of nursing and midwifery professionals.

4.

The Chair noted that when he was first appointed in 2021, it was expected Regulatory Reform would soon be implemented, but there had been higher policy priorities for the Government. The Council would look forward to receiving proposals on new Rules and improvements to FtP processes, currently under consideration.

5.

Decision: The Council approved:

- the corporate plan to be published in April 2025
- that the values for the lower and upper limits of the target range of reserves represented by our cash and liquid investments are set at £30 million and £60 million respectively
- that the annual registration fee for all professionals on our register should remain at the current level of £120 for 2025- 2026
- the maximum 4.6 percent envelope for pay assumptions included in the budget under discussion
- the budget for 2025–2026

Action: Provide an update report to the Council on the Corporate Plan and Budget in September or October 2025.

For: Executive Director, Resources and Technology Services
By: 24 September 2025

Action: Submit the KPI framework to the Council soon for review.

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For:	Executive Director, Resources and Technology Services
By:	23 July 2025

NMC/25/23 **Safeguarding update**

1. The General Counsel introduced the interim report on the NMC’s stocktake of safeguarding, pending the safeguarding plan and risk management framework which would be presented to the Council at its Open meeting on 21 May 2025.

2. In discussion, the following points were noted:
 - a) The NMC had partnered with Bates Wells, a law firm specialising in Charity Law. Bates Wells had been helpful in articulating how the NMC’s public protection function set out in its Order and rules married with its safeguarding obligations, as set out by the Chairty Commission.
 - b) The NMC’s overall function was to ‘protect the health, safety and wellbeing of the public’ by setting and maintaining standards and through its Fitness to Practise work. Safeguarding was central to this overall function.
 - c) The NMC was committed to improving its cooperation with other agencies, by sharing and receiving information to help with regulatory work. The NMC was entering Memorandums of Understanding with police forces regarding the speed with which information was exchanged.
 - d) The NMC was obliged to follow the “do no harm” principle, minimising any negative impact of its processes on those who come into contact with it. In partnership with People Support Services, there was work underway to improve wellbeing support to those involved in the NMC’s processes, although there was more work to do.
 - e) There had been a series of workshops to ensure there was better understanding of the risks the NMC was facing and how to manage them, which was informing the risk management framework and plan. It was acknowledged that there was more work to do to develop policies, processes and guidance to manage safeguarding risks at the NMC.
 - f) Since its establishment on 1 September 2025, the Safeguarding Hub had reviewed all referrals entering the Screening stage of the FtP process. The NMC had recruited safeguarding experts as well as mental health expert clinical advisers to form the Safeguarding Hub.
 - g) The Council was assured by the in-depth discussion about the Safeguarding Hub at its Seminar session on 25 March 2025 and commended the impressive work it was undertaking.

- h) The planned evaluation of the work of the Safeguarding Hub was internal. The Council member Safeguarding Lead would be included on the evaluation panel.
- i) Eileen McEneaney had been appointed as the Council Safeguarding Lead. A paper setting out the approach to Council member champion and lead roles would be provided to the Council.
- j) A new safeguarding educator role had been created and in relation to this, all current and mandated safeguarding training was being analysed. There would be further information about safeguarding training included in the item presented at Open Council on 21 May 2025.
- k) It was important to consider equity and equality in respect of safeguarding responsibilities.

3. Summing up, the Chair noted that the Council would look forward to a further discussion about the Safeguarding plan and risk management framework on 21 May 2025.

Action:	Provide a paper setting out the approach to Council member champion and lead roles.
For:	Secretary
By:	2 July 2025
Action:	Provide further information about safeguarding training as part of the Safeguarding Plan and risk management framework.
For:	General Council / Acting Executive Director, Professional Practice
By:	21 May 2025

NMC/25/24 Draft Principles for Advanced Practice

- 1. The Acting Executive Director, Professional Practice introduced the item.
- 2. The Independent Chair, NMC Advanced Practice Steering Group, commended the proposed draft principles for advanced practice for approval. She noted her thanks to the four country advanced practice nursing and midwifery advisers who had collaborated with a working group in their respective nations throughout the development of the draft principles to ensure they supported each country's own advanced practice framework. The Chair of the Advanced Practice Steering Group highlighted that the risks in the current arrangements for preparation and employment of professionals in advanced practice roles persisted and it was important that the work to agree additional regulation continued to progress.
- 3.

The Senior Advanced Practice Advisor shared two short statements, one from Paul Edwards, Chief Nursing Officer, Dementia UK, and one from Meg Hill, Founder of Stockport Birth Services and member of the Public Advisory Group (PAG). The statements highlighted the development of the public first definition, led by PAG, and the potential impact on people who used services and the importance of the NMC's work with the public.

4.

In discussion, the following points were noted:

- a) The NMC's review of advanced practice remained guided by its foremost responsibility of protecting the public.
- b) There had been extensive stakeholder engagement with professionals and members of the public to test assumptions and emerging themes in the development of the draft principles.
- c) Stakeholder engagement had included the nine health and care professional regulators.
- d) It was essential that the principles included a definition of advanced practice that was clear to members of the public, as well as a professional definition, which set out the expectations of good practice.
- e) The proposed principles were voluntary and represented best practice, underpinned by the four pillars of advanced practice: clinical practice, research, leadership and management, and education.
- f) In reaching consensus the Steering Group considered the voluntary nature of the principles as a foundation to future work, relevance across the four countries of the UK, applicability to both nursing and midwifery professionals, and the requirement to be ambitious and future proof.
- g) The proposed principles were purposefully high-level, seeking to provide consistency and clarity.
- h) There had been work undertaken recently to modernise the standards of proficiency for nursing and midwifery professionals, which had accounted for changes in public health and focused more on preventative measures.
- i) Maternal health inequalities needed to be addressed urgently. Reducing health inequalities was a priority for all nursing and midwifery professionals, but as leaders for change this objective should be emphasised for advanced practitioners.
- j) The role of nursing and midwifery professionals with regards safeguarding was implicit within the draft principles and in the Code and Standards of Proficiency, but this should be strengthened for advanced practitioners.
- k) The suggestion that more emphasis in the definition of advanced practitioner be given to their role as leaders.
- l) The work to devise an approach to transition the current advanced practice workforce in nursing and midwifery was

complex and would involve significant consideration and engagement.

5. m) Subject to approval, the principles would be published on the NMC's website. There would be a review of revalidation and the Code with regards to advanced practice considerations.

Decision: The Council approved the:

- **Draft Principles for Advanced Practice.**
- **Next steps for the Advanced Practice review.**

NMC/25/25 Fitness to Practise: update on our casework performance

1. The Executive Director, Professional Regulation introduced the item. The following points were highlighted:
- a) Since the launch of the FtP Plan in April 2024 there had been some meaningful progress. Although there had been a need to adapt the Plan to account for the higher volume of referrals and the learning from the Independent Culture Review.
 - b) An ongoing challenge had been the capacity to transform and innovate whilst maintaining business as usual casework and workloads.
 - c) PwC had been appointed to provide extra capacity and to support the delivery of the Plan.
 - d) Over the last nine weeks, PwC had been focused on four workstream areas: 1) operational excellence, 2) casework support, including helping to progress some of the NMC's lower-risk FtP cases at the Screening stage 3) technology and data and 4) business excellence.
 - e) PwC colleagues had been working closely with NMC colleagues to understand what they do, and to shape suggestions for better ways of working.
 - f) There had been good feedback from NMC colleagues about the partnership approach to working with PwC.
 - g) In April the Executive Board was reviewing the recommendations which were emerging from PwC's work and would update the Council in May.
 - h) NMC colleagues continued to make progress with the realigned FtP Plan, including improvements relating to how referrals were managed at the Screening stage.
 - i) The volume of referrals remained high and there was a notable proportion of referrals from the public which were not matters with which the NMC could assist. There had been amendments to the website to help members of the public make a referral to the right organisation. There had also been a review of Screening guidance

to assess referrals and how the NMC handled referrals which it considered were not regulatory concerns.

- j) Whilst this work was primarily about improving timeliness and the quality of casework, there was also work underway focusing on improving the support provided to people involved in the FtP process. This improved, more tailored support was developed based on input from a multi-disciplinary team of clinical, legal and safeguarding colleagues.
- k) Relating to case preparation and presentation, there had been a significant reduction in the number of cases waiting for a legal review.
- l) The NMC was about to go live with the next round of system updates, allowing casework to be managed more effectively. System updates next year would allow the NMC to adopt an end-to-end casework management process.
- m) It was reassuring that the caseload was now reducing, for the first time since May 2024. This reduction was in part driven by outputs at the Screening stage exceeding the incoming referrals.
- n) The 15 month key performance indicator was slowly improving. Over the last 12 months, the NMC had closed 67.1 percent of cases within 15 months of opening them, compared to 61 percent this time last year as at February 2024.
- o) Whilst performance data showed the impact of improvement activities, there was still a significant way to go to deliver notable improvement for the people involved in FtP processes and NMC colleagues.
- p) The FtP Plan would need to be continually adapted, particularly in light of learning from Ijeoma Omambala KC's upcoming report and recommendations from PwC.

2.

In discussion, the following points were noted:

- a) The improvements reported were encouraging and the hard work involved in achieving this progress was recognised by the Council.
- b) NMC colleagues were working with Anthony Omo to confirm the final list of his recommendations and to link these with the work to implement the FtP Plan.
- c) There was progress relating to Thresholds and the NMC was engaging with the Professional Standards Authority on this work. Whilst the implementation of the work on Thresholds had been planned for April, this had been deferred to May.
- d) There had been challenges at the Investigations stage of the FtP process for a number of years and the team had also been

impacted by the outcomes of the Independent Culture Review. There had been various attempts to address these challenges, including commissioning external legal firms to provide support, although this was not sustainable. It was hoped that learnings from Ijeoma Omambala KC's report would be valuable in restoring confidence within the team. PwC was also focusing on the challenges at the Investigations stage, with a view to providing recommendations for improvement.

- e) The Executive Board would review PwC's recommendations in April and present its findings about what should be implemented to the Council.
- f) The next phase of the Ambitious for Change work led by the University of Greenwich would be published in Q1 2025-2026. Whilst Ijeoma Omambala KC's report focused on a small number of cases, Ambitious for Change reviewed a larger cohort of cases to consider different outcomes of the FtP process experienced by different groups, as well as any bias in the NMC's FtP policies and practices. A final draft of the Ambitious for Change report had been received, and work was underway to consider its links with Ijeoma Omambala KC's report as well as Anthony Omo's recommendations.
- g) The survey to assess registrant's experience of the FtP process was being carried out at various stages of the process.
- h) In 12-18 months' time there would be accurate and efficient automated updates provided to people with a case in the FtP process, although there would not be real time updates.

3. Summing up, the Chair noted that the Council would wish to discuss the Investigation stage of the FtP process in further detail at a future meeting.

Action:	Present the recommendations relating to the FtP process emerging from PwC's work.
For:	Executive Director, Professional Regulation
By:	21 May 2025

NMC/25/26 Your Voice employee survey 2024

1. The Interim Executive Director, People and Organisational Effectiveness introduced the results of the annual Your Voice staff survey for 2024. The following points were highlighted:
- a) There was consideration as to whether September 2024 was an appropriate time to undertake the Your Voice survey, given colleagues had recently provided a lot of feedback as part of the Independent Culture Review. The views of the Employee Forum,

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3	HR colleagues and Network chairs were sought, and a small majority favoured conducting the survey at the time.
4	b) Participation was 57 percent versus 65 percent in the previous year.
5	c) The overall diversity and inclusion score was low and other areas of concern against the benchmark were Workforce Diversity and Fair Opportunities.
6	d) The results show more work was required to improve career path and learning and development.
7	e) Scores were positive relating to peer support and management support.
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9	2. In discussion, the following points were noted:
10	a) Office-based working was important to building a sense of team, improving morale and establishing a new culture at the NMC. A key element of the Culture Transformation Plan was establishing a new and consistent balance between home and office-based working, both of which have benefits. There would be a consultation with staff regarding the implementation of the new model, before it was initiated in the autumn.
11	b) The Professional Practice directorate scored -3.3 for strategy, which reflected the NMC’s focus at the time on the Independent Culture Review findings and Fitness to Practise improvement, with Professional Practice work areas not being sustained or being deprioritised. Assurance was provided that key aspects of the Professional Practice directorate strategy were now being progressed and valued.
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13	3. The Chair noted that Ministers and officials at the Department of Health and Social Care and across the four counties attached significance to accessing and understanding the results of the staff survey. The results of the staff survey would continue to be scrutinised by both the Council and external stakeholders.
14	
15	NMC/25/27 Pay Gap and WRES Report
16	1. The Interim Executive Director, People and Organisational Effectiveness introduced the item.
	2. In discussion, the following points were noted:
	a) The Workforce Race Equality Standard (WRES) survey questions had been incorporated into the Your Voice survey in 2024, rather than being sent as a separate survey as in the

previous year, to improve engagement and enhance the value of the output.

- b) Acknowledgement that the data presented was no longer current. The publication of the Pay Gaps Reports and the WRES had been delayed to March 2025, due to the need to reflect on the recommendations from the Independent Culture Review published in July 2024.
- c) Whilst there had been some improvements in some areas, the overall scores from the WRES survey were disappointing.
- d) The Culture Transformation Plan would expediate the implementation of measures to address issues identified in the WRES.
- e) Assurance that the People and Culture Committee had reviewed the Pay Gap and WRES report in detail
- f) A correction at paragraph 11 to note that the number of Black, Asian and ethnic minority colleagues working at the NMC had increased to 43 percent of all employees, and not 403 percent as stated in the paper.
- g) Whilst 43 percent was below the Black, Asian and ethnic minority rate of 46.3 percent in London, acknowledgement that there was also a cohort of colleagues based at the Edinburgh office in Scotland. In future Pay Gap and WRES reports it would be valuable to include data about the overall demographic among the local population.
- h) There should be consideration about whether the percentage of employees who were Black, Asian or ethnic minority reflected the demographic of the register as well as the wider population.
- i) It was important to consider the retention rates for Black, Asian and ethnic minority colleagues as well as progression rates.

3.

Decision: The Council approved the Pay Gap report 2024 and the Workforce Race Equality Survey (WRES) for publication.

Action:	In future Pay Gap and WRES reports include data about the overall demographic among the local population.
For:	Interim Executive Director, People and Organisational Effectiveness
By:	TBC

NMC/25/28 Panel member reappointment and resignations

- 1. The Chief of Staff introduced the item. It was noted that since the paper had been published, Tom Ayers had responded to say he wished to remain a Panel Member and his reappointment, along with seven other Panel Members would be submitted to the Council for approval at the

	next meeting. As a result, it was 12 rather than 13 Panel Members to be removed from the Practice Committees.
2.	Decision - The Council approved: <ul style="list-style-type: none"> the reappointment of the 65 Panel Members listed for a second term of four years from 6 July 2025 to 5 July 2029. the removal of the 12 Panel Members listed from the Practice Committees.
NMC/25/29	Council Governance matters
	High level approach for establishing Finance and Resources Committee
1.	<p>The Secretary presented the approach for establishing the Finance and Resources Committee (FRC). The following points were noted in discussion:</p> <ul style="list-style-type: none"> a) Following the recommendations provided by the external Council effectiveness review in 2023, it was agreed that an organisation of the size and complexity of the NMC required a standalone Committee to monitor finance and resources. b) Thanks to Lindsay Foyster who was acting as Interim Chair and involved in the process of establishing the FRC.
2.	Decision: The Council approved the high-level approach for establishing the Finance and Resources Committee
	Council Committee membership 2025-2026 and Council meeting dates 2026-2027
3.	The Secretary presented the Council committee membership/ appointments for 2025-2026 and the Council meeting dates for 2026 – 2027, which the Council noted.
4.	The Secretary highlighted the proposal that the Audit Committee be renamed the Audit and Risk Committee.
5.	Decision: The Council approved that the Audit Committee be renamed the Audit and Risk Committee.
NMC/25/30	Questions from observers
1.	The Chair invited questions and comments from observers (see Annexe B).
NMC/25/31	Culture Transformation Plan
	The Council noted the Culture Transformation Plan.

NMC/25/32 Audit Committee report

The Council noted the Audit Committee report.

NMC/25/33 Appointments Board report

The Council noted the Audit Committee report.

NMC/25/34 People and Culture Committee report

1. The Council noted the People and Culture Committee report

NMC/25/35 Chair's actions taken since the last meeting

1. There has been one Chair's action since the last meeting:
 - Appointment of Partner members to the Investment Committee (02-2025).

Closing remarks

1. The Chair thanked all attendees and observers for joining the meeting. At the end of what was his last meeting as Chair of the NMC, he offered his gratitude to colleagues past and present for their support and noted that it had been a great pleasure and privilege to be the Chair of the NMC since July 2021.

Confirmed by the Council as a correct record:

SIGNATURE:

DATE:

Annexe A: Observers

External observers

Bridget Dack	MIS Clinical Lead, NHS Resolution
David Munday	Lead Professional Officer, Unite the Union
Peter Bates	Director, NMCWatch: Registrant Care CIC
Francisco Oares	Advanced Clinical Practitioner, Barts Health
Gail Adams	Head of Professional Services UNISON
Heather Bower	Head of Midwifery Education, Royal College of Midwives
Dr Julian Barratt	Head of Centre for Advancing Practice NHS England Workforce, Training & Education
Michelle Lyne	Professional Advisor Education, RCM
Paul Salmon	Nurse, NHS
Raksana Begum	Lead nurse for non-medical education & development, Birmingham and Solihull Mental Health Trust
Zoe Lawson	Professional Lead for Advancing Practice, Birmingham and Solihull Mental Health NHS Foundation Trust
Caroline Bohlender	PhD researcher, Northumbria University
Swizzle Dias	Programme manager, Barts health NHS
Amy Walker	University of Leicester
Rhys McCarthy	Scrutiny Officer, Professional Standards Authority
Press	
Ella Devereux	Senior Reporter, Nursing Times
Shruti Sheth Trivedi	Senior Journalist, Nursing Standard
Madeline Anderson	News and Features Writer, Nursing in Practice

NMC Staff observing

Janice Cheong	Senior Exec Business Manager
Aditi Chowdhary-Gandhi	Head of Standards
Carla Naidoo	Senior Manager -Rapid Resolution Team
Karen Sellick	Corporate Planning, Performance and Risk Manager
Lisa Bard	Senior Project Manager
Rebecca Calver	Head of Corporate Planning Performance and Risk
Serena Arora	Business Analyst
Tracey MacCormack	Assistant Director for Midwifery
Sharon Dawson	Senior Governance Manager
Joyce Sarpong	Audit Committee Partner Member
Karen Lanlehin	Head of NMC Culture Transformation
Lora Georgieva	Registration and Revalidation Officer
Reham Al-Eryani	Senior Digital Communications Officer
Suma Das	Standards Development Officer
Tim Swietochowski	Assistant Director, Corporate Communications

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Annexe B: Observer questions

Question/Comment:

Sincere condolences were offered to the family of Nora Flanagan, Senior Nurse, who had sadly passed away. Nora had provided exceptional service to the nursing profession.

The following comments were noted:

- There was positive work that could be done between domestic abuse charities and the NMC with regards safeguarding.
- Whilst it was good to see improvement in the Fitness to Practise process, there was still a long way to go.
- Relating to the NMC’s culture, NMC staff held the solutions, and it was important to consult them. On behalf of Unison, Gail Adams offered to support with this consultation.
- It was concerning that Ijeoma Omambala KC’s report had not yet been published. Had the NMC received any initial findings?
- Relating to healthcare inequalities, this applied across health and care services, and was not confined to maternity services. It was important to consider the role of education quality assurance and standards as part of addressing healthcare inequalities.
- The decision not to maintain the registration fee at its current level in 2025-2026 was welcomed.

- Gail Adams, Head of Professional Services UNISON

Response:

The NMC joined Gail Adams in paying tribute to Nora Flanagan following the very sad news that she had passed away.

Ijeoma Omambala KC’s review had been delayed for some reasons beyond her control. The NMC hoped to receive the outcomes of the review soon, but there had been no initial findings shared.

It was agreed that it was important to get views from all colleagues regarding transforming the NMC’s culture, acknowledging that there were challenges caused by many layers of hierarchy at the NMC. Meetings with the Employee Forum, UNISON and chairs of the employee networks, as well as staff surveys would support with ensuring the Executive Board was aware of feedback from colleagues from across the organisation. The newly established Culture Transformation Steering Group was comprised of colleagues across all levels of the NMC and from each of its three offices, and would be valuable in gathering views about the progress of the project.

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Question:

The Corporate Plan and Budget indicates a reduction in fixed term employment (FTE) contracts in both the Professional Regulation and Professional Practice directorates. Was this intentional?

Does the Council feel appropriately informed about the cost of remedial work following the Independent Culture Review and the use of consultants and the associated costs across the NMC?

- David Munday, Lead Professional Officer, Unite the Union

Response:

The figures in relating to FTE contracts were indicative, but reflected a reduction in FTE contracts where contracts had come to an end were being converted to full time contracts.

The Council were appropriately briefed about the use of consultants and the rationale for this. There would be a paper presented to the Council setting out all the consultancy work and associated costs for transparency.

Question/comment:

Was investing in addressing unnecessary Fitness to Practise referrals rather than improving the process relating to ones that could be reviewed by the NMC a misdirection of resources?

The NMC should encourage representation for all registrants as part of the Fitness to Practise process.

The newly establish Safeguarding Hub was welcomed, although there was concern that some individual cases with a safeguarding concern were still being missed and there was further work to do to ensure it was operating effectively. Additionally, was the confidential data being handled appropriately relating to safeguarding, and visible only by the appropriate people as part of the Fitness to Practise process. – Peter Bates, Director, NMCWatch: Registrant Care CIC

Response:

Investing in reducing the number of referrals that are not within the NMC's remit to investigate was a positive investment, as we receive a high number of these referrals, which require our time and resource.

The Safeguarding Hub reviewed a case at a moment in time and mental health was not static. Increased resources for the Safeguarding Hub and engaging mental health practitioners would further improve the effectiveness of the Safeguarding Hub.

The work of UISON, Unite and the Royal College of Nursing in increasing the number of registrants who are represented in the Fitness to Practise process was commended. There was further work the NMC planned to do to encourage registrants to seek representation. It was noted that there was also a role for employers in increasing the numbers of registrants who sought representation.

Sensitive evidence collected as part of our casework is stored on a case management system (CMS). The content stored on CMS tends to be documents and images. Where evidence is in the form of larger files such as video, they are given to our Information Compliance team, who file them on a shared drive which is accessible to relevant case handling teams in fitness to practise.

Our case management system has audit functionality and is protected by our IT network security controls. The shared drive is a network drive dedicated to storing sensitive evidence for Fitness to Practise (FtP) cases. We've set out the role-based access restrictions previously, meaning that only teams which require access to evidence have it, only for as long as they need it for that stage of the FtP process, and we know who those colleagues with role-based access are.

All our systems are only accessible to NMC staff and have multiple levels of security. For security reasons, we are not going to make public further details of our security controls.

Council

Summary of actions

Action requested:	<p>Summarises progress on completing actions from previous Council meetings.</p> <p>The Council is asked to note the report.</p>
Key background and decision trail:	<p>This paper is a standing update to the Council for information on actions agreed at previous meetings.</p>
Key questions:	<p>Has appropriate progress been made in respect of actions agreed at previous meetings?</p>
Annexes:	<p>None.</p>
Further information:	<p>If you require clarification about any point in the paper or would like further information, please contact the author or the director named below.</p>
	<p>Secretary: Matthew Hayday Phone: 020 7681 5516 matthew.hayday@nmc-uk.org</p>

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NMC/24/85	24 September 2024	Update on progressing the Fitness to Practise casework	Complete	Consider what data relating to the oldest cases could be included in the dashboard for the next update to the Council.	Executive Director, Professional Regulation	The data on the age of the caseload was discussed with the Council at the Away day on 30 April, and is included in the 'Update on progressing the Fitness to Practise Casework', which is an agenda item for this meeting.	27 November 2024 29 January 2025 26 March 2025 21 May 2025
NMC/24/89	24 September 2024	Panel Member transfer and resignations	Complete	Monitor the number and reasons for the requests to transfer out of the FtP Committee.	Secretary to the Council	Since September 2024 one transfer from the Fitness to Practise Committee (FtPC) to the Investigating Committee (IC) has been accepted by the Council on the basis of a reasonable adjustment. No further transfers have been made. Requests to transfer from the FtPC to the IC continue to be made by Panel members due to better availability for one day events typical of the IC. Requests are on a waitlist in order to balance the requirements for each Committee. Transfers to the IC are not being considered	26 March 2025 21 May 2025

						by the Appointments Board until there is a corresponding request to transfer to the FtPC.	
NMC/24/98	27 November 2024	Independent Culture Review report update (Oral)	Rescheduled	Consider opportunities for Council members to meet with the chairs of Staff Networks and Union members to foster their understanding of cultural issues and culture change at the NMC.	Secretary	The Secretariat are arranging for the Council to meet with the chairs of the Staff Networks and Union members, following the Open Council meeting on 2 July 2025.	29 January 2025 26 March 2025 2 July 2025
NMC/25/05	29 January 2025	Summary of actions	Rescheduled	As part of the work underway to update the EDI Strategic Objectives, there would be consideration as to the timeline for presenting the governance structures and performance measures	Interim Executive Director, People and Organisational Effectiveness	The People and Culture Committee had a detailed review of draft measures for the Culture Transformation Plan and People strategic objectives on 28 April 2025. The feedback from the Committee welcomed the measures but asked that further work was done to prioritise the most impactful measures and to better align with the outcomes the NMC	21 May 2025 2 July 2025

				relating to EDI for discussion at Open Council, alongside a framework for inclusive language to be used consistently at the NMC.		want to achieve, and it would use more qualitative indicators for more frequent evaluation, in addition to the annual Your Voice survey. This will be presented to the July People and Culture Committee meeting. The EDI Strategic Objectives is an agenda item scheduled for the Open Council meeting on 2 July 2025 (see NMC/24/96).	
NMC/25/06	29 January 2025	Quarterly corporate performance report	Complete	Consider using a metric to capture NMC colleagues' views relating to the modernisation of internal systems, such as feedback about the impact on the efficiency and effectiveness of their work.	Executive Director, Resources and Technology Services	Within the Modernisation of Technology Services (MoTS) programme we monitor several benefits related to efficiency improvements and improved user experience. These tend to be tied to specific projects. We work closely with business leads to agree success criteria and then seek feedback post-implementation to assess whether the solution has been well-received, is delivering intended benefits and whether there are	21 May 2025

						<p>further opportunities for improvement. This feedback is sought at local level i.e. through the relevant project team and at corporate level through responses to Your Voice and other surveys, and other colleague engagement such as regular town halls and our new suggestions box. After some consideration we do not believe that one single metric or number can cover this range of feedback, however we will provide feedback in updates to Executive Board and Council either as part of regular performance monitoring or as appropriate when key project milestones are met.</p>	
NMC/25/06	29 January 2025	Quarterly corporate performance report	Complete	Schedule a Council Seminar discussion regarding using prescribing rights obtained through an NMC prescribing qualification	Secretary to the Council / Acting Executive Director, Professional Practice	The legal advice is clear that a registered nurse or midwife working as a Physician Associate (PA) or Anaesthesia Associate (AA). cannot prescribe by virtue of their NMC prescribing qualification and annotation.	21 May 2025

				while working as a Physician Associate or Anaesthesia Associate.		<p>Our website makes this clear here - Useful information for prescribers - The Nursing and Midwifery Council</p> <p>The NMC wrote to all prescribers on its register in December 2024 to indicate this to coincide with the General Medical Council (GMC) becoming the regulator for PAs and AAs.</p> <p>As there was no further information, it was not considered that a Seminar session on the topic was required.</p>	
NMC/25/20	26 March 2025	Executive Report	In progress	Provide the Council with the findings of the annual perception survey, including detail about response rates and any variation in these rates post the Independent Culture Review.	Acting Executive Director, Strategy and Insight	Not yet due.	24 September 2025

NMC/25/22	26 March 2025	Annual Corporate Plan and Budget 2025-2026	In progress	Provide an update report to the Council on the Corporate Plan and Budget in September or October 2025.	Executive Director, Resources and Technology Services	Not yet due.	24 September 2025
NMC/25/22	26 March 2025	Annual Corporate Plan and Budget 2025-2026	In progress	Submit the KPI framework to the Council for review once complete	Executive Director, Resources and Technology Services	Not yet due.	23 July 2024
NMC/25/23	26 March 2025	Safeguarding update	In progress	Provide a paper setting out the approach to Council member champion and lead roles.	Secretary	The Secretary to the Council will circulate a paper to the Council setting out the approach to Council member champion and lead roles by the end of May 2025.	30 May 2025
NMC/25/23	26 March 2025	Safeguarding update	Complete	Provide further information about safeguarding training as part of the	General Counsel / Acting Executive Director, Professional Practice	The Safeguarding Plan is an agenda item for this meeting. The NMC training needs analysis for Safeguarding is included as an annexe to this item.	21 May 2025

				Safeguarding Plan and risk management framework.			
NMC/25/25	26 March 2025	Fitness to Practise: update on our casework performance	In progress	Present the recommendations relating to the FtP process emerging from PwC's work.	Executive Director, Professional Regulation	The update on our FtP casework item (agenda item 11) reports on our current position with the PwC work and the plans for decision-making. There are plans for the Council to discuss the development of this work between April and July 2025.	23 July 2025
NMC/25/27	26 March 2025	Pay Gap and WRES Report	In progress	In future Pay Gap and WRES reports include data about the overall demographic among the local population.	Interim Executive Director, People and Organisational Effectiveness	Not yet due.	25 March 2026

Key	
In progress	For items not yet due
Rescheduled	Where work has been deliberately replanned/ rephased
Overdue	Unplanned delay to the work
Complete	Completed actions are reported once as Complete

Closed	Only use once an item is moved to the archive
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Council

Quarterly corporate performance report

Action requested:	<p>For Council to review our financial position, performance against our corporate plan and core business metrics; and to consider our corporate risk position.</p> <p>For discussion</p> <p>The Council is asked to discuss our current performance and the risks that we face (paragraph 44).</p>
Key background and decision trail:	<ul style="list-style-type: none"> • This is our refreshed quarterly financial, performance and risk report to Council. • It gives an overview of performance against our priority outcomes in the corporate plan, including our achievements and recommendations to address any significant challenges. • This enables more regular reflection and assessment of the corporate plan so we can take decisions on any adjustments to the scope of activity, or resources required for delivery. • The report itself is a mitigation of our strategic risk GOV24/01 <i>We may not effectively prioritise, monitor and manage our portfolio activity and keep pace with the high level of change (and resources required) to achieve our five priority outcomes.</i> • The report primarily covers priority outcomes two to five. Performance of priority outcome one: <i>progress fitness to practise (FtP) referrals in a safe and timely way</i> is covered in the FtP casework progression report at item 9 on the agenda. • The cover paper also includes updates from the Executive team on significant changes since they last reported to Council on 26 March 2025. • This report is contributed to by those who lead significant activities and core business areas, as well as the Corporate Planning Performance and Risk and Portfolio teams. Content was reviewed by each Executive Director Priority Outcome Owner, ahead of a discussion at Executive Board on 6 May 2025. • Due to the level of overlap, content usually included within the regular Executive Report has been captured here.

Key questions:	<ol style="list-style-type: none"> How are we going to ensure that the organisation prioritises effectively? Is there sufficient capacity for colleagues to absorb new risks and participate in the transformation of our culture? Is our financial position secure, or is any corrective action required? How are we performing against our key performance indicators (KPIs) and are there any exceptions to consider addressing? Are we managing strategic risks appropriately, or are there any exceptions to consider addressing? 	
Annexes:	<p>The following annexes are attached to this paper:</p> <ul style="list-style-type: none"> Annexe 1: Priority outcome performance dashboards Annexe 2: Corporate performance data charts and Enquiries and Complaints customer dashboard Annexe 3: Strategic risk exposure report Annexe 4: Financial monitoring report 	
Further information:	<p>If you require clarification about any point in the paper or would like further information, please contact the author or the director named below.</p>	
	<p>Author: Richard Wilkinson Richard.Wilkinson@nmc-uk.org</p> <p>Author: Rebecca Calver Rebecca.Calver@nmc-uk.org</p> <p>Author: Sevinj Essien Sevinj.Essien@nmc-uk.org</p>	<p>Executive Director of Resources and Technology Services: Helen Herniman Helen.Herniman@nmc-uk.org</p>

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Quarterly corporate performance report

Discussion

Leadership

1. We were pleased to announce that Ron Barclay-Smith was appointed as the new Chair of the NMC, following a competitive process. Ron assumed his position as of 1 April 2025 and will lead the Council in setting the organisation's strategic direction to realise our vision of safe, effective and kind nursing and midwifery practice, improving everyone’s health and wellbeing. He will guide, challenge and support our executive team as it implements the Corporate Plan for 2025–2026 and beyond.

Political landscape

2. At the beginning of April 2025, the Health Secretary and the Prime Minister both appeared in front of select committees. Neither made any major announcements relevant to the NMC, but they both reinforced what we already know about the direction of travel of the Government’s health policy in trying to reduce bureaucracy and shift power away from the centre.
3. At the Health and Social Care Committee, The Health Secretary outlined his vision for NHS reform, emphasising reducing "waste, inefficiency and duplication" and aiming to have more "doers" and fewer "checkers". Facing questions on why he had changed his stance on this, Streeting defended the reorganisation, citing the levels of duplication within NHS England, particularly in HR, finance, and strategy.
4. At the Liaison Committee, the Prime Minister stated there was growth to be gained from "stripping away regulation". He linked NHS reform to addressing health inequalities and pledged to protect the NHS in US trade negotiations.
5. These appearances came following reports that Cabinet Office Minister Pat McFadden has written to government departments asking them to justify the existence of every taxpayer-funded organisation not directly controlled by ministers. The purpose of this review is to see whether some of these organisations can be closed, merged, or have their responsibilities handed over to departments.
6. This builds on reports in recent months that the Treasury will be asking every Government department to write to regulators to audit them on how they are helping and hindering economic growth. While we have not yet received any communication in relation to this, we have started to pull together our response so we can be ready when it comes.
7. US President Donald Trump announced a 10% tariff on UK imports on 2 April 2025, effective 5 April 2025, alongside other tariffs on imports from countries around the world. The full impact of this action is not yet clear, as it is difficult to judge the impact of these tariffs on global trade and a bespoke trade deal with the US may yet be agreed, but this has the potential to significantly impact the UK’s finances, meaning the Chancellor may be forced to make cuts which could impact the NMC (if they focus on the NHS or parts of the civil service).

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Financial position

8. At the end of the 2024-2025 financial year, our financial position remained secure in the short term with reserves under the ‘cash and investments’ definition agreed by Council of £83.3 million at 31 March 2025. This reflects a £21 million reduction in cash over the year resulting from our additional investment, particularly to fund Fitness to Practise (FtP) improvement and cost of immediate actions following the Independent Culture Review (ICR) we commissioned. We have also been making payments to our independent FtP panellists following on from the provision for holiday pay liabilities made last year reflecting their classification as workers.
9. Our total income for the financial year 2024-2025 was £108.5 million and total expenditure was £130 million. This has resulted in a net deficit of £21.5 million before unrealised gains on our stock market investments of £2.4 million. This matched our earlier forecast of a deficit higher than the £17.7 million we had originally budgeted. The main drivers of the higher than budgeted deficit were the costs of additional specialist support from PwC (£2.9 million), a new provision (£3.1 million) made for past FtP Legal Assessor costs, and lower than expected income (£1.2 million below budget) due to reduced numbers of overseas-trained professionals applying to join our register. These were offset to a degree by some operational and project underspends as set out in **annexe 4**.
10. Our stock market investments performed well this year, leading to £2.4 million in unrealised gains at year end. We de-risked our investments in January 2025 to reduce volatility so whilst there has been some impact from the recent market downturns, the value of our investments at 23 April 2025 was only down slightly at £41.4 million compared to £41.6 million on 31 March 2025. We also generated approximately £1 million in dividend income for this year.
11. Looking ahead, our current view confirms the budgeted net deficit of £24 million for 2025-2026 including the expected acceleration of core spending in response to the ICR, employer national insurance increases, and continued FtP improvement and recovery. Clearly, we cannot continue to run significant deficits without exhausting our reserves in the next two to three years. As a result, we are currently considering scope for further investment to improve operational effectiveness and efficiency and continue to assess the need for an increase in the registrant fee which we have now frozen for over ten years. As set out in March 2025, we will be presenting a revised budget to Council later this year.
12. More details are provided at **Annexe 4**.

Progress against our corporate plan

13. A summary of progress to date against four of our five priority outcomes is at **Annexe 1**. A separate, more detailed progress report on FtP is at **item 11**.
14. The performance dashboards include the key achievements and challenges in each outcome area and an assessment of our overall trajectory towards the outcome. Delivery of activities are red, amber, green (RAG) rated against their planned milestones, and these ratings, collectively with the relevant risk assessments, formulate the overall priority outcome RAG rating, i.e. how close are we to reaching the overarching outcome.

15. As this is the final report on the Corporate Plan for 2024-2025, the dashboards include a summary of the key achievements from the whole year, to reflect on the successes within each outcome.

16. The overall picture of the portfolio (which includes our projects and programmes) for Q4 shows that while we have largely met our deliverables, there are significant delays across the portfolio, and the operating environment remains difficult (with internal changes and external uncertainties). With many activities slipping, or expected to slip to the right, there will be impacts on delivery and planning for 2025-2026, especially Q1.

Priority Outcome 1: Progress FtP decisions in a timely and sustainable way that keeps people safe

17. Please see **item 11** for an update on our FtP improvement plan. The item outlines current performance, key developments, challenges, and our strategy for realigning the plan activity to address delivery challenges and achieve outcomes in a timelier way that meets stakeholder expectations.

Priority Outcome 2: Build an inclusive, high performance, learning culture

Culture transformation programme

18. Our progress against the Independent Culture Review recommendations and implementation of the Culture Transformation Plan are discussed in more detail at **item 8**.

19. We are making steady progress against most recommendations to ensure that actions will work long term, where there are quick wins we have made them, for example giving certainty to colleagues of fixed term contracts and investing in learning and development.

20. The report noted the need to build our culture with more time spent together in our locations and review our corporate Values so that we are as ready as possible for the future, and embedding a new culture. We are now focusing on those objectives and have started consulting with colleagues on both.

20.1. We will be bringing people back into our offices for a minimum of two days per week, but we want to do that in a way that works for colleagues and give them time to make adequate arrangements.

20.2. We are reviewing and engaging colleagues on the Values to ensure that our policies, processes and behaviours reflect the culture we all want to see.

21. The EDI plan has been reconfigured to be the *EDI strategic objectives* that underpin the Culture transformation Plan. This was presented at Executive Board in late April 2025, ahead of discussion at Council Seminar also in late April 2025.

22. As part of our commitment to becoming an anti-racist organisation we signed the UNISON Anti-Racism Charter on 15 April 2025. The Charter – which outlines clear actions and accountability for tackling racism in the workplace – reaffirms our commitment to equality, diversity and inclusion.

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Priority Outcome 3: Modernise our internal systems, tools, policies and processes

Modernisation of Technology Services

23. NMC Online project has experienced technical and resourcing challenges that has resulted in the Programme Board recommending a deferred delivery date to post peak cycle. A change request is being presented to Council this month at their confidential meeting, asking for approval of an extension from May 2025 to November 2025.

Regulatory Reform

24. We have recently received confirmation from the Department of Health and Social Care (DHSC) that our legislation will be changed during this Parliament. We understand that the GMC will be the first regulator to have the changes, then followed by the NMC and HCPC. We continue to work with DHSC and other regulators on the future legislative template to ensure that it best meets our needs.

Safeguarding

25. This initiative is discussed in further detail at **item 7**.
26. The safeguarding risk framework and associated safeguarding action plan are now complete and due to be presented for approval at the May Council. There is now an agreed safeguarding approach for the NMC that includes our legal responsibilities, regulatory actions and safeguarding best practice guidance.
27. The Safeguarding Hub established in September 2024 continues to mitigate safeguarding risk during the screening process in FtP by reviewing all NMC referrals. A process of streaming referrals to the hub that have safeguarding and wellbeing concerns enable the safeguarding team to provide advice and guidance. This has two main objectives, firstly to support progression of cases and particularly applications for interim orders to restrict practice and safeguard the public or secondly share information externally with statutory safeguarding partners where appropriate and proportionate to the identified safeguarding risk.

Priority Outcome 4: Contribute to the workforce strategies and support professionals in the four nations

Advanced Practice (AP)

28. The Advanced Practice Review has focussed on the development of Principles for AP which were approved by Council at its meeting on 26 March 2025. The Principles include a definition of AP that is clear to the public, the development of which was led by our public advisory group. The Principles set out our expectations of best practice for nurses and midwives working at an advanced level and for employer organisations. The Principles will be launched in early June 2025, supported by a full communications and implementation plan.
29. The four country nursing and midwifery advisers and social care adviser have led working groups to ensure that principles are relevant to each country and complement the established advanced practice frameworks in each country. These country working groups have included workforce leads and commissioning leads and reflect the diversity of the register.

30. The AP team has engaged extensively with members of the public and representatives from charity and advocacy groups across the four countries, led by the AP public advisory group to develop a public first definition of 'advanced practice'.
31. The four country midwifery advisers have delivered two midwifery webinars to colleagues across the four countries, which invited advanced midwifery practitioners to share their experience and expertise of AP.
 - 31.1. We have shared a podcast interviewing Fiona Gibb, Professional Midwifery Director at the Royal College of Midwives, responding to questions raised in the previous webinar.
 - 31.2. We have two further podcasts to share, one interviewing those advisers on their involvement in the review and the potential impact of additional regulation in their respective nations. And a second with a maternity representative of the AP public advisory group on her involvement, and the impact of additional regulation for advanced midwifery practitioners.
32. The AP team has continued to engage with stakeholders across the four nations to update on the progress of the review, with a number of recent engagements in England across a diversity of health and social care settings. These include the British Journal of Nursing Conference (March 2025), NWL ICB (February 2025), North Bristol Trust (March 2025), Stoke-on-Trent Mental Health Nursing conference (March 2025), Midlands Advanced Practice conference (March 2025).
33. The AP social care adviser has led a number of visits to care homes in England to raise the profile and opportunity for AP within the social care sector.

Practice learning review

34. We are progressing our review of practice learning requirements to understand how we can best support student learning across the UK. Work has commenced on the five key lines of enquiry approved by Council in January 2025. On 19 May 2025, we are hosting a webinar to share the practice learning review's progress and next steps.
35. To support the dissemination of the practice learning review a paper *How district nurses can influence the Nursing and Midwifery Council's review of practice learning*, co-authored with the Independent Steering Group Chair, is scheduled to be published in the British Journal of Community Nursing 1 May 2025.
36. An update on the findings of the discovery work and the five key lines of enquiry of the practice learning review was presented at the Royal College of Nursing's Education Conference (1 April 2025).

Midwifery Annual Report

37. Our Midwifery Annual Report is at **item 9**.

Remote prescribing

38. On 29 April 2025, we published our position statement regarding remote prescribing, outlining that all nursing and midwifery prescribers on our register would be required to consult with people face-to-face before issuing prescriptions

for non-surgical cosmetic medicines, including certain anti-wrinkle injections and aesthetic emergency kit items.

Priority Outcome 5: Strengthen the integrity of the register

Education quality assurance (EdQA)

39. The team is developing the EdQA improvement plan, in particular, identifying our IT needs to support improved processes. This proposal will be shared with the Executive in May 2025.
40. Part of our EdQA improvement plans include strengthening our communication with approved education institutions (AEIs). We are hosting two EdQA Conferences in May 2025, one in Birmingham and one in Edinburgh, to support colleagues at AEIs and have an open dialogue about our learning and improvement journey.
41. Our EdQA annual report is at **item 10.1**.
42. Learnings from Canterbury Christ Church University are discussed in more detail at **item 10.2**.

Looking ahead

43. Q1 and Q2 of FY 2025-2026 will be a critical period. Planning, prioritisation and sequencing will be essential in ensuring we have a manageable portfolio with the agility to react to change as needed. This will be achieved through ongoing resource management / optimisation by the Portfolio Office and improved performance reporting and escalation of issues at the Portfolio Board. Some upcoming activities that will require us to demonstrate some level of portfolio agility are the PwC recommendations, the Omambala Report and the PSA Report.
44. **Recommendation: The Council is asked to discuss our current performance and the risks that we face.**

Next Steps

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

Implications

The following were considered when preparing this paper:

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

Safeguarding considerations	Yes	Within Priority Outcome 3	
The four country factors and considerations.	Yes	Throughout	
Resource implications including information on the actual and expected costs involved.	Yes	Throughout – specifically at annexe 5	
Risk implications associated with the work and the controls proposed/ in place.	Yes	Throughout – specifically at annexe 3	
Legal considerations.	Yes	Throughout	
Midwives and/or nursing associates.	Yes	Throughout	
Equality, diversity, and inclusion.	Yes	Throughout	
Stakeholder implications and any external stakeholders consulted.	Yes	Throughout	
Regulatory Reform.	Yes	Within Priority Outcome 3	

Item 6: Annexe 1
NMC/25/41
21 May 2025

Priority outcome performance dashboards



1
2
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4
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8
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Priority outcome assessment dashboard

**#2. Build an inclusive,
high-performance learning
culture**

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2
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Priority Outcome Assessment

#2. Build an inclusive, high performance, learning culture

Performance summary	PO status:	A	Q1 2024 / 2025 overall rating:	R	2
<p>The culture transformation plan was launched in March and the first governance meeting of the Culture Steering Group was held in April, this included a signing of the UNISON anti-racism charter. The Leadership Team away afternoon was also held in April and included launch preparation of Hybrid working and values engagement. Wider engagement kicked off with colleagues in mid-April and will be made up of around 10 events. The coaching programme for managers is being rolled out and the Executive Board (EB) have recently reviewed plans for management development. The 2024/25 Rising Together fifth cohort 'graduated' in April and feedback on the programme is very positive, as it grows from strength to strength. Work has been completed for the people strategic objectives that will underpin the Culture Transformation plan, and the EDI strategic objectives is on-going and will be presented at EB and Council in late April or early May.</p>			Q2 2024 / 2025 overall rating:	R	3
			Q3 2024 / 2025 overall rating:	R	3
			Q4 2024 / 2025 overall rating:	A	3

Key achievements in 2024 - 2025						4
Description	Commentary					5
Ambitious for Change	Final report publication re-scheduled from March 2025 to late April due to University of Greenwich research team constraints. The draft report has been received and comments have been fed back to the University of Greenwich. This will be discussed at EB on 22 April.					6
Culture transformation plan delivery and launch	The Culture Transformation plan was launched on time in March and Town Hall meetings were subsequently held across our locations. The first governance meeting of the new Culture Steering Group was held in April was chaired by the Chief Executive and included a signing of the UNISON anti-racism charter. We held a Leadership Team away afternoon in London held in early April, this included a session from our Psychological Safety coach and an update from the leadership coach. The event also included Hybrid working and Values engagement ahead of the consultation launch in mid-April. The consultation will continue through to June and be implemented in September.					7
People Plan	People Plan objectives years 1-2 have been achieved, and we will now align the remaining objectives for our People under the programme of culture change for the NMC. Key activities in the 2024-2025 include: <ul style="list-style-type: none">Behaviour framework has been launched.360 feedback has been piloted by the Executive Board in January and the good progress has been achieved on the EDI learning programme for 2025-2026.Introduced the Rising Higher scheme for graduates of Rising Together and saw a record number of Rising Together participants at 57 colleagues.Achieved Ambitious Appraisals completion rates higher than the ICR recommendation of 95% for three consecutive quarters.					8
EDI Plan	EDI Strategic Objectives are being drafted under the programme of culture change for the NMC. Highlights for the last 12 months include: Network Refresh launched in June 2024. Network chairs undergoing Leadership Programme development completed March 2025. EDI learning: Modules 1 and 2 tested with the pilot group; March 2025 focused on preparations for rollout planned for April 2025. Reasonable adjustments (RA) review - New RA policy for professionals and external stakeholders launched and training sessions concluded in February 2025.					9

Assessment of key risks / issues associated with delivery (to come from activity within this PO)							
Risk / Issue	Activity	Description	RAG Q1	RAG Q2	RAG Q3	RAG Q4	
Risk	Agility to respond to learning	A number of already stretched teams will need to be flexible and respond at pace to learning activities already underway in Q3 and new learning that will emerge. Teams in POE (GC, HR, Governance, complaints), PR, C&E and S&I will be most affected. Getting the handling right with our employees, and stakeholders is key to building the learning culture we want, which means we have to prioritise this over wider performance/ KPIs.	A	R	R	A	100
Issue	Leadership	The risk is instability in the leadership team impacting on our ability to deliver the NMC's mandate. The mitigations are Helen Herniman performing the Acting CEO role while we appoint an Interim CE and R; the appointment of Kuljit Dhillon as Interim ED for S&I; and the launch of a recruitment campaign for the ED POE vacancy.	A	R	R	A	48

Indicator	RAG Q1	RAG Q2	RAG Q3	RAG Q4	Commentary	1
Strategic risks addressed by this priority outcome						2
Strategic Risk PEO24/01: Risk that our organisational culture impacts on the productivity, performance, learning and morale of the organisation	16	20	20	20	<ul style="list-style-type: none"> Likelihood score increased from 4 to 5 for Q2. (Red 20). Agreed at EB June 2024. <u>Rationale:</u> Risk has materialised, with the outcomes of the Independent Culture review (ICR) impacting on performance and morale. The risk score has remained at Red 20 whilst recommendations from the ICR embed. As at Q4, we are awaiting outcomes from the Omambala review. 	3
Strategic Risk: GOV24/01: We may not effectively prioritise, monitor and manage our portfolio activity and keep pace with the high level of change (and resources required) to achieve our five POs	16	20	20	20	<ul style="list-style-type: none"> Likelihood score increased from 4 to 5.for Q2 (Red 20). Agreed at EB June 2024. <u>Rationale:</u> Increasing pressures on the delivery of Priority Outcomes 1 (fitness to practice), 2 (Learning Culture), and 5 (Integrity of the Register). 	4
Strategic Risk: PEO24/05: Risk of low morale and engagement, contributing to a loss of talent, expertise, corporate knowledge, and key relationships in parts of the business as this is a challenging time for the organisation, coupled with instability at the Executive and Council level of the organisation.	16	16	20	20	<ul style="list-style-type: none"> New risk added around stability of our leadership teams. Agreed at EB June 24 Likelihood score increased from 4 to 5 for Q3. (Red 20). Agreed at EB October 2024 <u>Rationale:</u> The number of recruitment campaigns completing over the next few months and leavers within the Executive team and Council leading to further instability across teams. 	5
Outcome indicators and KPI's						6
Inclusive						7
Gap in hire rate between white (all) and Black and Minority Ethnic applicants (target+-0.5%)			+0.7%	+0.9%	The gap was +0.9% in favour of white applicants	8
% of black and minority ethnic colleagues represented in grades 6 and above (target 38% measure it as consistently progresses towards the set target – note this is based on a multi year forecast set in 2023 - given our lower turnover at senior grades).	26.2%	26.4%	26.5%	26.3%	Initiatives such as Rising Together and Rising Higher go from strength to strength, seeing an increase year on year of candidates securing more senior roles. Targeted recruitment with specialist agencies are some initiatives to move the progression of this towards target.	9
High performing						10
Turnover (target 0.1%-12.5%)	A	A	A	A		11
A. All NMC	B	B	B	B		12
Fitness to practise:						13
B. Screening	C: 12.9%	C: 12.9%	C	C		14
C. Investigators	D	D	D	D		15
D. Case Examiners	E: 13.5%	E: 12.9%	E	E		16
E. Adjudications						17
Average number of days of sickness absence per person (target 6.5)					Mental health and stress continue to be the main drivers, making up over a third of	49

Indicator	RAG Q1	RAG Q2	RAG Q3	RAG Q4	Commentary	
Customer experience: A. Complaints responded to in 20 days (%) (target – 90%) B. Enquiries responded to in 20 days (%) (target – 92%) C. MP enquiries responded to in 20 days (%) (target – 90%) D. MP enquiries responded outside 20 days with agreed extension period (target – 90%) E. Information requests responded to on time (%) (target – 90%)	A	A	A	A		1
	B	B	B	B		2
	C	C	C: 87.5%	C		3
	D	D	D: 75%	D		
	E	E	E	E		4
Learning						
% of SER incident reports completed within 8 weeks (target 100%)	58.7%	55%	72%	45%	Q3 had an increased % due to under reporting as the system was down (only one case logged in Dec =100%). This meant additional cases were carried over and logged late in Q4 affecting the KPI.	5
% Overall eligible colleagues completed Ambitious Appraisals quarterly check-ins (target 100%)	91.7%	94.9%	95.9%	97%	The Annual Review of Risk Effectiveness and Internal Control looked at appraisal and mandatory training rates across the organisation and where completion was low, recommendations were made to the Executive Directors for those areas around monitoring completion rates.	6
	83%	82%	83%	83%		7
% Completion of mandatory training (target 100%)						8
						...

High level summary of progress against delivery milestones for each activity within PO #2							1
Activity	Status	RAG Q1	RAG Q2	RAG Q3	RAG Q4	Summary	
Thirlwall inquiry and lessons learned	Live	Amber	Amber	Green	Green	<p>We submitted our closing statement to the Thirlwall inquiry on 04 March 2025. Lady Justice Thirlwall brought evidence submission to a close on 19 March, following a two day period of oral closing remarks. Emma Westcott attended in place of Paul. The Inquiry formally ruled on an application to pause the Inquiry on 21 March. The ruling was that the Inquiry will continue as scheduled.</p> <p>The Inquiries Act establishes that anyone who may be subject to explicit or significant criticism must be sent a warning letter and given adequate time to respond prior to publication of the final report. We are prepared to draft a response, should this be required.</p>	2
Whistleblowing investigations: People and Culture / Ijeoma Omambala KC	Live	Amber	Amber	Amber	Green	ICR recommendations are progressing, but visibility of progress needs to be improved so stakeholders can transparently see the link between the implementation of the ICR recommendations, the Culture Transformation Plan and our strategic EDI objectives and People.	3
People Plan	Live	Amber	Amber	Amber	Amber	We have concluded Year 2 of the People Plan. Good progress to date and key highlights includes; Behaviour framework has been launched. 360 feedback has been piloted by the Executive Board in January and the good progress has been achieved on the EDI learning review. We also introduced the Rising Higher scheme for graduates of Rising Together and saw a record number of Rising Together participants at 57 colleagues. We have achieved Ambitious Appraisals completion rates higher than the ICR recommendation of 95% for three consecutive quarters. Year 3 of the People Plan has been developed and is ready for publication in April (as 'strategic objectives' under the culture transformation plan). Year 3 will focus on enhanced leadership and management development, embedding the behaviour framework and values-based decision making, development and hybrid working.	4
EDI Plan	Live	Amber	Amber	Amber	Green	<p>EDI learning modules 1 and 2 have been piloted, with rollout across the organisation planned for April. Ambitious for Change research draft report has been issued to NMC.</p> <p>Executive Board approved the approach for the Cultural Transformation EDI Strategic Objectives in February initially with 4 workstreams – EDI Learning & Development, EDI Infrastructure and Foundations, The Foundations of Becoming Anti-Racist and Regulatory Fairness. In March a fifth workstream of Workforce Diversity, Pay Equity and Representation was added. We are targeting July 2025 for Council approval of this plan along with its publication.</p>	5
Ambitious for Change fitness to practise case review	Live	Green	Amber	Green	Green	<p>The first draft of the report has been reviewed by the working group, the report answers our objectives, however more needs to be done to highlight key findings and help the reader. The second version of the report will be reviewed by the S&I Director w/c 7th April with a summary to Executive Board on 15th April. A final version of the report is due w/c 21st April.</p> <p>Findings detail how while policy and guidance upholds fairness and aligns with NMC values, some guidance allows a margin of interpretation which can lead to inconsistencies. These inconsistencies impacting Black and Male professionals. Publication planning is underway but has an outstanding decision on whether this is a standalone publication or should be grouped into ; updates alongside the Omamabala review – this to be discussed when shared with Executive Board. Ownership of actions and recommendations is also a factor to be discussed in this group.</p>	6
PSA periodic review	Live	Amber	Amber	Amber	Amber	The PSA has assessed our performance for the period July 23 to Dec 24 and has shared its panel determination on Standards 6-13 which the PSA believes will not be impacted by the Omabala reviews and therefore do not cover FIP or cross organisational Standards. We failed to meet two of the Standards. These were Standard 9, which covers the quality assurance of education providers and Standard 10 which covers the integrity of the Register.	51

High level summary of progress against delivery milestones for each activity within PO #2							1
Activity	Status	RAG Q1	RAG Q2	RAG Q3	RAG Q4	Summary	2
Engage our employees on culture change	Live	Green	Amber	Amber	Amber	The Culture Plan 2025-28 was published in March 2025 as planned. The new Culture Transformation Plan EDI Strategic Objectives which will fall under the 'embedding EDI' and 'regulatory fairness' pillars of the Culture Transformation Plan are in development. The action plan to deliver will cover a 12-month period, with rolling plans annually for the next 3-years. This scope was signed off by Executive Board in February 2025.	3
Improve handling of Corporate Complaints	Live	Amber	Amber	Amber	Green	The Quality Improvement and Learning Team has now completed its review of complex FtP related complaints. The team looked at how we currently manage these and whether we are doing so in a timely, accurate and person-centred way. Although this was not a quality review, from the team's subjective view and the anecdotal data they gathered, our complaints decision letters were of high quality, in line with the NMC's values, direct and empathetic. The team also noted that the timeframes for response, on average, were a lot less than possibly expected and 100% of our responses addressed the complainants' concerns. The review acknowledged the dedication and hard work of the Customer Enquiries and Complaints Team. To ensure we are continuously learning as an organisation, the review highlighted some minor areas for improvement around customer service, controls/approval, reporting and data. The Head of Customer Enquiries and Complaints has since taken these recommendations forward and they will be actioned during the 2025/26 financial year.	4
Learning from statutory inquiries	Live	Green	Green	Green	Green	Engagement is ongoing with the Lampard Inquiry. Hearings start on 28th April. Guidance on curiosity is no complete and published. Regular data disclosure to review of maternity at Nottingham University Hospitals Trust and regular engagement with review team. Awaiting Thirlwall and Muckamore Abbey reports.	5
Corporate Learning Approach - SER Policy & Process Refresh	Live	Amber	Amber	Amber	Red	Our revised go live date for the Log and Learn system and process was 1 April 2025. However, technical issues with the system build and a high bug rate on the system have hindered us from completing the user acceptance testing (UAT) as planned. We have now reviewed our test approach and implementation plan with the aim of going live with a 'soft launch' on 23 June 2025. To support the push toward our 23 June go-live, we've also requested additional support from our IT Team for a solution development resource. This resource will collaborate with the Synergi development team to enhance the logic and overall quality of their build. This will start with a Code Review in the week of 5 May once the resource is identified. While we are moving toward the new go-live date with cautious optimism—recognizing the challenges encountered thus far—we are also preparing a contingency plan in case Synergi fails to meet expectations again. This plan will be informed by the outcomes of the initial code review and progress against our UAT schedule. One possible course of action may involve bringing the code development work in-house.	6
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Priority outcome assessment dashboard

**#3. Modernise our internal
systems, tools, policies and
processes**

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Priority Outcome Assessment				Priority outcome owner: Helen Herniman				1	
#3. Modernise our internal systems, tools, policies and processes				Sign off date:					
Performance summary			PO status:	A	Q1 2024 / 2025 overall rating:		A		
The Modernisation of Technology Services programme, delivered its 2024-2025 milestones, enabling significant benefit to the organisation. However, challenges persist that will impact delivery timescales in 2025 - 2026. We have made less progress than anticipated on our activities in relation to the procurement legislation, given competing priorities and resource challenges within the procurement team. We successfully launched our new Intranet, Pulse, ahead of time. We have recently received confirmation from DHSC that our legislation will be changed during this Parliament. We understand that the GMC will be the first regulator to have the changes, then followed by the NMC and HCPC. We continue to work with DHSC and other regulators on the future legislative template to ensure that it best meets our needs. Our data vision work after some initial delays is now progressing at pace.					Q2 2024 / 2025 overall rating:		A	2	
					Q3 2024 / 2025 overall rating:		R		
					Q4 2024 / 2025 overall rating:		A	3	
Key achievements in 2024- 2025									
Description		Commentary							
Modernisation of Technology Services									4
WISER decoupling and decommissioning		Successful transition of the Register enabling the full decommissioning of a legacy system been in use for 22 years							
Case management system Release 1		Release 1 of the Case management system end to end solution was successfully delivered on 28 March 2025. including referral forms (Pages), Panel Allocations Phase 1 and 2 and Finance, Twilio, IEFÉ. Earlier in year implemented Concerns Management to Dynamics enabling the introduction of the triage process.							5
Final change request release		Change Requests final release successfully transitioned to BAU 23 Jan 2025							
Changes in Procurement Legislation									
Procurement Policy development and launch		Gained access to the Central Digital Platform, created templates within our e-sourcing platform Atamis, and have tested the connection that enables publishing various Notices; all ensuring our compliance to new legislation.							6
Intranet									
Delivery and launch		New Intranet was successfully launched to the NMC on 15th January 2025, ahead of its original due date, a key enabler to delivering our culture transformation plan.							7
Safeguarding and DBS vetting									
Safeguarding Hub		Successful set-up of our new safeguarding hub. 764 cases have been reviewed within the safeguarding hub in 2024 – 2025. 644 have been advice requests raised by							
Environmental Sustainability Plan									8
Net zero carbon emissions for electricity at all our sites		Successfully met our electricity target, five years ahead of schedule.							
Assessment of key risks / issues associated with delivery (to come from activity within this PO)									
Risk / Issue	Activity	Description	RAG Q1	RAG Q2	RAG Q3	RAG Q4			
Issue	MoTS	Third-party developer experiencing resourcing challenges which could ultimately impact delivery in 2025	N/A	R	R	R			
Risk	Safeguarding	Expectation that Safeguarding activities will need to increase and expand following publication of the NMC Culture review, and not being able to meet those expectations/demands.	R	R	R	R		54	

Indicator	RAG Q1	RAG Q2	RAG Q3	RAG Q4	Commentary		
Strategic risks addressed by this priority outcome							
Strategic Risk REG 24/05: we fail to meet our statutory safeguarding responsibilities to protect people who come into contact with the NMC through our work from abuse or mistreatment	20	20	25	25	<ul style="list-style-type: none">Current risk impact score increased from 4 to 5 for Q3 (Red 25). Rationale: the anticipated findings of the recent internal safeguarding audit and the review of cases undertaken by the specialist advisor in PR shows that there has been a failure to identify and act on safeguarding concerns, which is key to effectively fulfilling our safeguarding responsibilities. Agreed at EB October 2024. For Q4, the risk score has remained at RED 25 whilst work is undertaken to separate the wellbeing part of the risk into a standalone operational PR risk. There have been several workshops with an external provider to help to carry out a stocktake of the risk mitigations that are already in place and working, those that are in place but will take some time to have an effect and those that are planned for the future. We should see the risk score reducing during Q1 2025/26	2	
Strategic Risk TECH 24/01: unauthorised access to sensitive information and records, or the failure of key business technologies, leading to the loss of confidentiality, integrity, or availability of our information, data, or information systems	15	16	16	16	<ul style="list-style-type: none">Current risk score increased from Amber (15) to Red (16) in June 2024 for Q2. Rationale: we have made great progress with the likelihood mitigations, but the impact was scored too low as this will always be a high-risk area. A 'to be' process has been drafted for the sensitive storage of data, focusing on the management of sensitive data. Timescales for going live with the new process will be inter-dependent on RTS resourcing. Engagement has been on-going with MOTs to establish a safe way of storing data within the new dynamic system. There is also on-going engagement with communications teams to ensure new processes are fully embedded by colleagues. No change to score during Q4.	3	
Strategic risk STR24/07: Risk that we fail to mature our process and culture around data and insights which could potentially impair our progress	N/A	16	16	16	<ul style="list-style-type: none">In Q2, newly escalated risk to the strategic risk register from the RTS operational risk register. Rationale: To ensure oversight from the executive as are two recommendations from the ICR relating to data, the first that we should improve our operational data and performance reporting (number 8), and secondly that we transform ourselves into a data driven organisation to support the more effective and efficient delivery of its regulatory processes (number 34). Escalation agreed at EB October 2024. No change to score during Q4.	5	
Strategic Risk FIN21/02: the risk that we may not have the financial resources to invest in activities in our corporate plan, resulting in us failing to achieve our strategic ambitions and priority outcomes	12	12	12	12	<ul style="list-style-type: none">No change to risk score, but we continue to monitor our financial performance	6	
Strategic Risk 22/04: The risk that external impacts such as climate change, natural disasters, pandemic and national security will have an impact on our ability to be an effective regulator, or to deliver our core regulatory functions.	12	12	12	12	<ul style="list-style-type: none">No change to risk score – remains stable	7	
Outcome indicators and KPI's							
DBS Vetting checks review							
A. Volume of DBS vetting checks required – 900 checks required over the next 12 months	183	197	206	219	729 completed for the year. Deviations occur if colleagues due for checks are absent. Particularly notable deviations in January and February were due to team sickness and picked up the following month. There has been one major alert in the last quarter (February 2025). It has been risk assessed and managed in line with policy. Overall, all checks due April 2024 to March 2025 have been requested and majority completed. We are doing a mop up in April 2025 for c. 200 not completed due to things like parental leave and sickness, as well as contractors. We are also addressing where colleagues appear to have ignored requests for checks.	8	
B. Volume of DBS checks completed	B	137	B	192			
C. Volume of DBS checks returned with alerts requiring risk assessment	2	0	0	1			
Technology and data							:
Is our technology performing within expectations?	N/A	N/A	N/A	N/A	The number of threats blocked continued to increase throughout Q4 this is due to us measuring more areas where we could experience threats. <ul style="list-style-type: none">January 2025 – 23,536February 2025 – 73,604March 2025 – 76,880	55	
A. Cybersecurity – Major threats blocked %	N/A	N/A	N/A	N/A			
B. – Minor threats blocked %	C	C	C	C			
C. Unplanned downtime of service availability for NMC website and NMC online	D	D	D	D			
D. * Top desk tickets completed in 50 working hours							

High level summary of progress against delivery milestones for each activity within PO #3							1
Activity	Status	RAG Q1	RAG Q2	RAG Q3	RAG Q4	Summary	2
MoTS: NMC Online	Live	Amb er	Green	Red	Red	NMC Online delayed due to development velocity below expectation, business preparedness and external supplier delays. Programme Board agreed deferral delivery to post peak (Nov 25), re-planning/costing in progress, Change Request will be submitted to May Council.	3
MoTS: Change request workstream	Live	Green	Green	Amber	Complete	Change Requests final release successfully transitioned to BAU 23 Jan 2025	4
MoTS: Implementation of Case Management System	Live	Amb er	Green	Amber	Amber	MoTS CMS end to end (Phase 3c) and FiP Implementation of CMS Release 1 – delivered successfully at the end of March 2025. Including referral forms (Pages), Panel Allocations Phase 2 and Finance, Twilio, IEFEE. Release 2 - design phase in progress – date Oct’25 will be deferred due to delay in NMCO deployment Release 3 - to be determined after Release 2 scope confirmed- date Mar’26 will be deferred due to delay in NMCO deployment Triage roll-out completed in Mar 25. On track for business adoption by May 25. Full process roll-out by team over period Mar – Oct 26.	5
Data Vision • Data warehouse migration • Performance analytics and regulatory insights	Live	Amb er	Green	Green	Amber	Project has been replanned. Decision to merge workstreams into a single Project called Reference Data Project. There are challenges with resource allocation. Currently there are 3 roles that need to be recruited 1. Developer 2. Data architect and 3. Technical Data Analysts. The lack of resources will slow down the progress of the project moving forward to stage gate 8. Currently, the team are progressing in the planning phase, but without a developer no further progress can be made.	6
Legislative Change Programme • Regulatory Reform Policy and legislative design / implementation	External delay	Amb er	Green	Red	Amber	We have recently received confirmation from DHSC that our legislation will be changed during this Parliament. We understand that the GMC will be the first regulator to have the changes, then followed by the NMC and HCPC. We continue to work with DHSC and other regulators on the future legislative template to ensure that it best meets our needs. Programme Board approved a new timeline on 1 May 2025, with the result that the programme is likely to be reporting as green for Q1 of 25-26.	7
Legislative Change Programme • Refreshed financial strategy	Live	Amb er	Amber	Amber	Green	We have made some significant improvements to our financial strategy, in particular revising our reserves policy to allow more access to funds to support investment, to de-risk our investments to reduce volatility, and to revise our investment policy to support more agile investment. Work to review and potentially revise our fee level is well underway. Nevertheless, demands on our financial resources remain very heavy over the next two to three years and will require active management both of our finances and the businesses demands on them. In particular, the efficiency options identified by us in our work with PwC need to implemented effectively.	8
							:
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High level summary of progress against delivery milestones for each activity within PO #3							1
Activity	Status	RAG Q1	RAG Q2	RAG Q3	RAG Q4	Summary	
Launch new intranet	Live	Amber	Green	Green	Complete	Minimum Viable Product (MVP) was successfully launched NMC wide on 8th January 2025. February saw the transition of continuous improvement into BAU. Project has been closed.	2
Changes in procurement legislation	Live	Amber	Amber	Amber	Amber	We have made progress in implementing PA23 but full implementation has been hampered by it not being seen as a priority despite its complexity and impact and resources challenges in procurement and elsewhere to fully support the project.	3
							4
Cyber Security	Live	Green	Green	Green	Green	Cyber security plan on track. Progress reported to the Information Governance and Security Board every 3 months. Introduction of additional cyber security training will be dependent on approval of a business case for additional training resources.	5
Technology services delivery pipeline	Live	Amber	Amber	Amber	Amber	The overall rating of this priority outcome is AMBER due to the risks presenting themselves to this workstream. The key purpose of this work is to establish a process by which the portfolio of IT initiatives (required to support the business plan, including MoTS) can be effectively resourced and scheduled to meet the required deadlines and desired outcomes. The key risk is that the existing business demand for IT input does not match the resource availability in the timelines requested. Mitigating actions have been identified and are being worked on to be able to recommend changes to timelines and approach to be able to meet business demand in a more effective, sustainable way.	6
Delivery of safeguarding workplan	Live	Amber	Amber	Amber	Amber	<ul style="list-style-type: none"> From April 2024 to March 2025, the safeguarding team has reviewed and provided advice on over 1408 safeguarding cases, of which 764 cases have been reviewed within the safeguarding hub and 644 have been advice requests raised by colleagues. The framework for our legal responsibilities for safeguarding are in draft alongside a SOP for our approach to safeguarding within fitness to practise. A new action plan will sit alongside these documents. Action has been taken to manage how we store our most sensitive data, with communications to colleagues across fitness to practise due to go live imminently. The safeguarding team have developed new processes for management of the operational delivery of our work, This includes a new referral process and a helpline that colleagues can use for emergencies 	7
							8
Environmental Sustainability plan	Live	Green	Green	Green	Green	We have made good progress this year including: moving all our electricity supply to net zero supply; reviewing and strengthening our investment policy with regard to carbon impact; including environmental sustainability as part of our standard setting such as in the "Principles for Advanced Practice" for both individual professionals and employing organisations agreed by Council in March 2025. We have been constrained on the progress originally anticipated in other areas, in particular as a result of the necessary pause on refurbishing 23 Portland Place and delays by government in implementing new procurement legislation.	57

Priority outcome assessment dashboard

**4. Contribute to workforce
strategies and support
professionals in the four
nations**

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Indicator		Q1 RAG	Q2 RAG	Q3 RAG	Q4 RAG	Commentary	1
Strategic risks addressed by this priority outcome/likelihood score to							
Strategic risk REG18/01: We fail to maintain an accurate register of people who meet our standards (including timeliness of registrations)		15	15	15	15	Risk score unchanged during Q4 we continue to monitor registration fraud activity.	2
Strategic risk REG 19/03: We do not make sure that educational standards are fit for purpose (including processes to ensure compliance with standards are met).		8	8	8	8	Risk score unchanged during Q4. Risk remains stable.	
Outcome indicators and KPI's							3
Scorecard KPIs for registrations:							
Are we processing registrations in a timely way?		A	A	A	A		4
A. UK initial registrations applications with no concerns completed within 1 day (%) (target – 97%)		B	B	B	B		
B. UK registrations requiring additional scrutiny completed within 60 days (%) (target – 90%)		C	C	C	C		
C. Overseas registration applications assess within 30 days (%) (target – 95%)		D	D	D	D		
D. Readmissions applications completed within 21 days (target – 95%)						Demand for OSCE testing is falling in line with the decline in new registrants entering the register from overseas. However, the number of tests available are meeting demand.	5
Are we meeting the level of expectations for OSCE testing?		A	2724	2301	2122		
A. Average OSCE tests offered per month across our 5 test centres (volume) (target - >3000)		B	B	B	B		
B. Number of test takers (volume)		C	C	C	C		
C. Customers who agreed that the OSCE test centre treated them with 'Respect and Dignity' throughout the examination process (%) (target – 95%)						Kindness continues to be monitored with calls listened to where there may be a lower score. In every case the call handler displayed that they were bring kind but they were not able to give the caller what they wanted e.g. their PIN, as there is set criteria for this that an applicant must meet.	6
Is our contact centre operating within expected performance targets?		86.5	A	A	A		
A. Contact centre call attempts handled (%) (target – 90%)		7	5.9	B	B		
B. Email response rate (days) (target - ≤ 5 working days)							
C. Customers reporting that the contact centre handled their calls with kindness (target – 95%)		94.3	94.2	93	94.4		
Our influencing activity, key highlights:							7
In what ways have we contributed to or supported workforce strategies in the four nations over the last quarter?	<ul style="list-style-type: none"> Four country AP midwifery advisers delivered 2 x midwifery webinars with invited advanced midwifery practitioners to share their experience of advanced practice. Podcast recorded (yet to be shared) with four country AP midwifery advisers on the work they've done with the review and potential impact of additional regulation. Four country AP advisers let country working groups to support development and refinement of Principles for AP. 						
In what ways have we supported professionals over the last quarter?	<ul style="list-style-type: none"> RCN Education conference: we presented our progress within the review of practice learning (March 2025) Podcast shared on our website – interview with Fiona Gibb, Professional Director at the RCM by AP midwifery adviser for England, Romie Rice responding to questions raised during the webinar Podcast recorded (yet to be shared) with member of AP Publica Advisory Group who runs an advocacy network for women and families on her involvement with the AP project and the importance of the development of additional regulation. Presented an update on the AP review at the following conferences: British Journal of Nursing Conference (March 2025); Department of Defense (February 2025); NWL ICB (February 2025) North Bristol Trust (March 2025); Stoke-on-Trent Independent Prescribing in Mental Health Nursing conference (March 2025); Midlands AP conference (March 2025). Held 2 x post registration webinars to help practice supervisors support students on SCPHN and SPQ programmes 						8
In what ways have we used our data or insight to influence the development of health and social care over the last quarter?	<ul style="list-style-type: none"> On 13 March, Paul Rees, Sam Donohue and Alice Hood met with the Welsh Cabinet Secretary for Health and Social Care. The discussion focused on the potential regulation of a nursing associate role in Wales, drawing on our insight into the role in England to support workforce planning efforts. On 5 February, Paul Rees, Matt Hayday and Alex Urquhart met with the Chief Nursing Officer and Chief Midwifery Officer for Scotland. The meeting explored how our data and insight could inform and influence the implementation of the Nursing and Midwifery Taskforce's work. There was particular interest in how learning from the nursing associate role in England could support the scaling of a similar role in Scotland. Data insights have been provided as part of our engagement with Representative Bodies. 						9

High level summary of progress against delivery milestones for each activity within PO #4							1
Activity	Status	Q1 RAG	Q2 RAG	Q3 RAG	Q4 RAG	Summary of progress of activity and how this work has either contributed to workforce strategies or strengthened support for professionals	
A review of nursing and midwifery practice learning	Live	Green	Green	Green	Green	The discovery work has been completed and presented to Council in January 2025 with recommendations on key lines of enquiry. The key lines of enquiry were approved by Council and work has commenced on the next phase. The key lines of enquiry (KLOE) will inform the recommendation to Council in Q3 2025/26. It is likely that the focus of the planned survey, supporting the KLOE work, will be expanded from innovative and collaborative approaches to supporting practice learning and inform the recommendations to Council.	2
Legislative Change Programme • Regulation of nursing associates in Wales	Paused	Amber	Amber	Paused	Paused	We still await a decision from UK Government as to how they respond to the Welsh Government's request for NAs to be regulated in Wales. We understand that this request may be echoed by something similar from the Scottish Government in respect of NAs in Scotland. Until the UK Government makes a decision on this, we are keeping a watching brief on this work but continuing to engage with Welsh Government stakeholders.	3
Advanced Practice Review	Live – slowed down	Amber	Amber	Green	Amber	<p>The Advanced Practice review workstreams have been re-sequenced alongside professional practice directorate priorities due to competing priorities and organisation wide culture transformation work. A new business case is being developed and will be finalised for presentation at Portfolio Board in May. All workstreams agreed by Council in March 2024 will continue to the agreed timeline, however in a re-sequenced order.. Re-sequenced and agreed timelines outlined below (those highlighted will continue throughout 2025/26):</p> <ul style="list-style-type: none"> -Workstream 1: Draft and finalise a set of Principles for Advanced Practice, which includes a clear public definition of advanced practice. Approved by Council and launch planned for end of May 2025. -Workstream 2a,2b,2c: Draft, publicly consult and finalised a set of Standards of proficiency, associated education programme standards and preparation of quality assurance processes will re-commence in Q1 2027. The team will continue to ensure evidence remains up to date including monitoring AP developments in practice and continue to progress internal work. Risks will be monitored and reported on through established governance mechanisms. -Workstream 3: Draft and finalise proportionate transition arrangements for existing/current AP nurses and midwives, and those in training. This work will continue in 2025/26 including scoping of potential options and preparation of quality assurance mechanisms. Workstream 4: Ensure Advanced Practice considerations are included in the code and revalidation review. This work will continue 2025/26. 	4
							5
							6
Spotlight report, data reports and use of insight	Live	Green	Green	Green	Green	Working group with Insight, Communications and Management Information Colleagues is underway with the 2024 - 2025 data being refreshed ready for analysis in April 2025. Setting a target publication date and timeline should also be done in April 2025. This will include expected publication dates for the Annual Registration report, as well as the Leavers survey, registration data.	7
Lay the groundwork for a refresh of the NMC Code and revalidation	Live – slowed down	Amber	Amber	Green	Amber	Scope and timelines of both reviews now agreed with discovery phase being carried out in 2025-2026 and consultation on changes in 2026-2027	8

Priority outcome assessment dashboard

5. Strengthen the integrity
of the register

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Priority Outcome Assessment

#5. Strengthen the integrity of the register

Priority outcome owner: Emma Westcott	1
Sign off date: 12 May 2025	

Performance summary	PO status:	A
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Onboarding a new education QA provider is a moment of some risk and there are some issues of understanding and capacity that we are working through with our partner, QAA..

All work on fraud policy now complete and policy now being monitored through individual cases with a formal evalatuion to take place in Q4. Challenges in agreeing MOU with language test providers continue but first MOU should be agreed by end of May.

Q1 2024 / 2025 overall rating:	A	
Q2 2024 / 2025 overall rating:	A	
Q3 2024/ 2025 overall rating:	A	63
Q4 2024/2025 overall rating:	A	

Key achievements in 2024-2025		
Description	Commentary	
Strengthening international registration processes	Outstanding action is the MOU with individual language test providers as we have few levers. Both providers keen to progress and first MOU should be signed by end of May.	61
	First horizon scanning report due Q4 25-26	
Review and strengthening of education quality assurance	Outcome of assessment of mandatory exceptional self-reporting External feedback on our response to concerns at CCCU Contract transition to new QA provider and contract management	60

Assessment of key risks / issues associated with delivery (to come from activity within this PO)

Risk / Issue	Activity	Description	Q1 RAG	Q2 RAG	Q3 RAG	Q4 RAG	
Issue	Review and strengthening of education quality assurance	No contract manager Team capacity to deliver business as usual and support improvement is constrained by changing personnel, turnover, and sickness. Following successful business case additional QA officers are being recruited but awaiting decisions on other EdQA roles. The scope of the EdQA improvement programme is being finalised and will incorporate our ambition to progress our ambition to move to a data driven approach to EdQA.	R	A	A	A	60
Issue	Fraud policy - MoU	Reluctance of test providers to engage with us and share information.	A	G	A	A	63

Indicator		Q1 RAG	Q2 RAG	Q3 RAG	Q4 RAG	Commentary	1
Outcome indicators and KPI's							2
Review and strengthening of education quality assurance							3
Context	Number of AEl's Number of approved programmes	98 1,944	99	99 2127	99 2527		2
	Number of monitoring events completed in last quarter	2 (Apr-Jun)	1 (Jul-Sep)	0 (Oct-Dec)	1 (Jan-Mar)		3
	Number of concerns	Minor: 173 Major: 109 Critical:11	Minor:108 Major: 73 Critical: 9	Minor: 114 Major: 108 Critical: 4	Minor: 85 Major: 106 Critical: 2		4
Measure	Proportion of critical concerns with QA Board ratified action plans	11/12	1/1	1/1	2/2		5
	Proactive monitoring events (TBC)	Planned: N/A Completed: N/A	1/1	Planned: 1 Completed: 0	Planned: 1 Completed: 1 (Report pending)		6
Strengthening international registrations processes [International Registration cases only]							7
Context:	Volume of fraudulent applications identified within our processes (<i>detected before entry to register-eg results not verified by test provider</i>)	24	11	20	25	The number of cases in progress are falling due to English Language cases declining, these are more complex to deal with due to the additional evidence required and remain part of the caseload for longer.	8
	Volume of incorrect and fraudulent cases in progress.	31	46	13	3		9
	Significant themes/types of fraudulent entries attempted	IELTS OSCE Nigerian Police Certificate	IELTS OSCE Nigerian Police Certificate	IELTS OET OSCE Nigerian Police Certificate	IELTS OET OSCE		10
Core business:	Volume of registration concerns under Assistant Registrar and/or RIT review (<i>Individual fraud concerns, non-fraud concerns, large-scale fraud concerns (e.g.CBT/OET)</i>)	Volume: 110 Individual: 109 Non fraud: 1	Volume: 138 Individual: 118 Non fraud: 20	Volume: 108 Individual: 86 Non Fraud: 22	Volume:105 Individual: 67 Non Fraud: 38	The reference to Nigerian Police Certificates has been removed — in terms of proportionality, it represents just one aspect of the broader fraud landscape that we deal with (both in terms of volume and impact).	11
	Median age of caseload for applications under review with AR and/or RIT <i>* adjusted from mean age in Q1</i>	86 days*	75 days	57 days	71 days	The increase in the median age was due to delays in receiving third party evidence (e.g. Police and British Council)	12
	% of decisions overturned at appeal	72%	44.3%	33%	28%	Consistency and improved quality of decisions overall. At the start of the year there were more language decisions that take longer to process as there is additional evidence to consider. Decision overturned Q1 – 15 Appeals Concluded – 5 Withdrawn, 8 Accepted, 1 Conceded, 1 Dismissed Q2 – 13 Appeals Concluded – 6 Withdrawn, 3 Accepted, 2 Conceded, 2 Dismissed Q3 – 12 Appeals Concluded - 4 Withdrawn, 4 Accepted 1 Conceded ,3 Dismissed Q4 - 43 Appeals Concluded – 8 Withdrawn, 12 Accepted, 9 Conceded, 14 Dismissed	13
	Volume of cases removed/broken down between registration fraud, and those removed from the register due to failing to meet revalidation requirements.	4	24	0	3		14

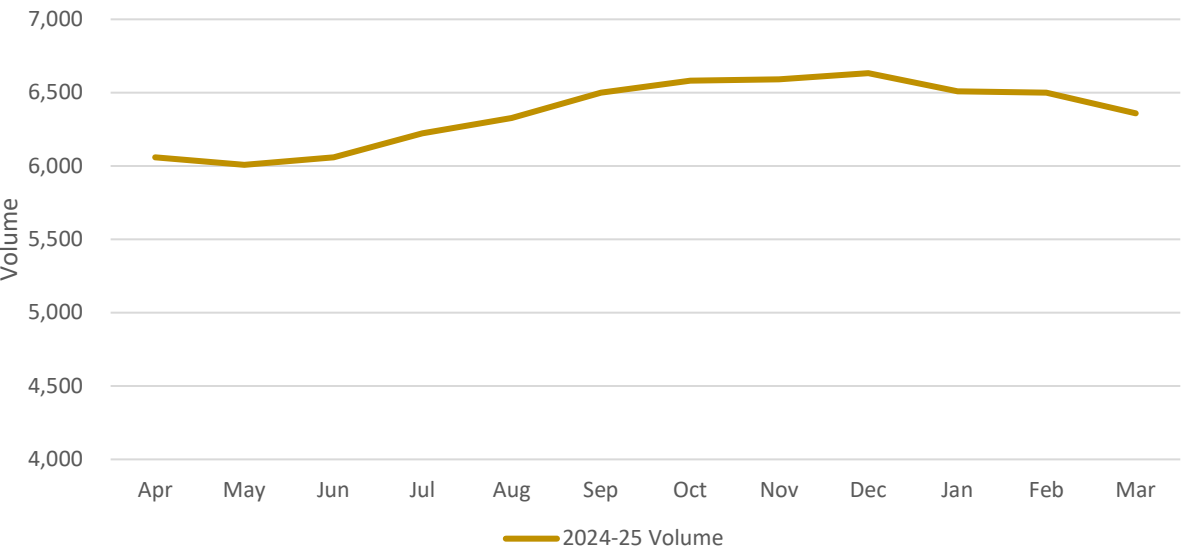
Indicator	Q1 RAG	Q2 RAG	Q3 RAG	Q4 RAG	Commentary
Strategic risks addressed by this priority outcome					
Strategic risk REG18/01: We fail to maintain an accurate register of people who meet our standards (including timeliness of registrations)	15	15	15	15	Risk score unchanged during Q4 we continue to monitor registration fraud activity.
Strategic risk REG 22/04: We fail to take appropriate or timely action to address a regulatory concern regarding the quality of nursing or midwifery education	16	20	20	20	During Q2 risk assessed, and current likelihood score increased from 4 to 5 new total score of 20. Rationale: Lack of resource to manage new contract transition and manage core business due to senior staff sickness (education QA). Agreed at EB June 2024. No change to risk score during Q4 as we work to embed our new Education QA provider and deal with current issues.

High level summary of progress against delivery milestones for each activity within PO #5						
Activity	Status	Q1 RAG	Q2 RAG	Q3 RAG	Q4 RAG	Summary of progress of activity
Strengthening international registration processes	Live	Green	Amber	Amber	Amber	All aspects of work now complete save for MOU with language test providers. These are now with our legal team to review and we anticipate being able to sign agreement in May 2025.
Review and strengthening of education quality assurance	Live	Amber	Amber	Amber	Amber	<p>The project is currently reporting as Amber. This is because the business case is being re-written to ensure it's up to date and it addresses the current business requirements. We aim to take the Business Case to Portfolio Board in May 2025 (delayed from Nov 2024).</p> <ul style="list-style-type: none"> - The business case was withdrawn from March 2025 Portfolio Board for further revisions to be carried out. This has now been completed and shared with the project SRO. - The project team have carried on with the development of the benefits profile which is now close to completion in alignment with the revised Business Case. - A high level plan for EdQA system and digital capabilities has been developed.

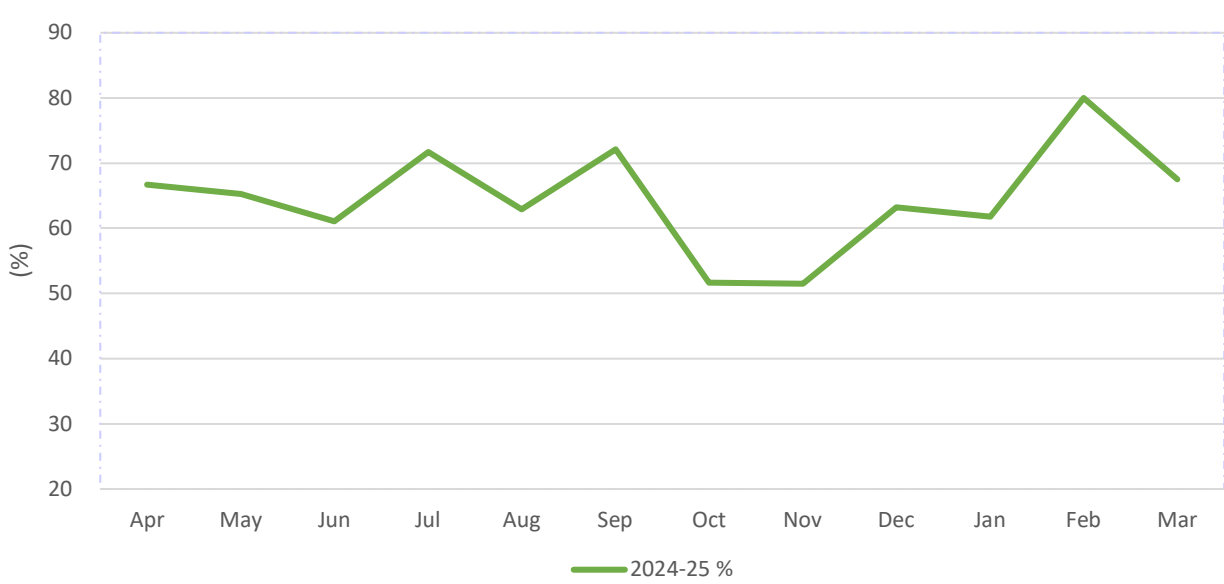
Annexe 2 KPI Trend Dashboards

Professional Regulation - Fitness to Practise

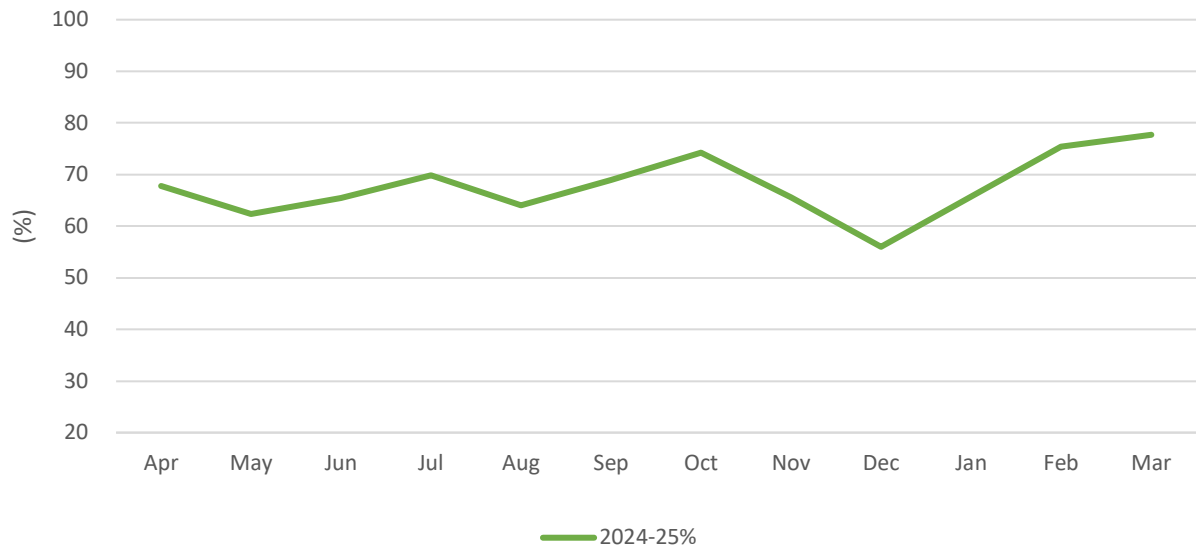
1. Fitness to practise caseload (closing caseload volume)
Cases have been decreasing since the start of Q4)



2. Interim orders imposed within 28 days of opening the case (month actual %).
Performance continues to fluctuate. The KPI is being revised



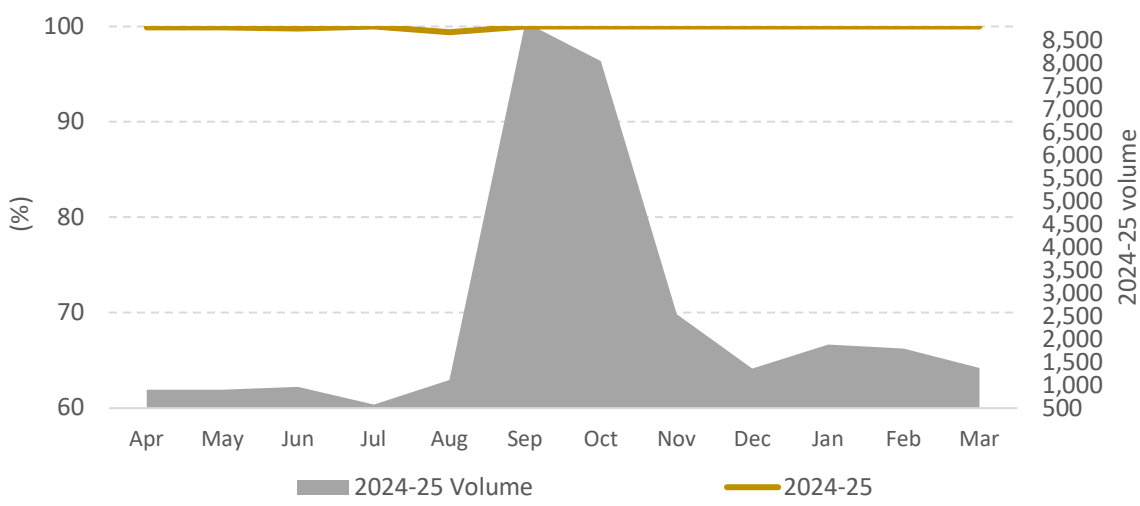
3. Fitness to practise cases concluded within 15 months of being opened (month actual %)
Cases concluded have been increasing since the start of Q4



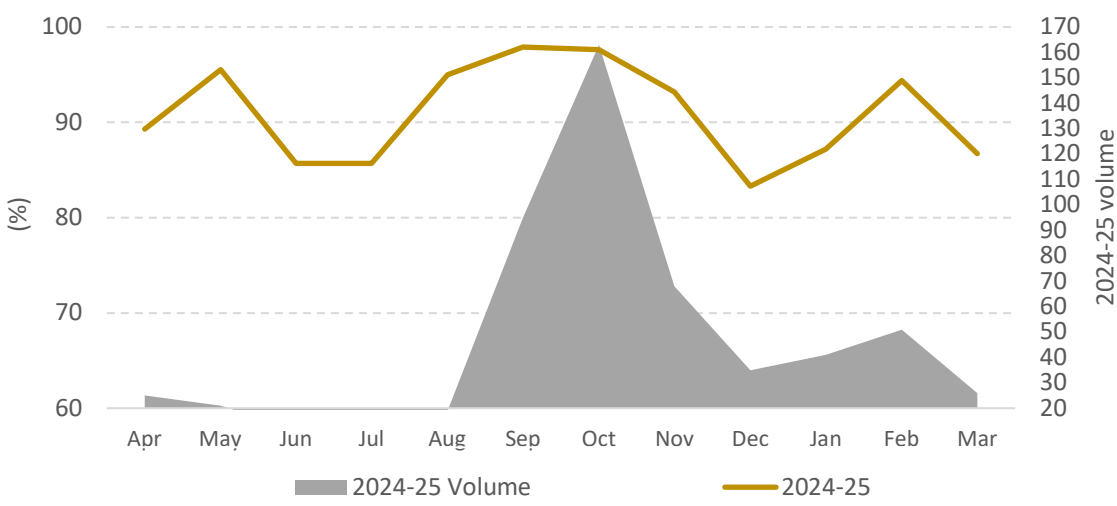
Professional Regulation - Registrations

Registrations

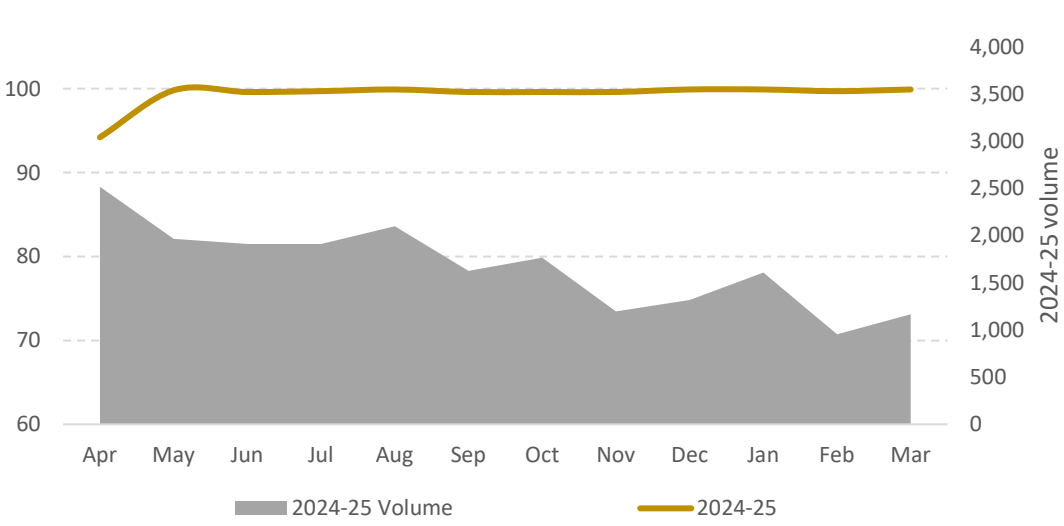
4. UK registration completed with no concern within 1 day (% and volume)
Volume peaked in line with university qualification period (Q2/3)



5. UK registrations requiring additional scrutiny within 60 days (% and volume)
Completion of cases fluctuates depending on how fast we receive information back from 3rd parties - peak numbers match university qualification period

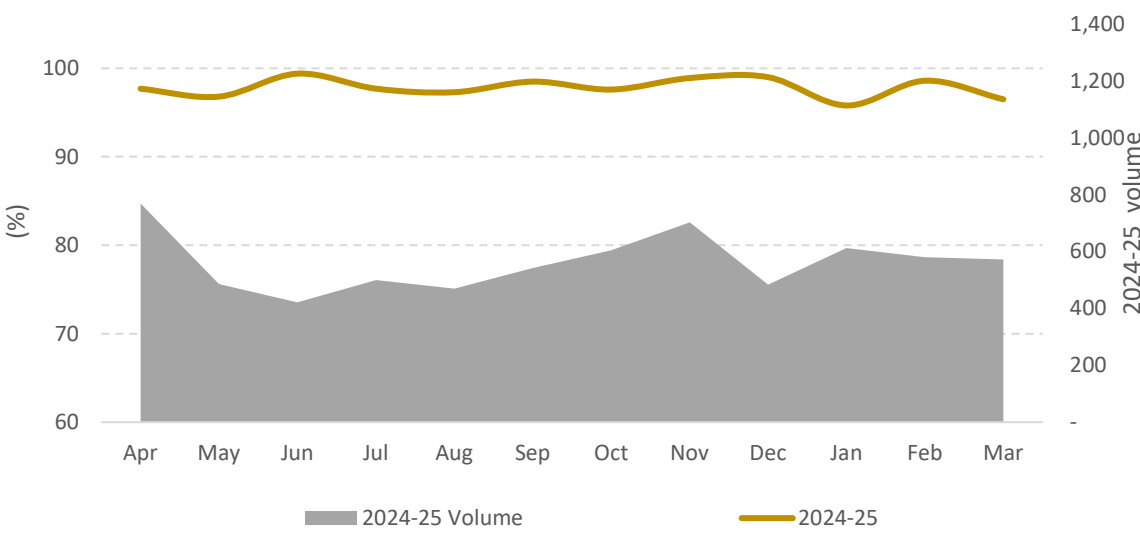


6. Overseas registration assessed within 30 days (% and volume)
Measures the wait time once we have received all requirements

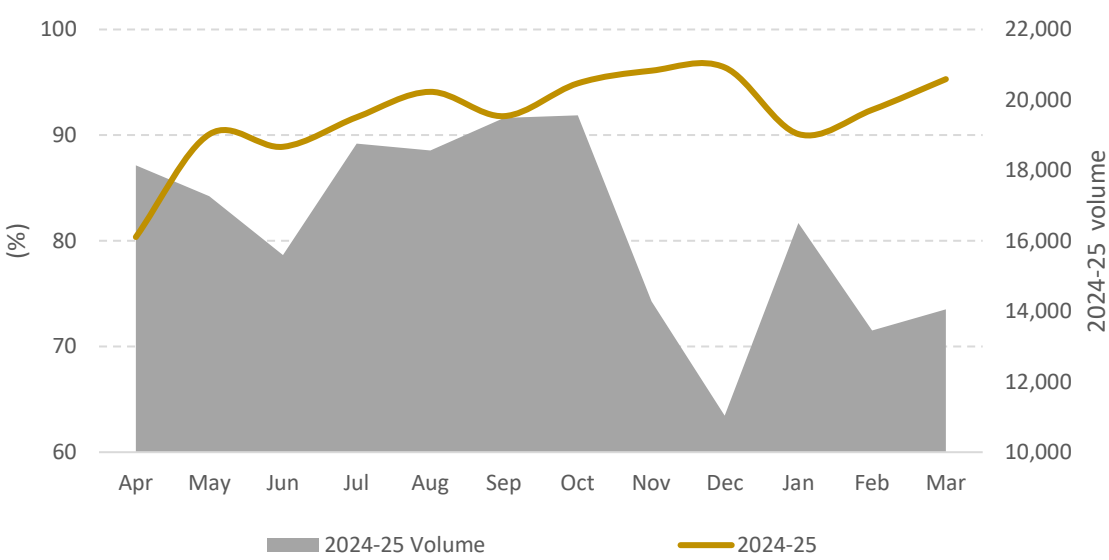


Contact Centre

7. Readmission applications completed within 21 days (% and volume)
KPI continues to be met



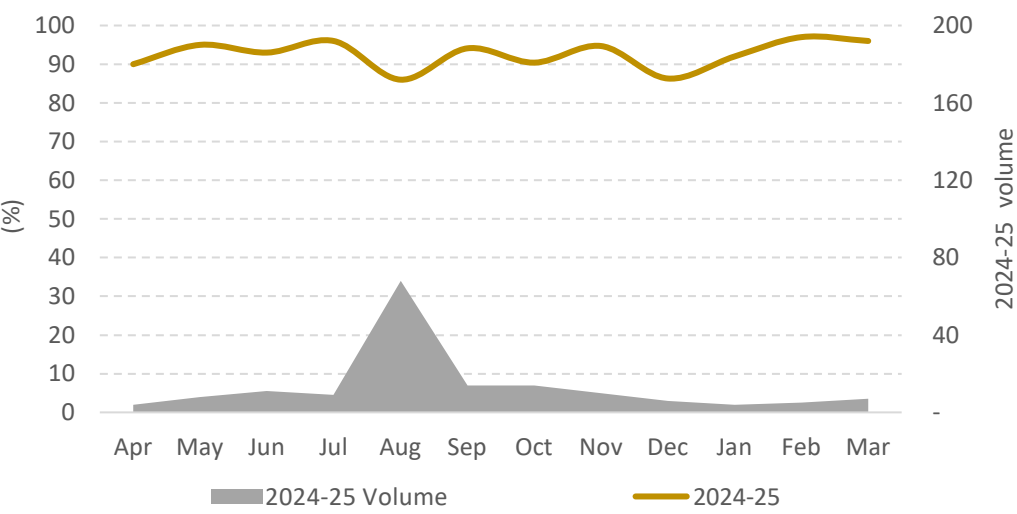
8. Call attempts handled (% and volume)
KPI continues to be met



Customer enquiries, complaints and feedback

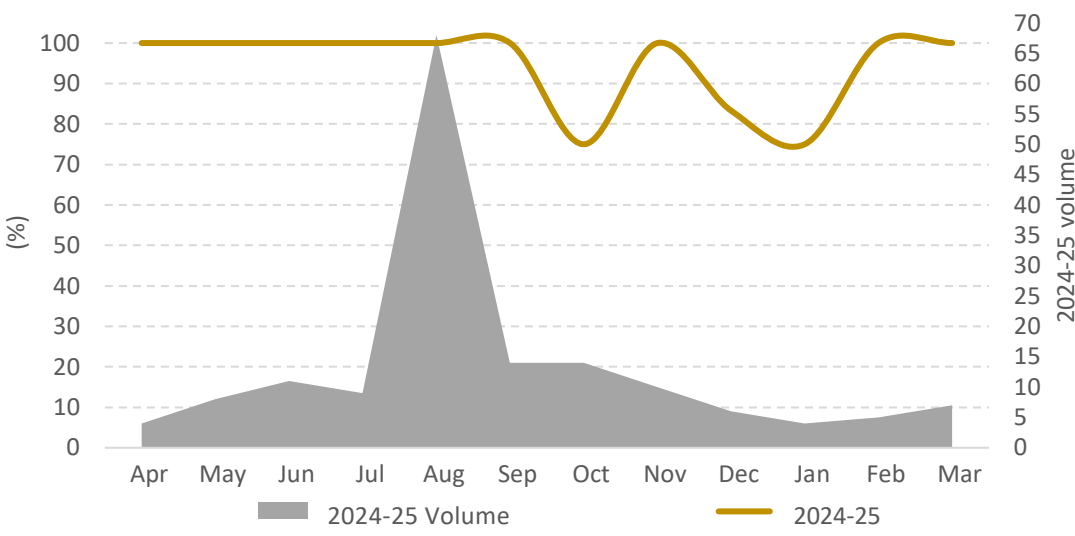
9. Customer complaints responded to within in 20 days

Steady performance with peak registration period resulting in more complaints



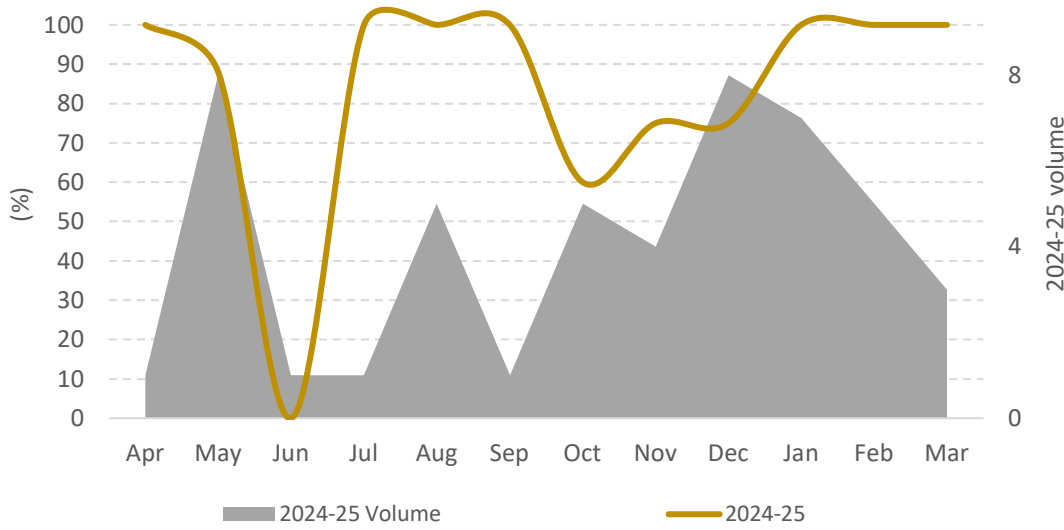
10. Enquiries responded to in 20 days

No concern. The trend shows that numbers fluctuate throughout the year - increasing after NMC publicity or reports are published.



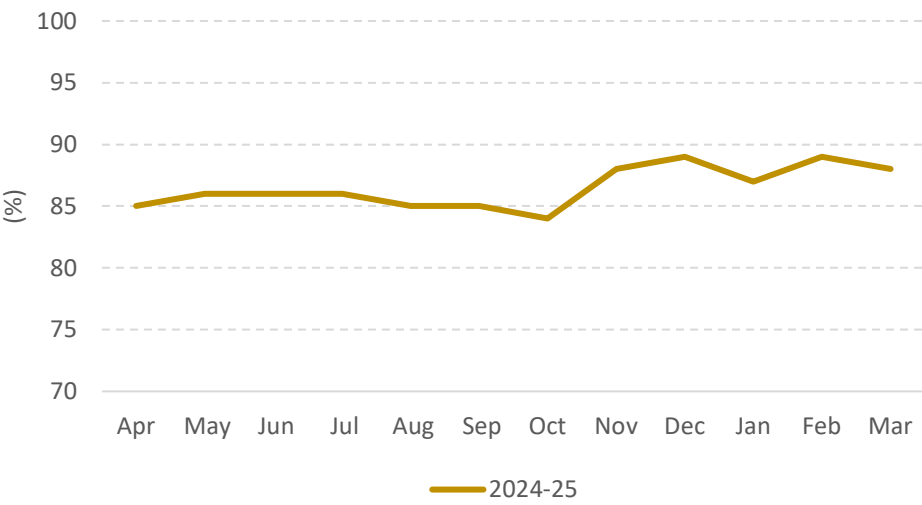
11. MP Enquiries responded to in 20 days

No concern. The trend shows that numbers fluctuate throughout the year - low numbers affect the KPI.



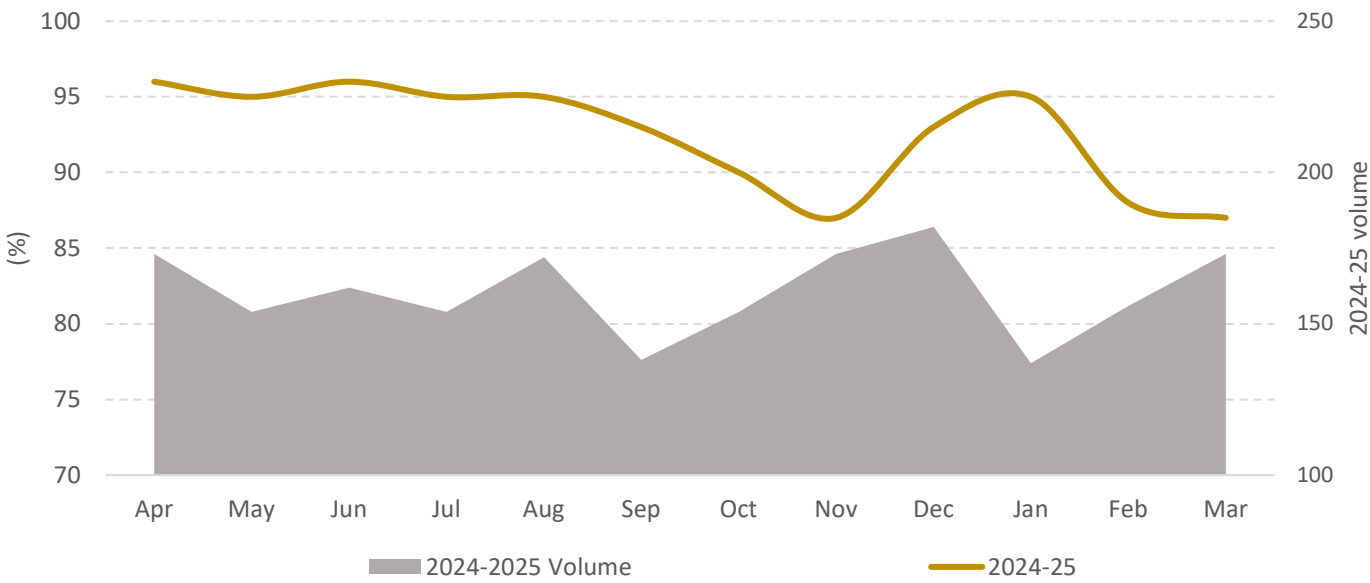
12. Customers rating our service as good or very good

Meeting the target consistently

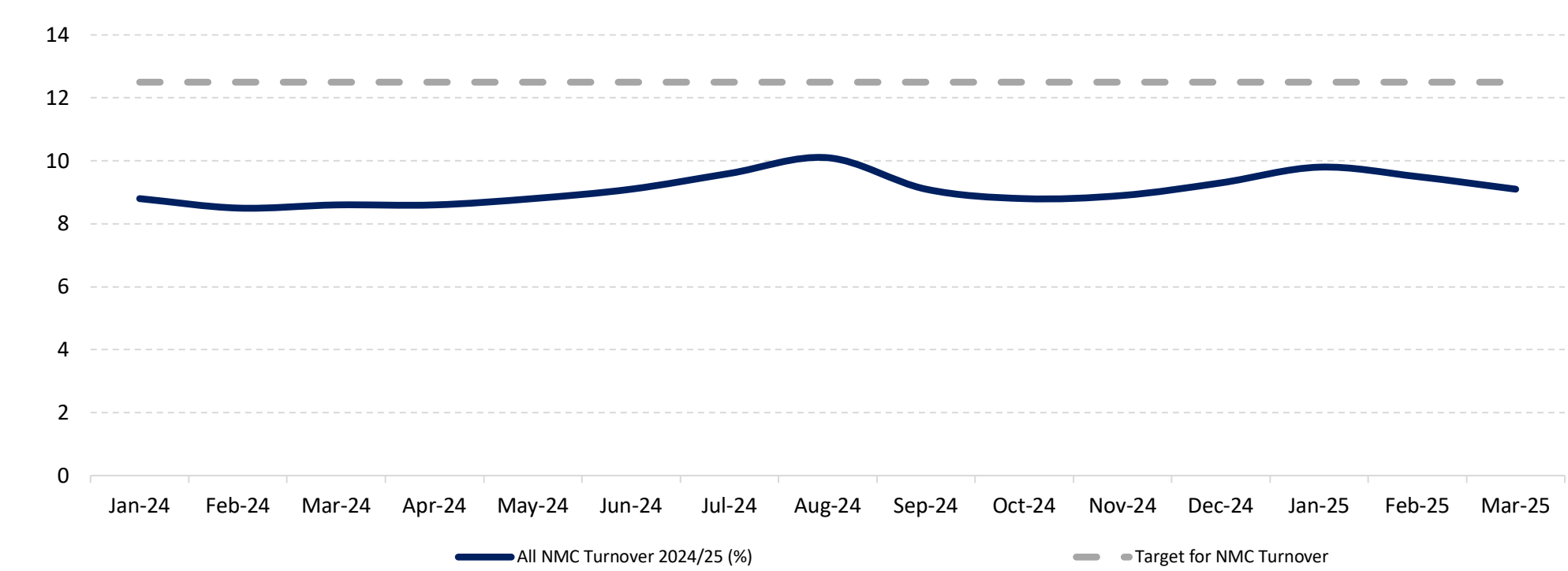


13. Information requests responded to in statutory time frames.

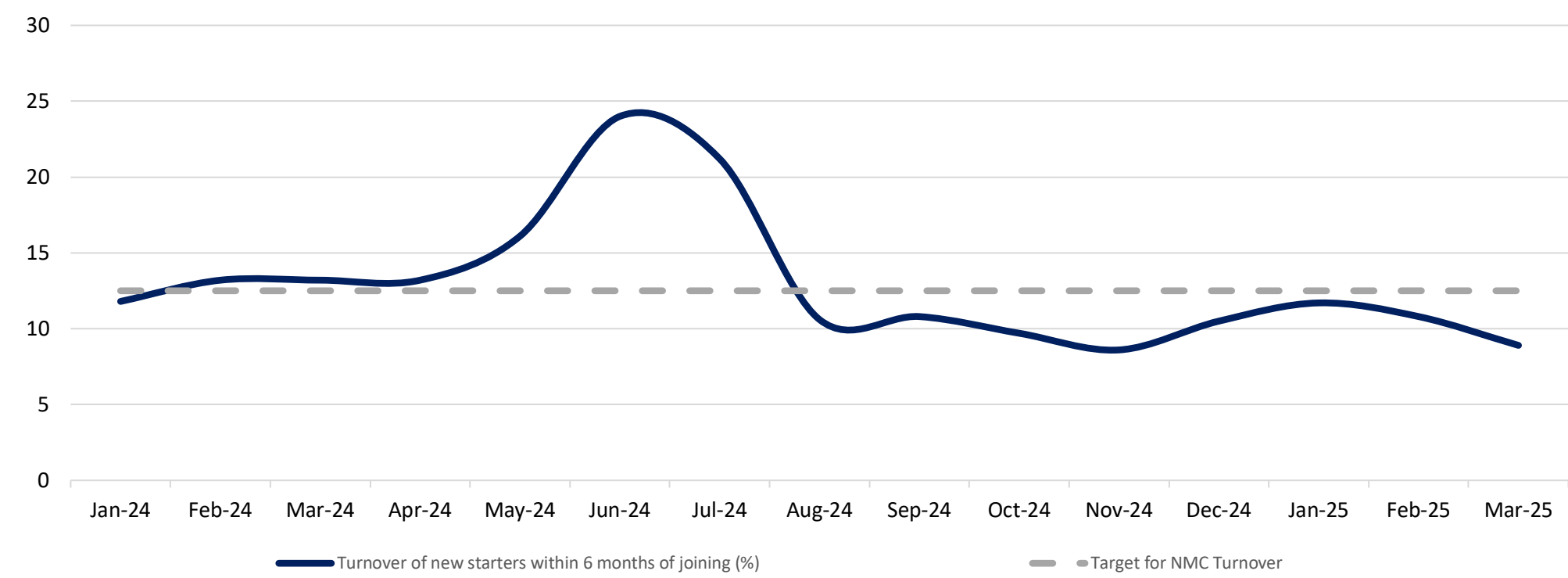
No concern. The trend shows numbers fluctuate throughout the year - increasing after NMC publicity or reports are published.



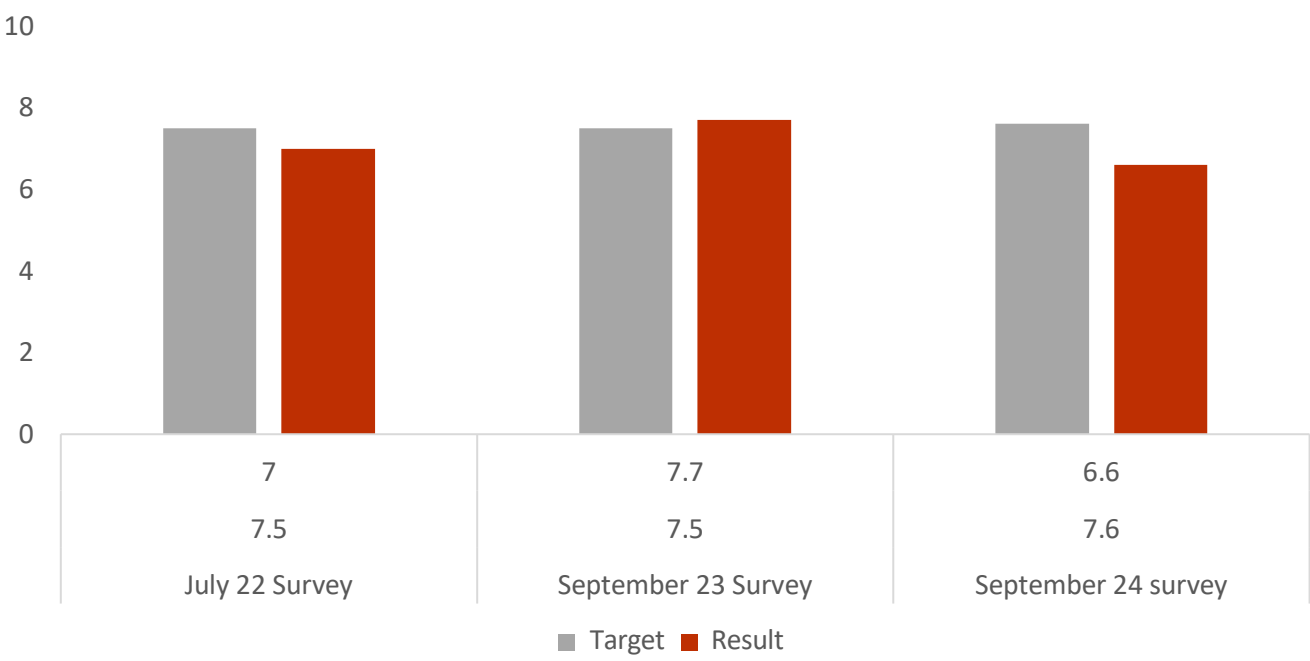
14. Total NMC employee turnover (%)
remains within target



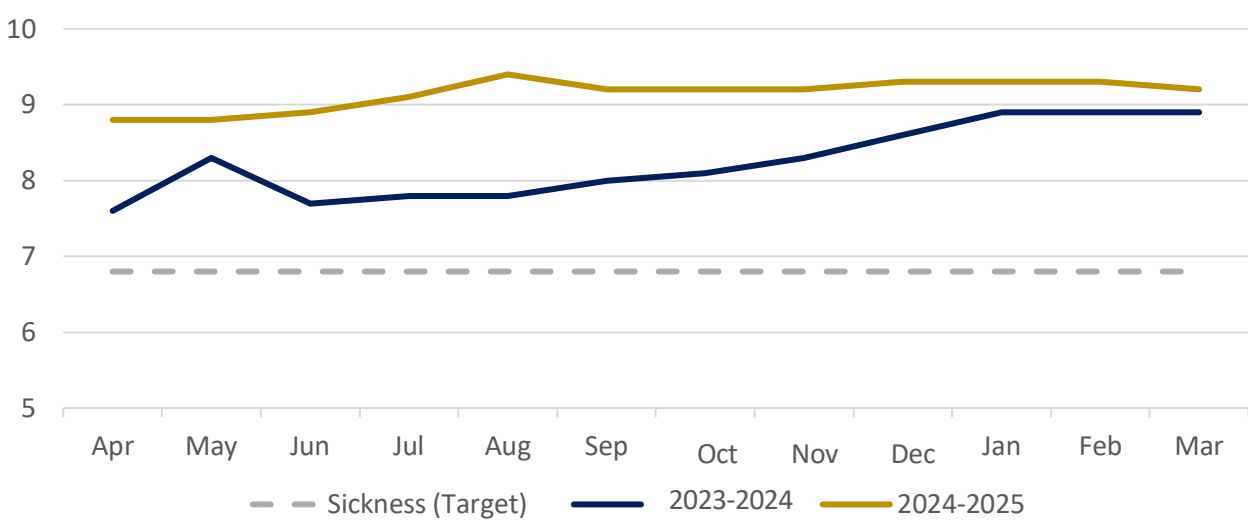
15. Turnover of new starters within 6 months of joining (%)
No concern. The turnover remains low.



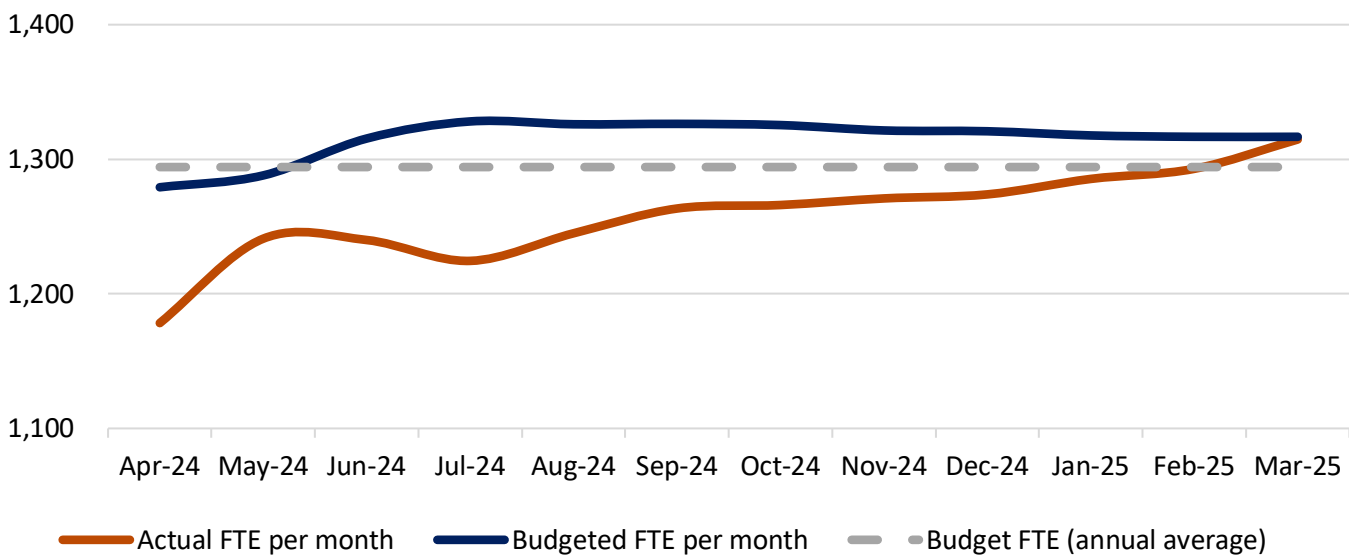
16: Employee engagement score (out of 10)
Annual survey - engagement was low for 2024. All directorates have been tasked with encouraging completion of the survey in 2025.



17. Sickness absence average days
above target of 6.5 days - top drivers are mental health and stress



18. Total Full Time Equivalent
Headcount has increased from Q2 onwards



Enquiries and Complaints Performance Dashboard
Q4 2024-2025

Q4 performance		
Corporate Complaints	Complaints responded to	296
	Performance against KPI	95%
Enquiries	Enquiries responded to	16
	Performance against KPI	93%
MP complaints	MP complaints responded to	15
	Performance against KPI	100%
Information requests	Information requests (volume)	509
	Information requests responded to on time (%)	90%
Customer feedback	Feedback surveys	374
	Rated service as good/ very good (%)	89%

Hot topics	
Complaints, MPs and Enquiries	<ul style="list-style-type: none">We contribute to the Duty of Care Policies Working Group. As part of that, we are working with General Counsel colleagues to update our policy on managing customers' unreasonable and unacceptable behaviour.We have completed a refresher training session on the international registration process to better equip us to respond to complaints from international applicants.
Information requests	<ul style="list-style-type: none">No specific trends for Q4.

Learning points in date range: 68 since 1 January 2025	
Complaints, MPs and Enquiries	<ul style="list-style-type: none">We now have an Employer Link Service Liaison which has improved our collaboration and process for responding to enquiries related to our Employer Link Service.We have fed back to the Panel Support Team to discuss whether updates are required to our guidance on when panels can recuse themselves.We have fed back to the Adjudications Team a complaint about our process for transcribing hearings, and communicated the process improvements that we plan to make this year.
Information requests	<ul style="list-style-type: none">Not applicable.

Year to date performance													
		April	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Corporate Complaints	Complaints responded to	155	121	101	135	145	136	125	114	72	100	100	96
	Performance against KPI	89.6%	95%	93%	96%	86%	94.1%	90.4%	94.7%	87.5%	92%	97%	96%
Enquiries	Enquiries responded to	4	8	11	9	68	14	14	10	6	4	5	7
	Performance against KPI	100%	100%	100%	100%	100%	100%	100%	100%	83.3%	75%	100%	100%
MP complaints	MP complaints responded to	5	8	1	2	5	2	2	4	8	7	5	3
	Performance against KPI	100%	87%	0%	100%	100%	100%	100%	75%	75%	100%	100%	100%
Information requests	Information requests (volume)	173	154	161	154	172	138	154	173	182	137	156	172
	Information requests responded to on time (%)	96%	95%	97%	95%	95%	93%	90%	87%	93%	95%	88%	81%
Customer feedback	Surveys received	877	744	716	730	710	647	625	543	374	590	495	452
	Rated service as good/ very good	85%	85%	86%	86%	85%	85%	84%	86%	89%	87%	89%	88%

Strategic risk exposure report (up to April 2025)

1. Overview of strategic risks

Risk ref	Current rating			Strategic risk description (<i>L = Likelihood. I = Impact</i>)
	L	I	L x I	
REG24/01	5	5	25	We fail to meet our statutory safeguarding responsibilities to protect people, who come into contact with the NMC through our work, from abuse or mistreatment (<i>Risk factors:</i> not acting upon intelligence that we may receive resulting in harm to a person)
REG18/02	4	5	20	We fail to take appropriate action to address a regulatory concern about a professional on our register in a timely or person-centred way (<i>Risk factors:</i> not taking timely action [aging cases], not processing cases effectively [high caseload], not delivering a sustainable improvement to how we manage cases, capacity to deliver improvements, not using or escalating insights)
REG22/04	5	4	20	We fail to take appropriate or timely action to address a regulatory concern regarding the quality of nursing or midwifery education. (<i>Risk factors:</i> education impacted by external pressures, binary approval options, assurance driven by approved education institutions (AEIs), weak data capture or use of insights)
GOV24/01	5	4	20	We may not effectively prioritise, monitor, and manage our portfolio activity and keep pace with the high level of change (and resources required) to achieve our five priority outcomes. (<i>Risk factors:</i> unfinished projects, additional work meaning that we have to stop something, pressure resulting from external factors)
PEO24/01	5	4	20	Risk that our organisational culture impacts on the productivity, performance, learning and morale of the organisation (<i>Risk factors:</i> fairness, wellbeing, lack of improvement or progression, equality, and diversity)

Risk ref	Current rating			Strategic risk description (L = Likelihood. I = Impact)
	L	I	L x I	
PEO24/05 (New risk description see para 3.5)	5	4	20	Risk of low morale, engagement, and increased turnover due to the challenges of the last year and planned changes this year. The volume of turnover within the Executive Board, and Council members may create a feeling of instability, continual changes to priorities and direction, as well as the loss of talent, expertise and corporate knowledge. (<i>Risk factors:</i> wellbeing, lack of trust in the team, disruption of or work, consistency issues, corporate memory compromised)
STR18/01	4	4	16	Risk that we fail to meet internal and external expectations about delivering our regulatory functions. (<i>Risk factors:</i> not learning from adverse events, fail to deliver regulatory change, do not maintain trust, we cannot engage with stakeholders due to competing demands, ineffective collaboration, England centric, ability to respond to sector issues)
TECH24/01	4	4	16	Unauthorised access to sensitive information and records or the failure of key business technologies, leading to the loss of confidentiality, integrity, or availability of our information, data, or information systems. (<i>Risk factors:</i> legacy systems and unsupported hardware and software, cyber vulnerabilities)
STR24/07	4	4	16	Risk that we fail to mature our process and culture around data and insights which could potentially impair our progress. (<i>Risk factors:</i> poor data governance, inability to provide meaningful data in a timely way, risk of us not appearing to be transparent and potentially incorrect decisions made).
PEO24/10	4	4	16	We fail to effectively respond to the recommendations from learning reviews and deliver the cultural change that is needed, resulting in the experience of colleagues not improving, and our regulatory and safeguarding responsibilities not being delivered. (<i>Risk factors:</i> loss of trust and confidence internally and externally, the appearance that we are not taking recommendations seriously, failure to attract new staff and disengagement of existing colleagues).
REG18/01	3	5	15	We fail to maintain an accurate register of people who meet our standards (including timeliness of registrations) (<i>Risk factors:</i> effective operation of registration/revalidation processes, fraudulent applications, variability of international midwifery education)

Risk ref	Current rating			Strategic risk description (L = Likelihood. I = Impact)
	L	I	L x I	
STR22/04	4	3	12	The risk that external impacts such as climate change, natural disasters, pandemic, and national security will have an impact on our ability to be an effective regulator, or to deliver our core regulatory functions (<i>Risk factors:</i> Disruption to our functions, delays to registration and FtP processes, loss of trust and confidence)
STR24/01	3	4	12	In the longer term, people's safety, and their confidence in the NMC may be compromised if external factors negatively affect our plans for reform or our independence as a regulator. (<i>Risk factors:</i> change of government meaning that regulatory reform plans may change, limited ability to improve our regulatory process, wasted resources)
FIN21/02	3	4	12	We do not achieve a sustainable budget or the planned financial benefits from our strategy. (<i>Risk factors:</i> external factors destabilise our budget, fail to spend as planned on our strategy, not managing costs effectively, not realising benefits, pension liability)
REG19/03	2	4	8	We do not make sure that educational standards are fit for purpose (including processes to ensure compliance with standards are met). (<i>Risk factors:</i> keeping pace with changes in legislation, healthcare and practice, speed of programme approvals, meeting the standards of good regulation)

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

2.1. Capacity of our people, delivery expectations and prioritisation - relates to people risks across all operational risk registers and strategic risks **PEO24/05, PEO24/10**; and our strategic portfolio and prioritisation risk **GOV24/01**.

2.1.0. There continues to be apprehension around the expected pace of delivery for key change activities, managing significant existing workloads, and 'known unknowns' from various reviews, reports and related recommendations.

2.1.1. We note that PwC have recommended a portfolio of activity following their review of Fitness to Practise (FtP) and beyond. As these recommendations are reviewed, their impact on the scale of the wider change landscape will be considered to mitigate current workload pressures and concerns. If we do not prioritise effectively across our portfolios we run the risk of further overloading colleagues. There are already plans in place within FtP, an expert group and our Portfolio Board to ensure that this work is integrated and prioritised alongside existing plans.

2.1.2. We are looking at ways to better consolidate and consider recommendations from reviews, taking into account the varying timelines, to help mitigate the risk of prioritising effectively.

2.2. The impact on the morale of our people throughout periods of change – relates to strategic risk **PEO24/01**.

2.2.0. In line with the People and Culture Report recommendation, we are running engagement sessions with colleagues to develop an approach to Hybrid working. From September 2025, colleagues will be asked to return the office for two days per week (pro rata for part time colleagues). This will align with the majority of FtP colleagues who already have hybrid in place. Concerns and suggestions around changes to hybrid working are being collated to ensure our approach reflects colleagues suggestions.

2.3. Quarterly aggregate risk review: We have reviewed our strategic and operational risks for aggregate (compound) risks, which involves looking across each directorate's registers. The outstanding theme continues to be our people's capacity to carry out their work, which has been consistent since Q4 2023-2024. This remains the top concern raised across all teams in risk discussions and is prevalent in the Independent Culture Review. This is unlikely to change in the short-term, due to the reason highlighted in **para 2.1**.

2.3.1. The compounding element of this, is that there is pressure on our capacity and colleague wellbeing in some teams which may limit our ability to progress strategic projects and deliver core business effectively. The amount of change we intend to deliver, and therefore that colleagues will be either be trying to drive forward or will be receiving, may also have an impact on morale and subsequently, performance (see **para 2.2**). Balancing this with the change we know we need to deliver will be critical.

2.3.2. **Planned mitigations:** Prioritisation of additional actions (PwC, PSA, Omambala etc) and revising the Corporate Plan in the summer, aims to relieve some pressure on colleagues.

2.3.3. Portfolio Board are revising their role to better meet the demands of the organisation, particularly building their capability in supporting EB in the sequencing of work. Portfolio Membership will also be reviewed to ensure the group has the expertise to take a strategic overview of activity, within the portfolio and core business, to balance the volume and distribution of work. This proposal is due to be discussed at EB in May 2025.

2.3.4. Challenges around prioritisation were explored recently in a Comprehensive Assurance Review, shared with Audit Committee, with some suggested recommendations. These will be shared with colleagues leading the reviews of incoming actions, to apply these learnings.

2.3.5. The Executive are also considering the need for external support or training for colleagues, to develop skills around prioritisation and implementation of the portfolio of actions we will need to manage.

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

3.1. **Education Quality Assurance (QA):** This issue relates to strategic risk REG22/04.

3.1.0. The Quality Assurance Agency for Higher Education (QAA) have undertaken a robust review into Southampton Solent University's (SSU) education programme. The review looked at the University's pre-registration programmes, which included an unapproved bridging module, and the best ways to support existing students to continue their programmes if it was deemed not to meet our Standards. The report was originally due on 4 April 2025.

3.1.1. At a meeting on 3 April 2025, between Professional Practice colleagues and the QAA, they informed us that SSU had responded to our draft report, challenging its factual accuracy. This included

statements against each of the outcomes to contest findings. SSU are aware that they will need to present evidence to support areas of the report that they are contesting. Due to the extent of the comments, QAA requested an additional 2 weeks to undertake this work. They will now submit their action plan to us on 6th May 2025.

3.2. Safeguarding this issue relates to strategic risk **REG24/01**.

3.2.1. The risk was discussed at the Safeguarding Board on 23 April 2025. The Board agreed that we are not in a position to reduce the risk at this time. The removal of the wellbeing element is underway within PR and will form part of their operational risks. The strategic risk needs to reflect the safeguarding risk framework and safeguarding action plans, together with the agreed approach to safeguarding agreed with the stakeholder group and presented at confidential Council in April 2025.

3.2.2. The framework, action plans and agreed approach alongside the quarterly safeguarding paper are being presented to Council in May 2025 for approval, and then the risk can be reviewed again for the June 2025 Safeguarding Board against progress and completion of mitigating actions. **See item XX.**

3.3. International registration fraud Occupational English Tests (OET) and Computer based tests (CBT) these issues relate to strategic risk **REG18/01**:

3.3.1. **OET:** When concerns were raised about potential fraud in relation to some Occupational English Testing (OET) at a test centre in Chandigarh, India, we launched an investigation. In total, this affected 68 registered nurses and 63 applicants.

3.3.2. We have since concluded that there is insufficient evidence to prove test fraud in all cases. Everyone affected has been notified and stakeholder groups have been updated.

3.3.3. In cases where there is no evidence of fraud, we will not be taking any further regulatory action, as long as the individual has provided us with alternative English language evidence.

3.3.4. **CBT:** We are continuing to progress regulatory action in response to concerns about the Yunnik test centre in Nigeria. We have recently developed an expedited plan to conclude all incorrect entry and fraudulent entry (IEFE) hearings and known registration appeals by December 2025. This plan is due to commence from May 2025 and will be achieved by doubling the pace of hearings from 2 to 4 per week, prioritised depending on the applicants' circumstances.

3.4. Organisational stability this issue relates to strategic risk **PEO24/05**.

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3.4.1. At the People and Culture Committee meeting in February 2025, the risk was discussed, and a suggestion was made to amend the wording of the risk description to reflect the volume of turnover and level of change. This amendment was agreed at EB on the 22 April 2025. (see the risk overview table at **para 1**).

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Annexe 4 – Financial monitoring report

Table 1 – Income & Expenditure to 31 March 2025

£'m	March 2025 Year-to-Date				Full Year			
	Actual	Budget	Var.	Var. (%)	Forecast	Budget	Var.	Var. (%)
Income								
Registration fees	101.1	100.5	0.6	1%	101.0	100.5	0.5	0%
Other	7.4	9.2	(1.8)	(19%)	7.8	9.2	(1.4)	(15%)
Total Income	108.5	109.7	(1.2)	(1%)	108.8	109.7	(0.9)	(1%)
Expenditure								
<u>Core Business</u>								
Professional Regulation	65.2	66.0	0.8	1%	65.0	66.0	1.0	2%
Resources & Technology Services	20.1	21.7	1.6	7%	20.5	21.7	1.2	6%
People & Organisational Effectiveness	7.9	7.0	(0.9)	(13%)	7.6	7.0	(0.6)	(9%)
Office of the Chair and Chief Executive	6.4	5.7	(0.7)	(12%)	6.4	5.7	(0.7)	(12%)
Professional Practice	7.4	7.6	0.2	3%	7.3	7.6	0.3	4%
Strategy & Insight	4.0	4.7	0.7	14%	4.0	4.7	0.7	15%
Communications & Engagement	3.4	3.6	0.2	5%	3.5	3.6	0.1	3%
Directorate - Core Business	114.4	116.2	1.8	2%	114.4	116.2	1.8	2%
<u>Corporate</u>								
Depreciation	4.0	4.1	0.1	2%	3.7	4.1	0.4	10%
PSA Fee	2.1	2.1	-	-	2.1	2.1	-	-
Apprenticeship Levy	0.3	0.3	-	-	0.3	0.3	-	-
Contingency	1.0	1.5	0.5	33%	1.0	1.5	0.5	33%
Panellist and other hol pay provision	4.2	1.1	(3.1)	>(100%)	4.2	1.1	(3.1)	>(100%)
Additional specialist support	2.9	-	(2.9)	(100%)	3.0	-	(3.0)	(100%)
Total Corporate	14.5	9.1	(5.4)	(59%)	14.2	9.1	(5.1)	-56%
Total Core Business	128.9	125.3	(3.5)	(3%)	128.6	125.3	(3.3)	(3%)
Surplus/(Deficit) excluding Programmes	(20.4)	(15.6)	(4.7)	(30%)	(19.8)	(15.6)	(4.2)	(27%)
Programmes & Projects								
Accommodation Project	-	0.5	0.5	100%	-	0.5	0.5	100%
Modernisation of Technology Services	7.0	7.0	0.0	-	6.6	7.0	0.4	6%
Technology Improvements	-	0.5	0.5	100%	0.2	0.5	0.3	60%
D365 Implementation	0.2	-	(0.2)	(100%)	0.2	-	(0.2)	(100%)
Modern Workplace for Me	0.2	0.1	(0.1)	(50%)	0.2	0.1	(0.1)	(50%)
Functional master & data project	-	0.3	0.3	100%	-	0.3	0.3	100%
People & Culture Investigation	0.3	0.2	(0.1)	(50%)	0.3	0.2	(0.1)	(50%)
D&A FtP caseload improvement	0.1	0.2	0.1	49%	0.1	0.2	0.1	49%
Thirlwall Enquiry	0.1	0.1	-	-	0.1	0.1	-	-
Regulatory Reform	0.8	1.0	0.2	19%	0.8	1.0	0.2	20%
Insight Programme	-	0.1	0.1	100%	-	0.1	0.1	100%
Total Programmes/Projects	8.6	9.9	1.3	13%	8.6	9.9	1.3	13%
Total Expenditure including capex	137.5	135.2	(2.3)	(2%)	137.2	135.2	(2.0)	(1%)
Capital Expenditure	7.5	7.8	0.3	4%	7.1	7.8	0.7	9%
Total expenditure excluding capex	130.0	127.4	2.6	(2%)	130.1	127.4	2.7	(2%)
Net Surplus/(Deficit) excluding Capex before Unrealised Gains/(Losses)	(21.5)	(17.7)	(3.8)	(21%)	(21.3)	(17.7)	(3.6)	(20%)
Unrealised Gains/(Losses)	2.4	-	2.4	-	-			
Net Surplus/(Deficit) excluding capex	(19.1)	(17.7)	(1.4)	(8%)	(21.3)	(17.7)	(3.6)	(20%)
Free Reserves	19.2	14.8	4.4	30%	17.3	14.8	2.5	17%

Table 2 – Balance sheet as at 31 March 2025

Balance Sheet (£'m)	Actual 31 March 2024	Actual 31 March 2025	Increase (Decrease)	Change %
Fixed Assets				
Tangible and Intangible Fixed Assets	36.8	40.5	3.7	9%
Investments	38.6	41.6	3.0	7%
Total Fixed Assets	75.4	82.1	6.7	8%
Current Assets				
Debtors	4.5	4.7	0.2	4%
Fixed notice bank deposits	54.8	29.6	(25.2)	(85%)
Cash	7.9	12.1	4.2	35%
Total Current Assets	67.2	46.4	(20.8)	(45%)
Total Assets	142.6	128.5	(14.2)	(11%)
Creditors	(59.9)	(62.2)	2.3	4%
Provisions	(3.9)	(6.6)	2.7	42%
Total Liabilities	(63.8)	(68.8)	5.0	7%
Net Assets	78.8	59.7	(19.1)	(32%)
Total Reserves	78.8	59.7	(19.1)	(32%)
Free Reserves	42.0	19.2	(22.7)	(118%)
New Reserves Measure - Total Cash/Investment	101.2	83.3	(17.8)	(21%)

NB Figures are subject to rounding.

Table 3 – Cash flow statement at 31 March 2025

Statement of Cash Flows (£'m)	Mar-24	Mar-25
Cashflow from operating activities		
Surplus/(Deficit) (YTD)	2.2	(19.1)
Adjustment for Depreciation (Non-cash)	3.8	4.0
(Gains)/Losses on Investments	(3.2)	(2.4)
Investment/Dividend income	(0.8)	(0.9)
(Increase)/Decrease in current assets	(0.7)	(0.2)
Increase/(Decrease) in liabilities	2.5	5.1
Net Cash inflow/(outflow) from operating activities	3.8	(13.5)
Cashflow from investing activities		
Capital Expenditure (YTD)	(8.3)	(7.5)
Net Cash inflow/(outflow) from investing activities	(8.3)	(7.5)
Cashflow from financing activities		
Short term deposit investments	-	-
Net Cash inflow/(outflow) from financing activities		
Cumulative net increase/(decrease) in cash and cash equivalent at month end	(4.5)	(21.0)
Cash & Cash Equivalent at the beginning of the year	67.2	62.7
Cash & Cash Equivalent at the end of the month	62.7	41.7

NB Figures are subject to rounding.

Council

Safeguarding Board Quarterly Report Q3/Q4 2024-2025

Action requested:	<p>For Discussion:</p> <p>The Safeguarding board commenced in June 2024 – with planned quarterly reporting on safeguarding activity and progress against the safeguarding action plan and associated risks, via Executive Board to Council. In Q3 there were two Safeguarding Board meetings, in October and November, and in Q4 there was a Safeguarding Board meeting in January 2025. The Safeguarding Board meetings were paused in February and March 2025 to accommodate for the safeguarding stock take work, including the review of the NMC legal responsibilities as requested by Council.</p>
Key background and decision trail :	<ul style="list-style-type: none"> • This paper is part of the agreed governance process for reporting on safeguarding matters at the NMC. • The Q3/Q4 report has been approved at the April Safeguarding Board prior to Executive Board and Council in May. • The report is linked to the strategic risk Reg 24/01 which currently sits at 25 (our highest rated risk).
Key questions:	<ul style="list-style-type: none"> • Is there assurance that the Safeguarding Board has oversight of an appropriate safeguarding workplan to deliver the reduction of the risks currently detailed on the corporate risk register.

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Annexes:	<p>The following annexes are attached to this paper:</p> <ul style="list-style-type: none"> • Annexe 1: Safeguarding Governance Process • Annexe 2: Safeguarding Principles • Annexe 3: NMC Safeguarding Approach • Annexe 4: Safeguarding Team Helpline • Annexe 5: Safeguarding Training Needs Analysis 	
Further information:	<p>If you require clarification about any point in the paper or would like further information, please contact the author or the director named below.</p>	
	<p>Author: Nicky Burns-Muir nicola.burns-muir@nmc-uk.org</p>	<p>Executive Director: Donna O’Boyle donna.o’boyle@nmc-uk.org</p>

Safeguarding Board Quarterly Report Q3/Q4 2024-2025

Discussion

Safeguarding Board Quarterly Board Report Q3/4

- 1 The Safeguarding Board had three meetings in Q3/Q4, and also met in April 2025, with a proposal to then continue a bi-monthly schedule of meetings for the remainder of 2025-2026. These meetings will alternate with the Safeguarding Working Group who report on projects and progress against the safeguarding plan to the Safeguarding Board in the agreed governance structure for safeguarding. (Annexe 1)
- 2 The safeguarding stocktake work and development of the safeguarding approach has taken priority across Q4 to ensure a clear and concise approach to safeguarding at the NMC, including the legal responsibilities, safeguarding approach and safeguarding guiding principles (Annexe 2)
- 3 The safeguarding plan is divided into sub-categories that enable the discussions and decisions on priority of work that the Safeguarding Board have been overseeing in Q3/Q4.

Governance and risk

Risk Register

- 4 The strategic risk for safeguarding is updated and reviewed at each Safeguarding Board to ensure it reflects the current level of risk and that planned actions are robust and will mitigate and reduce the risk as far as possible.
- 5 Safeguarding is covered by strategic risk REG24/01: *We fail to meet our statutory safeguarding responsibilities to protect people who come into contact with the NMC through our work from abuse or mistreatment.* This risk currently remains scored at 25 with a plan to reduce the risk to 12 with mitigations and the commencement of all additional resources for the safeguarding team. This score is also dependent on the continued diagnostic work across the fitness to practise process and any findings that either increase or reduce the risk.
- 6 The strategic risk for safeguarding has not been reviewed since January 2025 due to the safeguarding stocktaking work being undertaken and will be reviewed against the safeguarding approach and overarching safeguarding plan that is presented as part of this Council paper.
- 7 The strategic risk for safeguarding currently includes the wellbeing of registrants. There is now a shared recognition that safeguarding and wellbeing are two different functions and as such need to be separated to enable the identification of unique risks and appropriate actions for each element within in

the NMC.

- 8 Safeguarding and well-being are intrinsically linked and at the more critical end of well-being, where individuals are experiencing complex mental health challenges including self-harm and suicidal ideations, this then becomes encompassed into the safeguarding function.

Safeguarding Working Group

- 9 The Safeguarding Working Group reports directly to the Safeguarding Board and is responsible for ensuring the delivery of agreed projects, initiatives and workstreams that strengthen the safeguarding function.
- 10 The Safeguarding Working Group has an associated action plan that is used to monitor progress and escalate any risk to the Safeguarding Board.
- 11 In Q3/Q4 the activity of the Safeguarding Working Group has included identification of safeguarding improvement projects and initiatives including:
 - 11.1 Development of decision-making tools to enable identification of safeguarding issues and associated actions
 - 11.2 Safeguarding Handbook for all NMC staff as a resource guide providing key information on safeguarding
 - 11.3 Standard Operating Protocols for safeguarding process across the Fitness to Process (FtP)
 - 11.4 SG Champions to strengthened role and function with educational programme and safeguarding supervision
 - 11.5 Review Risk of Suicide and Self-Harm Protocol following recommendation in a previous Serious Event review (SER) and develop an educational programme
 - 11.6 Review and develop guidance for when children are required as witnesses and the regulatory approach to engagement with children with a wider multi- professional team process.
 - 11.7 Educational programme and best practice safeguarding principles for cases involving domestic abuse.
 - 11.8 Mental capacity concerns with registrants in the FtP process including agreed removal process and cancellations of hearings due to capacity concerns.
- 12 Following the safeguarding stocktake work there will be an associated action plan that will be presented at the Council meeting in May and will then be delivered through the Safeguarding Working Group. This will ensure oversight

and triangulation of all safeguarding improvement projects and a prioritisation of projects.

Safeguarding Stock take work and development of safeguarding approach and action plan

- 13 In February 2025, the NMC began a comprehensive stocktake of its safeguarding activities following the findings of the [Independent Culture Review](#) in July 2024, and discussion at Council. A multidisciplinary working group of Deputy Directors, Assistant Directors and Heads of Department from the NMC's professional regulation, policy, safeguarding, legal, and communications teams undertook the stocktake exercise to consider the NMC's safeguarding responsibilities and understand any risk in meeting these. The scope of this work was reported to Council in March 2025 and the results of it are reported here through the annexes at (Annexe 3).

Charity Commission Referrals

- 14 In Q3, three potential referrals to the Charity Commission were held while we reviewed our legal framework for safeguarding and our reporting responsibilities.
- 15 To ensure that our reporting process is robust, we asked Bates Wells solicitors to assist us with reviewing five test cases for referral, and to advise on how we can achieve the right balance when considering what issues to we ought to refer to the Charity Commission, balancing our role as a regulator with our role as a registered charity. Bates Wells have advised that three of the five cases do meet the the Charity Commission's reporting requirements. We will now refer those cases to the Charity Commission, explaining that we have continued to mitigate any risks identified from the cases reported and have continued to identify and consider any serious incidents while performing our safeguarding stocktake exercise.

DBS (Disclosure and Barring Service)

- 16 DBS compliance is monitored through the Safeguarding Board. Currently 68 percent of those roles in the organisation identified as needing a DBS check have undertaken one, with a trajectory to complete remaining DBS checks in Q1/Q2 of 2025/26. DBS checks are now integrated into recruitment onboarding processes for all new roles identified as requiring a DBS.

Sensitive Data Storage

- 18 As part of our role in protecting the public, it's vital we can receive, store and access personal data for the clear purpose of carrying out regulatory investigations and fulfilling our statutory responsibilities. When someone shares sensitive data with us, it's because the NMC has a statutory duty to investigate their concerns.
- 19 We have a multi-layered approach to IT security based on training, policy and technical controls and treat all documents and information we receive in line with our UK GDPR obligations, as an organisation committed to learning and improving, we regularly review our processes and the safeguarding working group has been working with colleagues across our case handling teams and technology services to tighten our protocols for the storage and management of sensitive data.
- 20 We can report the following progress against this area of work:
- 20.1 The shared drive, which contains our larger multi-media files, is now subject to tighter role-based access controls, meaning that it is only accessible to our core case handling teams within fitness to practise – Screening, Investigations, Case Examiners, Quality of Decision Making and Hearings teams. They must be able to access this information to carry out our statutory functions.
 - 20.2 Colleagues only have access to their team's specific folder, i.e. only colleagues in screening can now access sensitive content currently needed at the screening stage, and only colleagues working in investigations can access content currently needed at the investigations stage.
 - 20.3 As cases progress through the FtP process, any sensitive information connected to the case will be moved into the relevant folder for that stage, and the previous team/stage will no longer have access. This means colleagues only have access to data for as long as they need it.
 - 20.4 Content gathered since January 2025 is already in team-based folders.
 - 20.5 A new process has been established for the safe storage of highly sensitive data stored on our case management systems. This allows us to ensure that data is only accessible to those who are required to view the documentation.
- 21 It is recommended that the ownership and management of this risk and associated work should now be transferred to technological services under the lead of the NMC's Data Protection Officer and operational leads in Professional Regulation.

Safeguarding function

Safeguarding Hub (SG hub)

- 22 In Q3/Q4 the safeguarding hub (SG hub) continued to evolve in its function and is due for an evaluation in Q1 of 2025/26 and the final Terms of Reference will then be approved through the Safeguarding Board.
- 23 A safeguarding hub referral form has been developed and implemented within the case management system (CMS) the benefits of which are to have all safeguarding communication in one place for quick review of actions taken and safeguarding considerations for management of cases.
- 24 SG hub data continues to be collected and developed to demonstrate the impact of the hub and for future improvements and equality, diversity and inclusion considerations when the demographic data is readily available for review.
- 25 In March 2025 data collection was expanded to include the change in safeguarding practice from screening colleagues pre review of cases at the SG hub and the impact of the SG hub in the identification of safeguarding concerns and the support provided to teams.

Safeguarding Hub Impact

- 26 27 external safeguarding referrals were undertaken by the safeguarding team to safeguarding statutory agencies, including police and local authorities.
- 27 39 case progressions supported
- 28 43 Combined safeguarding and wellbeing risks identified and managed
- 29 In future reports this information will be provided and include outcome data and activity of the safeguarding team from referrals reviewed in the safeguarding hub.
- 30 15 referrals had been raised before review at the SG hub
- 31 50 Decision maker plans fully covered safeguarding considerations
- 32 43 Decision maker plans partially covered safeguarding considerations
- 33 10 Decision maker plans with no safeguarding consideration included

Safeguarding Log

- 34 The safeguarding log, captures data on all advisory support provided by the safeguarding team - both hub cases and safeguarding advice requests, was transferred across to the safeguarding team in Q3. This allows the safeguarding analyst to triangulate all data and thematically review themes to be considered

at the safeguarding working group for either integration into existing projects or for emerging themes to be risk assessed and prioritised against the overarching safeguarding action plan.

Safeguarding Recruitment Update

- 35 The safeguarding team is now fully recruited with the last Senior Safeguarding Advisor commencing their role at the end of April. With the additional resources it has meant that the safeguarding hub and wider safeguarding referrals are being responded to in a timelier manner and the improvement projects progressed in an agile and productive way. The senior safeguarding advisors have provided additional expert safeguarding knowledge and professional curiosity, coupled with clinical understanding of context, to strengthen the safeguarding function. These roles are currently fixed term, and consideration will need to be given on the resourcing for the team in the long term to support the current and future activity for safeguarding.

Safeguarding Helpline

- 36 The safeguarding team have launched a generic telephone help line that gives direct access to a safeguarding advisor every working day 9-5pm, which can provide advice and guidance for urgent and emergency safeguarding concerns that the wellbeing team require support to manage. (Annexe 4)

Safeguarding Referrals Timeframes

- 37 The safeguarding team have developed key performance indicators for responding to safeguarding referrals outside of the safeguarding hub. Urgent high-risk cases will be actioned immediately (risk to life), high risk cases within three days and medium to low-risk cases within five working days across the working week on a rota basis.

Safeguarding Team Strategy

- 38 At the Safeguarding Board in January, the Strategic Safeguarding Lead presented the safeguarding team strategy for the next three years. This outlined proposals for the delivery of safeguarding objectives and associated impact and the monitoring of outcomes. This will be integrated and triangulated with the safeguarding stocktake action plan. It included the following:
- 38.1 Year One: Building Sustainable Foundations
 - 38.2 Year Two: Embedding Safeguarding Knowledge and Practice
 - 38.3 Year Three: Safeguarding Business as Usual

Education and training

- 39 In Q4 the safeguarding educator commenced in post and undertook a comprehensive training need analysis. All staff members have been considered, and three levels of training have been identified depending on the level of engagement with registrants and members of the public (Annexe 5).
- 40 The safeguarding educator has reviewed and updated the Level 1 online safeguarding training which is now mandatory every two years, with a refresher questionnaire after one year. Compliance will be monitored through the Safeguarding Board.

Learning

- 41 AAR (After Action Review) reviews are undertaken by the safeguarding team for immediate learning and dovetail into the SER process. In Q3/Q4 there have been 14 AAR cases identified that are being undertaken with themes and outcomes to be presented to Safeguarding Board in June 2025. The main theme identified is related to the identification and management of safeguarding risk and missed opportunities when registrants have had multiple referrals to the NMC.
- 42 In February 2024 we published revisions to our decision-making guidance around allegations of misconduct falling outside of professional practice, including sexual misconduct, domestic abuse and discrimination. We will carry out an evaluation of the effectiveness of the revised guidance later this year.

Next Steps

- 45 The ongoing reporting of progress will become part of the Safeguarding Board quarterly reports to Council via the Executive Board.
- 46 To note the safeguarding activity in this report and within the safeguarding stocktake is predominately related to safeguarding with the FtP process as deemed the current priority for the NMC. There are wider considerations for safeguarding outside of FtP including professional practice, education, students and staff that will require focus to strengthen the safeguarding in these areas.

Implications

The following were considered when preparing this paper:

Implication:		Location if in paper:	Content if not in paper:
Public protection/impact for people.	Yes	Throughout the paper	
Safeguarding considerations	Yes	Throughout the paper	
The four country factors and considerations.	Yes		
Resource implications including information on the actual and expected costs involved.	Yes	Noted fixed term roles to be reviewed	
Risk implications associated with the work and the controls proposed/ in place.	Yes/Not Applicable	Safeguarding on corporate risk register. For review in May 2025	
Legal considerations.	Yes	Legal review of safeguarding obligations undertaken in safeguarding stocktake work	
Midwives and/or nursing associates.	Yes	Applicable to all registrants	
Equality, diversity, and inclusion and Welsh Language impact.	Yes		
Stakeholder implications and any external stakeholders consulted.	Yes/Not Applicable	Breadth of FtP General Counsel and Safeguarding colleagues worked	

		collaboratively on the safeguarding stocktake work	
Regulatory Reform.	Yes	Within action plan	

NMC SAFEGUARDING GOVERNANCE AND OPERATIONAL STRUCTURE AND RESPONSIBILITIES

Item 7 **Annexe 1**
NMC/25/42
21 May 2025

Council – To gain assurance from the Executive Team on the safeguarding functions, practice and delivery of the NMC regulatory responsibilities.

Executive Board – Responsible for ensuring the NMC meet the Charity Commission Good Safeguarding Governance Principles

Safeguarding Policy

Safeguarding Training

Identify Risk

DBS Checks

Safeguarding Culture

Safeguarding Practice Standards

Learning from incidents

Raising Concerns

Charity Commission Referrals

AAR – Roundtable – Process of Review and Sign off prior to submission.
Associated action plan monitored at the safeguarding Board

Safeguarding Board

Strategic safeguarding assurance board to monitor safeguarding activities/ function/ risk stratification / quality assurance and audit.

Reports to Executive Board

Safeguarding is public protection

Responsibility to protect people from abuse , harm and mistreatment.
Includes children, young people and vulnerable adults.

SG Priorities

Safeguarding teams aims are to support the collection of intelligence to enable the IO panels to make an informed decision on restriction of a registrants practice.

Share relevant safeguarding intelligence to external safeguarding partners

Safeguarding Working Group

To co-ordinate and oversee all safeguarding related projects and improvement work across the organisation. To undertake safeguarding activity allocated from the safeguarding board to address identified risk and emerging themes from diagnostic and audit activity.

Safeguarding Team

Specialist Safeguarding Advisor/ Strategic Safeguarding Lead/ Safeguarding Analyst / Senior Specialist Advisors/ Mental Health Practitioners / Safeguarding Co-Ordinator

FtP Workstream 1

The workstream is the FtP improvement plan related to safeguarding/ clinical advice/ patient safety incidents/ registrant experience and wellbeing/ recommendations from IO / Application of private life guidance audit findings.

Safeguarding Hub

Held twice weekly reviewing all new referrals with a safeguarding or significant wellbeing element to provide advice / guidance and support for preparation for IO/COP by using a risk assessment approach

Independent Culture Review / SER/ Learning

Safeguarding recommendations from Rise Report

SER Recommendations AAR learning

Operational Legal and Safeguarding Queries Group

Weekly meeting to discuss current cases for resolution / learning / and progression of cases.

NMC Safeguarding Principles

Recognise:

Identification of potential and actual incidents of abuse, neglect or exploitation within our referrals and fitness to practice caseload work. This involves all FtP staff being aware of the different types of harm and knowing what to look for in all areas of the FtP process.

Respond:

When a safeguarding concern is identified we respond appropriately using our safeguarding risk framework as a guide. Additionally, a safeguarding handbook and decision tree are under development and will offer further guidance for all staff on what to do next and where additional resources are available.

Safeguarding Principles

Record : Accurate and detailed records of safeguarding concerns are crucial and should include the identified concern, safeguarding risk assessment, associated advice, guidance and actions taken. This will be recorded in the case management system on a safeguarding form to provide a chronology of actions and centralise the safeguarding information for clarity and ease of access.

The development of a safeguarding flag is underway. This will be applied to cases with an identified safeguarding concern. The purpose of which is to highlight to FtP staff to consider safeguarding advice and guidance when accessing and managing the case.

Safeguarding Principles

Report:

For all safeguarding concerns involving a child, young person or vulnerable adult the safeguarding team need to be informed. This is to ensure a safeguarding risk assessment is undertaken and safeguarding advice and guidance is provided. By doing this we can gain oversight of the overall safeguarding risks within the FtP caseload work and ensure we are mitigating and reducing risk with safeguarding concerns.

Safeguarding Principles

Refer :

For some safeguarding concerns referral to external statutory safeguarding partners (police, health services, local authorities) may be necessary. Even when the identified safeguarding concern does not progress through the FtP process. This could be if a person referred is not a registrant or the safeguarding concern does not reach the threshold for progression through the FtP process.

Sharing safeguarding information in a timely manner allows statutory partners to undertake effective assessments and early intervention to prevent harm and ensure safety. When sharing information externally it should be necessary for the purpose and proportionate to the level of risk.

The safeguarding team will either complete the referral or support FtP colleagues to complete the referral.

Nursing and Midwifery Council Safeguarding Approach

Background

The Nursing and Midwifery Council (NMC) has a wide public protection remit under its legislation, with particular duties to protect, promote and maintain the health, safety and wellbeing of the public. It does this through setting standards and ensuring their maintenance through its education quality assurance, registrations and fitness to practise processes as well as by co-operating and sharing information with others. The NMC does not have statutory safeguarding obligations under the core safeguarding legislation to protect children and vulnerable adults,¹ although we often engage with these groups.

The Charity Commission separately expects charities including the NMC to take reasonable steps to protect people who come into contact with the charity from harm. This aligns with the NMC’s public protection functions and also covers the NMC’s engagement with the public and registrants through our regulatory work, and our people, including wellbeing work.

Both areas set out wide-ranging qualified duties to act reasonably, rather than detailed or prescriptive obligations, for the most part, leaving the NMC with relatively significant discretion. Considering this, the NMC has developed Safeguarding Approach and Action Plan, initially focusing on fitness to practise, to clarify and transparently set out:

- the legal framework for the NMC’s delivery of its safeguarding responsibilities;
- how the NMC approaches safeguarding risks in line with its core regulatory functions and safeguarding responsibilities (with a focus on fitness to practise);
- its safeguarding plan to address the gaps or issues we have identified in relation to our approach (with a focus on fitness to practise).

Development of the Safeguarding Approach

In February 2025, the NMC began a comprehensive stocktake of its safeguarding activities following the findings of the [Independent Culture Review](#) in July 2024, and discussion at Council. This work focused on the NMC’s fitness to practise functions.

A multidisciplinary working group of Deputy Directors, Assistant Directors and Heads of department from the NMC’s professional regulation, policy, safeguarding, legal, and communications teams undertook a stocktake exercise to consider the NMC’s safeguarding responsibilities and understand any risk in meeting these.

The group met for a series of workshops, supported by Bates Wells², to achieve agreement on the legal parameters, and a consistent understanding of what the NMC’s approach needs to be, to align with its core functions as a regulator and Charity Commission guidance.

The group reflected on key issues and themes currently facing the NMC in fitness to practise, including, but not limited to the findings of the Independent Culture Review which included several recommendations relating to the NMC’s approach to safeguarding. The group identified what measures were already in place to mitigate safeguarding risks. Many areas of good practice were identified, and from this foundation the group identified the additional work necessary to ensure good practice is embedded more consistently across the NMC.

The safeguarding risk table (Annexe 1) and plan (Annexe 2) is a culmination of these workshops, reflecting the NMC’s vision for safeguarding in fitness to practise, the key areas of risk identified and an analysis of current and future mitigations. This in turn has supported the development of the NMC’s safeguarding plan to deliver the NMC’s vision and approach, and will be used as a tool to support the reduction in safeguarding risks going forward.

Legal Framework

There is no one definition of ‘safeguarding’ and it can mean different things for different organisations depending on the context. For example, the Care Act 2014, Children’s Act 2004, and Safeguarding Vulnerable Groups Act 2006 impose specific safeguarding duties to protect children and vulnerable adults. This concept of safeguarding is traditionally used in healthcare settings. Unlike frontline services, the NMC does not have any statutory responsibilities to take action to safeguard children and vulnerable adults under these pieces of legislation, although clearly the protection of children and adults is directly relevant to the work of the NMC.

¹ The Care Act 2014, Children’s Act 2004, and Safeguarding Vulnerable Groups Act 2006 impose specific safeguarding duties on listed bodies/organisations. The NMC is not listed under this legislation.
² Bates Wells is an independent law firm with expertise in charity, public sector and safeguarding law.

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The NMC is also subject to a much broader definition of safeguarding set out by the Charity Commission. This requires charities to take reasonable steps to protect from harm, people who come into contact with them. It applies to all charities and therefore must be interpreted in the context of each charity’s specific functions and responsibilities. The NMC already has in place a safeguarding policy which aligns with the Charity Commission’s approach.

While safeguarding is not explicitly referred to within the NMC’s governing legislation, the over-arching objective of the NMC in exercising its functions is the protection of the public under Article 3(4) of the Nursing and Midwifery Order 2001. This involves the pursuit of the following objective:

*to protect, promote and maintain the health, safety and wellbeing of the public*³.

The NMC therefore inherently has a role in safeguarding the public, by exercising its regulatory functions in line with this overarching objective. The primary way in which the NMC does this is through its principal function, establishing standards for education, training, conduct and performance for nurses, midwives and nursing associates and ensuring the maintenance of its standards, including through fitness to practise work. In doing so, safeguarding concerns – involving the risk of harm to children and vulnerable adults – are not unlikely to arise, given the nature of NMC work.

The NMC has additional responsibilities to co-operate with other relevant agencies in so far as it is appropriate and reasonably practicable. In particular, the NMC has the power to share fitness to practise information where in the NMC’s reasonable discretion it is in the public interest to do so.

Sharing fitness to practise information and cooperation with other organisations for the purposes of safeguarding the health and wellbeing of individuals will likely be in the public interest. We need only take appropriate and reasonable steps in doing so, and this should not divert from performing the NMC’s principal regulatory functions.

The NMC does not have responsibility for ensuring other agencies are performing their safeguarding functions, however we should remain curious and ensure we are open to new information which may inform its own regulatory actions.

In summary, this means that the NMC’s fitness to practise function should be able to:

- identify and respond appropriately and proportionately to safeguarding concerns which are for the NMC to act upon, and
- identify safeguarding concerns which are not for the NMC to act upon but which are for someone else to act upon, and
- take reasonable, appropriate and proportionate steps to share information with the relevant agencies so that safeguarding risks can be managed.

The Charity Commission’s wider definition of safeguarding, reflected in the NMC’s policy, extends beyond the NMC’s statutory public protection objectives and fitness to practise and co-operation roles, to taking reasonable steps to protect all those we come into contact with from harm. This duty (which is set out in guidance rather than legislation) extends to our wellbeing work and aligns with and builds on the NMC’s common law duty of care, and leaves scope for discretion for the NMC to implement.

Both the NMC’s overarching objective and the Charity Commission’s safeguarding guidance set out wide-ranging duties, rather than detailed or prescriptive obligations, for the most part, leaving the NMC with relatively significant discretion in relation to determining its safeguarding approach.

Safeguarding Principles

These principles set out the NMC’s general approach in relation to its management of safeguarding risks and issues:

Recognise:

Identification of potential and actual incidents of abuse, neglect, or exploitation within our referrals and fitness to practise caseload work. This involves all FtP staff being aware of the different types of harm and knowing what to look for in all areas of the FtP process.

Respond:

When a safeguarding concern is identified we respond appropriately using the safeguarding risk table as a guide which will be embedded within our safeguarding policy and operational guidance. Additionally, a safeguarding handbook and decision tree are under development and will offer further guidance for all staff on what to do next and where additional resources are available.

Record:

³ Article 3(4A)(a) of the Nursing and Midwifery Order 2001

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Accurate and detailed records of safeguarding concerns are crucial and should include the identified concern without bias, safeguarding risk assessment, associated advice, guidance and actions taken. This will be recorded in the case management system on the safeguarding form to provide a chronology of actions and centralised safeguarding information for clarity and ease of access.

The development of a safeguarding flag is underway. This will be applied to cases with an identified safeguarding concern. The purpose of which is to highlight to FtP staff to consider safeguarding advice and guidance when accessing and managing the case.

Report:

For all safeguarding concerns involving a child, young person or vulnerable adult the safeguarding team need to be informed. This is to ensure that a safeguarding risk assessment is undertaken and safeguarding advice and guidance is a provided. By doing this we can gain oversight of the overall safeguarding risks within the FtP caseload work and ensure we are mitigating and reducing risk with safeguarding concerns.

Refer:

For some safeguarding concerns referral to external statutory safeguarding partners (including police, Integrated care boards, Health and social care trusts, health services and local authorities) may be necessary, even when the identified safeguarding concern does not progress through the FtP process. This could be if a person referred is not a registrant or the safeguarding concern does not reach the threshold for progressing through the FtP process.

Sharing safeguarding information in a timely manner allows statutory partners to undertake effective assessments and early intervention to prevent harm and ensure safety. When sharing information externally it should be necessary for the purpose and proportionate to the level of risk. The safeguarding team will either complete the referral or support FtP colleagues to complete the referral.

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High	18-25
Medium	9-17
Low	0-8

	Risk & potential impact	Current mitigations	Likelihood (1-5 with 1 being unlikely)	Impact (1- 5 with 1 being no impact)	Risk (likelihood x impact)	Short / medium term mitigations	Long-term mitigations
A.	Fitness to practise						
	Inconsistent understanding around safeguarding						
	Vision: consistent understanding and confident application of an approach to safeguarding which aligns with NMC's core functions as a regulator and meets Charity Commission guidance						
1.	<p>Lack of consistent understanding and application of an approach to safeguarding which aligns with NMC's core functions as a regulator and meets Charity Commission guidance.</p> <p>A lack of consistent understanding and use of terminology, e.g. the terms "safeguarding", "wellbeing" and "patient safety" being used interchangeably.</p> <p><i>Example: failure to recognise and seek advice in relation to safeguarding issues can mean that safeguarding issues are not picked up at the appropriate stage in the FtP process, which could in some cases result in delays in addressing safeguarding concerns in a timely manner, and in a manner which aligns with planned FtP timelines.</i></p> <p><i>Example: it is important that registrants can see the NMC's approach to safeguarding, and understanding of the difference between</i></p>	<p>Safeguarding Hub understands the difference in these different terms and has been advising on this when reviewing new referrals and any queries it receives from FtP operational colleagues, leading to better understanding across teams, and the appropriate colleagues engaging where needed.</p> <p>Delivered workshops to senior colleagues within the NMC about safeguarding and our obligations in relation to it (March 2025). During these workshops, Safeguarding Hub has explained the difference between safeguarding and wellbeing.</p> <p>Safeguarding Hub meets twice weekly to review all new referrals with a safeguarding or significant wellbeing element to provide advice/guidance and support for preparation for IO/COP by using a risk assessment approach.</p>				<p>Executive level approval of our safeguarding approach.</p> <p>Continue to develop strong internal communications on safeguarding approach within the NMC which is understood across the organisation. Be clear on where safeguarding enhances FtP decision making and the various roles and responsibilities in relation to this, including how seeking safeguarding advice at the appropriate time can help with timely case progression.</p> <p>Agree a clear safeguarding plan with phases, focussed on priorities.</p> <p>Introduce guidance / decision-making tree to help caseworkers identify safeguarding risks after initial screening, and when and how to seek further advice on safeguarding.</p>	<p>Building increased confidence within fitness to practise case teams to manage safeguarding risks with the Safeguarding Hub being a 'centre of excellence'.</p> <p>Roll out training across the organisation on the meaning of safeguarding and our obligations in relation to it.</p> <p>Embedding a culture of learning from incidents and how we feedback.</p> <p>In the long term, consider use of a high-risk panel where most significant risks are discussed and actions agreed in line with practices adopted by other regulators.</p>

	Risk & potential impact	Current mitigations	Likelihood (1-5 with 1 being unlikely)	Impact (1-5 with 1 being no impact)	Risk (likelihood x impact)	Short / medium term mitigations	Long-term mitigations
	<p><i>these terms, in the context of the regulatory regimes applicable to the NMC, as distinct from the use of the terms in other contexts.</i></p> <p>This reflects and is linked to Risk 1 under E. Wider safeguarding across the NMC below.</p>	<p>Safeguarding Hub also helps with appropriate triaging of safeguarding / wellbeing issues. This has in turn helped to improve caseworkers' understanding of safeguarding.</p> <p>Safeguarding Champions across the organisation introduced some years ago to be revisited and an educational package and safeguarding supervision introduced for champions..</p> <p>There are fortnightly internal meetings of Safeguarding, Operations and Legal to discuss challenging issues for the purpose of ensuring the approach to safeguarding in fitness to practise aligns with NMC's core functions as a regulator and meets Charity Commission guidance.</p>				<p>Update safeguarding policy and introduce better guidance and training on terminology and how these terms apply in the context of the NMC.</p> <p>Use the Safeguarding Hub's knowledge to help to articulate the differences and the different risks to e.g. the public, the individual, and how these can be mitigated as part of FtP.</p>	
2.	<p>Lack of clarity about how to balance safeguarding risks during Fitness to Practise cases.</p> <p><i>Example: balancing the duty to protect the public with safeguarding duties towards registrants and others involved in the FtP process (e.g. those who are self-harming and/or experiencing suicidal ideation)</i></p>	<p>Additional safeguarding expertise has been brought in within the NMC by way of the Safeguarding Hub.</p> <p>Safeguarding Hub advises on competing safeguarding risks which are apparent at the new referrals/screening stage and advises on questions referred to it in relation to ongoing cases.</p> <p>Clinical advisors play a role in advising on the patient safety element and clinical context, and the professional safeguarding responsibilities of those on our register.</p>				<p>Obtain endorsement at executive level with regard to our safeguarding approach, including the role of the Safeguarding Hub and a clear escalation process.</p> <p>Continue wider policy and guidance development in 2025 on mental capacity and considering scenarios outside of agreed removals where the NMC can conclude its case without taking further action. Continue guidance development on cancellation of FtP hearings under Rule 33 where there is a mental capacity issue.</p> <p>Introduce a decision-making tree / guidance / handbook for caseworkers to help identify and balance competing safeguarding risks</p>	Roll out training to FtP colleagues on balancing safeguarding risks during the FtP process.

	Risk & potential impact	Current mitigations	Likelihood (1-5 with 1 being unlikely)	Impact (1- 5 with 1 being no impact)	Risk (likelihood x impact)	Short / medium term mitigations	Long-term mitigations
		<p>Fortnightly internal meetings of Safeguarding, Operations and Legal to discuss challenging issues for the purpose of ensuring the approach to safeguarding in fitness to practise aligns with NMC's core functions as a regulator and meets Charity Commission guidance.</p> <p>The agreed removals guidance includes clear information and makes clear how decision-makers should balance safeguarding risks in these cases while at the same time ensuring alignment with NMC's core functions as a regulator.</p>				<p>and understand when to seek further advice and how.</p> <p>Ensure changes to guidance are supported by Standard Operating Procedures ("SOPs").</p> <p>Refer to the Safeguarding Hub for advice on balancing competing risks.</p> <p>Implement regular (e.g. weekly) multi-disciplinary team (PR Ops, Legal & Safeguarding) meetings to discuss knotty issues. Ensure agreed outcomes are used to implement wider learnings.</p>	
	<p>Lack of understanding about the role of the Safeguarding Hub and how it works with the FtP team</p> <p><i>Vision: different people and groups within the NMC understand each other's roles and how to work together effectively in relation to safeguarding</i></p>						
	<p>Inconsistent use of the Safeguarding Hub outside of the screening of new referrals.</p> <p><i>Example: a case worker identifies a potential safeguarding concern in an ongoing Fitness to Practise case which commenced before the Safeguarding Hub began screening new referrals. The case worker may not be clear on when to seek advice from the Safeguarding Hub in relation to the concern.</i></p>	<p>FtP colleagues have received safeguarding training.</p> <p>Safeguarding Hub has a comprehensive comms plan in place.</p> <p>There is a referral process in place and the Safeguarding Hub works with Quality of Decision Making team (QDM).</p> <p>Safeguarding Team is embedding a call helpline available for all NMC colleagues,</p>				<p>Continue to develop strong internal communications on safeguarding approach in FtP, including in relation to seeking advice from the Safeguarding Hub at the appropriate time.</p> <p>Embed safeguarding advice in other parts of the NMC's processes outside of new referrals to ensure advice is sought in a timely way.</p> <p>Introduce Handbook and decision-making tree to clarify the role of the Safeguarding Hub across the FtP Process</p>	<p>Improve data capture to flag up high risk safeguarding cases.</p>

	Risk & potential impact	Current mitigations	Likelihood (1-5 with 1 being unlikely)	Impact (1- 5 with 1 being no impact)	Risk (likelihood x impact)	Short / medium term mitigations	Long-term mitigations
		but particularly for those likely to come into contact with high risk and/or serious safeguarding concerns				<p>Be clear on where safeguarding enhances FtP decision making and the various roles and responsibilities in relation to this.</p> <p>Be clear on the Safeguarding team's role in relation to individuals who interact with our FtP processes.</p> <p>Introduce a safeguarding checkpoint in the FtP process.</p> <p>Introduce e-learning and departmental training about the role of Safeguarding Hub.</p> <p>Agree and implement a process for assessing the safeguarding risk across the FtP caseload</p> <p>Introduce system changes to flag high risk cases at the initial screening stage and embed this approach on both the regulatory and safeguarding sides. Safeguarding Hub is already working together with the technology team to introduce flagging.</p>	
3.	Lack of clarity about the different roles and responsibilities within the NMC in relation to safeguarding advice, leading to a risk of duplication of work across teams and/or missed opportunities to identify and address safeguarding risks in a timely w due to a . lack of understanding about the role of the Safeguarding Hub.	<p>Safeguarding stocktake work is being undertaken to improve understanding of safeguarding work internally.</p> <p>Safeguarding Hub has reported to Exec Board and Council on the work it does.</p>				Continue to develop strong internal communications on safeguarding approach in FtP, including in relation to seeking advice from the Safeguarding Hub at the appropriate time.	As more training is rolled out, consider how the role of the Safeguarding Hub will evolve, including whether it should be integrated within the FtP team.

	Risk & potential impact	Current mitigations	Likelihood (1-5 with 1 being unlikely)	Impact (1- 5 with 1 being no impact)	Risk (likelihood x impact)	Short / medium term mitigations	Long-term mitigations
	<p><i>Example: Public Support Services (PSS) and Professional Support and Engagement Team (PSET) are dealing with an increased workload in relation to wellbeing issues arising in FtP cases – partly driven by a lack of clarity on roles and responsibilities in relation to safeguarding and wellbeing and lack of a strategic view as to how to respond; and partly driven by an increase in safeguarding and wellbeing issues on a national level, which is being reflected in the needs of people involved in FtP processes.</i></p>	<p>Safeguarding Hub has a comprehensive comms plan in place.</p> <p>Safeguarding Hub together with operational colleagues in FtP have started mapping the NMC's internal approach to safeguarding.</p> <p>Fortnightly internal meetings of Safeguarding, Operations and Legal to discuss challenging issues.</p> <p>There are examples of good practice of the Safeguarding Hub and Screening team working together.</p> <p>There is scope for individuals to observe meetings of the Safeguarding Hub (which are twice weekly) to help improve understanding of its role.</p> <p>PSET hosts drop-in sessions for FtP caseworkers to discuss wellbeing issues (within the PSET remit) in their FtP case.</p> <p>Safeguarding Hub, PSS and PSET all work together on new referrals.</p>				<p>Introduce Handbook / guidance setting out the roles and responsibilities of different groups, operational teams, and individuals in relation to safeguarding, including who is responsible for decision-making and whose role is advisory.</p> <p>Introduce a decision-making tree particularly for cases at later stages of the FtP process.</p> <p>Introduce e-learning and departmental training about the role of Safeguarding Hub.</p> <p>Safeguarding team to attend local directorate briefings to talk about the work they do and the support available by way of the Safeguarding Hub.</p> <p>Encourage more multi-disciplinary case conferences at an early stage to act as a point of escalation for case specific issues where complex or systemic issues are identified and agree the roles of different people / teams in relation to case specific issues. Embed this approach in the Handbook and/or SOPs and link to the Emerging Concerns Protocol.</p> <p>Regular (e.g. weekly) multi-disciplinary team (PR Ops, Legal & Safeguarding) gathering to discuss knotty issues arising.</p>	
	Guidance has not been operationalised						

	Risk & potential impact	Current mitigations	Likelihood (1-5 with 1 being unlikely)	Impact (1- 5 with 1 being no impact)	Risk (likelihood x impact)	Short / medium term mitigations	Long-term mitigations
	Vision: people and relevant teams within the NMC are clear on how safeguarding policies work in practice and ensuring the operational documents are easily accessible						
4.	<p>Lack of assurance around implementation could lead to inconsistent and/or partial operationalisation of existing or new guidance on safeguarding and, where guidance is public facing, registrants / the wider public may not be aware of the new policies.</p> <p><i>Example: when safeguarding issues arise, caseworkers do not have clarity on who they should go to and when. Are there situations where we are overusing certain teams (e.g. Public Support Services) because of operational colleagues' lack of confidence in this area?</i></p> <p><i>Example: new guidance and approach to private life is not widely understood by registrants. Are caseworkers in FtP confident on how to implement the new guidance in serious and sensitive cases?</i></p>	<p>Safeguarding Hub provides support and advice on identifying safeguarding issues for new referrals and any other queries raised with it.</p> <p>There are appropriate protocols / operational documents in place.</p> <p>Safeguarding Hub is having (a) weekly catch ups with the Comms team, and (b) quarterly catch ups with the Standards team.</p>				<p>Ensure policies are reflected in operational documents, such as Standard Operating Procedures ("SOPs") and a Handbook. Prepare good templates / worked examples for particular scenarios (e.g. dealing with serious and sensitive allegations but no conviction).</p> <p>E.g. introduce a Handbook which brings together how to use/interact with Safeguarding Hub, Public Support Services and other relevant teams.</p> <p>Make policy and operational documents easily accessible, both internally and externally (as appropriate) and to the extent possible, recognising the final balance required between detail and readability.</p> <p>After introducing new guidance (e.g. the private life guidance), the Policy team has plans to evaluate it to understand what impact it has had and whether any further changes are needed.</p> <p>The Change and Continuous Improvement undertake a review of cases which have been affected by the new private life guidance.</p> <p>Clear communications from senior stakeholders regarding prioritising implementation of new guidance.</p> <p>Additional external comms around new guidance affecting registrants.</p>	<p>Roll out training and necessary communications alongside new policies and associated operational documents to ensure understanding within the NMC.</p> <p>Long-term evaluation of whether policies are having the desired impact.</p> <p>Consider whether any emerging issues should be reflected as part of a review of the Code.</p> <p>Consider what safeguarding content could be published on the NMC's website.</p>

	Risk & potential impact	Current mitigations	Likelihood (1-5 with 1 being unlikely)	Impact (1- 5 with 1 being no impact)	Risk (likelihood x impact)	Short / medium term mitigations	Long-term mitigations
5.	Lack of consistent understanding of how to factor in safeguarding as part of the agreed removals process.	<p>Clear published guidance on Agreed Removals which provides to support for decision-makers.</p> <p>Feedback from workshops included examples of good multi-disciplinary working on agreed removals and decision-makers being able to access relevant and feeling well supported in the decision-making process.</p> <p>Safeguarding Hub provides support and advice on identifying safeguarding issues for new referrals and any other queries raised with it.</p> <p>Fortnightly internal meetings of Safeguarding, Operations and Legal to discuss challenging issues.</p>				<p>Introduce a decision-making tree and/or SOP to help operationalise the guidance on agreed removals (e.g. when and how to seek further advice on safeguarding and wellbeing).</p> <p>The multi-disciplinary working group on agreed removals can help to identify and address any process gap.</p> <p>Prepare worked examples covering common scenarios, including roles and responsibilities of different people / teams in respect of the scenarios.</p>	<p>Use case studies to help agreed removals colleagues with applying the current guidance.</p> <p>Consider improvements as part of the long-term project to refresh the FtP guidance library.</p>
6.	Registrants and people involved in the FtP process do not receive appropriate support where there are concerns relating to mental capacity. This may arise due to lack of guidance on mental capacity of registrants and people involved in the FtP process, and the fact that the current rules on mental capacity lack flexibility and create complexity with regard to concluding certain cases once they pass a certain part of the process.	<p>Sensitive handling of these issues as and when they arise and some excellent work is happening in this area already.</p> <p>Safeguarding Hub has mental capacity expertise. Clinical advisors can also assist.</p>				<p>Introduce better guidance and training around how mental capacity processes work. The Policy team is looking into this with a view to clarifying the position by the end of the year. In the meantime, issues to be escalated to the multi-disciplinary working group where there is uncertainty about which team the issue sits within.</p>	<p>Consider improvements as part of the long-term project to refresh the FtP guidance library</p>
<p>Training</p> <p><i>Vision: we are clear on the level of knowledge different people across the organisation must have in relation to safeguarding and implement appropriate training to achieve this</i></p>							
7.	Safeguarding risk factors are not recognised due to a lack of consistent understanding across FtP caseworkers as to what these are.	A safeguarding educator has been appointed, but they are only one person across a large organisation so their capacity is limited.				<p>Level 2 Safeguarding training is about to launch which will be tailored to NMC team leaders and managers. In due course, Level 3</p>	<p>Determine the level of safeguarding knowledge that FtP caseworkers should have vs what is specialist safeguarding knowledge.</p>

	Risk & potential impact	Current mitigations	Likelihood (1-5 with 1 being unlikely)	Impact (1- 5 with 1 being no impact)	Risk (likelihood x impact)	Short / medium term mitigations	Long-term mitigations
		<p>A training needs analysis has been undertaken.</p> <p>Level 1 Safeguarding training has been mandated for everyone in the NMC.</p> <p>Safeguarding Hub provides support and advice on identifying safeguarding issues for new referrals and any other queries raised with it.</p>				<p>Safeguarding training will also be mandated for more senior individuals working within safeguarding (e.g. Safeguarding Assistant Registrars and Safeguarding Champions).</p> <p>Introduce a decision-making tree to help operationalise the guidance (e.g. when and how to seek further advice on safeguarding).</p>	<p>Roll out safeguarding training to caseworkers so they can identify lower-level safeguarding concerns and empower them to make decisions (at an appropriate level) without having to consult Safeguarding Hub.</p>
	Resourcing <i>Vision: safeguarding is adequately resourced and prioritised across the NMC</i>						
8.	<p>Inadequate resourcing of safeguarding may exacerbate risks associated with delays in regulatory casework, and our ability to effectively manage safeguarding risks across the NMC more widely.</p> <p>For example, a high volume workload for a small safeguarding team may result in longer processing times of FtP cases where safeguarding input is required, which may in turn lead to wellbeing issues which can become safeguarding issues.</p> <p>There is an anecdotal sense of increased safeguarding referrals from external sources / increased need for safeguarding, likely arising at least in part from increased understanding across society. This, coupled with resourcing pressure on FtP team, mean that FtP timelines can contribute to wellbeing issues (which may escalate to safeguarding</p>					<p>Executive level approval of our safeguarding approach.</p> <p>Secure project support for roll out of operational safeguarding documents.</p> <p>Agree on which work needs to be prioritised to embed safeguarding approach.</p> <p>Determine medium and long-term resource and personnel requirements via a business case developed in the context of the Safeguarding Plan for approval by Council.</p>	<p>Secure additional resourcing for long-term safeguarding work. Consider what the Safeguarding team looks like long-term once the initial work to embed has been completed.</p>

	Risk & potential impact	Current mitigations	Likelihood (1-5 with 1 being unlikely)	Impact (1- 5 with 1 being no impact)	Risk (likelihood x impact)	Short / medium term mitigations	Long-term mitigations
	<p>concerns) and means increased demand for safeguarding capacity across the NMC.</p> <p>There is a degree of uncertainty of long-term resourcing for safeguarding team in the context of the current team structure</p> <p>Resources are currently focused on dealing with FtP casework, but there are other areas we should <i>also</i> be looking at (e.g. registration, revalidation and educational institutions).</p>						
9.	<p>Safeguarding issues across the entirety of the NMC may not be managed effectively where safeguarding knowledge is concentrated in a small number of people, if long-term support for safeguarding is not provided. Noting however that a more advanced level of safeguarding knowledge and expertise will continue to be required given these matters are highly specialist and sensitive.</p>	<p>Safeguarding Hub provides support and advice on identifying safeguarding issues for new referrals and any other queries raised with it.</p> <p>There is scope for individuals to observe meetings of the Safeguarding Hub (which are twice weekly) to help improve understanding of its role.</p>				<p>Introduce Handbook / SOPs clearly setting out the roles and responsibilities of different groups and individuals in relation to safeguarding, including guidance on when to seek further advice from Safeguarding Hub.</p>	<p>Determine the level of safeguarding knowledge that FtP caseworkers should have vs what is specialist safeguarding knowledge.</p> <p>Roll out safeguarding training to caseworkers so they can identify lower-level safeguarding concerns and empower them to make decisions (at an appropriate level) without having to consult Safeguarding Hub.</p> <p>Ensure appropriate levels of ongoing specialist safeguarding expertise.</p>
B.	<p>Duty to co-operate with external bodies/people and share FtP information</p> <p><i>Vision: seek to work more collaboratively with other agencies (police, local authorities, other regulators and healthcare services) in the sharing of information and safeguarding concerns</i></p>						
	Information sharing						
1.	Lack of assurance (due in part to lack of data on information received after the new	There is already information sharing guidance.				Review information handling guidance for FtP and include worked examples around the thresholds for external information sharing	Improve data capture and collection around information sharing.

	Risk & potential impact	Current mitigations	Likelihood (1-5 with 1 being unlikely)	Impact (1-5 with 1 being no impact)	Risk (likelihood x impact)	Short / medium term mitigations	Long-term mitigations
	<p>referrals stage) that safeguarding concerns are being identified which:</p> <ul style="list-style-type: none"> are for NMC to act upon; are <u>not</u> for NMC to act upon, but for someone else to act upon; are for NMC to take reasonable and appropriate steps to ensure appropriate external people and agencies receive information for them to act upon; <p>and that any information that is for others to act upon is shared in a prudent and timely way.</p>	<p>Safeguarding Hub is already playing a role in distinguishing these safeguarding concerns.</p> <p>Safeguarding team have expertise in relation to sharing safeguarding information with external bodies. Where they are sighted on questions of external information sharing as part of screening new cases, they make referral decisions.</p> <p>Safeguarding Hub advises and assists with requests for information from external bodies.</p>				<p>may be required. Consider the need for SOP around information sharing. This will help to operationalise the existing guidance.</p> <p>Introduce a Handbook and decision-making tree which outline:</p> <ul style="list-style-type: none"> what information caseworkers need to get from external bodies and how to get it; and what information needs to be shared externally and who makes the decision to share; a clear pathway for sharing information internally with Safeguarding team where this is received during the life of an FtP case. <p>Make these resources easily accessible.</p> <p>Greater clarity on the parameters of NMC taking “reasonable and appropriate steps to ensure appropriate external people and agencies receive information for them to act upon”.</p> <p>Clarity on the information needed where a police investigation is running alongside an FtP case.</p>	<p>Consider centralised oversight and decision making within NMC (with input from Safeguarding team) in relation to information sharing with external bodies, which will also support data capture.</p> <p>Provide training and support to embed culture of raising questions around safeguarding information sharing with the Safeguarding team.</p>
2.	<p>Lack of clarity around breadth of information sharing and requesting information.</p> <p><i>Example: how are <u>potential</u> safeguarding issues dealt with where a person is not yet involved in NMC processes but may be in future?</i></p>	<p>There is already information sharing guidance.</p> <p>Safeguarding Hub is already playing a role in advising on these issues.</p> <p>Decision whether to share information externally currently sits with Safeguarding Hub who have expertise in relation to this.</p>				<p>Review information handling guidance for FtP and include worked examples around when external information sharing may be required.</p> <p>Introduce a Handbook and decision-making tree which outline:</p> <ul style="list-style-type: none"> what information caseworkers need to get from external bodies and how to get it; and what information needs to be shared externally and who makes the decision to share. 	<p>Consider whether there should be similar information handling guidance and SOPs in relation to safeguarding for other teams within NMC.</p>

	Risk & potential impact	Current mitigations	Likelihood (1-5 with 1 being unlikely)	Impact (1-5 with 1 being no impact)	Risk (likelihood x impact)	Short / medium term mitigations	Long-term mitigations
	<p><i>Example: whether the NMC should or must share information about someone connected with a registrant e.g. their dependants</i></p> <p><i>Example: caseworkers are unclear about what information they can request externally in relation to criminal matters</i></p>	Safeguarding Hub advises and assists with requests for information from external bodies.					
3.	Risk of information not being shared with external bodies in a timely manner.	The Safeguarding Hub supports identification of safeguarding issues at the initial screening stage, ensuring prompt referrals are being made in new cases.				<p>Review information handling guidance for FtP and include worked examples around when external information sharing may be required. Consider the need for SOP around information sharing.</p> <p>Introduce a Handbook and decision-making tree which outline:</p> <ul style="list-style-type: none"> what information caseworkers need to get from external bodies and how to get it; and what information needs to be shared externally and who makes the decision to share. 	
4.	Under- or over- reporting serious incidents to the Charity Commission due to a lack of clear internal guidance on reporting thresholds.	The NMC's existing Charity Commission Referral Process refers to the Charity Commission's own guidance on reporting SIRs, although this is broad.				Legal advice is being sought in relation to serious incident reporting thresholds to help clarify the NMC's approach.	Development of internal guidance on reporting to the Charity Commission to support consistent and timely decision making.
Process for working with external safeguarding partners							
5.	Lack of clarity about relationships with external safeguarding partners with which the NMC has MOUs in place may result in inefficient/ineffective collaboration in our investigations and/or a lack of timely information sharing.	<p>There is information sharing guidance in place with support from the Safeguarding Hub (see above).</p> <p>There are touchpoint relationships within the NMC with external stakeholders, including local authorities.</p>				<p>Work with relevant teams within NMC to map out which MOUs the NMC currently has and whether these cover safeguarding. Where safeguarding is not covered, consider whether the MOU needs to be amended.</p> <p>Prepare document setting out key information in relation to all MOUs, including where ownership of these documents sits within NMC.</p>	<p>Regular audit of information shared with external bodies under MOUs.</p> <p>Embed internal learnings into templates over time.</p>

	Risk & potential impact	Current mitigations	Likelihood (1-5 with 1 being unlikely)	Impact (1- 5 with 1 being no impact)	Risk (likelihood x impact)	Short / medium term mitigations	Long-term mitigations
						<p>Embed understanding of MOUs across the NMC to ensure operationalisation of the MOUs.</p> <p>Agree standard templates in relation to information sharing with external bodies with which the NMC has an MOU in place.</p> <p>Review information handling guidance working with S&I team as appropriate.</p> <p>Strengthening touchpoint relationships with external stakeholders (e.g. local authorities) and being clear on information sharing protocols.</p> <p>Guidance on the different nations' approaches to safeguarding to improve case workers' understanding of what information they can expect to receive in relation to safeguarding.</p> <p>Consider when referrals are to be made to DBS, particularly in relation to agreed removals.</p>	
6.	Lack of understanding about how to identify when a safeguarding issue is systemic and how this should be escalated.	There is an Emerging Concerns Protocol in place between external bodies.				Clarify where responsibility for this sits within the NMC (see section D below).	Consider centralised oversight and decision making within NMC (with input from Safeguarding team) in relation to information sharing with external bodies, which will also support with identification of systemic safeguarding issues.
7.	Delays in external stakeholders sharing information with the NMC, which may impact the NMC's ability to take action to meet its safeguarding responsibilities in a timely way	There are touchpoint relationships within the NMC with external stakeholders.				Strengthening touchpoint relationships with external stakeholders (e.g. local authorities) and being clear on information sharing protocols.	

	Risk & potential impact	Current mitigations	Likelihood (1-5 with 1 being unlikely)	Impact (1- 5 with 1 being no impact)	Risk (likelihood x impact)	Short / medium term mitigations	Long-term mitigations
	<i>Example: information shared by employer with NMC about registrant only at the end of disciplinary process</i>	There is guidance in place on when the NMC expects employers to share information with it.				<p>Consider whether the NMC's existing guidance on information sharing is sufficiently clear.</p> <p>Provide further support to employers (particularly smaller employers) to assist them with reporting of information to the NMC at the appropriate time.</p> <p>Clarity on when the NMC should be proactively seeking information from external stakeholders in relation to safeguarding.</p>	
8.	Potential for uncertainty for individual case workers around how information received from other agencies for safeguarding purposes engages with FtP and regulatory work, and how NMC is permitted to use that information.	Safeguarding Hub provide guidance when receiving information				Clarity on whether there are limits on how information received in relation to safeguarding can be used internally (i.e. for FtP cases).	

Year One Safeguarding Business Planning 2025-26: Building sustainable foundations

This document outlines the safeguarding action priorities for the next 12 months. The document is a high-level overview of strategic work that will be undertaken, led by the safeguarding team to manage safeguarding risks identified within the safeguarding workshops across the NMC. Please note this document may be subject to change at short notice, in line with corporate priorities or urgent emerging safeguarding concerns.

Quarter 1	Quarter 2	Quarter 3	Quarter 4
<ul style="list-style-type: none"> • Review and update the safeguarding risk register • Undertake an evaluation of the functioning of the hub • Ensure that any outstanding safeguarding Charity Commission referral are submitted and review current referral processes • Review unallocated pots within fitness to practise to assess for safeguarding risk • Finalise the fitness to practise standard operating procedure • Develop a decision tree to support colleagues to understand the differences between wellbeing and safeguarding • Complete a first draft of the safeguarding handbook for staff • Kick-off work for the refresh of the self-harm and suicide protocol • Launch level 1 safeguarding e-learning • Map our engagement with external stakeholders work within the safety and experience FtP improvement plan • Map how the safeguarding process works for the four nations • Transfer ownership of the sensitive data project to Data Protection teams • Support on-going work around mental capacity 	<ul style="list-style-type: none"> • Initiate a review of the corporate safeguarding policy and guidance to ensure that it incorporates from the legal risk framework • Launch the self-harm and suicide protocol task and finish group • Collate findings and develop recommendations for the future ways of working for the safeguarding hub • The safeguarding team will undertake debriefing training to support colleagues managing highly distressing situations • Resume safeguarding diagnostic work across the FtP process • Undertake scoping work with the Panel Support team to identify support for Panel members within safeguarding • Explore opportunities to further embed EDI initiatives within the team's work • Review our data requirements for safeguarding • Finalise the recruitment and training of safeguarding champions • Finalisation of level 2 safeguarding content • Review how wellbeing intersects with safeguarding 	<ul style="list-style-type: none"> • Launch the refreshed safeguarding policy and guidance • Initiate the development of safeguarding tools to support the safeguarding handbook • Re-launch of the safeguarding champions • Roll out of level 2 safeguarding training to a targeted group of professionals within the NMC • Undertake scoping work for safeguarding supervision to identify the most appropriate model for the NMC • Map out the wider safeguarding links and risks across the wider organisation • Scoping for the development of a domestic abuse task and finish group 	<p>Roll out safeguarding supervision to a small group of colleagues</p> <p>Develop a process for incorporating best emerging safeguarding knowledge and best practice into our organisational approach to safeguarding.</p> <p>Develop a quality assurance framework for safeguarding</p> <p>Wider roll out of safeguarding level 2 training</p> <p>Develop Level 3 safeguarding programmes</p>

Safeguarding Advice Line



020 7681 5494

This telephone number is for all NMC staff to use when they need an immediate response to a safeguarding case or if you are unsure if someone needs emergency help. There will be an allocated safeguarding advisor to take your call Monday - Friday 9am-5pm. Outside of those times any safeguarding concerns should be raised with your line manager for support. (live from Monday 3rd March)



999

In the rare event that you are concerned that there is an immediate risk to life, call 999:

1. Ask to be put through to the relevant area/location of the person you are concerned about if outside London.
2. Tell the police everything you know; give the person's name, telephone number and current location (if you do not have this, the police will need their last known address).
3. Provide as much detail as possible about why you believe someone is at risk.
4. Ask for a call reference. You can call 101 to get an update.
5. Contact the safeguarding team who will guide you through the next steps.

For more information on emergency scenarios, refer to our [Risk of Suicide and self harm protocol.pdf](#)

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NMC Training Needs Analysis for Safeguarding

Overview

Making every contact count

The NMC recognises, that, in the delivery of its regulatory duties it will encounter children and adults who are at risk of abuse and neglect. We know that we have a duty of care to our staff, registrants and members of the public, to ensure that we do not put them at risk of harm, and we take swift action to respond to safeguarding issues.

We recognise that all staff have an obligation to know how to recognise and report safeguarding concerns. NMC colleagues have different levels of understanding and knowledge identifying and managing safeguarding risk and concerns. All colleagues will need safeguarding training and education based on their level of engagement with people in their daily role.

This document provides a framework for staff outlining the safeguarding training expectations based on their roles across the organisation.

Safeguarding is everybody's responsibility

What is safeguarding?

Safeguarding is defined as *“protecting a citizen’s health, wellbeing and human rights enabling them to live free from harm, abuse and neglect. It is an integral part of providing high-quality health care. Safeguarding children, young people and adults is a collective responsibility.”*

We recognise that we have specific safeguarding obligations to the following groups:

- Children and young people
- Adults with care and support needs, such as a learning disability, physical or sensory impairment, mental health diagnosis or people with addictions

The NMC’s obligations around safeguarding

The NMC is a registered charity; the Charity Commission places duties on all charities to prioritise safeguarding. This means that as charity we are responsible for:

- Not causing harm to people who engage with the NMC
- Identifying and managing safeguarding risks that arise
- Adopting robust safeguarding policies and practices
- Carrying out necessary employment checks for staff
- Protecting staff from bullying and harassment
- Responding to and reporting incidents appropriately

Expectations for staff

It is expected that all staff will have a basic awareness of safeguarding. This means that they should be understand the following:

- 1) What safeguarding is
- 2) Identifying safeguarding risk in adults at risk and children
- 3) Recognising abuse
- 4) Responding to disclosures of abuse
- 5) How to report or escalate safeguarding concerns
- 6) Overview of relevant legislation
- 7) Overview of the NMC's safeguarding policy and procedures

There are some roles in the NMC that will need an enhanced understanding of safeguarding. This is because they may work with people who are in a particularly vulnerable stage in their lives, or they may be more likely to receive information that contains safeguarding information. It is important that a robust safeguarding training plan is in place so that staff feel empowered to respond effectively to any safeguarding concern or risk they may encounter.

The basic awareness of safeguarding e-learning course will launch 1st April 2025 and will continue to be mandatory with an annual requirement to complete to ensure that colleagues are receiving the most current safeguarding best practice information.

Intended outcomes

A robust and effective safeguarding training programme for staff will lead to the following positive outcomes:

- Assurance that we are fulfilling the duties set out by the Charity Commission
- Builds trust and confidence in the organisation
- People get the right support when they need it
- Assurance that we are delivering our core regulatory duties
- Staff are proactive in addressing safeguarding issues in their own work
- Policies and procedures consider safeguarding and limit harm to the public, registrants and NMC Staff
- Our processes are trauma informed and person-centred
- Staff feel confident and empowered to support witnesses and registrants who are at risk of harm
- Meeting our core values of being kind, fair, collaborative and ambitious

Safeguarding training needs

The table below bands staff into one of three categories. Each category has its own criteria outlining explaining what the training needs are for staff at that level. The

categories have been determined by their level of engagement with registrants and members of the public. This analysis acknowledges the benefit of safeguarding champions having Level 3 training as they are proactive individuals who work within all teams of the NMC. The safeguarding champions take a lead role in developing a safer culture based on good safeguarding practice and shared responsibility.

Who?	What do they need to know?	What learning do they need to undertake?	Platform and how often?
Level 1: <i>Limited or no engagement with members of the public</i>			
Teams who undertake roles with no engagement with the public or whose role has no impact on the public	The basics of safeguarding:	Mandatory E-learning	Yearly refresher of training and bi-annually colleague will need to pass safeguarding refresher questions. Currently mandatory
Level 2: <i>Public facing roles where some people may present with vulnerabilities</i>			
Teams who work in roles where they may from time-to-time encounter people who have additional needs or encounter safeguarding issues.	A strong understanding of safeguarding	Workshops to be developed	Workshops to be a mix of face-to face, webinars, MS Teams and E-Learning Level 2 to also become mandatory Completed bi-annually
Level 3: <i>Public facing roles with regular and on-going engagement with people with significant vulnerabilities</i>			
Teams who have extensive engagement with people who have significant	In-depth safeguarding knowledge	Workshops to be developed	Workshops to be a mix of face-to face, webinars, MS

vulnerabilities or must make decisions that may have significant safeguarding consequences			Teams and E-Learning Level 3 to be completed tri-annually
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The primary focus of training is to ensure all staff have undertaken the revised online basics of safeguarding course which is currently mandatory.

The modules have been selected to provide a comprehensive overview of safeguarding training to support NMC colleagues in their role and build their confidence in managing concerns. The sessions will be standalone sessions or combined dependent on content.

There will be an additional cohort of NMC colleagues such as the safeguarding team that will require external safeguarding training to cover specialist topics such as Level 4 training and delivering safeguarding supervision.

Training structure

Level 1 e-learning training has been designed to give an overview of key components in safeguarding vulnerable adults and children within England, Wales, Scotland and Northern Ireland. It is primarily aimed at teams who undertake roles with no engagement with the public or whose role has no impact on the public. Directorates identified to meet this requirement will be Communications and Engagement, Office of the Chair and Chief Executive, People and Organisational Effectiveness, Resource and Technology Services.

Level 2 training will be made up of the following core subjects:

- Safeguarding roles and responsibilities – This session will dispel the myths such as its everyone's responsibility, difficulties in identifying abuse and a large piece around professional curiosity.
- An introduction to mental capacity – This session will discuss its principles, the impact of fluctuating capacity and the importance of consent.
- Trauma informed safeguarding – This session will highlight the importance of a positive approach to avoid re-traumatisation and promote healing and safety. Discussions to understand the concept, empowerment, collaboration, sensitivities and pitfalls.
- Assessing risk and safeguarding on the telephone – This session will empower colleagues to feel confident in engaging with registrants and members of the public. We will discuss the NMC's duty of care, limitations of being a regulator and how to assess suicidal feelings by a caller.

Colleagues will need to select 3 out of the 4 core subjects that are relevant to their job role and 2 of the following bespoke sessions to achieve level 2 in safeguarding:

- Information sharing.
- Engaging with social care.
- Engaging with people who present with complex needs or non-engagement.
- Impact parental issues such as domestic abuse, substance misuse and mental health on parenting capacity.
- Self-care and emotional resilience.
- Whistleblowing.
- Working with people with anti-social or challenging behaviours.
- Prevent training.

Identified directorates who will meet the requirement to complete level 2 would be Professional Practice, Professional Regulation, Strategy and Insight. Teams will be recommended which sessions are most relevant by their leadership. Level 2 training will also become mandatory to enhance organisational safety, and the development of a stronger safeguarding skill set within the NMC.

Within the directorates there are colleagues and teams who require further enhanced training who will be given level 3 accreditation. These members of staff will complete all level 2 modules and the following additional modules:

- Lessons from Safeguarding Adult Reviews/Child Protection Reviews/Domestic Abuse Related Death Reviews.
- The understanding of safeguarding implications in decision making.
- The complexities of the Mental Capacity Act and the Mental Health Act.
- Disclosure & Barring Service (DBS).
- Delivering 7-minute briefings.

Level 3 is not mandatory and is to be offered to Senior Lawyers, Professional Support Service, Clinical Nurse Advisors, Safeguarding Champions, and Insight Intelligence.

Updating

The mandatory level 1 training to be completed online using the E-Learning platform and the following year can be passed by attempting refresher questions. If the colleague does not achieve 100%, they will have to recomplete the E-Learning package. It is expected that all colleagues should complete the full safeguarding e-learning once every two years.

Level 2 training will also become mandatory for highlighted NMC colleagues who work closely with registrants and members of the public to enable them with the knowledge and skills required to keep them safe. This will need to be updated bi-annually.

The level 3 cohort will receive updates to their modules where there has been policy or procedural changes, and additional modules added where appropriate.

Measuring effectiveness and compliance

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Measuring training effectiveness will be through 360 feedback surveys and questionnaires, post-training quizzes and assessments. Responses to be collated post-training to ascertain

- Did I find the training engaging?
- Does the training support what I do?
- As a result of attending this training do I feel my overall safeguarding practice has improved?
- Are there any sections that I enjoyed?
- Are there any areas for opportunity?

All feedback responses will be collated, and consideration will be offered to adapt future sessions to reflect opportunities. Compliance and attendance data to also be accumulated by safeguarding data analyst. Overall internal data to support annual safeguarding concerns data to see how changes influence practice where possible.

Keeping safeguarding at the forefront

7-minute briefings have been used as a tool by safeguarding boards and trusts to promote learning. It is inspired by a technique mastered by the FBI, based on research indicating that 7 minutes is an optimal duration for effective learning and retention.

The safeguarding team plan to produce seven-minute briefings on various safeguarding topics. Feedback from services is that learning for seven minutes is manageable and evidence demonstrates learning becomes more memorable as it is simple and not clouded by cross-over issues/pressures.

The seven-minute briefings will cover a wide range of safeguarding topics such as describing what a Local Authority Designated Officer (LADO) is, contextual safeguarding, stalking and a summary of internal Serious Event Reviews (SER). We propose this will be cascaded monthly by safeguarding champions or department managers briefing their colleagues. Versions will be uploaded to Pulse to allow reflection and access to wider safeguarding information easily.

Delivery

The delivery of safeguarding training will be co-ordinated by the safeguarding educator. They will engage with key internal stakeholders including Learning and Development, Professional Support Services, continuous improvement teams and network chairs to ensure that any training delivered compliments the wider organisational culture programme.

Governance

The Strategic Safeguarding Lead is responsible for the oversight of training plan and will quality assure compliance with training. Training assurance data will be reported to the Safeguarding Board.

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Each Manager will be responsible for ensuring that their staff undertake the relevant level of training.

Equality and diversity

All training will be expected to comply with the Equality Act 2010 with an expectation that all trainers will challenge discrimination, promote equality and are aware of their Human Rights obligations. Reasonable adjustments should be put in place to ensure that all staff can fully engage with training.

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Council

Implementation of Independent Culture Review (ICR)
recommendations progress update

Action requested:	Our vision is safe, effective and kind nursing and midwifery practice that improves everyone’s health and wellbeing, and our mission is to protect the public.
	The publication of the NMC Independent Culture Review (ICR) on 9 July 2024 was a sobering moment for the NMC.
	The Executive accepted all 36 recommendations on publication of the ICR and committed to transforming the culture of the organisation.
	This paper provides an update on the progress made to date as part of our ongoing updates and invites comment from the Council.
	For discussion The Council is invited to discuss progress, and we invite comments.
Key background and decision trail:	<ul style="list-style-type: none">• The Executive accepted all 36 recommendations on publication of the Independent Culture Review (ICR) on 9 July 2024.• In addition, the Executive made 11 commitments and subsequently at Council on 27 July, the previous Council Chair, Sir David Warren stated a further four commitments to the public, which he had made to the Department of Health and Social Care (DHSC).• The NMC Independent Oversight Group, established by the Professional Standards Authority (PSA) provides further scrutiny over the implementation of the ICR recommendations, the Omambala investigations and the wider culture transformation of the NMC. The group has been in operation since September 2024.• The interim Chief Executive and Registrar commenced in role mid-January 2025. He further reinforced the commitment to continue to implement the ICR recommendations and, in March, published a Culture Transformation Plan to address wider culture issues at the NMC and transform our culture.

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	<ul style="list-style-type: none"> • The Culture Transformation Plan (CTP) was launched March 2025. ICR recommendations are being implemented alongside the CTP. • We recognise the publication of the ICR damaged people's trust and confidence in the organisation's ability to deliver its core purpose. The work we are progressing is seeking to build back that confidence and trust. • We seek to demonstrate the extent to which we are making progress and understand we must be clear on the outcomes we are aiming to achieve and how this will promote positive culture change. 	
Key questions:	<ul style="list-style-type: none"> • What progress has been made on the implementation of the ICR recommendations to date? • What difference has it made to changing the culture at the NMC? 	
Annexes:	<p>The following attached to this paper:</p> <ul style="list-style-type: none"> • Annexe 1: Recommendation progress May open council 	
Further information:	<p>If you require clarification about any point in the paper or would like further information, please contact the author or the director named below.</p>	
	<p>Author: Karen Lanlehin Phone: 020 7681 5697 KarenTeresa.Lanlehin@nmc-uk.org</p>	<p>Executive Director: Gavin Kennedy Phone: 020 7681 5160 Gavin.Kennedy@nmc-uk.org</p>

Implementation of Independent Culture Review (ICR) recommendations progress update

Discussion							
1	In July 2024, the Executive and previous Chair of Council, Sir David Warren, made commitments, in addition to accepting the 36 recommendations, upon publication of the Independent Culture Review (ICR). These commitments have largely been delivered.						
2	All four commitments made by Sir David Warren have been delivered.						
3	Nine out of 11 immediate commitments made by the Executive have also been delivered. The two which are incomplete have actions which are well underway.						
4	The interim Chief Executive and Registrar, Paul Rees, has launched permanent recruitment campaigns for most members of the Executive; to strengthen and stabilise the leadership of the NMC and ensure we have a diverse board.						
5	The safeguarding hub has been in operation since September 2024. It is too early to report on the impact of the hub, as we are still gathering and analysing data. The detail in Annexe 1 demonstrates the amount of work that has been done to date to strengthen our safeguarding approach at the NMC. All new Fitness to Practise referrals are looked at through a safeguarding lens and resourcing the hub has brought in valuable expertise into the organisation.						
6	We have welcomed additional scrutiny of our progress to date from the NMC Independent Oversight Group, established by the PSA, on all aspects of our culture transformation journey.						
ICR recommendations							
7	<p>We have made good progress on implementing ICR recommendations, but there is still work to do. (See Annexe 1 for further detail). We also acknowledge that the recommendations are task orientated, and we have more to do to set out the outcomes and the differences they will make. We have started this work with the People and Culture Committee, and they have helped to shape it. We will have an updated approach to outcome measures and how we will meaningfully track progress in July. We are also completing our People and EDI strategic objectives which will help to demonstrate a complete picture of the culture change programme. The high-level summary of progress is noted in the table below.</p> <table> <tr> <th>Progress status</th><th>May 2025</th></tr> <tr> <td>Delivered</td><td>3</td></tr> <tr> <td>In progress/on track</td><td>19</td></tr> </table>	Progress status	May 2025	Delivered	3	In progress/on track	19
Progress status	May 2025						
Delivered	3						
In progress/on track	19						

Scoping/planning (including realignment/ enhancement with existing initiatives)	10
In progress/timeline extended	5

- 8 Of the three ICR recommendations delivered: the NMC Independent Oversight Group is now established. We have increased the ethnic diversity of panel members on Fitness to Practise panels from 15 percent from Black, Asian and ethnic minority backgrounds to 23 percent and we have improved our approach to internal recruitment.
- 9 While we have closed actions relating to the deliverables mentioned above, we recognise the importance of being able to demonstrate the difference they have made to transforming the culture of the NMC.
- 10 Further to the turnaround work carried out by PwC, we are reviewing their recommendations on things we can improve, along with recommendations from Ambitious for Change research and PSA recommendations. We are still awaiting reports from Ijeoma Omambala KC.

Next Steps

- 11 We are developing outcome measures with our corporate team to enable transparent reporting to all our stakeholders on the impact of the actions we are taking and the progress we are making towards desired outcomes.

Implications

The following were considered when preparing this paper:

Implication:		Location if in paper:	Content if not in paper:
Public protection/impact for people.	Yes		The publication of the Culture report has impacted on trust in confidence in the NMC. This paper describes how far we have progressed with

			implementing all recommendations and immediate commitments made by the Executive and previous Council Chair
Safeguarding considerations	Yes	Para. 5	The organisation's approach to safeguarding is an integral part of culture change
The four country factors and considerations.	Yes		Yes, all four countries
Resource implications including information on the actual and expected costs involved.	Yes		Not specifically discussed in this paper
Risk implications associated with the work and the controls proposed/ in place.	Yes		Actions which address organisational strain and create capacity
Legal considerations.	Yes		We await the outcome of the investigation into the regulatory cases being carried out by Ijeoma Omambala KC
Midwives and/or nursing associates.	Yes		Our internal culture is closely linked to our regulatory performance
Equality, diversity, and inclusion and Welsh Language impact.	Yes		Our approach to EDI is central to culture change

Stakeholder implications and any external stakeholders consulted.	Yes	Para 11	
Regulatory Reform.	Not Applicable		

Item 8: **Annexe 1**
NMC/25/43
21 May 2025

Independent Culture Review (ICR) progress update May 2025

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Executive & Chair's commitments

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Progress update on 4 commitments made by Council Chair to DHSC

No.	Commitment	Status
1	Appoint an interim CEO	Delivered
2	Appoint one or more senior independent advisers to the Council	Delivered
3	Fitness to Practise Advisors for improvement	Delivered
4	Enhance PSA oversight of the NMC's progress via the establishment of an Independent Advisory Group	Delivered

Progress update on the 11 Commitments made by the Executive

No.	Commitment	Status
1	Empowered To Speak Up Guardian (ETSU)	Delivered
2	Listening circles	Delivered
3	Extending decompression offer to colleagues working on sensitive casework	Delivered
4	Invest in a partner to help improve psychological safety	Delivered
5	External EDI partner to review EDI learning and improve training	Delivered
6	External EDI partner to help improve our policies	Delivered
7	Appoint EDI advisor to Executive Board	Delivered
8	Diversify our Executive Board - In progress as permanent recruitment is ongoing	In progress / Timeline extended to ensure better quality outcome
9	Safeguarding hub, full training needs analysis and launch of SOPs - Ongoing as new approach is going to Council in May	In progress / Timeline extended to ensure better quality outcome
10	Double amount spent on learning & development	Delivered
11	Behaviour framework to support recruitment	Delivered

ICR Recommendations

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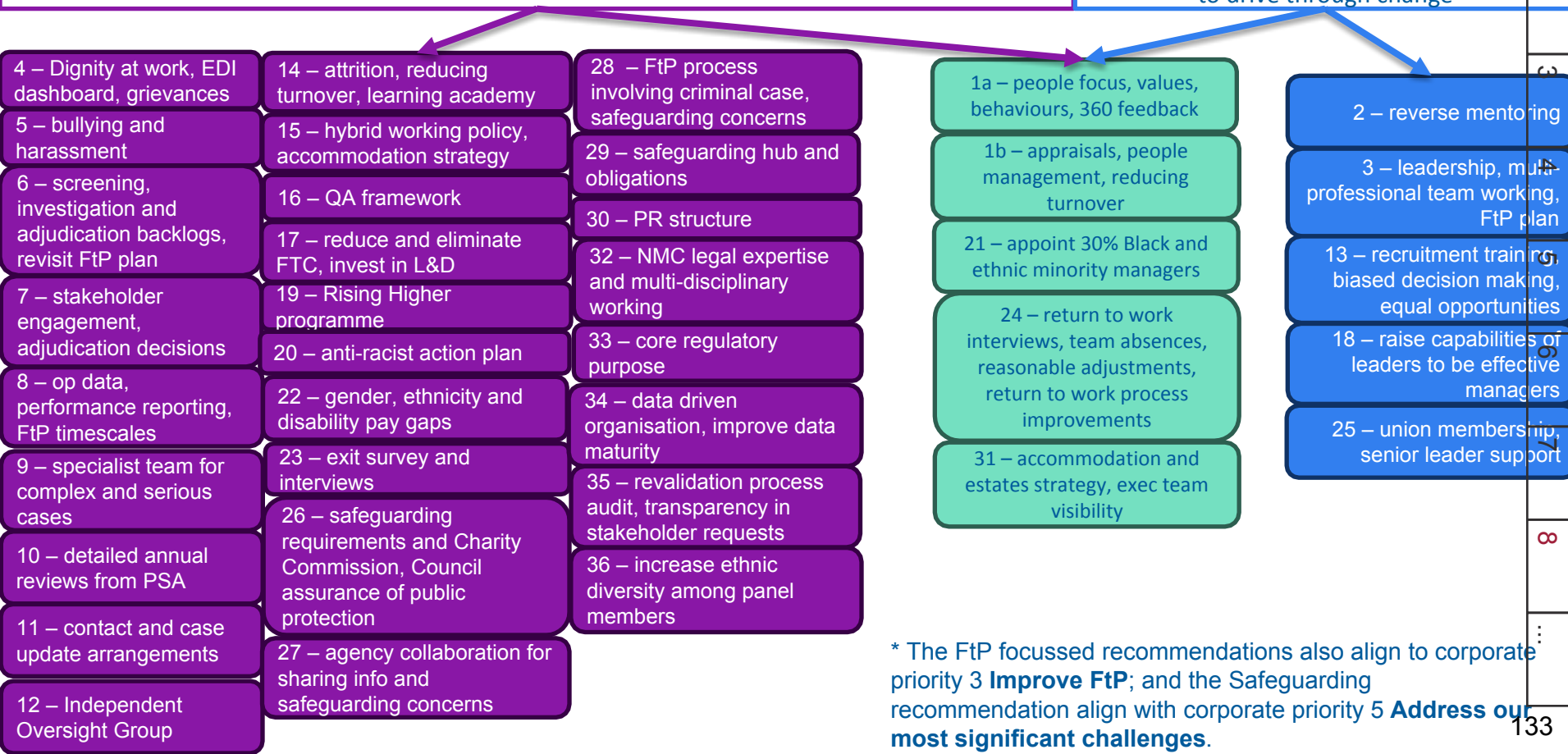
Independent Culture Review recommendations

- The Independent Culture Review (ICR) identified 36 recommendations for the NMC to implement to change and improve the culture and working experience of NMC colleagues. For tracking progress of the recommendations, we have split 1a and 1b for a total of 37 recommendations.
- Most recommendations are being incorporated into established plans, such as Fitness to Practise plan, Safeguarding plan and the EDI and People strategic objectives, which form part of the Culture Transformation Plan.
- The ownership of the remaining recommendations were agreed by Executive Board and are managed by several teams across the organisation.

Corporate Priorities

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

2. Strengthen leadership at the organisation to drive through change



* The FtP focussed recommendations also align to corporate priority 3 **Improve FtP**; and the Safeguarding recommendation align with corporate priority 5 **Address our most significant challenges**.

Progress on the implementation of the recommendations

Progress status	Nov 2024	Jan 2025	Mar 2025	May 2025
Delivered	1	3	4	3
In progress/on track	12	17	18	19
Scoping/planning (including realignment/enhancement of existing initiatives)	10	8	7	10
In progress/timeline extended to ensure better quality outcome	9	9	8	5

N.B November update did not include the FtP recommendations

FtP Plan	Safeguarding Plan	Culture Transformation Plan	
		EDI Strategic Objectives	People Strategic Objectives

N.B. 13 ICR recommendations sit outside of the three main plans mentioned above. All recommendations have SROs who are members of the executive.

SROs: FtP: Lesley EDI & People Strategic Objectives: Gavin Safeguarding Plan: Donna

Recommendation progress

Delivered	In progress/on track		Scoping/planning (including realignment/ enhancement of existing initiatives)	In progress/timeline extended to ensure better quality outcome
12 - Independent Oversight Board 13 - recruitment training, biased decision making, equal opportunities 36 - increase ethnic diversity among panel members	1a – people focus, values, behaviours, 360 feedback 1b – Appraisals, people management, reduce turnover 2 – reverse mentoring 3 - leadership, multi-professional team working, FtP plan 4 - Dignity at work policy, EDI dashboard, grievances 5 - bullying and harassment policies 15 - hybrid working policy, accommodation strategy 17 - reduce and eliminate FTC, invest in learning and development 18 - raise capabilities of leaders to be effective managers 19 - revisit Rising Higher programme 21 - appoint 30% Black and ethnic minority managers	22 - gender, ethnicity and disability pay gap 23 - exit survey and interviews to identify strengths and issues 24 - return to work interviews, team absences, reasonable adjustments and turn to work process improvements 25 - union membership, senior leader support 26 - safeguarding requirements and Charity Commission, Council assurance to enable public protection 27 - agency collaboration for sharing information and safeguarding concerns 30 - PR structure 32 - NMC legal expertise and multi-disciplinary working	6 - screening, investigations and adjudications backlogs, revisit FtP plan 7 - stakeholder engagement, adjudications decisions 8 - operational data and performance reporting, FtP timescales 9 - specialist team for complex and serious cases 11 - contact and case update arrangements 14 - attrition, reducing turnover, learning academy in FtP 20 -anti-racist action plan 28 - FtP process involving criminal case, safeguarding concerns 33 - core regulatory purpose 35 - revalidation process audit, transparency in stakeholder requests	10 - detailed annual reviews from PSA 16 - quality assurance framework 29 - safeguarding hub and obligations 31 - accommodation and estates strategy, visibility and access to executive team 34 - data driven organisation, improve data maturity

Recommendation 1a – people focus, values, behaviours, 360 feedback

<p>1a - The NMC needs to transform itself into a people focused organisation with significant investment in its people. The NMCs values need to be revisited, with a clear understanding of the behaviours expected to uphold these values. This should form part of the soon to be launched competency framework and make colleagues accountable for how they deliver through appraisals.</p> <p>a. As part of the commitment to investment in people, starting with its Executive, the leadership group and all line managers should have 360 feedback to inform appraisals, together with feedback from the annual staff survey and other relevant data sources.</p>	<p>SRO: Gavin Kennedy (Interim POE ED)</p> <p>Lead: Charlotte W & Jo S</p>	1
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<p>Progress update:</p> <ul style="list-style-type: none">• The Behaviour Framework was published in November 2024, engagement sessions are underway to support colleagues with it. From January 2025, a pilot with RTS went live to test embedding the framework in our recruitment. These pilots will be evaluated in Q2 2025.• The Executive Board completed a pilot of our new 360 degree feedback tool in January as part of the end of year Ambitious Appraisals (AA) check-in window. We are collating feedback from Directors and colleagues who participated to understand their experience with the process and identify areas for improvement, including reviewing the EQIA and action plan, as we prepare to next roll-out out to Deputy Directors and Assistant Directors. Following that, we will extend the roll out to our heads of review again and consider other managers in subsequent Appraisals check-in windows.• We have started an organisation-wide consultation to shape our new values as part of the Culture Transformation Plan.• We are also piloting values-based recruitment as part of the current Executive Board recruitment.	<p>Status update May 2025: In progress/on track</p>	5
	<p>Status update Mar 2025: In progress/on track</p>	6
	<p>Status update Jan 2025: In progress/on track</p>	7
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Recommendation 1b – Appraisals, people management, reducing turnover

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<p>1b – Appraisals should achieve at least 95% completion rate next year and include people management objectives for managers and EDI outcomes for all employees. All colleagues should have meaningful career discussions and development plans in place that support their growth. Appraisal completion rates should be monitored by directorates - and line managers need to be trained to address poor performance quickly and effectively.</p> <p>In teams with high turnover there should also be specific objectives for leaders and managers, around stabilising the team and reducing avoidable turnover (including probation turnover). In teams with high levels of absence due to stress anxiety and depression, or in teams with high numbers of formal and informal grievances, targeted and additional support should be provided on wellbeing, engagement and learning.</p>	<p>SRO: Gavin Kennedy (Interim POE ED)</p> <p>Lead: Charlotte W</p>	2
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<p>Progress update:</p> <ul style="list-style-type: none">For three consecutive quarters we have exceeded the 95% completion rate for Ambitious Appraisals (AA) (July window = 97.3%, October = 98.9% and January = 97%).As part of Year 3 of the People Strategic Objectives, we are reviewing AAs with colleagues now we have completed a full cycle of activity. The review will focus on improving the quality of appraisal conversations and SMART objectives and the process, we are also looking to make improvements to the system to make it quicker.We have introduced support for people's careers as part of this work, highlights include 28 apprenticeships as part of roll out of apprentice opportunities at NMC, 65 Mentees and 58 Mentors on our flagship Rising Together scheme. Twenty-eight colleagues receiving coaching and our first social mobility apprentices started in February 2025.Notably we also announced our new coaches are part of the Culture Plan and the Executive Team kicked off their first session on leadership, and Council have had their first one on cultural competence with the EDI coach. Two of our coaches also attended our April Leadership Away Afternoon to start the development progress with our wider leadership cadre.Managers will be supported by our refreshed leadership and management offer in tackling issues and enabling colleagues. The pilot Management Development Programme (building on and replacing Management Essentials) has been developed and 36 of 50 pilot places already allocated and will start in May.Work to identify teams with high turnover was completed in Q3 and interventions like over-recruitment in teams like investigations are in place. Work to identify high levels of absence to be undertaken in Q4 24/25. Work on turnover rates and absence levels are being taken forward in Q4. We now have resources in place to support this work.	<p>Status update May 2025: In progress/on track</p>	5
	<p>Status update March 2025: In progress/on track</p>	6
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	<p>Status update Jan 2025: In progress/on track</p>	..
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Recommendation 2 – reverse mentoring

2 - Senior leadership to engage in reverse mentoring to understand colleagues different lived experiences.	SRO: Gavin Kennedy (Interim POE ED) Lead: Jo S
Progress update: <ul style="list-style-type: none">• This is currently an optional part of the Rising Together Programme – and in some cases is already being taken up by colleagues across the organisation.• This will be scoped as part of the People Strategic Objectives in 25-26 and we are reviewing current mentoring platform for this work, we are aiming to have it in place by Q3 but this is being worked through.• Recruitment of additional resource is now in place, and they are starting to scope in more detail to deliver this work by Q3.	Status update May 2025: In progress/on track
	Status update March 2025: In progress/on track
	Status update Jan 2025: In progress/on track

Recommendation 3 – leadership, multi-professional team working, FtP plan

<p>3 - NMC should invest in its leadership and ways of working to develop effective multi-professional team-working and ensure that it delivers ambitions in this area, as set out in its Fitness to Practise Plan. It must ensure that the right people are in the right place at the right time to enable the right decisions to be made, whether that’s clinical, safeguarding, legal or other specialist areas.</p>	<p>SRO: Gavin Kennedy (Interim POE ED) & Lesley Maslen (PR ED)</p> <p>Lead: Jo S</p>	1
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<p>Progress update:</p> <ul style="list-style-type: none"> • We have made some immediate changes to team structures, from mid-April the Change and Continuous Improvement Team will be located within the Resources and Technology Services team to strengthen the alignment of planning and delivery teams. The Culture Team will also move from Strategy and Insight to a new People and Culture Directorate that will include the EDI and the People Teams. These moves will better align plans, activity and people. • The recruitment for permanent Executive Directors posts will take place over March and April, the three roles covering, People and Culture, Strategy and Insight, and Communications and Engagement went live at various stages, and we aim to have a permanent team in place by the summer. This will be fundamental to starting work on multi-professional team working at NMC. • As noted, the Leadership coaching has started with the Executive Board and will be in place for at least the next 12 months. It will be fundamental to how the team stabilises and welcomes new members and helps to set the agenda for multi-professional working at NMC. The first session had very good feedback and was constructive. The coaches also started work with the wider leadership cadre at the April Away Afternoon. • We have been running a series of feedback workshops with Leaders and colleagues across the NMC to co-create the new Management Leadership Programme course and use this feedback for planning and implementation of Leadership Development Programme for roll-out in 25/26. As noted in relation to recommendation 1b, content has been developed to start piloting in May. 	<p>Status update May 2025: In progress/on track</p> <p>Status update March 2025: Scoping/planning (including realignment/enhancement of existing initiatives)</p> <p>Status update Jan 2025: Scoping/planning (including realignment /enhancement of existing initiatives)</p>	3
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Recommendation 4 – Dignity at work policy, EDI dashboard, grievances

<p>4 - The recently updated Dignity at Work policy should be better communicated to employees and included in mandatory training for managers at NMC. In addition, the newly published EDI dashboard on NMC intranet should be updated to include more transparent information on grievances and bullying, harassment and discrimination (within GDPR considerations) and the related policies that can support people, including Dignity at Work.</p>	SRO: Gavin Kennedy (Interim POE ED)	
	Lead: Jo F & Charlotte W	
	<p>Progress update:</p> <ul style="list-style-type: none">• The EDI learning review, which will support the embedding of our policies, is underway. We are partnering with the Equal Group to develop a new EDI learning curriculum. A pilot group has tested and reviewed content for the first two modules – EDI Fundamentals and Conscious Inclusion.• The next four modules (Inclusive Communication; Accessibility, Sensitivity and Inclusion; EDI for Leadership and EDI Policy and Procedures) have been developed and are being piloted.• The learning will be rolled out gradually to ensure we take account of workloads and other priorities to ensure quality engagement and learning for colleagues. This will be mandatory for all colleagues.• The updated Dignity at Work policy was published at the end March along with updates to our Grievance, EDI and Reasonable Adjustment policies.• To date, we have launched 22 different policy and guidance updates to include the Independent Culture Review recommendations and will continue with a cycle of feedback, learning and improvement.• The new EDI dashboard has been reviewed, and improvements are being consulted up as part of the policy review work. This is being updated in Q1 and reviewed and improved regularly.	<p>Status update May 2025: In progress/on track</p>
	<p>Status update March 2025: In progress/on track</p>	
	<p>Status update Jan 2025: In progress/on track</p>	

Recommendation 5 – bullying and harassment policies

5 - NMC should consider what more it can do to strengthen policies and learning on bullying and harassment to eliminate it from its culture	SRO: Gavin Kennedy (Interim POE ED) Lead: Charlotte W & Jo F
Progress update: <ul style="list-style-type: none">Updated and agreed policies have been published following expert review by The Equal Group and extensive colleague engagement. Work is now underway to embed these policies.Speak-up Guardian and ambassadors are helping to better identify, support and report bullying and harassment so that we can improve NMC culture. We have seen a positive change in Empowered to Speak Up, with fewer colleagues remaining anonymous and more feeling confident to approach them. The team have new Council and EB sponsors and meet regularly to feedback trends and themes to support change.We will be undertaking a communications campaign with colleagues to remind them of the options available to raise concerns and have them dealt with.We have actioned our policies robustly and have exited people whose behaviours has not been in line with our policies	Status update May 2025: In progress/on track
	Status update March 2025: In progress/on track
	Status update Jan 2025: In progress/on track

Recommendation 6 – screening, investigations and adjudications backlogs, revisit FtP plan

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6 - Commit to eliminating the screening backlog by 2025 so that, on average, cases remain at screening for no longer than two months. A further commitment should be made to eliminating the backlog of cases at investigations by 2026. The NMC should revisit its Fitness to Practise plan to identify whether additional technology and external resources can be used for further sustained progress and to ensure that the current timeline for removing the backlog in adjudications is brought forward from March 2027	SRO: Lesley Maslen (PR ED) Lead: Shahneela G	3
<p>Progress update: Screening:</p> <ul style="list-style-type: none">• We have seen referrals continue to rise. Current 12 month average is 546 per month compared to previous average of 512 pm for Aug 23 – June 2024. This continues to be a pressure to our FtP process and achieving our targets.• At Screening we deployed additional resource to increase our case progression and capacity (a temporary surge team, case examiners assisting with decision-making, casework support from PwC on over 200 cases). As a result, since September 2024 we have made more Screening decisions (either case closures or progressions onto the Investigations stage for a full case investigation). An average of 673 decisions per month in Oct 24 - Mar 25, compared to a 512 average for Apr-Sept 24. In that period, decisions exceeded incoming referral volumes per month resulting in a reducing Screening caseload and it is continuing to reduce. The capacity actions combined with our focus on progressing older cases has seen the median case age reduce since July. Based on current pace, we expect to meet the ICR recommendation.• Recent new initiatives at Screening will further help us reach the target. In February 2025, we amended the referral form that members of the public use, to help clarify the types of concern that the NMC can help people with. In March 2025, we expanded our triage function and new case management technology, so that we manage more types of referrals through this function and enables us to resolve cases in our new case management system more rapidly. In May 2025, we launched changes to our Screening guidance which will help us to focus our time and work on concerns that require regulatory investigation and potential action – while swiftly signposting concerns that fall outside our remit to the right organisations, strengthening safety across the healthcare system. This will help us in safely concluding cases at the earliest opportunity at Screening. <p>Investigations:</p> <ul style="list-style-type: none">• With sustained high throughput into this stage and outcomes not keeping pace, we are seeing a growing caseload and unallocated cases which risks us not meeting the target by Dec 2026. Since January 2025 we’ve undertaken turnaround activity to review how we are working, and we are now considering additional resources to deploy and actions to take in 2025/26. We will be clearer on our revised trajectory after making these decisions. <p>Adjudications:</p> <ul style="list-style-type: none">• Our Adjudications caseload remains a challenge and we are continuing our work to: focus on quality to achieve greater efficiency; make the most effective use of panel member time; and focus on reducing the length of hearings, and these focuses will maximise the number of outcomes we can deliver with the resource available.• We continue to improve our scheduling pipeline to ensure that we better utilise the available hearing resources, smarter allocation of panels and investment in our hearing centres transitioning towards being able to hold more hearings in person, which is a more efficient way of hearing particular cases. There is a risk of us not meeting the target in Dec 2027 and as part of the current turnaround activity we are considering further actions to take. We will be clearer on our revised trajectory after making these decisions.	<p>Status update May 2025: Scoping/planning (including realignment/enhancement of existing initiatives)</p>	4
		5
	<p>Status update March 2025: In progress/timeline extended to ensure better quality outcome</p>	6
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	<p>Status update January 2025: In progress/timeline extended to ensure better quality outcome</p>	8
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Recommendation 7 – stakeholder engagement, adjudications decisions

7 - The NMC must engage more effectively with stakeholders to ensure they are efficiently and effectively using resources to complete more adjudications decisions each month.	SRO: Lesley Maslen (PR ED) Lead: Jen T	1 2 3
Progress update: <ul style="list-style-type: none">• Effective relationships with stakeholders is critical to us progressing cases to a final Adjudication outcome in a timely manner, and are a key condition of success for this FtP stage.• Greater engagement with our stakeholder groups, focussed on obtaining the information required and considering ways of working, will ensure we're able to make the right decisions at the right time and in the most efficient way possible.• Over the year we have sought stronger relationships and more collaboration with various stakeholders. Adjudications colleagues have attended a variety of NMC meetings with stakeholders to explain plans for this area and seek test and challenge. For example, engaging with the representative bodies to improve the way in which we work together operationally and in policy development. Such as on our work to hold more hearings in-person as we believe these are a more efficient way of holding hearings. We sought their views, for example around registrants and their representatives attending in-person.• Webinars to encourage engagement have been developed with the representative bodies to improve understanding of FtP processes and how we can work together to overcome challenges.• Unison have been helping us to review the oldest cases that they are supporting with, to identify cases which we are able to progress to conclusion more rapidly.• Effective internal engagement is also vital, and the Adjudications team has worked more closely with other NMC teams such as Finance, IT and Estates to shape and mobilise improvements and create a more effective environment for success. For example, improvements to our hearings centres. We have refreshed our panel member and legal assessor forum, framework and briefings, to better support this group in their reviews, decision-making and running hearings and improve engagement opportunities. Our internal relationships will continue to be key as the work at this stage of FtP is influenced by what happens at earlier stages of the FtP process, and relationships with other FtP teams will ensure the effective management and forecasting of our casework.	Status update May 2025: Scoping/planning (including realignment/enhancement of existing initiatives)	4
	Status update March 2025: In progress/timeline extended to ensure better quality outcome	5
	Status update Jan 2025: In progress/timeline extended to ensure better quality outcome	6
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Recommendation 8 - operational data and performance reporting, FtP timescales

8 - The NMC should improve its operational data and performance reporting, to include publishing the timescales that registrants are in a Fitness to Practise process transparently (min and max).	SRO: Lesley Maslen (PR ED) & Helen Herniman (RTS ED)	1
	Lead: Rob B, Patrick C	2
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Progress update: <ul style="list-style-type: none">A refreshed measurement framework and report will be designed to best monitor progress of the new Corporate plan and support future decision making. The new report will bring together all priority activity in one paper, to improve consistency and transparency. The improvement of FtP data and reporting is an iterative and on-going activity. <u>Fitness to Practise reporting:</u> <ul style="list-style-type: none">A framework to measure the FtP plan was delivered in June 2024. This tracks the four outcomes of the FtP plan [improved timeliness and reducing the oldest cases, improved quality and safety, people centred and proportionate service, and cost efficiency] and is underpinned by approximately 70 operational performance metrics covering the end-to-end FtP process. Key metrics have been reported monthly internally to our Executive Board via an FtP data scorecard.This analysis has informed the FtP casework report presented at every Open Council meeting. We have continued to provide a dashboard annexed to this Council report which shows timeliness, decisions, overall case holding, and referral numbers. It includes time series charts on median age of case holding and median age of decision. We report on the proportion of cases concluded within our 15 months KPI as standard.We continue to review the commentary within our FtP casework report for Council so that we can better represent progress against our timeliness aspirations and milestones. Some improvements have been made based on stakeholder feedback, such as being more explicit in how we write about median age of open cases and median age of decisions, types of referrals and overall referral volumes.We have explored how we can best provide more granularity on how long people are within our processes without overwhelming readers. We are sharing new caseload age profile data in our Council report for May 2025. Future work includes a review our FtP metrics once further turnaround activity has embedded, to ensure these show our journey and forecasts.	Status update May 2025: Scoping/planning (including realignment/enhancement of existing initiatives)	4
	Status update March 2025: In progress/timeline extended to ensure better quality outcome	5
	Status update Jan 2025: In progress/timeline extended to ensure better quality outcome	6
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Recommendation 9 – specialist team for complex and serious cases

9 - Complex and serious cases should be managed by a specialist team who understand all of the risks involved in not processing these cases appropriately in a timely fashion.	SRO: Lesley Maslen (PR ED) Lead: Linda E
Progress update: <ul style="list-style-type: none">• This recommendation is met. We already have a specialist team, established in 2020, who manage complex and serious cases. Prior to the Independent Culture Review we had started to consider how we might improve our work in this area.• Since July 2024, we have created and recruited to a dedicated full time head of service role to strengthen the team’s leadership and capacity. Further capacity has been created within the team within an additional paralegal secondment for 5 months and recruitment of a new senior lawyer who joined the team in March 2025. These team changes will better enable us to identify and deliver ongoing improvements to how we progress complex and serious cases.• Since July 2024 the team has closed 71 cases and has a current caseload of 209 cases. These cases can be complex and involve public inquiries and third party investigations.	Status update May 2025: Scoping/planning (including realignment/enhancement of existing initiatives)
	Status update Jan 2025: Delivered

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Recommendation 10 – detailed annual reviews from PSA

10 - To ask the Professional Standards Authority to revert to more detailed annual reviews of the NMC’s performance against its standards, conducting a more in-depth review of randomly selected cases at each stage of the NMC’s processes.	SRO: Helen Herniman (RTS ED)	3
	Lead: Matt H	
Progress update: <ul style="list-style-type: none">The delivery of this recommendation has been extended whilst we are awaiting the next PSA review. This will be revisited once this review has been published. The report is due imminently and we will then engage with the PSA about the detailed annual review.	Status update May 2025: In progress/timeline extended to ensure better quality outcome	4
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	Status update March 2025: In progress/timeline extended to ensure better quality outcome	6
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	Previous status update January 2025: In progress/timeline extended to ensure better quality outcome	8
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Recommendation 11 – contact and case update arrangements

11 - The NMC needs to review the contact and case update arrangements for registrants and witnesses to ensure they have a better experience and make improvements as needed.	SRO: Lesley Maslen (PR ED) & Paul Johnson (PR DD) Lead: Jen T	1 2
Progress update: <ul style="list-style-type: none">As part of the turnaround work, we are reviewing recommendations from PwC about changing to a more customer-centric approach across our FtP operations, so that the experience of case parties is improved. We will make decisions over the next few weeks (up until mid-June) and will provide further updates on the changes we plan to implement, enhancing the improvements that we have made so far or that are in train, as outlined below.Since July we have been working on a number of initiatives to make tactical improvements to our contact and engagement with case parties:<ul style="list-style-type: none">Reviewing the registrant’s journey through our FtP process, to see where we can make improvements.In particular, we have reviewed the experience of unrepresented registrants and identified improvements. Work is planned for updating resources to support unrepresented registrants and improving the support we provide them, after Case Examiner decisions. Updated resources and training for CPP colleagues to be rolled out by end of Q3 25/26.Learning from recent incidents and feedback. In April 2025 our FtP teams started to use improved letter content in some of our communication letters with registrants. The revisions include acknowledgement that the letter may contain distressing content for registrants, revised language around reflection to encourage engagement without assuming fault or guilt and softer closure messages to more clearly explain the case has been closed and when/if it might be revisited.Developing a pilot to try a different approach to engaging with and supporting registrants who have been referred to us, aiming to provide better first contact with them after initial referral. We aim to launch the pilot by end of Q1 2025/26.We launched a new customer survey in February 2025, to collect data about the experiences of people within the FtP process. This will support us to have regular data on whether improvements we’re making are having the intended impact including how we engage and communicate with people during the FTP process. We are trialing the survey until we have an adequate sample of views to analyse. This data will be reported on, date TBC.Having a queue of cases waiting to be allocated to a caseholder means that people are waiting longer for their case to progress and case updates are therefore important. Over 2024/25 we reduced the number of unallocated cases at Screening and Case Preparation and Presentation stages (screening cases reduced by 57% and CPP cases reduced by 87%), resulting in more cases moving to a decision point or final adjudication.	Status update May 2025: Scoping/planning (including realignment/enhancement of existing initiatives)	3 4 5
	Status update March 2025: Scoping/planning (including realignment/enhancement of existing initiatives)	6 7
	Previous status update January 2025: Scoping/planning (including realignment/enhancement of existing initiatives)	8 ...
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Recommendation 12 – Independent Oversight Board

12 - Introduce an Independent Oversight Board to manage progress on achieving greater transparency, learning in the organisation and on how complaints/whistle-blowers are dealt with.	SRO: Kuljit Dhillon	1
	Lead: Matt H	2
Progress update: <ul style="list-style-type: none">This recommendation is considered delivered and was reported as such to the PSA Independent Oversight Group in November 2024.	Status update Jan 2025: Delivered	3
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Recommendation 13 – recruitment training, biased decision making, equal opportunities

13 - Mandatory training has recently been introduced for all hiring managers. This should be reviewed annually and no hiring manager should sit on a recruitment panel without completing this training. Leadership should tackle biased decision making and ensure fair and open recruitment decisions, so the NMC has a diverse and capable team where everyone has equal opportunities to progress.

SRO: Gavin Kennedy (Interim POE ED)

Lead: Charlotte W

Progress update:

- Mandatory recruitment and selection training for all panels and hiring managers was rolled out from November 2023, giving colleagues a year to complete the training before we enforced it; it is now in force
- We regularly run training and have trained over 270 colleagues who can recruit at NMC. The training content is regularly reviewed, and will be updated in line with plans to embed the behaviour framework in recruitment. This will be piloted and will be improved on feedback that will help learning.
- Targets are now in place to increase representation at grade 6 and above. We have seen encouraging figures in the percentage of Black, Asian and ethnic minority candidates (including internal candidates) gaining promotion or roles at grade 8 and above but our ethnicity pay gap remains high, and we are seeing only marginal and inconsistent improvement trends. We have undertaken some targeted work to support completion rates of EDI data as we know our information is incomplete.
- While we have closed the specific actions related to this deliverable we are conscious that the wider outcome of having unbiased decision making is an outcome that will relate to lots of actions some (closed like this one, or open and related to other work). We have outcome measures being developed for this work and the corporate plan

Status update Jan 2025:
Delivered

Status update Nov 2024:
In progress/on track

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Recommendation 14 – attrition, reducing turnover, learning academy in FtP

14 - Attrition levels are too high in some directorates and this is causing instability and adding additional workload. The NMC should prioritise reducing avoidable turnover and develop a learning academy to support the induction and development of professionals in the Fitness to Practise directorate. This will enable investment in frontline teams and to improve retention where there is higher turnover.	SRO: Gavin Kennedy (Interim POE ED)	3
	Lead: Jo S	
	Progress update:	
	<ul style="list-style-type: none">• This is a focus of the People Strategic Objectives in 25-26. Work is already delivering to reduce turnover in FtP including reduction of use of FTCs. As of October, over 160 colleagues had been converted from FTC to permanent contracts.• We have targeted support for teams like Investigations to have more frequent campaigns that help to overrecruit and cover vacancies – this is now in place and working well. From a workforce perspective we know that turnover is highest (but still reasonably low) in grades 1-5 which are overrepresented in PR. At the other end of the scale turnover is too low in grades 8 to 11 (grades 8-9 is 5.5% and 10-11 is 3.8%).• We recognise the learning needs in PR but are also very concious that we need to sequence learning so that we do not overwhelm colleagues and enable them to carry out their roles. We have prioritised NMC wide learning, for example the new EDI learning for all colleagues and the coaching programme to balance the time of our colleagues and particularly PR.• Work on induction and learning for PR. The capability assessment needs further scoping and the timeline for this will be agreed in the context of business planning and the refresh of policies and SOPs promoted by the independent investigations and rollout of MOTS. Specifically identified priorities such as the EDI and safeguarding training are being progressed as part of the more immediate doubling of the L&OD budget.	
	Status update May 2025: Scoping/planning (including realignment/enhancement of existing initiatives)	4
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	Status update March 2025: Scoping/planning (including realignment/enhancement of existing initiatives)	6
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	Status update Jan 2025: Scoping/planning (including realignment /enhancement of existing initiatives)	8
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Recommendation 15 – hybrid working policy, accommodation strategy

<p>15 - Refresh the hybrid working policy and accommodation strategy with a view to achieving consistency in expectations on office and home working. This should enable collaboration across teams, supporting effective multi-disciplinary working, improved access to onsite learning and development and better visibility and accessibility of senior leadership.</p>	<p>SRO: Gavin Kennedy (Interim POE ED) & Helen Herniman (RTS ED)</p> <p>Lead: Jo F</p>
<p>Progress update:</p> <ul style="list-style-type: none"> Our Culture Transformation Plan sets out our roadmap to conduct an all NMC consultation on hybrid working in Q1, which will be followed by necessary accommodation changes to 23PP in Q2 and hybrid working roll-out in Q3 25/26. This consultation has started and Executive Board have taken a decision that the updated policy will set a clear, consistent expectation of minimum 40% of time in the office. The consultation will run until the end of May. We are listening to the ideas of colleagues of how we can make this work well for NMC, we have in person events (which we are prioritising), virtual events for people who cannot come into the office and have a survey live on our intranet. We are communicating weekly with colleagues. The visibility of the Executive Team has increased particularly with the recruitment of the new CER who has put in place a rhythm of Town Halls and has a frequent weekly presence in our Stratford office. 	<p>Status update May 2025: In progress/on track</p>
	<p>Status update March 2025: Scoping/planning (including realignment/enhancement of existing initiatives)</p>
	<p>Status update: Jan 2025: Scoping/planning (including realignment /enhancement of existing initiatives)</p>

Recommendation 16 – quality assurance framework

<p>16 - The NMC should develop a quality assurance framework which ensures that there are consistent standards across its fitness to practise work which applies to internal and outsourced teams.</p>	<p>SRO: Lesley Maslen (PR ED)</p> <p>Lead: Jen T</p>	1
<p>Progress update:</p> <ul style="list-style-type: none"> During 2023 we conducted a comprehensive review of the current quality measures in place across the FtP teams. The review found that we have quality controls in place across our fitness to practise operations, for example checks on the content of letters. Seventeen areas of further improvement were identified, focused on streamlining and automating data capture and reporting, and this is in train. An interim quality dashboard was also developed which brings together existing quality metrics and we have. The dashboard now contains data covering 4 quarters, though further work is needed to understand the impact of the dashboard and how it is being used across the FtP teams. The 2023 review informed the need for a new quality strategy and framework. This strategic work is part of the FtP Plan and we have scoped what a framework might look like. However, timescales for delivery are now to be confirmed as work is currently paused whilst we consider PwC’s outcomes from phase 1 of the turnaround work and possibly further recommendations from Ijeoma Omambala’s upcoming reports. A strategic focus on quality is a key part of our plans for phase 2 of the turnaround work and we will report back on our plans. 	<p>Status update May 2025:</p> <p>In progress/timeline extended to ensure better quality outcome</p>	2
	<p>Status update March 2025:</p> <p>In progress/on track</p>	3
	<p>Status update Jan 2025:</p> <p>In progress/timeline extended to ensure better quality outcome</p>	4
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Recommendation 17 – reduce and eliminate FTC, invest in learning and development

17 - The NMC needs to improve stability in frontline teams and make workload more manageable. To do this they should immediately reduce and then eliminate the use of fixed term contracts, use interims much less frequently and invest more in learning and development to support skills needed for the future.

SRO: Gavin Kennedy
(Interim POE ED)

Lead: Jo S

Progress update:

- This is a focus of the People Strategic Objectives in 25-26. Work is already delivering to reduce turnover in FtP including reduction of use of FTCs. As of October, over 160 colleagues had been converted from FTC to permanent contracts.
- We are significantly reducing our use of FTC but, we are not going to eliminate FTCs. We have worked with the Resourcing Team to ensure that there is a reduced use of FTCs across the organisation, and this is now reflected in the policy and used when only appropriate for the organisation and for specific reasons.
- Further work to scope requirements on L&D are being undertaken alongside a learning needs analysis to understand the requirements. We have invested in psychological safety which has had good feedback from our pilot in operations, and are now rolling out more widely, identifying teams based on analysis of Your Voice scores.
- Our new approach to coaching is in place and is a shift in our investment in learning and development. We are drafting our new People Strategic Objectives and will set the detail out in that.

Status update May 2025:
In progress/on track

Status update March 2025:
In progress/on track

Status update Jan 2025:
In progress/on track

Recommendation 18 – raise capabilities of leaders to be effective managers

18 - The NMC needs to invest more to raise the capabilities of leaders and ensure they have access to support to enable them to be effective managers who can lead well and support a culture of learning and high performance.	SRO: Gavin Kennedy (Interim POE ED)	1
	Lead: Jo S	2
Progress update: <ul style="list-style-type: none"> This is a key part of the People Strategic Objectives for 2025/26. We already have Management Essentials in place, which is mandatory training for all Leaders in the NMC. This was completed in 2023 with over 350 Managers going through the training. This was evaluated in 2024 and changes made and then rolled out to all new managers joining the NMC. At the end of 2024, Management Essentials was evaluated again, and a series of workshops have been completed to co-create content with managers and colleagues across NMC, to ensure that this product moving forward meets the needs of colleagues and the organisation. From this feedback a new version of Management Essentials, now called the Management Development Programme, had been developed and will be piloted in from May to meet the recommendation outlined in the ICR. Our Culture Transformation Plan sets out a coaching plan to equip all our managers to be great leaders. We have noted the role out of that in other updates in this pack. 	Status update May 2025: In progress/on track	3
	Status update March 2025: In progress/on track	4
	Status update Jan 2025: In progress/on track	5
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Recommendation 19 – revisit Rising Higher programme

19 - The Rising Higher programme should be revisited within the next six months to reflect the ambition for colleagues who are from Black and ethnic minority backgrounds and who are currently under represented in senior positions. The programme should ensure they are given the opportunity to gain exposure, insight and first-hand experience of what senior leadership involves and to develop their skills and experience to equip them for senior positions.

SRO: Gavin Kennedy
(Interim POE ED)

Lead: Jo S

Progress update:

- Rising Higher was rolled out in 2024. This included additional training and support for colleagues who wanted to progress within the NMC including opportunities for colleagues to be coached, mentored, additional leadership and development opportunities and focused 121's to support them to further their careers.
- On completion of the Rising Higher Programme, we have changed our recruitment process giving colleagues a guaranteed interview if they apply for a role in the NMC and meet the minimum advert criteria. This is endorsed in the new Resourcing guidance.
- This approach is being evaluated in Q1 2025/26 as part of the People Strategic Objectives and plans already being developed for the next cohort.
- Feedback from the most recent RH graduation was very positive.

Status update May 2025:
In progress/on track

Status update March 2025:
In progress/on track

Status update Jan 2025:
In progress/on track

Recommendation 20 – anti-racist action plan

<p>20 - The NMC should develop an Anti-racist Action Plan to ensure racial equity, build trust between staff groups and value the contributions of people of colour. Implementation will require deep and sustained cultural and behavioural change within the context of NMC’s four core values: Fairness, Kindness, Ambition, Collaboration.</p> <p>The immediate focus of the Plan should be to:</p> <ul style="list-style-type: none">• Improve the experience of ethnic minorities;• Introduce mandatory and contextualised anti-racism training for all, including Board, Executive, employees, staff groups/teams eg; Independent Panels, lawyers. The training should be set in the context of NMC’s role, baseline data, and go beyond the moral case for anti-racism (the right thing to do).;• Accelerate actions to progress minority ethnic staff into senior positions.;• Review the requirements for the NMC professional education programmes, the development and promotion of standards including their Code to ensure that these are free of bias and embed anti-racism into professional practice.;• Strengthen the People Plan 2023-26 – acknowledge ethnic minorities’ experience of racism, weave in specific anti-racist actions into the remaining years of the plan.;• Implement an end-to-end review of the NMC employee life cycle to embed anti-racist best practice.;• An ambitious set of targets (cultural and quantitative) and milestones should be developed to drive forward the Plan, ensuring that there is a clear line to the insights gained from this Review, and that previous research findings and reports are tackled once and for all. Each Directorate should be required to translate the NMC’s commitment to Anti-racism within its own context and develop actions.	SRO: Gavin Kennedy (Interim POE ED)	1
	Lead: Preth R	2
	Status update May 2025: Scoping/planning (including realignment/enhancement of existing initiatives)	3
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<p>Progress update:</p> <ul style="list-style-type: none">• The EDI learning review, which will support the embedding of our policies, is underway. We are partnering with the Equal Group to develop a new EDI learning curriculum. A pilot group is testing the approach and early feedback, and learning is good. The 'level' of learning is tailored to roles and will start in Q1. It will be mandatory for all colleagues.• Other updates have noted the progress on some positive data on the representation of Black, Asian and ethnic minority at the leadership cadre (grade 8 and above). The new EDI and People strategic objectives will incorporate the actions related to this recommendation, including EDI coaching, the review of policies for each stage of the life cycle (which is on track).• In April the CER signed up to UNISONS anti-racist charter and, improved resources to support EDI at NMC. The People and Culture outcomes and measures are being developed and we have gotten feedback on the first draft from the People and Culture Committee in April.• The EDI strategic objectives had feedback at a Council seminar in April and are on track to be published in July.	Status update March 2025: Scoping/planning (including realignment/enhancement of existing initiatives)	7
	Status update Jan 2025: Scoping/planning (including realignment /enhancement of existing initiatives)	8
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Recommendation 21 – appoint 30% Black and ethnic minority managers

21 - The NHS Workforce Race Equality Standard shows people from Black and ethnic minority backgrounds make up a quarter of the workforce. The NMC should aim to appoint 30% of Black and ethnic minority managers so they can better regulate the communities they serve within the next three years. The measures recommended above, including career pathway planning and management training will facilitate this.

SRO: Gavin Kennedy
(Interim POE ED)

Lead: Charlotte W, Jo F, Jo S, Michelle H

Progress update:

- As of March 2025, grade 6 and above roles, 61.0% are White and 26.3% Black, Minority Ethnic. This compares with 63.5% White and 25.5% Black, Minority Ethnic at March 2024. As of March 2025 19.1% of our grade 8-11 colleagues are Black, Asian or ethnic minority up from 18.5% in March 2024. Fifteen colleagues have had a promotion to grades 8-11 between April 2024 and March 2025. 5 have been Black, Asian or ethnic minority colleagues (33.3%) and 10 have been White (66.7%). This is a trend that is broadly consistent at grades 5-7 too (37% v 58%). We have made other senior appointments externally that have made small improving representation.
- In 2024-25, we 171 total promotions, representing people progressing their careers in NMC at all grades, 48% of which were Black or Minority Ethnic colleagues.
- To date we have completed the following:
 - Recent appointments to diversify our senior leadership partnering with recruitment firms who specialise in EDI.
 - Roll out of the behaviour framework in recruitment has commenced, supporting our recruitment being fairer and more transparent.
 - The Rising Higher programme supports a diverse pipeline of candidates in applying for roles, by giving guaranteed interviews.
 - We are running Careers workshops to heavily support internal candidates in career progression.
 - Recruitment and Selection training - we have trained all recruiters in NMC and are educating panels to take a more inclusive approach to recruitment, developing an awareness of their biases.

Status update May 2025:
In progress/on track

Status update March 2025:
In progress/on track

Status update Jan 2025:
In progress/on track

Recommendation 22 – gender, ethnicity and disability pay gap

22 - The NMC should continue producing its public reports on the gender, ethnicity and disability pay gaps. These reports explain pay gaps at the NMC and set out what actions are taken to reduce these gaps. Thorough analyses by Directorate and by Grade can assist in identifying areas requiring improvement. With respect to the negative disability gap, and to the NMC’s acknowledgment, this is likely due to under-reporting of disability at the NMC, so actions are needed to improve the reporting of disability data.	SRO: Gavin Kennedy (Interim POE ED) Lead: Jo F
Progress update: <ul style="list-style-type: none">• We will continue to publish information on gender, ethnicity and disability pay gaps in our annual report.• To increase representation we do deep dives into Directorate/grade representation rates (and pay gaps). We will report this year in Q4 24/25 against our pay gaps.• We have not completed objective in Q4 2024/2025 to develop, publish and promote a single guide to updating HR self-service to improve the reporting of disability data due to team absences but continue to work proactively with colleagues, in particular our Work Around network to promote the need to improve this data.	Status update May 2025: In progress/on track
	Status update March 2025: In progress/on track
	Status update Jan 2025: In progress/on track

Recommendation 23 – exit survey and interviews to identify strengths and issues

23 - The NMC should conduct exit survey and/or interviews whenever an employee leaves a team for a different role within the NMC to identify strengths and issues within teams.	SRO: Gavin Kennedy (Interim POE ED)
	Lead: Jo F, Jo S, Mark E
	Status update May 2025: In progress/on track
	Status update March 2025: In progress/on track
Progress update: <ul style="list-style-type: none">• We have developed, piloted and implemented an updated approach to Exit Interviews for both permanent leavers and internal movers. This includes a survey to capture people who do not want to complete an exit interview. This went live in April and data will be used in our regular ED and other reporting.• Any evidence of bullying, harassment and discrimination is investigated quickly with action taken.	Status update Jan 2025: In progress/on track

<h1>Recommendation 24 – return to work interviews, team absences, reasonable adjustments and return to work process improvements</h1>		2
<p>24 - Line managers frequently fail in their role to hold ‘return to work’ interviews following mental health absences, or fail to refer people returning to work which may require reasonable adjustments to Occupational Health. Line managers should be held accountable through their annual appraisals with respect to (i) their teams’ number, frequency and type of absences (as per health and wellbeing data recorded), and (ii) team members’ reintegration to work following sickness as per HR best practices. The reasonable adjustments and return to work processes require improvement by developing a comprehensive policy and process and ensuring its application by line managers.</p>	<p>SRO: Gavin Kennedy (Interim POE ED)</p> <p>Lead: Jo F</p>	3
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	<p>Progress update:</p> <ul style="list-style-type: none">• Our HRBPs and HRAs continue to proactively support managers in monitoring absences and holding effective ‘return to work’ conversations. We are in the process of reviewing full data for 2024-25 to understand trends where conversations do not appear to be taking place or supporting colleagues.• We have published our updated Reasonable Adjustments policy.• Our end of year Ambitious Appraisal (AA) I check-ins showed a further decrease in colleagues reporting Reasonable Adjustments not in place/ working in January 2025 AA check-ins – 24, down from 26 last quarter. Team continue to proactively support and all supportive actions to address were complete by mid-February.	<p>Status update May 2025: In progress/on track</p> <p>Status update March 2025: In progress/on track</p> <p>Status update Jan 2025: Scoping/planning (including realignment /enhancement of existing initiatives)</p>
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Recommendation 25 – union membership, senior leader support,

25 - Union membership needs to be encouraged. UNISON should be more involved in induction at NMC and actively supported by the HR team. Senior leadership should be clear in supporting union membership and take immediate action if they suspect union members are disadvantaged or discriminated against for joining the union or for seeking advice or representation.

SRO: Gavin Kennedy
(Interim POE ED)

Lead: Jo F

Progress update:

- To encourage UNISON membership continues, and an objective has been added to 25-26 People Strategic Objectives focused on promoting a culture of positive employee relations and address any barriers, real or perceived, to colleagues accessing union support as part of their employment journey with the NMC.
- We are doing this by ensuring clear policies, guidance and practical support mechanisms such as access to communications channels and participation in corporate induction are in place (Q1-4).

Status update May 2025:
In progress/on track

Status update March 2025:
In progress/on track

Status update Jan 2025:
In progress/on track

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Recommendation 26 – safeguarding requirements and Charity Commission, Council assurance to enable public protection

26 - Urgently review the NMC’s responsibilities regarding the delivery of safeguarding requirements in line with what is expected by the Charity Commission. It is critical that this includes plans to give Council assurance that in all regulatory functions, at every stage, employees have the right knowledge and skills to enable the NMC’s public protection role to be discharged

SRO: Donna O’Boyle
(Interim PP ED)

Lead: Nicola B-M

Progress update:

- Safeguarding stocktake workshops completed and Safeguarding Risk Framework and associated Safeguarding Plan now completed from co-production with safeguarding , legal and professional regulation colleagues. Being presented at May Council for information and sign off
- Safeguarding Principles developed and agreed at Safeguarding Board and Executive Board and Council to be rolled out with a communication plan post Council in May
- Safeguarding Hub being evaluated and Terms of Reference finalised for approval at June Safeguarding Board
- Training Needs Analysis completed and Level 1 Mandatory Training reviewed and adjusted to reflect the regulatory application and knowledge required for launch in May
- Safeguarding Action Plan triangulated with Safeguarding Risk Framework and quarterly deliverables agrees for 2025-2026
- Business case required to substantiate team for current and future capacity and service delivery due in May
- Safeguarding Team have launched helpline for staff to contact Mon-Friday for high risk wellbeing concerns including self harm and suicidal ideation to give immediate support guidance and advice for emergency and urgent concerns.

Status update May 2025:
In progress/on track

Status update March 2025:
In progress/on track

Recommendation 27 – agency collaboration for sharing information and safeguarding concerns

<p>27 - Seek to work more collaboratively with other agencies – police, local authorities, other regulators, and healthcare services – in the sharing of information and safeguarding concerns even when the registrant case is not being pursued by the NMC.</p>	<p>SRO: Donna O’Boyle (Interim PP ED)</p>
	<p>Lead: Nicola Burns-Muir</p>
	<p>Status update May 2025: In progress/on track</p>
	<p>Status update March 2025: In progress/on track</p>
<p>Progress update:</p> <ul style="list-style-type: none"> The safeguarding team is reviewing its ways of working and established a mechanism for raising and recording safeguarding concerns which will enable colleagues to better track and monitor safeguarding risk. MOU with National Police Commissioner Council was finalised January 2025. 	<p>Status update Jan 2025: In progress/on track</p>

Recommendation 28 – FtP process involving criminal case, safeguarding concerns

<p>28 - There needs to be a clearly defined process for managing fitness to practise cases when a criminal case is underway – due to the length of time this can take and also when the criminal case ends with no further action but may have safeguarding concerns for the public because of the role the registrant undertakes.</p>	<p>SRO: Lesley Maslen (PR ED) & Paul Johnson (PR DD)</p> <p>Lead: Jen T</p>
<p>Progress update:</p> <ul style="list-style-type: none"> • The current process for handling conviction cases within the organisation is not efficient and we are looking to implement a streamlined process for conviction cases, allowing decisions to be made based on initial police confirmation of convictions rather than waiting for full evidence (e.g., memorandum of conviction) and implementing a new process to assist us in gaining information from the police and other third parties in a timely manner. This will reduce delays, improving the overall efficiency and timeliness of case resolutions. • We are still developing the scope of the work and working to understand the impact of any changes that are introduced. • We have started work on gathering the case data that will support the changes. In May 2025 our senior colleagues will discuss how to take this forward and then subsequently operational teams will be engaged on how to implement the work. We aim to pilot the streamlined process (date to be confirmed). Towards the end of the pilot, we will review the impact and consider whether to fully implement the approach. 	<p>Status update May 2025: Scoping/planning (including realignment/enhancement of existing initiatives)</p>
	<p>Status update March 2025: Scoping/planning (including realignment/enhancement of existing initiatives)</p>
	<p>Status update Jan 2025: Scoping/planning (including realignment /enhancement of existing initiatives)</p>

Recommendation 29 – safeguarding hub and obligations

29 - Ensure that the development of a safeguarding hub is underway in this calendar year, with a clear and consistent message from the executive team that safeguarding is a priority. The NMC should ensure that there are appropriate levels of staffing to support its safeguarding obligations and that all staff have an awareness of these obligations.	SRO: Donna O’Boyle (Interim PP ED)	3	
	Lead: Nicola B-M		
	Progress update: <ul style="list-style-type: none">Several new posts have been recruited to the safeguarding team to help facilitate the delivery of the safeguarding plan, including, three Senior Advisor posts, a Safeguarding Educator, Coordinator and a part-time Mental Health Practitioner. They will facilitate the team to manage operational workloads as well as deliver strategic work to ensure the embedding of our safeguarding obligations into organisational practice.The safeguarding hub has come into effect and to date has reviewed over 400 cases with safeguarding elements have been reviewed by the group. The hub aims to proactively identify cases with potential safeguarding so that we can fulfil duties with regards to sharing information with statutory partners responsible for safeguarding as well support colleagues to manage safeguarding concerns internally, where appropriate.	Status update May 2025: In progress/timeline extended to ensure better quality outcome	4
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Status update March 2025: In progress/timeline extended to ensure better quality outcome		6	
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	Status update Jan 2025: In progress/timeline extended to ensure better quality outcome	8	

Recommendation 30 – PR structure

<p>30 - Consider different structure of Professional Regulation so as to more effectively manage it.</p>	<p>SRO: Gavin Kennedy (Interim POE ED) & Lesley Maslen (PR ED)</p> <p>Lead: Linda E & Paul J</p>
<p>Progress update:</p> <ul style="list-style-type: none"> • A revised senior leadership structure is now in place in Professional Regulation. The Executive Director is now supported by two Deputy Directors who are responsible for leading the operational delivery of the professional regulation core function. • Their portfolios have been established to provide a focus on end to end core fitness to practise casework progression and the services needed to support casework delivery. The second portfolio includes registration and revalidation operations and the directorate’s business management unit (for example budgeting, legal work). • The portfolios for each Assistant Director have also been reviewed in line with Deputy Director responsibilities, with the intention of enabling focus and clarity for delivery and improvement of the fitness to practise process. • The revised structure was further bolstered by the appointment of a senior advisor (a current registrant). This adviser has been providing support to the PR leadership team with a focus on deployment of clinical advice within casework, strengthening key external relationships, and test and challenge on our plans. Improvements around our clinical advice function have been scoped and are being considered. The senior adviser has now moved to a role acting as Executive Director in Professional Practice and we are considering how we might address this knowledge and capacity gap, as well as considering whether we need to make any further changes to bolster our future directorate structure. 	<p>Status update May 2025: In progress/on track</p>
	<p>Status update March 2025: In progress/on track</p>
	<p>Status update Jan 2025: In progress/on track</p>

Recommendation 31 – accommodation and estates strategy, visibility and access to executive team

31 - As part of the NMC’s upcoming accommodation and estates strategy (due by end 2024), the NMC must ensure it includes a need for greater co-location of colleagues to support cultural change and to improve the visibility and accessibility of the executive team.	SRO: Gavin Kennedy (Interim POE ED) & Helen Herniman (RTS ED) Lead: David P	1
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Progress update: <ul style="list-style-type: none"> Same update as January 2025: Updated strategic accommodation plan and modelling produced and delivered to Executive Board (19.09.24) and Council Accommodation Committee (01.10.24). The strategic accommodation plan was accepted. This is linked to recommendation 15, meetings are happening as part of the hybrid working consultation which is on track. The longer strategy modelling has been done, further scenarios will be produced. More clarity on headcount and accommodation requirements are needed to progress further at this time. In the short term the link with Hybrid working will mean that we need to consider how we can adjust (at low cost) 23PP as our oldest office. A small working group is being set up to consider this and discuss with EB. Visibility of the Executive Team has improved with regular town halls but there is further improvements that will be linked to the Hybrid working roll out. 	Status update May 2025: In progress/timeline extended to ensure better quality outcome	5
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Recommendation 32 – NMC legal expertise and multi-disciplinary working

<p>32 - Clarify the relationships between legal teams across the NMC and the role of legal expertise in multi professional teams.</p>	<p>SRO: Alice Hilken (General Counsel POE)</p> <p>Leads: Miranda S, Eva W and Shonali R</p>
<p>Progress update:</p> <ul style="list-style-type: none"> • Purpose and Scope, outcomes and benefits now clearly defined • Assistant Director, Legal in Professional Regulation and Deputy General Counsel in post with clear mandate to lead and role-model a collaborative, multi-disciplinary approach with clear lines of accountability for advice and decision-making. • Senior Legal Leadership Group (SLLG) monthly meetings now in train for GC and Legal ADs, focusing on legal risk management, development of legal services strategy and NMC legal professional issues. • Work in train to develop legal risk management framework showing clear lines of accountability for advice and decision-making. • New Legal Professional Services Lead now in role and has attended one SLLG meeting as part of induction with probation objectives set relating to supporting a sustainable learning and development programme for NMC legal professionals with focus on legal risk, EDI and developing professional excellence. • Discussion held with wider Legal Leadership Group on 24th March which focused on the NMC’s Culture Transformation Plan and within that included a discussion around Recommendation 32. The outcome was that the group felt they would like further time to consider the topic, whilst supporting the general approach and concept around achieving clarity of role and purpose. This will be fed back and discussed at the next SLLG meeting. 	<p>Status update May 2025: In progress/on track</p>
	<p>Status update March 2025: Scoping/planning (including realignment/enhancement of existing initiatives)</p>
	<p>Status update Jan 2025: Scoping/planning (including realignment /enhancement of existing initiatives)</p>

Recommendation 33 – core regulatory purpose

33 - The NMC needs to retain a focus on its core regulatory purposes, and how best to deliver its mandate to protect the public within a changing environment.	SRO: Emma Westcott (Interim S&I ED)	1
	Lead: Sara Kovach-Clark, Preth Rao	2
Progress update: <ul style="list-style-type: none"> S&I directorate has proposed a set of metrics through which we will evidence adherence to this recommendation, for EV review 	Status update May 2025: Scoping/planning (including realignment/enhancement of existing initiatives)	3
	Status update March 2025: In progress/timeline extended to ensure better quality outcome	4
	Status update Jan 2025: In progress/timeline extended to ensure better quality outcome	5
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Recommendation 34 – data driven organisation, improve data maturity

34 - The NMC needs to transform itself into a data driven organisation to support the more effective and efficient delivery of its regulatory processes. As part of its Modernisation of Technology Services programme and its data strategy, the NMC should urgently seek to improve its data maturity to enable open access of data in the near future.	SRO: Helen Herniman (RTS ED)	3
	Lead: Patrick C	
Progress update: <ul style="list-style-type: none">The data cleansing activity completed end March 2025 resulting in a first data set based on the end March open caseload. In April this data went through an internal review process which included checking and verification by Silver (responsible for process) and Gold (responsible for data) teams. This was the first time we have carried out such a review and production took slightly longer than anticipated. We anticipate releasing data to CNO/CMidO nominated data representatives week commencing 5 May.We intend to continue developing and adding to this dataset with a view to creating a consistent dataset and dashboard for all four countries by the end of the year.A cautious BRAG has been included which we expect to improve in the next report which will reflect the current turnaround work that is being considered.	Status update May 2025: In progress/timeline extended to ensure better quality outcome	4
	Status update March 2025: In progress/on track	5
	Status update Jan 2025: In progress/on track	6
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Recommendation 35 – revalidation process audit, transparency in stakeholder requests

<p>35 - Greater transparency over the process of auditing the revalidation process is required. Without knowledge of the percentage of cases being audited, or how they are assessed, policy makers cannot have confidence in the effectiveness or quality assurance of a fundamental function of the regulator. The NMC must commit to greater transparency in responding to stakeholder requests.</p>	<p>SRO: Emma Westcott (Interim S&I ED)</p> <p>Lead: Sara K-C</p>	1
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<p>Progress update:</p> <ul style="list-style-type: none"> We have agreed internally to publish the verification data in the annual revalidation report. The first data publication will be in this year's revalidation report due later in 2025. 	<p>Status update May 2025: Scoping/planning (including realignment/enhancement of existing initiatives)</p>	5
	<p>Status update March 2025: In progress/timeline extended to ensure better quality outcome</p>	6
	<p>Status update Jan 2025: In progress/timeline extended to ensure better quality outcome</p>	7
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Recommendation 36 – increase ethnic diversity among panel members

36 - The pool of registrant panel members is not sufficiently diverse and is significantly below that of the register. The NMC should target increasing the ethnic diversity among the registrant panel members pool, from under-represented groups, to proportionately reflect the ethnic diversity of the professions.	SRO: Matt Hayday (Chief of Staff)
	Lead: David R
Progress update: <ul style="list-style-type: none">On 29 January 2025 Council appointed the new cohort of Panel Members and Panel Chairs at its Open meeting following our recent selection process. The selection process will have the following impact on the ethnic diversity of the Panel Member pools:<ul style="list-style-type: none">Lay Panel Members: 24 percent of the future Panel Member pool will be from Black and minority ethnic groups (increase of 3 percent), compared to 19 percent of the UK populationRegistrant Panel Members: in relation to ethnicity, this Panel Member pool is still less diverse than the register, where 31.7 percent of registrants are from Black or minority ethnic backgrounds, but we will have increased the percentage of Black or minority ethnic registrant Panel Members by 8 percent (from 15 percent currently to 23 percent) if the recommended candidates are appointedThere remains work to do to ensure that the registrant Panel Member pool reflects the ethnic diversity of the register, and we will continue to progress this through reporting on panel data, future recruitment and embedding the success and learning from this round and has been included into the Panel Support Team’s 3-year plan.	Status update March 2025: Delivered
	Status update Jan 2025: In progress/on track

Council

Midwifery Annual Report

Action requested:	<p>In May 2024, the Council requested regular midwifery updates from the midwifery team. This was to provide greater assurance that midwifery was being considered within our regulatory work and was aligning to the UK wide maternity narrative. This report will provide an overview of the activity of the midwifery team over the last year.</p> <p>For discussion</p> <p>The Council is asked to discuss the report and inform the midwifery team of areas to consider to further strengthen and develop their work.</p>
Key background and decision trail:	<p>The paper is an annual update to the Council summarising the ongoing work of the NMC midwifery team, highlighting successes, challenges, and the forecast for 2025-2026.</p>
Questions	<ul style="list-style-type: none"> • What is the NMC doing to support midwifery regulation across the UK? • What are we doing to we influence and support our external partners in view of the current maternity landscape? • What more can we do to champion improvements in midwifery education and practice to support kind, compassionate, safe, and effective care for all women?
Annexes:	<p>The following are attached to this paper:</p> <ul style="list-style-type: none"> • Annexe 1: Midwifery Annual report 2025 • Annexe 2: Midwifery Action Tracker • Annexe 3: Evaluation of Mapping Tool

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Further information:	If you require clarification about any point in the paper or would like further information, please contact the author or the director named below.	
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Midwifery Annual Report

Discussion

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- Over the last year, the NMC Midwifery Team has been working hard to support the work of midwives and improve maternity care across the UK.
 - We have been talking and listening to midwives at festivals and conferences, helping them understand how to use our standards in their daily work.
 - We have collaborated with partners to create new guidance on personalised care /supporting women’s choice – this is especially important as more people consider freebirth or care from unregulated people.
 - We welcomed Birte Harlev-Lam as the new chair for our midwifery strategic advisory group (MSAG), and made sure the group includes the right people to speak up for women, their families, and midwives.
 - We are also working with others to support midwives who trained outside the UK, making sure they get fair and appropriate support.
 - Looking ahead, we will be focusing on making our standards more visible in practice, improving how we support midwives through our Test of Competence (ToC) and revalidation, and staying prepared for any future maternity inquiries.
 - The table below summarises some of our highlights for 2024-2025.

Workstream	Milestones (2024–25)	Progress/Impact	Next Steps (2025–26)
1. Engagement & Standards	20 national events attended: festival outreach	Raised awareness of our midwifery standards, Code, revalidation, advanced practice, and practice learning projects	Develop MSAG-led implementation plan; increase reach with digital comms
2. Personalised care, supporting women’s choice	Principles co-produced; approved by Executive Board	Response to freebirth trend; cross-sector collaboration	Publish Principles once approved; launch via online seminar; refresh role of the midwife

3. MSAG Refresh	New Chair appointed; refreshed Terms of Reference and membership	UK wide representation improved; stronger links to frontline voices	Evaluation in Feb 2026
4. Internationally Educated Midwives (IEM) Recruitment & Retention	Feedback on ToC and support IEM preceptorship; Welcome to UK insights	Identified inequity and duplication; skills undervalued	Contribute to ToC review; propose bespoke IEM preceptorship guidance to NHSE and WTE
5. Regulation in National Reviews	Contribution to Northern Ireland review and action plan, also England, Scotland, and Wales workforce groups	NMC visibility in strategic discussions	Continue engagement; feed insights into our Code, revalidation, and data mapping work

Next Steps

Forward planning for 2025-2026

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- The Midwifery team are aware of the ongoing call for a public inquiry into maternity services. As a team it has been discussed that before any national decisions are made, it is imperative that we understand and interrogate our midwifery data.
- 9
- The Midwifery Team will seek support from the Executive Board to theme our Fitness to Practise midwifery data and map this to our standards of proficiency, reacting to any identified gaps. Additionally, insights from our Ambitious for Change, Equality, Diversity and Inclusion (EDI) reports and Spotlight publication will be used to map our standards and request support for any reviews that can assist in strengthening our regulation of midwives.
- 10
- The midwifery team will also be key stakeholders in the review of our Code, revalidation, and the ongoing practice learning review.
- 11
- It is anticipated that the refreshed membership of MSAG will support the midwifery team in their ongoing work. To ensure this is the case, an evaluation of the group

will be conducted in February 2026, and we will be seeking support from Executive Board and Council in this process.

- 12 We will be evaluating the principles for supporting women's choices and working with the four countries using our freebirth survey results to inform improved data collection around aspects of care such as freebirths, care outside guidance and information for women.

Implications

The following were considered when preparing this paper:

Implication:		Location if in paper:	Content if not in paper:
Public protection/impact for people.	Yes		Considered in all our work
Safeguarding considerations	Yes		Considered in all our work
The four country factors and considerations.	Yes		All work completed is UK wide
Resource implications including information on the actual and expected costs involved.	Not Applicable		All within midwifery team's workload
Risk implications associated with the work and the controls proposed/ in place.	Not Applicable		
Legal considerations.	Yes/		Consulted for our work on unregulated people
Midwives and/or nursing associates.	Yes		This is a midwifery report
Equality, diversity, and inclusion and Welsh Language impact.	Yes/Not Applicable		Considered in all work and Equality Impact Assessments (EqIAs)

			completed as part of workstreams
Stakeholder implications and any external stakeholders consulted.	Yes		Stakeholders regularly consulted in our work
Regulatory Reform.	Not Applicable		

1. Executive Summary

Purpose

This report provides an annual update on the NMC Midwifery Team’s work to support and strengthen midwifery regulation, aligning with UK-wide maternity priorities and responding to increasing system-wide scrutiny.

Key Highlights (2024–2025)

- **Visibility and engagement:** Participated in 20UK wide events to promote our midwifery standards and raise awareness of the Code and revalidation.
- **Personalised care:** Co-produced UK wide principles to support safe, individualised midwifery care in response to rising requests for freebirth and unregulated care.
- **Midwifery Strategic Advisory Group (MSAG) refresh:** Appointed a new Chair and realigned membership to reflect UK wide priorities and strengthen the voices of women and midwives.
- **Workforce collaboration:** Contributed to national workforce strategies across the four nations.
- **Challenges identified:** Low response rate to the standards mapping survey and concerns around Internationally Educated Midwives’ support raised through diaspora forums.
- **Forward priorities:** Increased focus on implementing standards in practice, evaluating engagement, and contributing to our Code and revalidation reviews.

Strategic Alignment

This work aligns with national maternity reviews (Ockenden, East Kent, Morecambe Bay), supports the system's response to public scrutiny, and maintains midwifery as a distinct and visible profession within the NMC.

2. Introduction

Table 1
The NMC
Midwifery Team



Midwifery Annual report 2025

The midwifery team leads on midwifery regulation across the NMC and consists of three midwives (an assistant director and two senior midwifery advisers) with a wealth of experience including hospital, community – midwifery led settings, home births and freebirths, management, leadership, governance, quality assurance, education, policy, project management and organisational change confidential enquiries, expert witness work, statutory and clinical supervision and system regulation.

We work to support and influence regulation by ensuring midwifery is recognised as a profession in its own right within the organisation and across the UK with both professionals and the public.

In May 2024, the midwifery team presented an outline of the ongoing work they were actioning to support midwifery regulation within the NMC. Council requested regular updates to be assured that midwifery was being appropriately considered within our regulatory work and was aligning to the UK wide maternity narrative. This report will provide an overview of the activity of the midwifery team over the last year.

3. Mission and Vision

The midwifery team has worked over the last 12 months to increase the visibility of midwifery work within the NMC, considering the current state of maternity care across the UK. Our vision is for our regulatory function to support the system in improving the experiences of women using services, and the experiences, skills, and wellbeing of the midwives we regulate.

4. Context

Midwifery and the wider maternity (perinatal) services have been under immense scrutiny in the past few years. The reasons for this are complex. As such there have been multiple reviews of services^{1,2,3} to support the system in improving experiences of maternity care.

Due to the concerns raised by service users and across the system, there has been various calls for a public inquiry into maternity service⁴ and it is important that the Midwifery Team is clear on our position within any future inquiries especially in terms of how our standards of proficiency are being used to support kind, safe and effective midwifery care.

5. Service Delivery

To have clarity around our regulatory work and to engage with external stakeholders to inform this function, the midwifery team has developed a new governance framework to ensure the activity of the midwifery team has a clear direction. The governance framework in Table 2 was approved by Council in 2024 and is used as a framework for service delivery by the midwifery team. In addition to this, the midwifery team has formalised the workstreams used to support midwifery regulation in a quarterly reviewed action tracker - annexe 1 provides an annual summary. This shows key developments and milestones within our work over the last 12 months.

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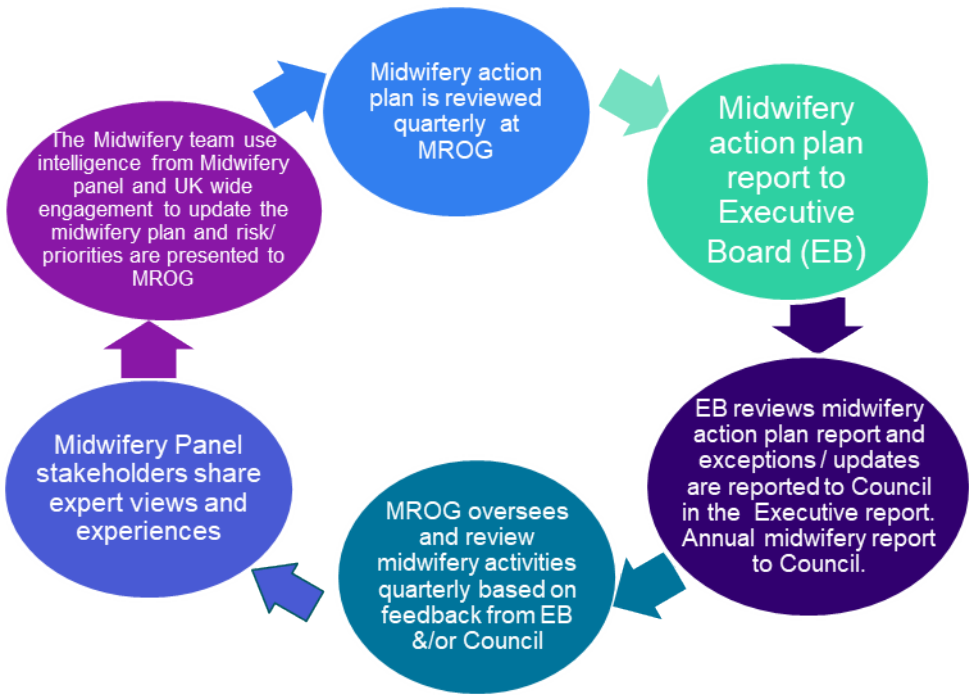
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Midwifery Annual report 2025

The midwifery team has developed a clear line of governance to report directly to the Executive Board. The structure includes lines of communication with the Midwifery Strategic Advisory Group (MSAG) with external stakeholders and the Midwifery Regulation Oversight Group (MROG) with colleagues. The Team will provide a yearly update on progress on our actions to NMC Council.

Table 2

Midwifery team’s governance framework



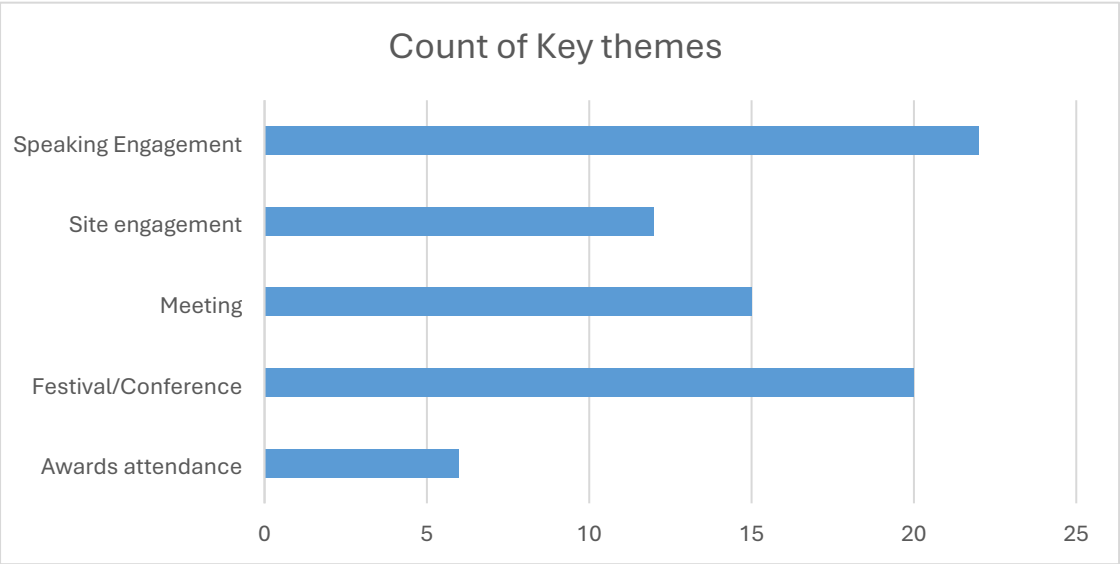
6.Workstream highlights for 2024-2025

Midwifery festivals and engagements

To support the further implementation of the midwifery standards of proficiency with all midwives across the UK maternity system, it was agreed that attendance at midwifery festivals would be a helpful vehicle for engagement. In 2024-25, the midwifery team attended 20 festivals and conferences and addressed the delegates on midwifery matters at the NMC which included a discussion on the implementation of our standards across the UK. Chart 1 below outlines our engagements for April 2024 to March 2025.

Midwifery Annual report 2025

Chart 1
Midwifery engagement April 2024-
March 2025



Whilst responses from the attendees at these events have been incredibly positive, there is further of work to do in ensuring the standards of proficiency as well as the importance of our Code and revalidation are fully understood and used by those we regulate. This will be a key priority for the midwifery team in 2025-26. We will enlist the support of MSAG in developing an action plan.

Development of personalised care principles to support the UK wide system in the provision of safe midwifery care.

The midwifery team has worked in collaboration with key stakeholders across the UK to co-produce principles of personalised care - this work is linked to the reported increase in requests for freebirth and care by unregulated people. The document has been reviewed by Executive Board and will be published in May 2025.

As part of this work, a survey to understand the impact of the rise in freebirth requests from a Trust/Health board perspective was launched in December 2024, supported by the NMC research team.

Refreshing MSAG and appointment of a new independent Chair and realigning the membership to the refreshed TOR⁶

The Midwifery Strategic Advisory Group (MSAG) thanked the previous independent chair for her contributions over more than 6 years at our meeting on 11 March. Following a competitive process, the midwifery team with support from Council representative Mags McGuire, appointed a new independent chair, Birte Harlev-Lam. The membership of MSAG has been reviewed and those whose membership no

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Midwifery Annual report 2025

longer meets the refreshed criteria have been thanked for their contributions. The aim of the new membership is to amplify the voices of women and midwives via representatives from key national organisations. The revised membership will convene for the first meeting on 19 June 2025.

7. Challenges and Areas for Improvement

Survey on impact of mapping tool for DoMs and HoMs; next steps

In January 2025, we followed up the standards of proficiency mapping tool that we sent to Directors of Midwifery (DoMs) and Heads of Midwifery (HoMs) last year, to understand how effective it has been in helping them map their services to our standards. The response rate was low, so we are considering what more we can do in this area to collaborate with our partners. Please refer to the report in Annexe 2.

The midwifery team will be looking at innovative ways to support our midwifery leaders in embedding the standards of proficiency in practice. These will include UK wide online seminars and newsletters, in addition to our current UK wide engagement.

Internationally Educated Midwives (IEMs) recruitment and retention

The Welcome to the UK evaluation, which was led by the Employer Link Service (ELS), identified an inconsistency in the support offered to IEMs across the UK. Through our UK and wide and diaspora engagement we have also identified that there are concerns that the skills of these midwives have not been recognised and that they are having to complete the same preceptorship programme as newly qualified midwives. The possibility of inclusion of some information regarding bespoke preceptorship for IEMs with a focus on transitioning into work in the UK within the preceptorship principles document has been suggested.

8. Collaboration and Partnerships

Contribution to the workforce strategies and supporting professionals in the four nations.

Over the last year the Midwifery Team has collaborated with external steering workforce groups including NHS England's Workforce, Training and Education (WT&E) – Safe Learning Environment Charter and Coaching models in clinical practice, All Wales Pre-Registration Nursing and Midwifery Group, Nursing and Midwifery Taskforce in Scotland and Enabling Safe Quality Midwifery Service and Care in the Northern Ireland review.

Strengthening the integrity of the Register.

The Midwifery Team continue to support the further implementation of the standards and has engaged widely with midwives across the UK.

We actively lead on the midwifery element of the Practice Learning review.

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Midwifery Annual report 2025

We have proactively responded to concerns about unregulated people giving midwifery care. We have collaborated with a stakeholder group to develop Principles of personalised care to address the concerns that midwives are currently facing with women choosing freebirth and care outside of guidance.

We have advised on new standard operating procedures for the prosecution policy and referrals for people not on our register.

9. Future Goals and Strategic Priorities

Goals for the Coming Year:

In 2025-26 the midwifery team will continue to track workstreams using their midwifery action tracker, reporting by exception through the executive report to Council and directly to Executive Board as required.

External engagement will continue but there will be a more focused approach to implementing the standards. This will be coproduced and supported by the MSAG membership and updates on progress will be provided as work evolves.

Following the online seminar to launch the personalised care principles in July 2025, the midwifery team will survey midwives to understand how the document has been used in practice in December 2025. Findings will be presented in the next annual report.

Strategic Initiatives and 2025-26 forecast.

The Midwifery team are aware of the ongoing call for a public inquiry into maternity services. As a team it has been discussed that before any national decisions are made, it is imperative that we understand and interrogate our midwifery data. The midwifery team will seek support from the Executive Board to theme our Fitness to Practise midwifery data and map this to our standards of proficiency, reacting to any identified gaps. Additionally, insights from our ambitious for change, EDI and spotlight reports will be used to map our standards and request support for any reviews that can assist in strengthening our regulation of midwives.

The midwifery team will also be key stakeholders in the review of our Code, revalidation, and the ongoing practice learning review.

It is anticipated that the refreshed membership of MSAG will support the midwifery team in their ongoing work. To ensure this is the case, an evaluation of the group will be conducted in February 2026, and we will be seeking support from Executive Board and Council in this process.

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Midwifery Annual report 2025

10. Conclusion

The midwifery team, whilst sitting in the Professional Practice directorate are here to support midwifery regulation across the organisation to keep midwifery recognised as a profession.

External engagement is a large part of the role, although it is acknowledged that current approaches require a review.

We will continue to report on our progress via the executive report to Council. An annual report will continue to be presented to give an overview on progress, next due in May 2026.

References and links

1. [The Report of the Morecambe Bay Investigation](#); [Government response to 'Reading the signals: maternity and neonatal services in East Kent - the report of the independent investigation' - GOV.UK](#)
2. [OCKENDEN REPORT - MATERNITY SERVICES AT THE SHREWSBURY AND TELFORD HOSPITAL NHS TRUST](#); [Final report of the Ockenden review - GOV.UK](#)
- 3 [Enabling Safe Quality Midwifery Services and Care In Northern Ireland](#)
4. [Maternity Safety Alliance](#)
5. [National review of maternity services in England 2022 to 2024 - Care Quality Commission](#)
6. [midwifery-msag-terms-of-reference -002.pdf](#)

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Item 9: Annexe 2
NMC/25/44
21 May 2025

Workstreams	Ref	Actions	Current developments
Unregulated people	UP1	<p>(1) Regularly update Chief Nursing Officers (CNOs) and Chief Midwifery Officers (CMidOs) in the four nations.</p> <p>(2) Send correspondence to service providers setting out our role and urging them to report issues so we can follow our updated registration enforcement and prosecution policies.</p> <p>(3) Support to employers via our Employer Link Service (ELS) following briefing from senior midwifery advisors.</p> <p>(4) Develop Standard Operating Procedure (SOP) outlining process to follow when notification is received at the NMC regarding unregulated people for data collection, monitoring, and reporting.</p> <p>(5) Regulatory intelligence Unit (RIU) to analyse data following communication of SOP and embedding of process.</p> <p>(6) Regular reporting to the Midwifery Regulation Oversight Group (MROG) and Council.</p>	<p>Updates have continued throughout the year at the CNO/ CMidO forums attended by our Assistant Director for midwifery and during other UK wide stakeholder engagement events.</p> <p>The importance of reporting has been highlighted during UK wide stakeholder engagement sessions. The Nursing and Midwifery Order 2001 articles 44 & 45 have been discussed with midwives across the UK. Liaison with the Violence Against Women and Girls Taskforce at the National Police Chiefs' Council (NPCC) has supported our interaction with local police forces when a breach of article 45 has been identified.</p> <p>A briefing has been produced to explain the role of midwives reporting breaches. Registration Investigations team now have a well understood process and the SOP is in the process of being finalised by NMC lawyers. Progress has been reported to MROG and via the executive report throughout the year.</p>

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Midwifery team action tracker

	UP2	(1) Joint public campaign with stakeholders such as Doula UK to raise awareness regarding the variation of roles and what the public should expect from their midwives.	Development of a framework to start production of the public campaign is in progress with a final product expected in May 2025.
	UP3	(1) Meeting to define commitment of intent for all key stakeholders. (2) Develop principles following legal advice. (3) Influence our stakeholders regarding their responsibilities.	Following a collaboration with various UK wide professional and service user stakeholders, a principles document has now been produced. Promotion and launch are underway. Online seminar is planned for July 2025.
	UP4	(1) We responded to the Department for Health and Social Care (DHSC) on concerns about unregulated people providing care during pregnancy and birth - we identified key actions which are set out in the workstreams (UP1-UP3) above.	Letter sent to the DHSC in March 2024.
	UP5	(1) Create and disseminate a survey to all Trust/ Health Boards asking for evidence to support the reported increase in freebirths and care by unregulated people. (2) Work with 4 CMidOs and the Royal College of Midwives (RCM) to create a pathway for regular reporting in the four countries.	Survey was distributed in December 2024. It closed in January 2025, and 88 responses were received. There were multiple entries from some organisations who submitted results via individual hospitals as well as via Trust/Health board. Findings under analysis by NMC research team with a view to publication in May 2025.

Midwifery team action tracker

		(3) Use the evidence gathered to inform the ongoing work on unregulated people.	Following receipt of the findings there will be discussions with the CMidO team regarding next steps, we will be using the findings to inform the discussions in an upcoming online seminar.
Culture, Safety and Leadership	CSL1	(1) Attend national perinatal meetings. (2) Set up UK wide focus groups with midwifery leaders. (3) Support and influence NHS and RCM/Royal College of Nurses (RCN).	Ongoing engagement with UK wide stakeholders. This is now ongoing as business as usual (BAU). Monthly meetings with CNO/CMidO. Quarterly meetings with the RCM and RCN. Attendance at regular maternity meetings in Northern Ireland and England. Attendance at meetings in Scotland and Wales by invitation.
	CSL2	(1) Engage with four nations around safety and leadership. (2) Attend all relevant maternal and neonatal oversight meetings. (3) Continue to deliver the midwifery matters session in collaboration with our ELS.	Ongoing work with speaking engagements and meetings with key stakeholders to discuss maternity safety. Maternity safety and education were discussed at length at our Midwifery Strategic Advisory Group (MSAG) in March and will be revisited in June 2025 with a view to development of an action plan.
Multidisciplinary team (MDT) working	MDT1	(1) We will meet with the systems regulator in England -the Care Quality Commission (CQC) plus ongoing involvement with their workshops. (2) Joint regular meetings with the NMC/General Medical Council (GMC). (3) Regular engagement with the relevant Royal Colleges.	Have attended CQC workshops on invite. Met with CQC twice in the last 12 months. Midwifery team is informed of ongoing engagement with the GMC and is currently attending regular meetings. Midwifery team has met with the GMC regarding ongoing support of the Nottingham University Hospitals (NUH) review led by Donna Ockenden.
Standards mapping	MDT2	(1) Map the standards of proficiency for midwives against the CQC report. (2) Present finding to open Council in November 2024 (postponed providing stakeholders with six months to complete this task). (3) Meet with key stakeholders to look at recommendations for the NMC within the report.	Survey sent to all heads of midwifery (HoMs)/directors of midwifery (DoMs) in UK asking if they used the tool if they found it useful and if the findings were shared with their executive board. Low response rate and comments received demonstrated a lack of understanding of the importance of the standards of proficiency for midwives. Further in-depth work is required in this area.

Midwifery team action tracker

Embedding the midwifery standards of proficiency	ES1	(1) Create and promote document about the role, and mapping of the standards of proficiency in practice, aimed at Trust/ Health Board level as well as DoMs and HoMs	Letter sent to all HoMs & DoMs. Mapping document published online - The role of the standards of proficiency for midwives. Other updates as per MDT2 above.
	ES2	(1) Review the language used around the birth itself (relating to pre-registration programme standards. (2) Engage with key stakeholders (3) Seek NMC Legal Advice (4) Prepare Council paper for end July 2024 meeting.	Completed and presented to Council in July 2024 as below. Updated in programme standards and communicated to all service providers across the UK. Midwifery programme standards now re-align with the standards of proficiency. On 1 August 2024, we published minor updates to standards 3.5.2 and 3.5.3 to better reflect the role of the midwife.
	ES3	(1) Develop evaluation form with internal research team. (2) Send evaluation form to all HoMs /DoMs to report of use of ES1 mapping tool.	As per MDT2 above.
Quality Assurance (QA) of education	QA1	(1) Outcomes from our Quality Assurance (QA) board will determine our workload. Outcome measures will follow.	Ongoing work with key stakeholders looking at digital placement experiences and influencing work led by NHS England (NHSE) based on our programme standards. The midwifery team wanted to understand the lived experiences of the Canterbury Christ Church students affected by the withdrawal of the programme. Open discussions in person and virtually, were held and findings fed back to the Trusts and education colleagues.

Midwifery team action tracker

Midwifery Team governance	MTG1	(1) Review the reporting and assurance processes for our Midwifery Team. (2) Develop and have a clear governance framework.	Review completed and presented to Council in November 2024.
	MTG2	(1) Review the function Terms of Reference (TOR) and membership of Midwifery panel (now renamed MSAG). (2) Revise the function and update the membership in line with the new TOR,	TOR reviewed and presented to Council in November 2024. Membership review completed, and new members have been invited to join the group.
	MTG3	(1) Strengthen reporting structures throughout the organisation. (2) Improve knowledge of the Midwifery team's function and impact within the organisation, (3) Improve the external impact of the Midwifery team.	Regular updates on midwifery actions are included in the executive report to Council. Internal conversations and offers of support in workstreams to ensure midwifery is considered throughout the NMC. New Independent chair appointment and new meeting structure for MSAG March meeting.
Midwifery workforce	MW1	(1) Continue implementation of the standards for midwives. (2) Amend and update standards as evidence emerges. (3) Cross reference to related areas of NMC work such as the ToC. (4) Influence and support all midwifery related issues such as the World Health Organization (WHO) policy around ethical recruitment, the new European Union (EU) Directive and maternity service reviews.	Have continued to map standards against any published midwifery reviews. Standards have been mapped to the CQC report on Maternity services and Mary Renfrew report into maternity services in Northern Ireland. Responded to EU directive through contribution to RCM submission. Support offered to Strategy and Insight (S&I) and Professional Regulation (PR) colleagues regarding involvement in review and development of the ToC.
Internationally Educated Midwives (IEMs)	IEM 1	1) Continue multiple workstreams across directorates. Work that has an impact on IEMs - a) Welcome to the UK report, b) Grow our International and Diaspora Nursing and Midwifery Associations (IDNMA) forum. c) Honing messaging on speaking up for Internationally Educated Professionals (IEPs) d) considering preceptorship through IEP lens e) ToC actions, eligibility, international fraud prevention. f) Quality of practice learning, g) Professionals applying for Certificate of Current Professional Status (CCPS) h) Impact of English language changes. I) Research projects - IEPs	Ongoing work within our Strategy and Insight directorate.

Midwifery team action tracker

		perceptions of person-centred care, approaches to OSCE prep for candidates, risk factors for attrition. All coordinated and updates presented to Midwifery Panel (now renamed MSAG).	
Supporting maternity inquiries and concerns		1, Ensure midwifery is represented in all relevant NMC inquiry work. 2, Ensure midwifery concerns raised are directed to the midwifery team for a response.	Midwifery presence at all internal meetings with review leaders, as necessary. Receipt of all midwifery queries is now BAU due to robust processes in place. Midwifery web page has been updated to ensure external stakeholders are able to contact the midwifery team with any queries.

Evaluation of the Adoption of the Standards of proficiency for midwives in relation to the recommendations from key maternity inquiries.

Background

In 2017 we started the process to develop these standards which included extensive consultation and input from our stakeholders across the UK. We held a public consultation in spring 2019 and were pleased to have more than 1,600 responses, including over a 1,000 from the public. We listened closely to the feedback we received and incorporated positive changes to the standards as a result.

Published in November 2019, the standards had considered the changes taking place in society and health care, and the implications these changes have for current and future midwifery practice. The standards of proficiency are grouped under six domains, which are important to understand because they:

- represent the knowledge, skills, and attributes that all midwives must demonstrate at the point of registration.
- reflect what the public, women and families can expect midwives to know and be able to do to provide the best and safest care possible.
- provide a benchmark for midwives educated outside the UK wishing to join the register.
- provide a benchmark for those who plan to return to practice after a period of absence.

The standards of proficiency for midwives were published in 2019. Since then, two maternity inquiries have published findings, Ockenden (2020 interim report, 2022 final report) and [Kirkup](#) report (2022).

The midwifery team mapped the standards to the key recommendations of the reports and shared this with Directors/Head of Midwifery to demonstrate that ensuring that the standards were adopted in full would play a part in demonstrating that the recommendations were being met. In July 2024, the mapping document was re-launched and sent it all the Directors/Heads of Midwifery again via the Chief Midwifery Officers.

Methodology

The mapping tool was sent in July 2024 to all 146 Trust/Health Boards across the UK via the four country Chief Midwifery Officers. The evaluation form was sent via the same route on 21 January 2025.

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Results

A total of 23 (15.8%) responses were received: 15 (12.5%) from England’s Trusts; six (43%) from Scotland’s Health Boards; two were received from Northern Ireland but from the same Trust (20%); 0 from Welsh Health Boards.

Four questionnaires were returned incomplete.

The geographical spread of the responses in England were Yorkshire, the North -West, the Midlands, London, and the South -West, in Scotland from Orkney, Lothian, Ayrshire and Arran and the Borders and Fife.

The following responses were received to the individual questions:

Whether the mapping tool had been used in their organisation:

19 responses were received: seven had used the evaluation, eight had not and four did not know whether it had been used or not. Four respondents gave no answer to this question.

Why was the tool not shared?

Four responses were received.

One response wanted to say partial but as this option was not given, they went on to say.

‘We are currently building this into our workforce planning for 2025/26’.

Other comments received were as follows:

‘Our universities already support NIPE.’

‘Time pressure conflicting priorities’

‘It wasn’t shared.’

‘Under review. Some areas very repetitive.’

Whether the tool was found useful

Seven respondents completed this question: five responded positively, two negatively; 12 did not respond.

Whether any gaps were identified

Seven respondents completed this question: five responded positively, two negatively; 12 did not respond.

Action taken in relation to the gaps in the tool.

Four responses were received indicating what was occurring locally:

‘Incomplete action as was difficult to assess robustly, undecided what to do next.’

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‘Discuss as a region whether to spend time raising staff awareness of Quality Maternal and Newborn Care (QMNC) Framework given it is over 10 years’.

‘Introduced those into training/culture.’

‘Under review. Some areas very repetitive’

Whether outcome(s) were shared with your Trust/Health Board executive team

Four responses were received: three had not shared the outcome of the mapping exercise and one did not know.

Any other comments shared about the standards mapping tool.

Three respondents added some additional comments.

More engagement is needed with the tool:

‘I may have missed this but would have been good if it came with some webinars and some opportunities for Q&A. It is difficult to know who to contact in the NMC. The NMC would benefit from a regional structure of support.’

The amount of current work in the sector was highlighted.

‘The volume of work in maternity needs prioritising all the etc. undertake work twice elsewhere as we do not have capacity we do not repeat work already being undertaken any new documents are assessed at publication and shared amongst the team to understand what work is already going on locally, regionally and nationally.’

A commitment to doing what the mapping tool requested was received from one respondent:

‘Will be shared with Trust /ISCU Board once mapping completed.’

Discussion

The mapping tool was designed to be a quick straightforward tool to assess how far the standards of proficiency have embedded by midwives and maternity services. It also gave a limited benchmark to assess the experience of student midwives when on their practice placements.

It was requested that the tool was sent to all 146 Trusts and Health Boards in the UK, therefore, if it is considered that it was received, the response rate is very low.

The request to map their progress against adoption of the standards does not appear to have been done with only one respondent planned to discuss the tool with their Trust Board.

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One respondent comment on the tool being repetitive but not which aspect. If this comment was referring to the mapping of the Standards of proficiency to the inquiry recommendations, then this an accurate observation. The mapping exercise performed by the Midwifery Team found that there was direct alignment which means that there is a case to be made that if the standards of proficiency were fully adopted, progress towards meeting the recommendations could be demonstrated.

There appears to be misunderstanding about the importance of the role of the standards of proficiency for midwives and for midwifery practice. There seems to be a misunderstanding of the Quality Maternal and Newborn Care ([QMNC](#)) [framework](#), in that, like the Code (2015), it underpins the Standards of proficiency for midwives. The purpose of the exercise was not point is not geared at raising staff awareness of the QMNC Framework, it was about raising staff awareness of the domains and their content for the benefit of women, midwives, and students.

Conclusion

It was disappointing to receive so few responses overall despite some from across the UK From the limited responses received there remains a misunderstanding about the importance of the standards of proficiency for midwives being embedded in midwifery practice and service delivery. It is also concluded that the alignment of the standards of proficiency of midwives to the recommendations of the maternity inquiries is not appreciated.

Whilst limited data was received it suggests that more proactive regional work needs to be undertaken to engage with Directors of Midwifery and Heads of Midwifery around the UK to discuss the importance of the standards of proficiency for midwives and midwifery services. This could include online engagement as well as face-to-face work.

Recommendation

- 1. The Midwifery Team should develop a plan of proactive engagement over the next two years with Trusts and Health Boards around the UK, on a regional basis, to embed the standards of proficiency for midwives.
- 2. Collaborate with external stakeholders to support the engagement plan.

References

Kirkup, B (2022) Maternity and neonatal service in East Kent: 'Reading the signals' report Department of Health.

Ockenden, D. (2022) Findings, Conclusion and Essential Actions from the Independent Review of Maternity Services at The Shrewsbury and Telford Hospital NHS Trust.

Ockenden, D. (2020) Emerging findings and recommendations from the Independent Review of maternity services at the Shrewsbury and Telford Hospital NHS Trust. Department of Health.

19 Mar 25

Council

Quality assurance of nursing, midwifery and nursing associate education: Annual Update 2023-2024

Action requested:	<p>The annual report of activity and risk from Education Quality Assurance for the academic year 01 September 2023 – 31 August 2024</p> <p>For discussion</p> <p>The Council is asked to discuss the report.</p>
Key background and decision trail:	<p>The purpose of this report is to provide the Council with an update on our education quality assurance (EdQA) activity for the 2023-2024 academic year, from 01 September 2023 to 31 August 2024. It covers nursing, midwifery and nursing associate pre-registration and post-registration education across undergraduate and post graduate levels.</p> <p>EdQA is one of our primary regulatory functions through which we protect the public. Our role is to ensure that students are educated appropriately so that at the point of registration they are able to provide safe, kind and effective care.</p> <p>Every year, we ask approved education institutions (AEIs) to submit an Annual Self Report (ASR) which informs this update to Council. Due to a change in the scheduling of the 2023-2024 ASR, this EdQA update is being presented to Council later than usual. More information on the change in timeframe is in Part 2 of this report.</p> <p>In 2023-2024, we saw a significant increase in approval activity as AEIs made changes to programmes to meet our new post-registration programme standards, which were published in 2022.</p> <p>During the reporting period, we also significantly reduced the number of critical concerns that we are holding. This is predominantly because we temporarily increased staffing which enabled us to focus on working collegiately with the affected AEIs.</p> <p>Our 16-year partnership with Mott MacDonald as our Quality Assurance Service Provider (QASP) also came to an end in the period – we transitioned to the Quality Assurance Agency for Higher Education (QAA) on 1 September 2024.</p>

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	EdQA functions remain high risk. We are reviewing staffing instability, increased workload and outdated systems as we consider how to reduce our risks and increase our functionality.	
Key questions:	Questions this paper addresses: <ul style="list-style-type: none"> • What activity has been undertaken during the year, to reduce risk within Education Quality Assurance? • Are the actions being taken in response to identified risks proportionate and timely? • Is there evidence of a plan to strengthen our approach to Education Quality Assurance moving forward through 2024-2025? 	
Annexes:	Annexe 1: Education Quality Assurance Annual Report 2023-2024	
Further information:	If you require clarification about any point in the paper or would like further information, please contact the authors or the director named below.	
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Education Quality Assurance Annual Report 2023-2024

Discussion	
1	Our vision is safe, effective and kind nursing and midwifery practice that improves everyone’s health and wellbeing. As over half of all new joiners to the NMC Register have been educated in the UK, on an NMC approved preregistration programme, the education quality assurance (EdQA) team and function has an important role to play in making this vision a reality.
2	We are here to protect the public by setting and upholding high professional nursing and midwifery standards, which the public has a right to expect. We set and promote higher education and professional standards which underpin the Code and we quality assure education programmes to ensure students will be able to meet our standards when they qualify. In doing so, we maintain the integrity of the register of those eligible to practise.
3	We take a collaborative approach to EdQA. In 2023-2024, this has included an increased focus on undertaking AEI and programme monitoring, and requesting independent quality assurance visitors to undertake face to face monitoring visits. This is important because our standards for education and training give AEIs indefinite approval of programmes, unless approval is withdrawn by the NMC because our standards are not being met or there is a significant change to the NMC Standards upon which that approval is based.
4	Our standards for education and training set out our expectations for AEIs to manage the programme, the students’ learning journey and the quality of the student experience. They exist to help nursing, midwifery and nursing associate students to achieve the NMC standards of proficiency and their approved programme learning outcomes.
5	Our standards of proficiency represent the knowledge, skills and attributes all student nurses, midwives and nursing associates must demonstrate in order to practise safely. Individual students are required to demonstrate they meet our standards of proficiency in order to join the register and practise safely.
6	High quality education programmes utilise values-based recruitment to select the right applicants from all backgrounds to access, and then thrive on, an approved programme of study. Our role in EdQA drives forward equality, diversity and inclusion within NMC approved education. This is of paramount importance to widening access to the NMC registered professions, and ensuring the future health and social care workforce is reflective of, and meets the needs of, our diverse communities across the UK.
7	Ensuring each student has a high-quality education and is fairly assessed as suitable to join the NMC register is essential to public protection. It has a positive impact on patient care, the individual professional’s career and upstream regulation; helping to prevent future referrals into our regulatory processes.

- 8 Our approach to EdQA acknowledges it can be possible for students to achieve the standards of proficiency in circumstances where the AEI has not fully met the standards for education and training. In these circumstances, it is essential to ensure the assessment of students' proficiency and achievement of the programme learning outcomes is robust and meets the associated standards and requirements, including the standards for student supervision and assessment (SSSA). When we have concerns that our standards are not being met, we work collaboratively with the AEI to undertake restorative actions through a supportive action planning process.
- 9 In spring 2024, our work to proactively monitor the quality of preregistration nursing, midwifery and nursing associate programmes against the standards for education and training highlighted themes affecting some AEIs. This included:
 - a. Incorrect use of simulated practice learning hours in nursing programmes;
 - b. Incorrect use of reflective practice time, as practice learning hours; and
 - c. Use of unapproved sites to deliver training.
- 10 The annual self-reporting process for the academic year 2022-2023 also highlighted that AEIs were taking different approaches to the classification of 'breaks' within practice learning time.
- 11 As a result of this, we took prompt action and asked all AEIs who deliver preregistration programmes to assure us, via a mandatory exceptional report form, that their preregistration programmes are being delivered in line with our standards, in these four key risk areas.
- 12 The initial analysis of this data, indicated variance in the way preregistration programme standards (part three of our standards for education and training) had been interpreted and applied, particularly in relation to practice learning time. The stage one analysis also presented a new line of enquiry, which was potential variance in the total overall practice learning hours being required by programmes at some AEIs.
- 13 It was not possible from this high-level analysis to conclude or assess whether students being recommended to join our register, or people who have recently joined our register, may not have met the required standards of proficiency. This highlighted an urgent need to examine the evidence we hold about our approved programmes, in a systematic and robust way.
- 14 We concluded, and then later [published this review](#) on 1 December 2024. The review did not find evidence of wide-spread misinterpretation of the standards for education and training, but did allow for some timely and proportionate action to be taken by AEIs to mitigate risks. The report also details a number of areas for learning and improvement within our EdQA function and represents a turning point in how we'll support AEIs to better understand our standards and requirements moving forward into the academic year 2024-2025 and beyond.
- 15 During the period of this report, the number of AEIs increased from 97 to 99, covering 2,106 approved programme routes, which is a 21% increase in the overall number of approved programmes from the last academic year. This increase was expected, due to the approval of additional programmes against the post-registration programme

standards (2022). This number is anticipated to decrease across the next two academic years, as programmes are completed and formally closed.

- 16 The two new AEIs were: London Metropolitan University and University College London. We work closely with AEIs that have undergone approval of a new programme, through our 'New Programme Monitoring' process. This involves seeking their ongoing assurance that they are meeting all our standards until their first cohort completes.
- 17 We use a self-reporting process for all AEIs throughout the year and this enable us to be proactive and supportive, as well as take timely regulatory action or interventions where we have concerns or identify risk.
- 18 We are proactive in making the best possible use of our risk intelligence by promoting information sharing and collaborating with others – internally with our Regulatory Intelligence Unit and Employer Link Service, and externally with other regulators and key organisations.
- 19 This report details the activities we have undertaken to identify, understand and mitigate risks within education, across the four countries of the UK.

Next Steps

- 20 Ongoing work within the Education Quality Assurance Improvement Plan to:
 - 20.1 Improve IT systems and data to ensure one source of 'truth,' enable systems to communicate with one another and to develop a proactive approach to monitoring. This include a review of the QA Link, developed over five years ago and no longer fit for purpose;
 - 20.2 Review staffing needs within the EdQA team to ensure continuity of expertise, adequate and safe staffing to mitigate future risk through adequate monitoring initiatives;
 - 20.3 Ongoing onboarding of the new QASP and co-production of policies and procedures to enable transparent working practices with AEI partners.
- 21 New Assistant Director in post to coordinate and lead the team to review and refresh policies and procedures, which will be fully socialised with AEI partners.
- 22 Ongoing relationship building with AEIs to ensure open and transparent practices which enable enquiry which leads to supportive and proportionate responses.

Implications

The following were considered when preparing this paper:

Implication:		Location if in paper:	Content if not in paper:
Public protection/impact for people.	Yes	Paras 9, 11, 56, 57, 79 (Annexe 1)	Public protection is at the heart of all our standards and EdQA. Practice learning is a core component of this in ensuring that the future workforce are capable of safe, kind and effective care of people.
Safeguarding considerations	Yes	Para 37 (Annexe 1)	Our education and training standards set requirements that support for students takes place throughout all practice learning experiences to ensure that people who use services and the public are protected. We seek assurance through our EdQA framework and approval and monitoring processes.
The four country factors and considerations.	Yes		Our EdQA function is across all four countries of the UK.
Resource implications including information on the actual and expected costs involved.	Yes	Paras 75, 76, 77, 79 (Annexe 1)	In order to reduce the current risks associated with EdQA, a review of staffing and IT systems is needed to ensure robust processes can be in place. The QA Link is now over 5 years old and no longer fit for purpose.
Risk implications associated with the work and the controls proposed/ in place.	Yes	Para 42, 56, 57, 61, 77 (Annexe 1)	Ongoing risk with EdQA function, particularly while IT

			systems remain as they are and staffing inadequate.
Legal considerations.	Not Applicable		We seek guidance from General Counsel who attend the QA Board and remain involved in all of our processes.
Midwives and/or nursing associates.	Yes		Our EdQA function is across all elements of the Register.
Equality, diversity, and inclusion.	Yes		This is embedded in our Standards and Proficiencies and is at the heart of our function.
Stakeholder implications and any external stakeholders consulted.	Yes	Para 13, 63 (Annexe 1)	
Regulatory Reform.	Not Applicable		

Quality assurance of nursing, midwifery and nursing associate education: Annual Report 2023-2024

Introduction

1. Our role in education plays a key part in how we meet our overall objective of better, safer care.
2. The Nursing and Midwifery Order 2001 (the Order) sets the legislative context for the Education Quality Assurance (EdQA) of nursing, midwifery and nursing associate education. Our standards comply with our legislation and set out requirements for the education and training of nurses, midwives and nursing associates, and the proficiencies students must meet to join our register.
3. This annual update examines the EdQA activity we have undertaken and the key themes and risks that emerged in the 2023-2024 academic year.
4. Our Quality Assurance Service Provider (QASP) (Mott MacDonald) for this reporting period notes 133 EdQA activities occurred within the year. This included approval and modification visits, documentary review, programme modifications, extraordinary reviews, monitoring visits, and listening events.
5. By comparison, there were 54 QA activities in the previous year. The significant increase in this reporting period is primarily due to an increase in AEIs requesting approval visits for post-registration specialist community public health nursing (SCPHN) and specialist practice qualifications (SPQ) programmes. The deadline for transitioning to our new standards was 31 August 2024, with a small number of exceptions for programmes scheduled to commence in January 2025.
6. In 2023-2024, we also increased our face to face quality monitoring visits and extraordinary reviews. The findings and impact of this is examined in Part two of this report.
7. In the academic year 2023-2024, we had 116,512 students on NMC approved programmes, which represents a decrease on 2022-2023, when we recorded a record number of 120,971 students on NMC approved programmes. This year is, however, a similar number to 2021-2022, when we counted 116,079 students on approved programmes. This is important for EdQA, as every student's experience on their programme matters and we know the quality of programme delivery is fundamental to the retention and success of that individual student to deliver safe and effective care.
8. The NHS Long-Term Workforce Plans across the UK reflect a significant need to increase and retain the number of students on nursing, nursing associate and midwifery programmes. EdQA is essential to ensuring our standards, and therefore the integrity of the register, are maintained.

9. Students on NMC approved programmes deliver care directly to the public throughout their programme. Our standards, and the work of EdQA to ensure these are upheld safeguards students in practice, ensuring they receive skilled and appropriate supervision and assessment to become safe and effective professionals.
10. Students must learn to deliver safe, kind and effective care independently and collaboratively within a multi-professional team. When students are learning within services where there are concerns regarding the quality of care (such as within services that are rated by the CQC as being inadequate) we need to work proactively with their AEs to ensure the quality of their learning experiences. EdQA is fundamental to public protection now, and in the future.
11. A core aspect of EdQA is ensuring students have the ability and confidence to raise and escalate concerns about care delivery or their learning experiences. As part of our approval, modification and monitoring processes, we ensure all students have safe and effective ways to raise concerns, which is essential for public protection.
12. Through the work the EdQA team have been doing to raise our profile with students over the last 18 months, we've seen a significant increase in students raising concerns about care and education to us directly with 97 student concerns being logged in the last year.
13. By strengthening our external relationships we have increased the volume of intelligence coming into the NMC from AEs and other agencies, for example through NHS England (NHSE) Workforce, Training and Education. This intelligence is beneficial across internal teams within the NMC; however, we do not currently have the level of resource required to continuously manage this volume of information. This virtuous cycle has become a positive problem within EdQA, and additional resource is now required to maintain the level of engagement.

Part one: approval of education institutions, nursing, midwifery and nursing associate education programmes

14. In the period of 1 September 2023 to 31 August 2024, two new AEIs were approved: London Metropolitan University and University College London. This increased the number of AEIs to 99.

Table 1a – Summary of the number of approved programmes and AEIs.

	2022-2023 (comparison)	2023-2024
Total number of NMC AEIs	97	99
Total number of NMC approved programmes	1745	2,106
New education institutions approved to be an AEI during the reporting year	5	2
AEIs approved to deliver pre-registration nursing for the first time	3	3
AEIs approved to deliver pre-registration midwifery for the first time	1	2
AEIs approved to deliver pre-registration nursing associates for the first time	6	1

Table 1b: Summary of the total number of approved programmes.

	2022-2023 (comparison)		2023-2024	
	Pre-2018 standards	Post-2018 standards	Pre-2018 standards	Current standards
Pre-registration nursing	0	879	0	912
Pre-registration midwifery	2	112	1	118
Pre-registration nursing associate	0	103	0	113
Prescribing	0	252	0	258
Return to practice	0	127	0	128
SPQ	132	0	85	208
SCPHN	138	0	121	162

Approval and modification of education programmes

15. During the period there were 106 programme approvals, 58 major modifications and no endorsements (where programmes are taught in the Channel Islands).

Table 2: Summary of programme approval and modification events undertaken during 2023-2024 (an event may consider more than one approved programme route)

	Nursing Associate	Pre-reg midwifery	Pre-reg nursing	Prescribing	SCPHN	SPQ	Total
Approval	1	1	1	2	28	33	66
Major Modification Desktop	2	4	11	1			18
Major Modification Visit	9	6	23	2			40
Endorsement							0
Total	18	17	41	5	28	33	142

16. Following the publication of our Standards for post-registration programmes (2022), all AEIs wishing to deliver specialist community health public nursing programmes, and programmes leading to community nursing specialist practice qualifications, must undergo full approval, as opposed to a major modification of an existing programme. As anticipated, in last year’s annual report, this resulted in an expectedly high number of approvals, as reported in the table above.

Conditions of approval/modification

17. Where visitors identify that our standards are not met by a proposed programme, they can either set conditions, or, where significant concerns are raised, recommend refusal of the programme. If conditions are set, the institution must meet them and have them approved by a visitor before we will consider approval.

18. Conditions are categorised against five key risk themes. In order of the most frequently occurring conditions, the risk themes in 2023-2024 were:
- Education governance: management and quality assurance
 - Effective partnership working: collaboration, culture, communication & resources
 - Practice learning
 - Selection, admission and progression
 - Assessment, fitness for practise and award

Table 3: Total number of conditions applied at programme approval/modification events

Risk Area	2022-2023	2023-2024
Assessment, fitness for practise and award	10	25
Education governance: management and QA	20	62
Effective partnership working: collaboration, culture, communication and resources	13	52
Practice learning	12	48
Selection, admission and progression	16	39
Total	71	226

19. In total, 309 conditions were applied across 97 EdQA activities. This is an increase in the ratio of conditions per activity by approximately a third compared to the previous year.

20. In 2023-2024, 226 conditions (73 percent) were regulatory (linked to NMC standards) – either alone or joint with the EI/AEI. 83 (27 percent) were university-only conditions. University only conditions are those which are for their internal governance standards to be met, rather than requirements for the NMC. This demonstrates a shift of approximately 10 percent towards more regulatory conditions compared to the previous year.

21. The most frequently occurring conditions related to the key risk area of education governance: management and QA (see table 3.2). This mirrors the last reporting year and aligns with concerns the NMC has had in relation to governance of programmes within AEIs that has led us to undertake programme monitoring activity in several AEIs over the last 12 months. This is reported in Part 2 – Monitoring and Concerns.

22. In 2023-2024, the number of conditions related to effective partnership working and practice learning were not significantly lower than the number related to education governance. This indicates a shift this year to limited assurance at Gateway three and four related to these areas of programme delivery.

23. As anticipated, a heightened number of conditions overall correlates to the higher number of post-registration programme approval visits undertaken during the reporting year. However, the data indicated that further work to embed the post-registration standards is required and in collaboration with colleagues from across the Professional Practice Directorate, EdQA have introduced monthly drop in sessions for AEIs and their practice learning partners (PLPs) to ask questions and clarify their understanding of our standards and requirements, prior to and post programme approval.

24. The review of new programme approval reports also highlighted an increased application of recommendations being made by QA Visitors, to strengthen the delivery of the new programme. As a result of this we will follow up in 2024-2025, with AEIs who have undertaken approval of a post-registration programme against the 2022 standards, to see if they've taken action on the recommendations made by QA Visitors.

Refusal of approval recommendations and subsequent decisions

25. During this period, we received three recommendations from the independent QA visitors to refuse approval of a programme(s). These were:

- Cardiff University: SPQ programme routes
- London South Bank University: SCPHN programme routes
- University of the West of Scotland: SCPHN programme routes

26. At Cardiff University and London South Bank University, there were seven regulatory conditions (linked to the NMC standards) applied at the approval visit

and therefore the QA visitors made a recommendation to refuse the programme approval. This is in line with our expectations as detailed in the EdQA handbook.

27. At both visits, common areas for conditions related to the implementation and monitoring of protected learning time and the engagement of people who use services and their carer representatives (and other stakeholders) at all stages of the programme. We have published supporting information regarding how to involve people who use services and their carers in all aspects of a post-registration programme and this was shared with all AEIs looking to gain approval for a post-registration programme.
28. The University of the West of Scotland (UWS) SCPHN programmes were unable to meet one of the four regulatory conditions applied by the independent QA visitors. As per our published process, this meant the QA visitors made a recommendation for us to refuse approval of the occupational health nursing field of practice. We considered the recommendation to refuse approval of the occupational health nursing field of practice and sought further clarification from the UWS, prior to making a decision. We received timely and adequate assurance from the UWS that condition two was now met and therefore decided it was proportionate and safe to approve the proposed SCPHN programme.
29. We have collaborated with our Nursing Advisor colleagues to ensure each of these AEIs is supported to understand our standards and requirements, in preparation for their new approval event.
30. We will ensure our new QASP is able to undertake a new approval event with each AEI to ensure a second opportunity to gain approval is provided within the next academic year (2024-2025).

Part two: Monitoring and Concerns

Annual Self Reporting requirements (ASR)

31. The ASR for 2022-2023 led our QASP to raise a significant number of concerns/recommendations for follow up. In March 2024, we took swift and appropriate action to understand and address these risks by implementing the [Mandatory Exceptional Report exercise](#). The findings of the reporting exercise did not conclude there was evidence of widespread concerns regarding compliance with our Standards. However, they did indicate there was confusion among AEIs regarding the information we required, and therefore inconsistency in how they responded to questions in the ASR. This is a point of learning and action for the EdQA Team, to always communicate to AEIs the importance, and significance of any formal request for information that is being made. This is to ensure the requested reporting is completed in a timely and accurate way by AEIs with the right level of detail clearly indicated.
32. The Mandatory Exceptional Reporting exercise was undertaken in spring 2024 and concluded in September 2024. As a result, we delayed commissioning the Annual Self Report (ASR) for the 2023-2024 period from the planned time in November 2024, to February 2025. This allowed time for us to publish and disseminate the

learnings included in the report with all AEIs in December 2024. We also considered feedback from AEI colleagues regarding the timing of the ASR, telling us that December and January were not preferable months for completion of reporting, due to annual leave and seasonal pressure on PLPs who are required to collaborate on the ASR.

33. We took this additional time, as an opportunity to collaborate with internal and external colleagues and significantly revise our approach to the ASR. We devised and adopted an electronic format, that provided AEIs with clear, unambiguous response options.
34. The ASR for 2023-2024 contains a series of declaration statements for AEIs to make regarding compliance of their current NMC approved programme(s). We reviewed the content to ensure questions were clear and focused, as well as significantly reducing the overall number of written narrative responses required.
35. The new format was developed to provide quantitative data and reduce subjectivity within the questions asked. This had the added benefit of being much quicker for AEIs to fill in and requested only the information needed to give assurance that our standards are being met for all approved programmes at each AEI. Where changes to standards needed to have been applied, we asked direct questions, as shown in the examples in table three.
36. The ASR was released to AEIs at the end of January 2025 and submitted on the 25 February 2025 and has received highly positive feedback. The content and format have also been highly praised by our AEI colleagues. We have launched an evaluation to gather data on this new approach to inform our process for next year.

Table 3: examples of the programme specific questions asked following changes to our standards

Programme	Change to Standard	Question cited in ASR
Pre-registration nursing	Due to the removal of the EU Directive there has been a change to standard 1.1.1	<i>Confirm on entry to the programme that students meet the entry criteria for the programme as set out by the AEI and are suitable for their intended field of nursing practice: adult, mental health, learning disabilities and children's nursing.</i>
Pre-registration midwifery	Introduction of a new standard (3.6)	<i>Ensure students gain experience of leadership and team working with different maternity providers.</i>
Pre-registration nursing associate	The movement and rewording of previous standard 3.3 from 'practice	<i>Ensure technology and simulation opportunities are used effectively and proportionately across the curriculum to</i>

	learning’ ‘curriculum.’(2.8)	to <i>support supervision, learning and assessment.</i>
Return to practice programmes	The movement and rewording of previous standard 3.3 from ‘practice learning’ to ‘curriculum.’(2.8)	<i>Ensure technology and simulation opportunities are used effectively and proportionately across the curriculum to support supervision, learning and assessment.</i>

37. In addition to the above examples, all AELs were asked to confirm that they would meet the 31 July 2025 deadline to a change in the Standards framework for nursing and midwifery education. The change required all AELs to remove the EU Directive and the requirement for 12 years of general education prior to admission, a new requirement has been added (R2.8) to ensure safeguarding measures if students are admitted under the age of 18 years:
- “Ensure that for students below the age of 18 on admission to their intended programme, appropriate safeguarding measures and any necessary programme adjustments are in place to support them and people in their care.”*
38. Ninety-nine AELs were required to submit the ASR 2023-2024. The majority of submissions were received on time, with only four late returns. Eight AELs were asked to resubmit their data spreadsheets containing key programme and student number information, as their initial submissions were either incomplete or contained inaccuracies.
39. An analysis of the key programme data submitted in the ASR revealed a 4.7% decline in student numbers over the past year, with the current total at 116,512 compared to 122,271 in the previous year. This reduction highlights a noticeable shift in the overall student population.
40. During the period, there were a total of 1,027 minor modifications. Of these, 59 percent related to changes in assessment, including adjustments to module credit values, shifting semester delivery, costs for DBS updates, and updates to align with NMC standard wording. The remaining modifications were spread across various themes: 13 percent involved changes to teaching and learning, 6 percent related to practice learning, and 22 percent were categorised as other or unspecified. We have not previously compiled data on this for comparison purposes, and this highlights an area where we can become increasingly data driven.
41. With regards to future planning for the next two years (2024-2025 and 2025-2026), 334 major modifications and 120 new programme approvals are anticipated by our existing AELs. 19 existing programmes are also listed for approval at alternative delivery locations, representing a diversification of delivery location within the UK. A small number of events were categorised as unspecified and needs further discussion to clarify. As a result of this data and intelligence gathering, we can work collaboratively with the QAA to ensure our ‘demand led’ activities remain

proportionate and provide value, by making best use of our resources and AEI time.

42. We remain acutely aware that the data gathered from the ASR is a self-assessment, provided by our AEI partners and therefore is not an equivalent to independent quality assurance monitoring. To mitigate this, we continue to build strong partnerships with AEIs to foster a culture of openness, encouraging them to share any irregularities or risks, which we will address in a non-punitive manner. One of the key recommendations from the mandatory exceptional reporting exercise was to increase the regional working of the EdQA team, and we believe these aspirations will be realised in the coming two academic years.
43. As cited in last year's annual report, we aspire to undertake post-ASR conversations with each AEI. To implement this change, alongside the recruitment of regional EdQA officers, we will be adopting a regional approach to the management of our AEI relationships in late spring 2025. At the time of this report, follow up conversations are being held with 17 AEIs where standards might not be met, or further clarification is required.
44. In addition to the 17 AEIs where follow up was required, we have requested 14 AEIs provide us with additional evidence to demonstrate the accuracy of the self-declarations they have made within their ASR. This was undertaken through purposeful sampling to test the accuracy of the responses provided. All self-declarations we checked within the sample (15% of AEIs) have been confirmed as accurate through the exploration of evidence presented by the AEI.
45. Our contract with QAA includes provision for a written analysis of the ASR, who have independently verified the key findings of the NMC team.

Extraordinary Review / Monitoring Visits / Listening Events

46. In 2023-2024, we had an increased focus on undertaking monitoring visits, listening events and extraordinary reviews, with activities being undertaken at nine AEIs. These activities all looked at preregistration provision, with the majority considering nursing, midwifery and nursing associate pre-registration provision across the AEIs. A total of 71 programmes were monitored in a face to face way, by independent QA Visitors during this reporting period.
47. These events are an opportunity to hear from students, people who use services and their carers and practice learning partners/employer partners. It is also an opportunity for us to follow up on any intelligence that we may have gathered relevant to the AEI and their regional healthcare providers.
48. Following a monitoring visit or extraordinary review process, we may decide to deescalate an area of concern – for example, the University of Bournemouth was deescalated following monitoring – or escalate the level of concern to a supportive intervention level, which would either be enhanced scrutiny (normally for one or two programme routes) or a critical concerns management process (where complex or multiple areas of concern exist).

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New programme monitoring

49. In 2023-2024, 11 AEIs were engaged through new programme monitoring, covering a total of 12 programmes: three midwifery, five nursing, three nursing associate, and one return to practice.
50. New programme monitoring lasts until after the first students from the programme successfully join our register. This gives us the opportunity to work closely with programme teams and institutions for whom we have less information as we've not worked together before. Our new programme monitoring process includes holding two monitoring meetings per year with the AEI and their stakeholders (including students, people who use services and/or their carers and practice learning partners/employer partners).
51. We also ensure that during the new programme monitoring phase, there is at least one face-to-face visit to the AEI by a senior member of the EdQA team. During this visit we also take the opportunity to explore the AEIs facilities for students, and provide a training session to the AEI on an EdQA topic of their choice – for example, our ongoing requirements for the delivery of apprenticeship programmes, or the management of exceptional reports. This adds value to the AEI in terms of their knowledge and readiness to deliver NMC approved programmes, whilst building our relationships with them in a positive way.

Enhanced Scrutiny

52. Enhanced scrutiny is applied where we have demonstrable concerns and/or evidence that an AEI's programme is not be meeting all our standards. For example, if a programme has outstanding actions to achieve at the close of the new programme monitoring period; or, a monitoring visit identifies a small number of areas for improvement against our standards.
53. Enhanced scrutiny is normally applied at a programme level, however it is possible that more than one programme/route/field at the same AEI can be placed into enhanced scrutiny.
54. In 2023-2024, the QA Board decided six AEIs should have programmes placed under enhanced scrutiny. Of these, one AEI had two programmes placed under enhanced scrutiny. The seven programmes included five nursing associate programmes, one midwifery programme and one nursing programme.
55. Of the six AEIs, three were placed on enhanced scrutiny following an extended period of new programme monitoring, and three following risk-based monitoring visits which took place between March and July 2024.

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Responding to concerns that are reported to us

- 56.We continue to monitor AElS and their practice learning partners to ensure compliance with our standards. When risks emerge, AElS and their practice learning partners must respond swiftly to manage and control them appropriately. AElS should exceptionally report risks and mitigations to us, and we act when these risks are not being effectively managed and controlled locally. We also gather intelligence directly from system regulators, media scanning and whistleblowing, as well as through our Regulatory Intelligence Unit (RIU) (now called Insight and Intelligence team) and direct concerns raised to us by students, academic staff and/or members of the public.
- 57.When we receive a concern through any of those methods, they are graded by the team, with support from the EdQA Manager. Our official classifications of education concern are:
- Minor – risks to our standards not being met are minimal and/or unlikely to impact on the student learning environment and public safety
 - Major – risks to our standards not being met are high with possible impact on the student learning environment and public safety
 - Critical – risks to our standards not being met are high with potential significant impact on the student learning environment and public safety
- 58.The EdQA team has introduced the internal term of ‘escalating’ concern, which is used to describe a current major level concern with the potential to become a future critical concern. This is regularly correlated with high media interest or where our data and intelligence tell us other regulatory activity is underway, but not yet concluded. All escalating concerns are routinely brought to the attention of the QA Board for formal discussion and guidance on the appropriate next steps.
- 59.In 2023-2024, there were a total of 11 critical level concerns. The oversight and management of critical concerns with a large number of related AElS and action plans is demanding and additional ‘in year’ support was brought in to support the timely and supportive coordination of the critical concerns. Two additional staff, on one-year fixed term contracts, were employed in July 2024 to provide ‘case management’ specialised and consistent support to the AElS. Table 4 demonstrates the complexity and scale of the critical concerns.

Table 4: 2023 / 24 Critical Concerns

Area of concern	Date of critical concern commencing	AEIs involved	Date closed or de-escalated (if applicable)	Comments
Culture and impact on the student experience at University Hospitals Birmingham NHS Foundation Trust	21 September 2023	7 AEIs: Worcester University; Birmingham Newman University; University College Birmingham; University of Birmingham; Birmingham City University; Aston University; Coventry University	Ongoing in the period of reporting for this paper.	This Trust was visited by Independent QA Visitors as a key part of the Extraordinary Review of Birmingham City University (03-07 June 2024)
Midwifery Services and the Independent Public Inquiry at Nottingham University Hospitals NHS Trust	May 2022	2 AEIs: University of Nottingham; University of Derby	De-escalation from a critical concern to a major concern with an open watching brief: 04 July 2024 (University of Derby Midwifery programme placed onto enhanced scrutiny following the monitoring visit)	This Trust was visited by independent QA visitors as a key part of the following EdQA activities: <ul style="list-style-type: none"> • monitoring visit of the University of Nottingham (26-28 July 2022) • student listening event at the University of Nottingham (09 March 2023) • monitoring visit of the University of Nottingham (12-15 December 2023)

				<ul style="list-style-type: none"> monitoring visit of the University of Derby (05-08 March 2024)
Care delivery at the Edenfield Centre - Greater Manchester Mental Health NHS Foundation Trust	21 September 2023	6 AEIs: University of Salford; University of Manchester; University of Bolton; University of Central Lancashire; University of Huddersfield; Manchester Metropolitan University	Ongoing in the period of reporting for this paper.	The Edenfield Centre was closed to all students, including apprentices for the full duration of this reporting year, while the AEIs and Trust worked collaboratively with the EdQA team to deliver on the NMC agreed action plan.
Midwifery programme provision - Staffordshire University	June 2020	Staffordshire University	25.07.2024 De-escalation from a critical concern and closed: 04 July 2024	<p>This was first escalated to a critical concern due to the Mid-Staffordshire NHS Foundation Trust public inquiry and this visit by independent QA visitors subsequently identified concerns with the midwifery programme. EdQA have undertaken the following quality assurance activities:</p> <ul style="list-style-type: none"> extraordinary review of provision (11-13 February 2020) monitoring visit (24-26 May 2022)

				<ul style="list-style-type: none"> • monitoring visit 13-16 December 2022 • student listening event (14 December 2023)
Nursing and Nursing Associate programme provision - Anglia Ruskin University	13 October 2023	Anglia Ruskin University	Ongoing in the period of reporting for this paper.	<p>The nursing and nursing associate programmes at ARU were placed into a critical concern following the outcome of a risk-based monitoring visit to the AEI (13-16 June 2023).</p> <p>Throughout this reporting period the AEI engaged well with EdQA and made suitable progress towards achievement of their comprehensive action plan.</p>
Midwifery student concerns regarding culture and safety - Ashford and St Peter's NHS Trust	24 October 2023	3 AEIs – University of West London; University of Surrey; Kingston University	N/A Ongoing in the period of reporting for this paper.	The EdQA team worked collaboratively with the employer link service to initiate a Regulatory Review Panel, under the Emerging Concerns Protocol to share the significant concerns that had been raised by students with other system regulators. This ensured strong collaborative working to support AEIs and the Trust to

				deliver on their NMC agreed action plan during this reporting period.
Midwifery services and student learning environment - East Kent NHS Trust	January 2020	3 AEIs: University of Surrey University of Greenwich (formerly connected - Canterbury Christ Church University)	De-escalation from a critical concern to a minor concern with a watching brief: 04 July 2024	The learning environment at the William Harvey Hospital remained closed to students for the majority of the academic year, with students being returned cautiously. EdQA Team required the final pieces of documentary evidence (new learning environment audits) before the concern could be fully closed.
Midwifery services and student learning environment - University Hospitals of Derby and Burton NHS Foundation Trust	24 October 2023	4 AEIs: University of Derby; University of Wolverhampton; Staffordshire University; University of Nottingham	Ongoing in the period of reporting for this paper.	<p>This Trust was visited by independent QA visitors as a key part of the following EdQA activities:</p> <ul style="list-style-type: none"> • monitoring visit of the University of Nottingham (12-15 December 2023) • monitoring visit of the University of Derby (05-08 March 2024) <p>Students were given the opportunity to raise concerns during the Staffordshire</p>

				University student listening event (14 December 2023)
Midwifery programme governance of practice assessment - University Hospitals of Leicester NHS Foundation Trust	04 December 2023	2 AEIs: University of Leicester; De Montfort University	Ongoing in the period of reporting for this paper.	Throughout this reporting period the Trust conducted a comprehensive review into our concerns and engaged well with EdQA and in partnership with the AEIs made suitable progress towards achievement of their comprehensive action plan.
Nursing, Midwifery, Nursing Associate programme provision - University of Brighton	27 June 2024	University of Brighton	Ongoing in the period of reporting for this paper.	<p>The nursing, midwifery and nursing associate programmes at the University of Brighton were placed into a critical concern following the outcome of an extraordinary review visit to the AEI (19-22 March 2024).</p> <p>Throughout this reporting period the AEI engaged well with EdQA and made suitable progress towards achievement of their comprehensive NMC agreed action plan.</p>

Nursing, Midwifery, Nursing Associate programme provision - University of Bedfordshire	27 June 2024	University of Bedfordshire	Ongoing in the period of reporting for this paper.	<p>The nursing, midwifery and nursing associate programmes at the University of Bedfordshire were placed into a critical concern following the outcome of a risk-based monitoring visit to the AEI (16-19 January 2024).</p> <p>Throughout this reporting period the AEI engaged well with EdQA and made suitable progress towards achievement of their comprehensive NMC agreed action plan.</p>
Nursing and Midwifery programme provision - Birmingham City University	12 August 2024	Birmingham City University	Ongoing in the period of reporting for this paper.	<p>The nursing and midwifery programmes at BCU were placed into a critical concern following the outcome of an extraordinary review visit to the AEI (03-07 June 2024).</p> <p>Throughout this reporting period the AEI engaged well with EdQA and made suitable progress towards achievement of their comprehensive NMC agreed action plan.</p>

60. Similarly to previous years, most of the exceptional reports relate to issues in practice environments. This includes adverse system regulator reports and their impact on student learning, supervision and assessment, the escalation of student concerns, and what actions have been undertaken locally to manage those concerns.
61. We continue to see a high level of AEIs reporting risks to the delivery of the theory aspects of their programmes. However, through the Mandatory Exceptional Report 2024, we also identified a number of AEIs had taken independent action to rectify issues of compliance with our standards, without exceptionally reporting the issues to us.
62. Exceptional reports in relation to 'theory' have included miscalculation of students' practice learning hours – for example, during a transition to an electronic practice assessment documentation – or the application of our standards to all periods of practice learning, including simulated practice learning.
63. Once a concern has been categorised, there are a number of different regulatory interventions we can take to ensure the programmes continue to meet our standards. This ranges from no further action where we have sufficient assurance from the institution (for example the learning environment has been closed to students), through to carrying out an extraordinary review. A summary of regulatory interventions can be found in Table five. Further details about specific concerns are outlined in more detail below.
64. We continue to proactively share intelligence internally with our Regulatory Intelligence Unit and Fitness to Practise colleagues as well as externally, where appropriate, with other professional and system regulators.

Learning from Canterbury Christ Church University – Midwifery programme

65. An independent review of the circumstances surrounding the withdrawal of approval of the midwifery programmes at Canterbury Christ Church University (CCCU) was ongoing at the conclusion of the academic year 2023-2024. A summary of our learning is currently being prepared for publication on our website (May 2025) and the status will be reported in next year's annual report. This learning and improvement review is already being influential in our work and will inform future actions within EdQA.

Case study: Canterbury Christ Church University – Nursing programme

66. We've continued to engage with CCCU staff and students, leading up to, and following, the withdrawal of the midwifery programme. Through this ongoing engagement, we were made aware of a number of practice learning hours, on the nursing programme, being undertaken through reflective practice (up to 10 hours per week), without the SSSA being applied. The reflective practice hours were brought in due to a misinterpretation of the NMC emergency and recovery standards. The AEI continued with the reflective practice hours after the emergency and recovery standards were withdrawn by the NMC.

67. A full review was undertaken, in collaboration with CCCU, of the practice learning journey of previous nursing students, who'd graduated from the programme, and this allowed for appropriate individual follow up measures to be taken, to ensure we continued to protect the integrity of the NMC Register.

68. This potential for incorrect entry was managed proactively to demonstrate fairness with other similar cases. A total of 155 Registrants were contacted as part of our pre-investigation phase to understand in detail the number of supervised practice learning hours they had undertaken since completing their programme, upon entering their first destination post and working under supervision through their preceptorship period.

69. We were able to gain assurance from each of the Registrants affected that they had undertaken additional supervised practice hours to reach the minimum required 2300 hours of supervised practice learning prior to practising autonomously as a Registered Nurse.

70. We also undertook two EdQA activities at CCCU during the period of this report. Our first was a supportive documentary review (December 2023), undertaken by a team of independent QA Visitors, to inform and support CCCU through their own internal quality enhancement processes. The second, was a formal monitoring visit in July 2024, which examined all nursing and nursing associate programmes delivered by the AEI. These processes confirmed there were no concerns regarding the robust assessment of students on the nursing (or nursing associate) programmes and that there was adequate support, supervision and assessment to ensure all students could achieve the standards of proficiency and programme learning outcomes.

71. This kind, fair and person-centred approach to the assessment of individual readiness for registration has now been utilised in the assessment of other EdQA concerns where a deficit of programme hours has been identified.

Procurement of a new Quality Assurance Service Provider (QASP)

72. In March 2024, at a Confidential Council session, the EdQA contract was awarded to The Quality Assurance Agency for Higher Education (**NMC/24.21c**). The start date for the new contract was for 1 September 2024, after the time period for this report. The initial contract term is for three years, followed by two optional one-year extension periods.

73. During 2023-2024, the EdQA team carried out extensive work, supported by the wider Professional Practice Directorate and NMC colleagues, to prepare for and facilitate a transition between QASPs.

74. The stop-start nature of the contract transition has been challenging, but has secured a successful and smooth contract exit by Mott MacDonald, following a 16 year period as the QASP. In order to mitigate the risks associated with this contract exit, during a high period of activity within EdQA, we have needed to utilise the skills of a number of senior colleagues from across the NMC. However, this is a reactionary short term measure and has not been sustainable beyond 31 August

2024. This creates a continued level of risk and instability for EdQA, which will influence into the next reporting period.

Conclusions

75. The year captured in this report has been very busy and demanding for the small EdQA team. Senior leadership remains vacant (Assistant Director role) with an interim solutions currently in place to bring some stability to the team, however currently 50% of the team remain on either fixed term contracts or in secondments/interim roles; including all leadership roles.
76. The EdQA responsibilities at the NMC have been reviewed and at the time of finalising this report (April 2025), changes in the skills mix of the EdQA team alongside a large programme of improvement work which will be captured in next year's report. Investment in EdQA is required to ensure we can build upon this pivotal year, in a stable and sustainable way.
77. The changes made to date have strengthened the footing of EdQA, and there is now a window of opportunity to reduce the level of risk that this core regulatory function currently carries:
- An increase in staffing numbers is needed, with a focus on permanency and stability, where secondments or other interim measures are currently in place.
 - The onboarding of our new QASP continues and is complex and we have identified additional expense to deliver on a demand-led service.
 - IT solutions are a larger piece of improvement work which will need to be fully supported to enable EdQA to be as effective as possible and negate further risks.
78. A very positive outcome is that the current number of critical concerns has been significantly reduced to two, following intensive work in this area. In addition, this has had the added benefit of building strong relationships with the affected AEIs who have evaluated that they have felt very supported by the team.
79. A clear scheme of work has been developed within our team to update processes, ensure rigour in oversight and governance, and to enhance relationships with AEIs in order to be transparent, alongside making pragmatic and kind decisions for students and our AEI partners that are in the best interests of students and promote safe, kind and effective care for the safe.

Council

Canterbury Christ Church University withdrawal of programme approval: Lessons learned and progress with recommendations for improvement.

Action requested:	<p>This paper sets out the findings and recommendations of the externally commissioned learning and improvement review of the withdrawal of midwifery programme approval from Canterbury Christ Church University together with progress to date on implementing the recommendations as part of the Education Quality Assurance continuous improvement programme.</p> <p>For discussion</p> <p>The Council is asked to discuss the report.</p>
Key background and decision trail:	<p>In May 2023 the NMC withdrew approval of Canterbury Christ Church University's (CCCU's) pre-registration midwifery programme due to concerns about the safety and quality of the programme. We made this decision in the best interests of women, babies, and families (NMC/23/33).</p> <p>This was the first time that the NMC had withdrawn programme approval from an Approved Education Institution (AEI), and we assured Council that we were committed to learning lessons from this experience to inform and improve future Education Quality Assurance (EdQA) processes and activities around concerns raised about education programmes, how they are managed, escalated and resolved, including support of students. The NMC committed to undertake a formal lessons learned exercise, the outcomes of which would be presented to the Council (NMC/24/24c).</p> <p>An internal lessons learned review was completed in March 2024 and an external review was commissioned to be carried out by an independent education consultant (NMC/24/24c).</p> <p>The external review focused on our processes from the initial concern about the midwifery programme at CCCU through to the transfer and continuation of students at the University of Surrey. The review was inclusive of the internal report that had been carried out and included the contribution of internal staff from across the directorate and wider NMC, external stakeholders and</p>

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	<p>students. Phase 1, a diagnostic phase of this external review, reported in March 2024. The completed externally commissioned report was received in October 2024.</p> <p>The resultant and detailed full report around the withdrawal of approval of pre-registration Midwifery at CCCU cited observations and recommendations from a wide range of perspectives. The report intentionally repeated findings and recommendations from some of these different stakeholder perspectives to reinforce their relevance as findings. As names and information that identified participants who were consulted as part of this review were included it has been important to summarise and to draw out key findings from the multiple stakeholder perspectives cited, to assure the anonymity of participants who contributed to this review.</p> <p>Recommendations made in the report, presented as themes, have been aggregated into a working document, and EdQA leads have indicated progress in implementing each of them as part of their wider EdQA improvement work.</p> <p>The commissioning of a lessons learned review and its findings and recommendations links to the following strategic risk:</p> <p>REG22/04: We fail to take appropriate or timely action to address a regulatory concern regarding the quality of nursing or midwifery education (RED 20)</p>
Key questions:	<ul style="list-style-type: none"> • What lessons have been learned from the withdrawal of programme approval from CCCU? • What recommendations have been made to enhance EdQA processes, frameworks and practice in how we manage critical concerns? • What recommendations have been made to enhance communication and collaboration across stakeholders involved in, or impacted by, the raising of concerns and the prospect of, or subsequent withdrawal of programme approval? • What progress has been made by the NMC in addressing the recommendations made?
Annexes:	<p>The following annexes are attached to this paper:</p> <p>Annexe 1: Executive summary of the Nursing and Midwifery Council Canterbury Christ Church University Learning and Improvement review final report.</p> <p>Annexe 2: Report recommendations and progress with their implementation.</p>

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.	
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Canterbury Christ Church University withdrawal of programme approval: Lessons learned and progress with recommendations for improvement

Discussion

Background and context

1. Canterbury Christ Church University's (CCCU's) midwifery programme had been a critical concern since January 2020 due to maternity concerns at East Kent Hospitals University NHS Foundation Trust, as CCCU placed students at this Trust for midwifery practice experience. Once confirmed as a critical concern NMC Education Quality Assurance (EdQA) met the University's senior team regularly to receive updates on action plans to mitigate risks.
2. In June 2022 Mott MacDonald, then the NMC's Quality Assurance Service Partner, conducted an approval visit for CCCU's new midwifery programme. Approval was recommended to be refused as significant concerns were identified by midwifery students and maternity practice learning partners. The decision to refuse approval was confirmed by QA Board (NMC/23/09). In line with our then published process (QA Handbook May 2022, Section 5) should concerns be raised at an approval visit that may have implications for current students, we liaise closely with the AEI to ensure appropriate measures have been put in place to address concerns and manage risks. The extent and nature of the concerns raised at the approval event were reinforced by listening events with students and practice learning partners in August and December 2022 held by Health Education England (HEE) and attended by Mott MacDonald for the NMC.
3. On 27 February 2023, we wrote to CCCU about concerns we had with its midwifery programme. We gave the University until the end of March to reassure us about the safety and quality of its programme. We published a statement on 2 March 2023, making clear that we were sorry for the uncertainty this created for students, as we knew it would be distressing for them. However, our core role and primary concern is to protect the public and uphold professional standards. The NMC were working closely with National Health Service England (NHSE) (formerly HEE) on plans to support students to continue their education, whatever the final outcome (NMC23/17).
4. On 2 May 2023, we met with senior representatives of CCCU to inform them of our final decision to withdraw approval for its midwifery degree programme. Our concerns were that the University, in partnership with the NHS trusts that provide placements for its students, was not equipping midwifery students to meet our standards. That means we were concerned that students may graduate without being able to deliver safe midwifery care to women, babies and families. Our Executive Director and Assistant Director of Professional Practice joined the University to inform students of our decision on 3 May 2023. Our full attention

then focussed on working with CCCU and NHS England on plans to support the affected students to continue their education at another institution (NMC23/33).

5. On 25 July 2023, CCCU informed midwifery students, who were in their second and third year, that there was an option which all parties supported with an adopting university. The adopting university would provide both the theory and practice education required to enable the student midwives to receive their academic awards as well as to be eligible for entry to the register. It was noted that overall, there would be a significant delay to the affected midwifery students in terms of completing their programme. It had taken a considerable amount of time to secure an adopting university, which had included undertaking a mapping exercise to determine the training and education needs of the student midwives. The NMC was acutely aware of the impact of the withdrawal decision on students and their welfare had been at the centre of discussions throughout the process. The NMC had escalated concerns about the delays in securing an adopting university for the affected students with both NHS England and the Office for Students, the independent regulator for higher education in England.
6. After engagement with several different universities, CCCU progressed second- and third-year students to the University of Surrey. Our QA Board approved the transitional arrangements and a supporting bridging module, with new programmes to begin in September 2023. Throughout this time, we met regularly with AEI staff and students to provide support around the new arrangements (NMC23/72).
7. This was the first time NMC programme approval had been withdrawn from an AEI but was done in the interests of public protection following serious concerns about the safety and quality of the midwifery programme and concern that midwives would be graduating from the programme and registering without being able to deliver safe midwifery care to women, babies and families.
8. The NMC planned to undertake a formal lessons learned exercise, the outcomes of which would be presented to the Council.
9. An internal lessons learned review was completed in March 2024 and an external review was commissioned to be carried out by an independent education consultant (NMC24/24c). The external review focused on our processes from the initial concern about the midwifery programme at CCCU through to the transfer and continuation of students at University of Surrey.

Summary of report findings

10. *The Nursing and Midwifery Council Canterbury Christ Church University Learning and Improvement review final report* was written and conducted by an external education consultant. Their aim was to thoroughly examine and understand the decision-making, processes and communications surrounding the withdrawal of midwifery programme approval at CCCU, and subsequent management of this situation, from the perspective of internal and external stakeholders involved, in order to learn lessons that would inform continuous improvement within EdQA.

11. The consultants' methodology included scrutiny of all stakeholder documents and reports related to decision-making or follow up activities, including findings from an internal NMC EdQA review. Interviews were conducted with a range of internal and external stakeholders including: NMC staff from EdQA, the professional practice directorate and colleagues from the wider organisation; leadership and other staff from CCCU and former students; NHS England regional and national leads, Royal College of Midwifery and Council of Deans of Health. The consultant observed internal activities, processes and practice across the Professional Practice directorate, and conducted an internal 'lessons learned' workshop.
12. All meetings and interviews were engaged in via Teams and so were transcribed, coded and themes identified.
13. The timeline of this review spanned concerns being raised in 2020, the final withdrawal of approval decision in May 2023, through to transfer of students from CCCU to University of Surrey. The consultant included a timeline of key dates included as Table 1 in the summary report.
14. Findings were presented as themes, with improvement in QA processes and practice at the NMC and AEI, and communication and collaboration being key threads that featured throughout the findings and recommendations. A brief summary of these is as follows:
 - 14.1 **Safety concerns** related to problematic culture in some practice areas, and lack of adequate, transparent communication to support and protect students and staff. Prioritisation of learners education and safety was emphasised as pivotal to safety of the public including women, babies and families.
 - 14.2 **Student support and welfare** was emphasised in terms of the distress caused to students by these events and the need for better support and effective communication for students throughout this process, from both the AEI and the NMC. Impact on students may have been mitigated through an **equality impact assessment** prior to the decision to withdraw programme approval.
 - 14.3 The theme of **quality assurance and monitoring** articulated the need for a shift to more proportionate, proactive and upstream risk-mapping and monitoring including better use of data, with decision-making supported by insights from academics and clinicians. More generally there was reference to the upskilling of EdQA staff, updating of guidance handbooks and processes and the need for clarity around procedures like withdrawal of approval and transitioning of students should programme approval be withdrawn.
 - 14.4 Unclear **communication and feedback** between the NMC and the AEI were identified as impeding the AEIs ability to address concerns. Sharing of information between stakeholders and with students, clarity of how feedback is gathered and used, communication of concerns and regulatory action and how stakeholders collaborate and share information were

highlighted as concerns. **Communication and engagement** were therefore a strong area requiring improvement by the NMC and the AEI at all stages of the events in the timeline of this report. Better guidance was requested to ensure student listening events are safe, effective and kind. Clearer points of contact between the AEI and EdQA were recommended alongside more proactive reporting of concerns, and clarity around information sharing.

- 14.5 Lack of **transparency** particularly around **decision-making** at the NMC was referenced consistently, with recommendations around making decisions more impartial and fairer by including external representatives. Transparency and understanding of NMC regulation through clear documentary and visual representation was recommended to aid student and stakeholder understanding.
- 14.6 Findings around misunderstanding of regulatory processes, and suboptimal communications with stakeholders around emerging concerns and regulatory actions, led the report to recommend improvements to **governance and regulation**, including clarity around roles, responsibilities and regulatory processes within the NMC and amongst stakeholders. The report noted the opportunity that NMC regulatory reform may offer to allow 'conditions' where there are concerns about programmes rather than the sole sanction of withdrawal of approval.
- 14.7 The report referenced concerns related to the **AEI's QA governance and QA activities**, particularly around their contingency planning for programme closure / loss of regulatory approval that would minimise impact on students, whose wellbeing and safety should be prioritised. The AEI was urged to reflect on learning from this experience, their leadership and governance, and were encouraged to be more proactive in their communication with the NMC.

Recommendations arising from the findings

15. The report cited many recommendations, often multiple times, from differing stakeholder perspectives which were consolidated into actions (see Annexe 2). These actions already, and will continue to, contribute to continuous improvement at the NMC and within EdQA, as well as within AEIs. Broad areas of improvement include student support, the QA framework and processes, EdQA team roles and responsibilities, communication and collaboration, and governance and decision-making. Improvements will enhance the overall quality of nurse and midwifery education to assure public safety.

Recommendations to enhance EDQA processes, frameworks and practice in how critical concerns are managed

16. Recommendations to enhance EdQA processes, frameworks and practice in how critical concerns are managed appear in detail in Annexe 2. They include:
- 16.1 prioritisation of learners' education and safety in decision making, including proactive safeguarding of students / staff affected by EdQA processes, and collection of student data to conduct equality impact assessments prior to decision-making.

- 16.2 a focus on continuous improvement and future planning, learning lessons from both the CCCU experience and wider learning from the impact of the pandemic.
- 16.3 establishing a formal, clear and standard process for escalating concerns and conveying severity of concern, with clear lines of escalation, and clarity around roles and responsibilities of EdQA staff and stakeholders in raising and addressing concerns.
- 16.4 the EdQA team should represent a balanced skill mix and expertise.
- 16.5 review of handbooks, documentation, processes and tools – including process maps, detailed procedural policies, clear procedures around withdrawal of programme approval and a risk-based report template.
- 16.6 establishing direct contact between EdQA and AEI with a nominated case officer.
- 16.7 enhancing programme monitoring, making it more regular, proactive and risk-based and making it a positive, supportive experience.
- 16.8 clear processes for gathering and using feedback from students through student listening events, including staff training, mediation management, student support and AEI provision of aftercare for students.
- 16.9 use of evidence such as National Student Survey (NSS) and student feedback in understanding issues.

Recommendations to enhance communication and collaboration across stakeholders involved in, or impacted by, withdrawal of programme approval

- 17. The report made many recommendations that aimed to enhance communication and collaboration across stakeholders involved in, or impacted by, withdrawal of programme approval. These are detailed in Annexe 2 and include:
 - 17.1 NMC working collaboratively with the AEI to ensure that there is wellbeing and mental health support for students to help with the challenge of educational disruption, including supporting their transition to an alternative AEI.
 - 17.2 better transparency and more proactivity in our regulatory approach.
 - 17.3 ensuring clear, effective communication between regulatory bodies and AEIs.
 - 17.4 strengthening collaboration and early information sharing between the NMC, other regulators and relevant stakeholders to enable timely sharing of concerns, and smoother transition for affected students.
 - 17.5 enhanced support and communication with AEIs where concerns are raised, listening and acting on feedback.
 - 17.6 clear communication and offering training, guidance and updates around new QA processes to AEIs and stakeholders to ensure their understanding.
 - 17.7 effective triangulation of data from placement partners and AEIs.

17.8 clarity of processes, roles and responsibilities of all stakeholders for student transition to another AEI post-withdrawal of approval.

17.9 establishing a direct contact person between EdQA / NMC and AEI.

17.10 ensuring that decision-making is independent, fair, transparent and inclusive of stakeholders.

Core function of EdQA: risk and mitigation

18. EdQA is responsible for ensuring that Approved Education Institutions (AEIs), their practice learning and employer partners and all the programmes they deliver meet our standards relevant to the education and training of nurses, midwives and nursing associates; both pre and post registration. The standards ensure that students' learning, environment, and experience result in professionals who meet our standards of proficiency when they first join the register and for specific recordable and registerable post registration qualifications. This is the front door of our core regulatory responsibility to keep patients and the public safe. Ensuring that all nurses, midwives, and nursing associates have the right skills, knowledge, and behaviours to join the register and to deliver safe, effective kind care through their education and training is the foundation to our regulation of the profession across the UK.
19. Feedback from the Professional Standards Authority in February 2025, highlighted several risks in the previous (unapproved) improvement plan that was socialised with them. It is essential that we assure the PSA that support and investment is evident in EdQA in order to mitigate our corporate risk and ensure long-term stability and growth.
20. A business case has been developed that is pending approval by the executive team. This business case sets out the urgent need for Education QA system improvements and team expansion to strengthen regulatory oversight, improve efficiency, and reduce risks associated with incomplete data, manual processes, and system limitations. Without these improvements, the NMC may not effectively regulate education providers or practice learning environments.
21. Improvements related to recommendations detailed in Annexe 2, alongside proposals within the business case, aim to mitigate regulatory risk, inefficiencies, and costly interventions going forward.

Summary of progress to date

22. Implementation of many of the recommendations made in this report have already contributed to the programme of improvements that is underway, with other improvements planned – as detailed in Annexe 2. This includes enhancing EdQA processes, frameworks and practice around how critical concerns are managed.
23. An equality impact assessment is carried out prior to any decision-making related to high-level concerns when there is potential or actual impact on students. This enables mitigation for the impact of decisions to be considered and planned for.
24. Additionally, actions have focused on strengthening communication and collaboration with AEIs and other stakeholders, also evident in Annexe 2.

25. Whilst actioning continual improvement all risk-based extraordinary review activity, enhanced scrutiny processes and new programme monitoring has continued.
26. Some of the recommendations for improvement are ongoing and include:
 - 26.1 EdQA have yet to complete work to clearly define processes for withdrawal of programme approval, including lines of escalation and responsibilities of stakeholders. EdQA are collaborating with the QAA to produce the externally facing guidance for AEIs regarding this, alongside updating guidance around concerns, monitoring and extraordinary reviews. It is anticipated this will be in place by 31 August 2025.
 - 26.2 EdQA are working with QAA to develop a more proactive approach to how they engage with students (student listening events) prior to engaging them in any EdQA activity. This could include adopting a multi-modal approach that captures the authentic voice of students, enables a voice for AEI staff and considers other evidence. The aim is to complete this by December 2025.
 - 26.3 In prioritising support and safeguarding of people are EDQA are seeking the use of 'Careline' as a support mechanism for students / staff distressed by EdQA processes.
 - 26.4 EdQA are working with QAA to review all processes and tools, revising handbooks with clear flowcharts. This has been completed for approval of new AEIs, new programmes and programme modifications.
 - 26.5 EdQA are focusing on how to prevent withdrawal of approval and programme closure as part of their commitment to ensuring structured involvement and support to AEIs. The aim is to complete this by June 2025.
 - 26.6 EdQA have completed a listen and learn exercise following monitoring visits undertaken in the years 2022-2024 to inform enhancement of future monitoring activity. This has been shared with the QAA to support development of their approach to undertaking monitoring visits and extraordinary reviews, which is anticipated will be in place by 31 August 2025.
27. As the EdQA team has grown in capacity and capability the team's knowledge and experience has strengthened, with better clarity around roles and responsibilities.
28. Improvements to EdQA are contingent on appropriate resourcing. For example, employment of two colleagues with significant experience in EdQA (on fixed term contracts) to act as specialist support for AEIs in critical concerns has proved a highly effective supportive and restorative approach to concerns at AEIs resulting in rapid improvements and closure of concerns. However, the team lacks stability as 50% of the current roles are interim, fixed term or seconded positions. A new structure with additional posts, stabilisation of temporary roles and an improvement plan are detailed in the proposed business pending approval.
29. The EdQA team is committed to continuing its improvement journey.

Next Steps

Continuous improvement plans:

30. The wider improvement plan for EdQA is enshrined in a business case being socialised with the Executive Board. This plan is built around principles that reflect the findings and recommendations of this 'lessons learned' report. These 6 principles outline the approach EdQA aspire to continue to improvements their quality assurance functions:
 - 30.1 Become more data driven with external sources of national data complementing data collected from approved education institutions to inform decision making.
 - 30.2 Improve collaborative working – gathering and sharing data and intelligence with regulatory partners and seeking feedback from AElS and other stakeholders during the development as part of a data driven approach to monitoring.
 - 30.3 Adopt a risk-based approach where the level of monitoring activity of programmes relates to risk informed by data and intelligence.
 - 30.4 Targeted approach with each element of monitoring activity will have a specific and identifiable purpose, linked to our standards of education and driven by intelligence and to enable proactive identification of regulatory risks.
 - 30.5 Demonstrate proportionality – basing requirements placed on AElS and regulatory interventions on the risk profile of programmes and their potential impact on patient safety.
 - 30.6 Be transparent in approach, making clear what is expected from AElS and practice learning partners, sharing good practice and taking a supportive and collegiate approach.
31. The team makes clear contingent dependency on systems change and resources to assure the significant change and improvement to its ways of working within EdQA at the NMC.

Implications

The following were considered when preparing this paper:

Implication:		Location if in paper:	Content if not in paper:
Public protection/impact for people.	Yes	Para. #3, 7, 14.1. 14.2, 15, 16, 23, 18	
Safeguarding considerations	Yes	Para. # 3, 7, 14.1, 15	Safeguarding of women, babies and families.

		#5, 14.1, 14.7, 17	Student wellbeing was impacted by this action.
The four country factors and considerations.	Yes		Although this report considers the impact of a programme approval in England learning affects our UK wide EdQA framework and processes.
Resource implications including information on the actual and expected costs involved.	Yes	#20, 27, 28, 31	Within EdQA business case: Investment in staff resource = £125K IT 0.6fte = circa £40K
Risk implications associated with the work and the controls proposed/ in place.	Yes	#18,19, 20, 21	
Legal considerations.	Yes		Legal advice around our Order, and advice and support with respect to decision to withdraw approval was sought taken up continually throughout the timeline within the report
Midwives and/or nursing associates.	Yes	All	The paper is based on withdrawal of approval of a midwifery programme
Equality, diversity, and inclusion.	Yes	#14.2, 16, 23	
Stakeholder implications and any external stakeholders consulted.	Yes	Para. # 10, 11, 14.4, 14.5, 14.6, 15, 16, 17, 19, 24, 26.1, 30.2	
Regulatory Reform.	Yes	Para. #14.6	

Annexe 1: Timeline of major actions and event in the withdrawal of approval

Date	Event/Issue
Feb 2020	Original concerns arose in relation to placements at East Kent Hospitals University NHS Foundation Trust.
Jun 2022 (report released Aug 2022)	Mott MacDonald approval visit for the new midwifery programme identified significant concerns leading to refusal of the new Programme against new standards.
Aug 2022	HEE Listening Event with students and Practice Learning Partners.
Aug 2022 onwards	Monthly NMC-CCCU meetings (reviewing action/contingency plans)
Dec 2022	NMC Student Listening Event – CCCU provided observations on this report.
Dec 2022 onwards	CCCU submitted exceptional reports and action plans.
Jan 2023	Re-approval deferred
Feb 2023	CCCU paused midwifery placements at William Harvey (WH) Hospital. CQC announced enforcement action on WH Hospital Maternity & Midwifery services
22 Feb 2023	NMC Quality Assurance (QA) Board made the initial decision to withdraw approval.
27 Feb 2023	Initial Withdrawal Decision formally communicated to CCCU
Mar 2023	CCCU preparing response
6 Apr 2023	QA Board agreed aspects of CCCU response needed clarifying, therefore extra time given
26 Apr 2023	QA Board reconvened – final decision to withdraw made
2 May 2023	Decision formally communicated to CCCU
May – Sep 23	Ongoing work to transfer of students to University of Surrey

Annexe 2: Report recommendations and progress with their implementation

	Theme	Recommendation	Implementation In progress or completed	Comments
1.	NMC Quality assurance & continuous improvement	Prioritise learners' education and safety in all decision-making processes.		This is central to all planning and decision-making within EdQA and is evident throughout the Review of the 2024 Mandatory Exceptional Reports.
2.		Collect student data to conduct an equality impact assessment prior to decisions to withdraw programme approval		The EdQA team carries out an equality impact assessment prior to any decision-making related to high-level concerns where there is potential or actual impact on students.
3.		The NMC must take a more proactive and transparent regulatory approach.		The NMC have invested in the EdQA team to increase the visibility and engagement of Officers at a regional level. The NMC has also engaged with a new Quality Assurance Service Partner (QASP), QAA (from 01 September 2024), to undertake elements of the quality assurance function. To date, this has focused on approval and major modification processes to ensure AEI programmes are contemporary and continue to meet our standards. Our next steps are to support the QAA to develop, refine and publish their approach to undertaking monitoring visits and

				extraordinary reviews. It is anticipated this will be in place by 31 August 2025 .
4.		Focus on continuous improvement and learning from past experiences.		A continuous improvement approach is now embedded within the EdQA team, with evaluation and learning now planned at the start of all new initiatives or processes. The team have also completed a listen and learn exercise following monitoring visits undertaken in the years 2022-2024.
5.		Incorporation of lessons learned from the impact of COVID-19 on nursing and midwifery education for future planning.		The mandatory exceptional report (2024) addressed areas of confusion related to misinterpretation, application or failure to withdraw emergency and recovery standards. The NMC education team also published an evaluation of increased use of simulated practice learning, some of which evolved during the pandemic in 2024. Lessons learned related to nursing and midwifery education during the pandemic are contributing to the current practice learning review.
6.		Ensure a balanced expertise mix within EdQA for effective regulation.		The EdQA team has increased in size and skills mix, particularly focusing on increasing the number of registered nurses and/or midwives within the team who have a background in higher education and academic programme quality management.
7.		Regularly review/update QA handbooks and documentation, including new processes and tools, for better understanding and reference.		With the change in QASP, the EdQA team have taken the opportunity to review all processes and tools. These are now being

8.		Provision of process maps and detailed procedural policies that AEIs and other stakeholders can access to aid understanding.		written into revised handbooks with clear flowcharts. We have completed this for approval of new AEIs and programmes and programme modifications. The NMC has a clear process for the management of critical concerns, however, this programme of work is not yet completed as we're awaiting the QAA's processes for undertaking monitoring visits and extraordinary reviews. This is due for completion by 31 August 2025 .
9.		The NMC should establish clear procedures for withdrawal of approval / programme closure to ensure structured involvement and support during challenging times.		We aim to complete this recommendation by June 2025 . The EdQA team focus has been on working proactively and earlier with AEIs to resolve issues so that they do not escalate to this stage. We've employed (on fixed term contracts) two colleagues with significant experience in EdQA to act as specialist support for AEIs in critical concerns, to strengthen the resource available to prevent the circumstances that would require withdrawal of programme approval. This has proven highly effective in enabling AEIs to take appropriate restorative action and resulted in rapid improvements and the closure of concerns.
10.		Development of clear processes for student transition to another AEI following withdrawal.		There is an Office for Students requirement (England) that a student protection plan must be in place that sets out what students can expect should a programme, campus or institution close. This includes loss of regulatory or professional body approval of a

				programme. This plan is to ensure students can continue and complete their studies or be compensated if this is not possible. As per Article 18 (8) ¹ (see footnote) the NMC facilitated student transition to an alternative provider (University of Surrey) having been granted an exception to usual RPL rules which entailed recognition of all academic credit and practice hours, with detailed mapping to ensure all learning outcomes and Standards of proficiency would be met when their programme completed.
11.		Provide support and guidance to universities facing challenges and implement processes for resolution of concerns.		The EdQA team is receiving excellent feedback regarding the support and guidance we are providing to AEIs who face challenges. We now coproduce exit plans for all AEIs in critical concerns, to make clear our expectations and key dates, such as QA Board meetings, to ensure progress through a critical concern is timely and transparent. We also ensure there is a named contact person from the EdQA team to provide real time feedback and support the AEI in achieving the outcomes of the action plan. Our next steps are to publish a series of EdQA policy statements, in response to requests for clarity on specific areas of our

¹ " Where approval is withdrawn under this article, the Council shall use its best endeavours to secure that any person who is undertaking the education or training concerned or is studying for the qualification concerned or is studying at the institution concerned at the time when recognition is withdrawn is given the opportunity to follow approved education or training or to study for an approved qualification or at an approved institution".

				Standards (reflective practice, simulated practice and breaks) by Sept 2025 .
12.		More emphasis on triangulating data from placement providers and universities.		Training delivered to new QA Visitors from the QAA ensures this fundamental tenant of EdQA is consistently understood and embedded.
13.		Cross-reference NMC standards with institutional standards.		All approval processes, including AEI status approval, considers how the institution's own regulations and standards align with the NMC standards and requirements. Approval of all programmes is conjointly assessed and considered between the education institution and independent QA visitors, on behalf of the NMC. The NMC standards are outcome focused and constructively aligned to institutional standards. This allows for the independence of AEIs to set and maintain their own regulations, within the scope of the UK higher education sector.
14.		Continuously listen to feedback and work towards positive change / continuous improvement		The EdQA team is committed to listening to feedback from stakeholders and have an improvement plan in place.
15.	NMC Education Quality Assurance (EdQA)	Include other professionals in QA planning, processes and decision-making: <ul style="list-style-type: none"> clinical experts for professional input related to practice context an academic who understands AEI operations, processes and regulations 		The QA Board membership represents a diverse skills and experience mix to provide oversight of EdQA operations and decision making. The EdQA team is in the process of establishing a Reference Group, which will comprise external stakeholders to provide

				contemporary challenge and externality to inform decision making. May 2025
16.		EdQA staff: Establish clear roles and responsibilities for quality assurance staff. Strengthen the skill set of individuals involved in quality assurance to ensure effective oversight.		The EdQA team has grown in capacity and capability, having effectively strengthened the team's knowledge and experience through targeted recruitment and the establishment of clear roles and responsibilities for all team members. However, the team lacks stability as 50% of the current roles are interim, fixed term or seconded positions; this includes all leadership roles within the team. A new structure with additional posts, stabilisation of temporary roles and an improvement plan are all detailed in a business case that is pending approval.
17.		Offer training and guidance to universities on new QA processes to alleviate concerns and ensure smooth implementation.		In January 2025, we provided a training video on how to complete the annual self-report and supplemented this with two online drop-in support sessions. The sessions were well attended, with around two thirds of the AEIs engaging with us. During these sessions, we asked for feedback on other training we can provide. Subsequently, we've planned a series of online workshops which we will launch and announce at our first EdQA Conference for AEIs – being held in Birmingham and Edinburgh during May 2025.
18.		Establish direct contacts between AEI teams and the NMC / EdQA.		The NMC has invested in doubling the number of EdQA Officers within the team to

		Include a nominated (NMC) case officer for clear communication.		enable a regional approach to relationship management. Where AEIs are on enhanced scrutiny or critical concerns pathways there is always a named person to lead support and communication with the NMC.
19.		Enhance EdQA / NMC understanding of university operations and programme quality to support and inform decisions and provide better support to stakeholders.		The EdQA team has increased in size and skills mix, and all members of the (interim) leadership team have a strong background in higher education and academic programme management. The QA Board has diverse representation from across the organisation, with a strong focus on education.
20.		Request for a risk-based report template to track progress of concerns.		The EdQA team uses a risk-assessment process to review new concerns and map these to the NMC standards. This then becomes the progress tracker and a tool for communication between the QA Board and the AEI.
21.	<i>Monitoring</i>	Enhance monitoring / more regular external monitoring for programme quality assurance.		To safely achieve this, we undertook the 2024 mandatory exceptional reporting exercise which considered specific risks at all AEIs providing preregistration programmes. This allowed us to pause routine monitoring visits while the QAA developed the necessary expertise and processes associated with undertaking monitoring visits. This is due for completion by 31 August 2025. During this time, all risk-based extraordinary review activity, enhanced scrutiny processes

				and new programme monitoring has continued.
22.		Need for a positive and supportive monitoring experience.		The EdQA team has completed a listen and learn exercise following monitoring visits undertaken in the years 2022-2024 to consider and plan for enhancement of future monitoring activity. This learning has been shared with QAA to support development of their approach to undertaking monitoring visits and extraordinary reviews, which is anticipated will be in place by 31 August 2025
23.	<i>Decision-making</i>	<p>Ensure independence in EdQA decision-making to avoid conflicts of interest and ensure fair transitions for students including:</p> <ul style="list-style-type: none"> a. Involve all stakeholders in decision-making processes. b. Have a representative from the QA service partner present at decision-making meetings for better understanding and support. c. Organisations like the RCM should be involved in discussions and decision-making processes to provide support, advocacy, and expertise in situations involving midwifery programme closures and transitions for students and lecturers. 		<p>Broad stakeholder perspectives are gathered, presented and are influential at all decision-making meetings of the QA Board. Any potential conflicts of interest at the QA Board are recorded and declared and individuals may abstain from the decision-making process accordingly. (Stakeholders include AEIs, students, practice partners, NHSE and equivalent bodies in devolved nations, unions and professional bodies and others involved in the education and training of nurses, midwives and nursing associates).</p>
24.	Communication, Collaboration & Stakeholder engagement:	Ensure clear communication and feedback mechanisms between regulatory bodies and universities / AEIs including structured meetings, detailed procedural policies and protocols, and face-to-face interactions.		The EdQA team has established a new webpage where all AEI letters, reports and webinar videos are shared in an open and transparent way.

				Where issues or concerns are identified the regional officers always offer online meeting support, or a face-to-face visit with appropriate members of the team to address the issue/concern.
25.		Strengthen communication and foster collaboration between the NMC, other regulators and relevant stakeholders to enable: <ul style="list-style-type: none"> a. timely sharing of concerns b. a system for early information sharing to facilitate collaboration c. smoother transition and support for students impacted by withdrawal of approval. 		The NMC EdQA team collaborates with other regulators and a wide range of stakeholders across the UK to share learning, address concerns and reduce duplication and regulatory burden. This is demonstrated through the Inter-Regulator Group and by use of the CQC Regulatory Concerns Protocol for education-identified concerns.
26.		Establish a formal, clear and standardised communication route for early notification of serious issues, conveying severity.		The EdQA team has a process for the engagement and notification of AEIs, practice learning partners and key stakeholders as relevant to the identified concern. Including notification at a senior level within the AEI and use of the CQC Regulatory Concerns Protocol for education-identified concerns, as appropriate.
27.		The NMC needs to be more proactive in support of safeguarding of students / staff affected by EdQA processes		Prioritising support and safeguarding are central to all planning and decision-making within EdQA and is evident throughout the Review of the 2024 Mandatory Exceptional Reports. The EDQA are also exploring the use of 'Careline' as a support mechanism for students or staff distressed by EdQA processes. The date for this is TBC

28.		Ensure clear communication and transparency about new processes to avoid misunderstandings and anxiety.		All new EdQA processes are launched jointly with the QAA and we share webinars via our respective websites for transparency and reference.
29.		Improve transparency and understanding of regulatory processes among students to alleviate concerns and promote a better student experience.		The NMC has produced a series of student focused communications and supporting social media content to assist in student understanding of our regulatory remit and influence on the student journey. The EdQA team undertake presentations to student groups and forums upon request.
30.		Establish clear processes for gathering and using feedback from students and stakeholders.		Feedback from stakeholders including students, people who use services and their carer representatives, academic staff and practice learning partners is gathered during all our core processes: approval, new programme monitoring, programme modifications, enhanced scrutiny, monitoring visits and extraordinary reviews.
31.		Make use of evidence like NSS data and student feedback, including from student engagement.		The EdQA team make use of a wide variety of data sources to identify and understand issues and concerns, including the NSS, and the NHSE National Education and Training Survey (NETS).
32.		Instigate a more collaborative approach for sharing feedback across institutions.		Each year, we run webinars to share good practice and learning from our findings of the annual self-report. In December 2024, we published the Review of the 2024 Mandatory Exceptional Reports.

				The NMC meets regularly with AEIs via regional and national practice learning groups (PLGs) to collaborate, share practice and collect intelligence from the sector to support continual improvement. We collaborate with other regulators and professional bodies to promote 'joined up' regulation. We attend a UK wide Simulated practice learning group to share feedback and learning to support good practice and compliance with standards.
33.		Consider a buddy system for institutions to support each other in quality assurance.		When AEIs are making good progress or coming to the close of a critical concern, we have sought the consent of the official correspondent to share their contact details with an AEI who are at an earlier stage of the process. This is voluntary and does not involve the NMC beyond a mutually agreed introduction.
34.	Student support and wellbeing	Review conduct of student listening events to assure a balanced approach and ensure clear and transparent communication with students during and after these events.		We have taken a proactive approach to changing how we engage with students prior to involving them in EdQA activity, now using a multi-modal approach. We've heard feedback from AEIs regarding student listening events, which includes their wish to provide a voice for AEI staff and evidence as part of the event. This would change a student listening event into a focused monitoring visit, therefore there is a need for greater consideration and collaboration with stakeholders before a new model is developed and published.

				We will work with our new QASP to develop a new approach to student listening events, utilising and building upon the QAA's experience of using student visitors as part of the QA process. We will aim to complete this work by December 2025 .
35.		Provide training for effective feedback and mediation management to those involved in student listening events.		Training for effective feedback and mediation for those conducting student listening events will be included in the review of our approach to these events as detailed in point 34.
36.		Need for diverse methods of gathering student information, for example, introduction of new processes like Microsoft Forms for student engagement.		The EdQA team use technology-enabled methods to allow students to sign up anonymously to our focus groups, within monitoring activities (including student listening events). However, we also consider the AEI's own evaluations and student experience feedback surveys as part of all our processes to prevent duplication for students.
37.		Ensure with the AEI that there is provision for aftercare for students to support their wellbeing during / after student listening events.		Student wellbeing and safety is central to the collaborative planning for EdQA processes with the AEI. This includes ensuring on-site, dedicated student wellbeing support services are always arranged prior to any EdQA processes taking place. All QA Visitors are provided with details regarding how to signpost to this support as part of their briefing. NMC staff attend and observe all EdQA processes and take appropriate action to safeguard those involved, in the event of a risk to safety.

38.		Ensure and prioritise with the AEI academic AND wellbeing and mental health support for students to help with the challenges and trauma resulting from educational disruption, and undergoing transition to a new AEI.		In the event of withdrawal of approval, the NMC would work collaboratively and proactively between the two AEIs to ensure student wellbeing and support is prioritised. The EdQA team has strengthened its internal working relationships with the NMC's safeguarding team and would draw upon the specialist knowledge and expertise within this team to keep people safe and act in a trauma-informed way.
39.		Work with the AEI to ensure that students are fully aware of processes for their transition to an alternative programme / AEI.		In the event of withdrawal of approval, the NMC would work collaboratively and proactively with the two AEIs to support student transition to an alternative programme/AEI.
40.	NMC governance, regulation and decision-making	Establish clear lines of escalation, including responsibilities of all stakeholders in raising and addressing concerns, and withdrawal of programme approval.		Clear lines of escalation are in place regarding the identification of concerns, the classification of the most serious concerns by the QA Board and the operation of the critical concerns and enhanced scrutiny processes. We have not completed the work to clearly define processes for withdrawal of a programme. We have not yet published our concerns and monitoring guidance for AEIs and are collaborating with our QASP to produce the externally facing guidance for AEIs regarding this. This will be completed by the 31 August 2025 .

41.		Consider setting up external panels for decision-making, to ensure impartiality.	Considered	The QA Board is responsible for decision-making regarding education on behalf of the NMC as a Regulator. The EdQA team is establishing a stakeholder reference group that will provide independent advice and guidance. May 2025.
42.		Consider regulatory reforms to allow for conditions, rather than just the ultimate sanction of programme withdrawal.	Considered	The EdQA team has engaged in NMC preparations for Regulatory Reform, including using simulated scenarios for the 'road testing' of possible new powers that could come as a result of regulatory reform, such as the ability to give formal warnings and set conditions.
43.		Conduct a round table event involving key stakeholders, including the AEI, to review what could have been done differently.		The EdQA team worked with an external consultant to conduct this as a series of stakeholder engagements, rather than a round-table event. This methodology was designed to be person-centred and enable participants to speak candidly about their experiences and perspectives. We are grateful to the participants for their time and sharing this with us to promote learning and improvement.
44.	Key learning / recommendations for AEIs:	Universities should have experienced individuals in strategic roles to navigate QA and regulatory standards effectively, including experienced academic staff in key leadership roles to navigate complex educational transitions effectively.		These recommendations relate to the AEI / AEIs. We are sharing them with AEIs to inform their leadership and management of NMC programmes, reinforce our processes, support students on NMC programmes and so that we can continue developing our collaborative partnership.
45.		Establish and ensure that regulatory processes are clear in student programme handbooks.		

46.		Universities should have robust mitigation plans in place for potential actions, and contingency plans in place for withdrawal of programme approvals to handle such situations more effectively in the future.		
47.		Ensure efficient operations and decision-making processes to address challenges promptly and effectively.		
48.		Streamline processes for data transfer and credit importation to facilitate smooth transitions for students.		
49.		Emphasise the importance of midwifery leadership within universities.		
50.		Collaboration between the AEI's EdQA, programme leads and other external stakeholders when regulatory concerns are raised to ensure timely support for learners, and development / execution of effective mitigation plans.		

Council

Update on our fitness to practise casework

Action requested:	<p>To update the Council on our fitness to practise work.</p> <p>For discussion</p> <p>The Council is asked to discuss the report.</p>
Key background and decision trail:	<ul style="list-style-type: none"> • Making improvements to our fitness to practise (FtP) processes is a key corporate priority. The wider context to this are the concerns we have heard about our culture and effectiveness as a regulator and we are using the learning to inform our improvements. Successful delivery of improvements will protect the public, improve the experience of everyone involved in our FtP processes and minimise the length of time of our FtP investigations. • Strategic risk REG18/02 is: “risk that we fail to take appropriate action to address a regulatory concern about a professional on our register in a timely or person-centred way.” • Our FtP improvements are set out in our FtP plan which you can read here: Our plan for fitness to practise 2024-2026. Our plan aims to address the high and aged caseload that we have, which is affecting our ability to progress and resolve cases in a timely and safe way. It will also improve the experience of everyone involved in our processes • This is a regular report focusing on progress we are making to reduce delays, appropriately manage incoming concerns, making consistent and appropriate decisions, and strengthening our approach to improving the experience for everyone who is involved in our FtP process. • At recent Council meetings, the following actions were noted: <ul style="list-style-type: none"> • “Consider what data relating to the oldest cases could be included in the dashboard for the next update to the Council.” Data about the age profile of the open caseload is included within this report at paragraphs 32-38.

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	<ul style="list-style-type: none"> • “Present the recommendations relating to the FtP process emerging from PwC’s work.” This paper reports on our current position with the PwC work and the plans for decision-making (paragraph 11). There are dates for the Council to discuss this work in April to July 2025. 	
Key questions:	<ul style="list-style-type: none"> • What progress have we made to make quicker and safe decisions in FtP? • Is our FtP performance improving? • Are we delivering our FtP plan within expectations? 	
Annexes:	<p>The following annexes are attached to this paper:</p> <ul style="list-style-type: none"> • Annexe 1: FtP performance dashboard at 31 March 2025. • Annexe 2: Caseload data by registrant type and country. 	
Further information:	<p>If you require clarification about any point in the paper or would like further information, please contact the author or the director named below.</p>	
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Update on our fitness to practise casework

Discussion	
1	Delivering effective regulation to support safe and effective health and social care is our core purpose at the NMC. As part of this, we want to deliver a fair, fast and effective fitness to practise (FtP) process in a consistent way for everyone involved. We are not always doing this and are committed to improving.
2	It has been a year since we launched our FtP plan in April 2024, setting out the improvements we aimed to make to achieving better outcomes of timeliness, quality and safety, people experience and cost efficiencies in fitness to practise. In January 2025 we shared a realigned FtP plan with the Council, which was the result of us learning from the changing operational context we'd seen over the course of 2024 and adapting our plan.
3	We have seen some meaningful progress since April 2024 which we have reported on in previous reports, for example improved performance at Screening, the reduction of cases awaiting allocation at different parts of the FtP process, and new initiatives introduced to be able to better support people in FtP (for example multi-disciplinary case clinics for our staff to check we are providing the right support to people with particular needs and managing their casework in line with this).
4	The operational context presents ongoing challenges, which means there is a risk that our plans as they stand may not be delivered quickly enough or fully address new recommendations from recent reviews. For example, we have the challenge of enabling our staff to have the capacity to engage on and deliver changes to our organisation's culture whilst keeping our core FtP daily operations running. We are committed to addressing these challenges whilst progressing our FtP casework at pace and delivering new ways of working that strengthen how we protect the public effectively, in a sustainable way in the long-term.
Turnaround activity	
5	PwC have been partnering with us for 12 weeks as part of a first phase of turnaround activity. They have helped us to co-review our priorities, understand our ways of working, identify any barriers colleagues encounter, and co-create solutions that will support us to deliver sustainable improvements. Over 600 NMC colleagues and also Unison and RCN representatives engaged with PwC through co-design and alignment events, focus groups, workshops and problem solving sessions and shadowing to shape ideas and proposals.
6	This work has spanned the whole of the NMC across four workstreams. Proposals have been worked up and the options we take forward into 'phase 2' of our turnaround activity will be delivered alongside or as part of our FtP plan, with appropriate governance and oversight. The four workstreams are outlined below.
7	Operational excellence – the review and resulting recommendations revolve around three categories of improving efficiency, quality and culture. We want to ensure that the

activity we take forward helps us progress two top priorities – progressing cases at the investigations stage and resolving cases at the adjudication stage more quickly. Underpinning all of this is a shift from being risk adverse to risk aware – creating a confident workforce and avoiding unnecessary overwork on cases.

- 8 **Casework support:** In the 12 weeks, PwC helped progress over 200 of our lower-risk FtP cases at the Screening stage towards a decision, reducing delays. We and PwC trained one of their teams in Belfast with experience of making enquiries and engaging with customers to progress screening cases. We also co-developed robust quality assurance frameworks and identified new ways of working. All decisions made on cases were made by NMC staff.
- 9 **Technology and data:** PwC used their expertise to help us build our understanding of how we can use technology more effectively in our processes, and the importance of quality data capture.
- 10 **Business excellence:** the work has helped us better understand where we can best direct our resources and efforts to where they are most needed and where they can have the most impact for the benefit of the public.
- 11 **Next steps:** We have been analysing the proposals and considering what we want to take forward and how (including what delivery partner support might be needed alongside NMC capacity and expertise). Our Executive Board and Council will be discussing PwC's recommendations and carefully considering options for phase 2 of the turnaround activity, looking to make decisions by the end of July 2025. These decisions will cover: immediate improvements by progressing cases and reducing delays; optimising resources and streamlining processes to deliver more timely outcomes for registrants, the public, and our stakeholders; and strengthening the NMC by improving existing processes and coordination across teams.

Top headlines

Improving number of FtP outcomes:

- 12 We delivered 10,405 outcomes (case closures or case progressions) across all stages of our FtP process since April 2024, 68 percent of which were at Screening. This is an average of 867 outcomes per month and higher compared to the 12 months prior to April 2024 where the average was 780 a month (April 2023 – March 2024).
- 13 Chart D1 at Annexe 1 shows a significant improvement in the volume of Screening outcomes since September 2024, following our investment in this area and boosted capacity over 2024. We made a record 806 Screening outcomes in March 2025, topping the previous record 797 figure for January, thanks to the efforts of the team. The temporary hands-on support from PwC on Screening casework over January to March 2025 has also contributed to our recent Screening outcome levels.

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Fall in the number of open FtP cases we hold:

- 14 Chart A1 at Annexe 1 shows our open caseload by month and Annexe 2 shows a breakdown of the caseload by country and registration type. Our overall caseload has continued the decreasing trend that we have seen since December 2024, falling to 6,357 cases as at the end of March 2025.
- 15 The reduction in overall caseload has been driven by a reduction in the Screening caseload for the sixth month in a row (a peak of 3,098 at September 2024, down to 2,416 cases at March 2025, a 22 percent reduction). This in turn has been driven by our Screening outcomes (outputs) exceeding the volumes of incoming cases (inputs) during that period.
- 16 Seven percent of the caseload is on hold due to third party investigations where another organisation is undertaking an investigation which could affect our investigation and which means we have to limit or delay our investigation. For example, a police investigation where our investigation could potentially prejudice their investigation. More information can be read on our [website here](#). This compares to an average of 6.5 percent for April 2024 to March 2025, with not much fluctuation during the year.

Challenges at Investigations and Adjudications

- 17 The Investigations caseload has continued to grow, as our outcomes here are not consistently keeping pace with the incoming casework from the Screening stage. As at March, for the first time since Covid, there were more cases at Investigations (2,454 or 38.6 percent of the overall caseload) than at Screening (2,416 cases or 38 percent of overall caseload). As mentioned at paragraph 11, we are considering the findings from phase one of the turnaround activity. There is a key focus on actions for the Investigations stage, to ensure cases are progressed through this stage more quickly.
- 18 The number of cases that we hold at the Adjudication stage remains high (1,142 cases at March) with most of the cases over 18 months old and almost half over 3 years old. Older cases tend to be more complex and we have seen an increase in the average length of our hearings. This is also the most expensive part of the process and an increase in hearing length adds pressure on expenditure. We are expecting to achieve an average of 60 closures per month in 2025–2026 (720 decisions for the year) which means that we will continue to have a backlog of cases after this financial year. We are considering the options to take as part of the next phase of turnaround work, to be able to increase activity here but with a need to balance spend, pace and peoples’ experience.
- 19 We are continuing our focus on becoming more efficient at the Adjudication stage. Progress has been made with regard to improving our daily operations and laying the foundations for more impactful changes this year. Examples include scheduling panels further in advance of hearings compared to this time last year, streamlining our invoicing processes and activity to prepare our teams and premises for more in-person hearings. We had previously seen notable turnover of Hearings Coordinators, a role which is an essential one supporting the independent panel members and the running

of hearings. Following a focus on our recruitment processes we have seen the turnover rate reduce by a third compared to last year.

Managing incoming concerns and referrals

Referrals remain high

- 20 Chart B1 shows we received 543 referrals in March 2025. Our average referrals per month between April 2024 and March 2025 was 546 per month, compared to the same period last year (April 2023 to March 2024) where the average was 493 per month.
- 21 We are working to improve public awareness of our regulatory role to ensure the right concerns are referred to us for regulatory action, and also working with employers to support them with local resolution where appropriate. We are making progress towards this as outlined below.

Referrals from members of the public

- 22 It has been two months since we launched changes to the form that members of the public use to make referrals to us. The changes were aimed at helping people to decide whether their concern is a regulatory one that the NMC can investigate and also aimed at supporting us to receive the information we need to make our Screening process swifter. In February and March 2025 we saw that referrals from employers exceeded referrals from members of public when typically since April 2024, the majority of referrals have been from members of the public. This could be linked to the form changes but it is still early days and we continue to monitor referral rates and the quality of referral information we receive, in order to properly assess the impact of these changes.

Screening guidance

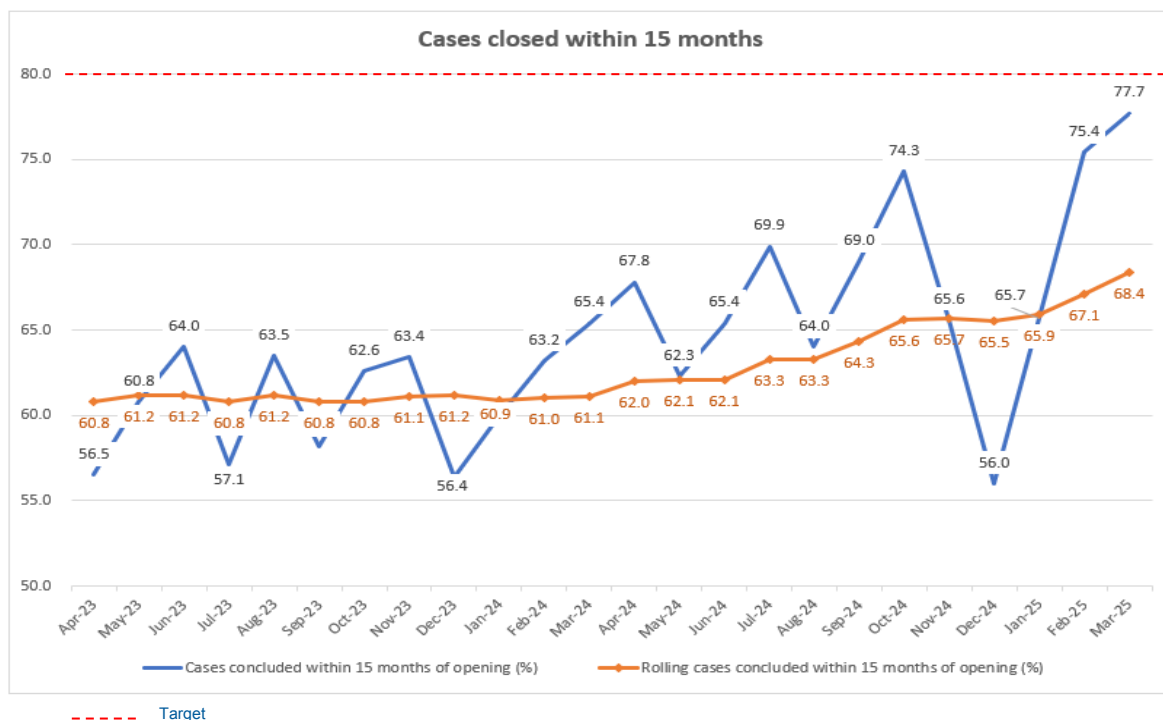
- 23 In May 2025 we published updated Screening guidance. This was developed by our Policy team and Screening team, in light of discussions with Anthony Omo, General Counsel and Director of Fitness to Practise at the General Medical Council, who was seconded to us. Discussions with the Professional Standards Authority and with representative bodies have also informed this work. We would like to thank everyone who has helped us to shape the guidance.
- 24 The new guidance does not change the legal threshold that applies in Screening (this is set by our Order and Rules) but marks a significant change in our approach to applying that threshold. Instead of focusing on whether concerns are serious, the new guidance focuses on whether concerns raise potential risks that could require regulatory action by the NMC.
- 25 The new guidance is not aimed at dramatically changing the proportion of cases closed at this stage, or in other words, the percentage of cases that lead to a 'no further action' decision at Screening. We currently see 'no further action' decisions in relation to over 70 percent of the concerns raised with us.

- 26 Instead, the new guidance is focused on enabling Screening colleagues to take those decisions more swiftly, identifying whether there is a potential risk that could require action by us and, if there is no such risk, deciding whether we should either take no action or, alternatively, whether there is a public interest in notifying an employer or other organisation.
- 27 We have been working hard to ensure that all colleagues affected have received training to implement the new guidance successfully and there has been a very positive response to that training. We also have a programme in place to ensure that the impact of the new guidance is monitored and evaluated, to determine if the guidance has the intended impact.

Preventing delays and making prompt decisions at every stage of FtP

Proportion of cases closed within 15 months:

- 28 We measure timeliness in several ways. Our main measure is the proportion of cases that we close within 15 months of opening a case. We use this to demonstrate the timeliness of our closed case work across all parts of the process. Our target is 80 percent closed within 15 months and we have not met this target since before 2019.
- 29 We have seen a tangible improvement in the performance of this measure since April 2024. Our rolling 12 month average is on an improving trend: as of 31 March 2025, an average of 68.4 percent of cases were closed within 15 months in the 12 months prior. This compares to figures of 67.1 percent for February, 65.9 percent for January 2025, and 61 percent last year in March 2024.



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Average age of open cases

- 30 Another way that we look at our casework is to review the **median age of open cases**. The median average case age at several stages of our FtP process has continued to see a long term trend improvement, ensuring cases are progressed or resolved faster. Below compares the average of the last 12 months (April 2024 – March 2025) vs the same period the previous year (April 2023 – March 2024):
- 30.1 Screening: Case age has improved from 23.5 weeks to 23.1 weeks.
- 30.2 Investigations: Case age has improved from 53.5 weeks to 49.5 weeks.
- 30.3 Case Examiners: Case age has improved from 82.6 weeks to 78 weeks.
- 31 **A look at Screening timeliness:** Chart D1 shows how Screening timeliness has started to improve which has been a focus for 2024–2025. The chart shows the number of outcomes (decisions) we have made each month and timeliness data. We measure timeliness in two ways:
- 31.1 Median age of caseload (all open cases) at Screening. This has decreased and improved during the year because of reducing the volume of cases awaiting allocation, increased decisions and actively working on older cases at Screening. Cases have an average age of 19 weeks at March 2025, compared to 23 weeks at the start of the financial year (April 2024).
- 31.2 Median age of decision – this is Screening cases at the point where we have either made a decision to close the case or to progress the case to Investigations. We have observed an increase during the year (from 9 weeks in April 2024 to 14 weeks at March 2025), which was expected because of our focus on progressing older cases.

Age profile of our open caseload

- 32 We have reviewed the age profile of our open cases (actual age compared to the date received). The chart in this section shows open cases grouped by age, as at March 2025 compared to March 2024.
- 33 Our FtP plan is working and overall we are seeing more cases reach a conclusion more quickly, which is better for everyone involved. The proportion and volume of cases over 18 months old (79 weeks+) has reduced from 55 percent of the caseload in March 2024, to 32 percent in March 2025 and this is despite the overall caseload growing during 2024. There were 3,308 cases at March 2024 which were over 18 months old compared to 2,010 cases at March 2025 (a reduction of 39 percent).
- 34 However, the number of the very oldest cases – those over 157 weeks or 3 years – has increased from 537 cases to 791 as cases have aged during the year. Out of these 791 cases:

34.1 196 cases were under third party investigation meaning we are dependent on outcomes from other organisations and cannot progress the case until that outcome is reached. 196 equates to 8.1 percent of the total caseload.

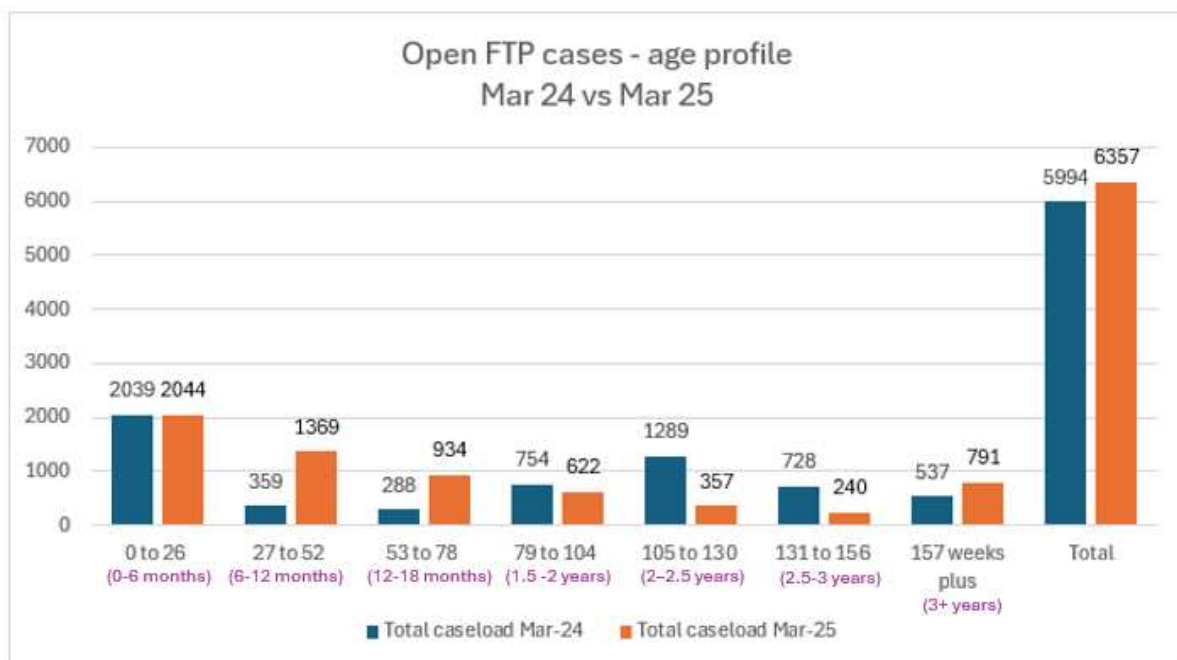
34.2 The majority (65.6 percent or 519 cases) were at the Adjudication stage.

35 Whilst we have improved performance at the Screening stage, reducing the age of cases at the Adjudication stage is an area of focus this year.

36 Whilst we must do more to progress cases more quickly, there can be factors outside of our control that can impact the progression of cases. As already mentioned, to complete our investigations we might need to wait for a third party to conclude their work before we can progress a case. For example, we sometimes cannot progress a case whilst a police investigation is happening, as there can be a risk that our investigation may prejudice their investigation.

37 At the final stage of our process, Adjudication, different factors may contribute to us not being able to conclude cases as quickly as we would like, such as the availability of registrants, witnesses and representatives for our hearings. Timeliness is balanced with peoples' wellbeing and capability to engage with us to ensure the fairness of the process.

38 If our hearings don't finish at the first sitting then we can face challenges in bringing the same panel back together quickly. A focus for us is to deliver more outcomes first time around so that this is less of an issue for us and those involved in our process.



39 **More in-person hearings** – we have increased the proportion of hearings we hold in-person compared to this time last year. We have been closely monitoring in-person hearings over January to March and comparing this data to our data for virtual hearings. This data has shown that our in-person hearings are more likely to conclude on time.

72 percent of in-person hearings concluded on time compared to 68 percent of virtual hearings. And on average, in-person hearings have taken two days less to reach a final outcome than virtual hearings. In-person hearings are more likely to conclude more quickly and when a case concludes more quickly than scheduled, we can use the available resources to consider other matters, allowing us to reach an outcome on more cases at the earliest stage.

- 40 Although there is still work to do to streamline our hearings operations, our data so far indicates that in-person hearings can be more efficient. Registrants and stakeholders benefit from hearings that reach an outcome more quickly and some prefer to attend in person to receive the support they need. Hearings can be stressful and we offer a hybrid meeting option where individuals can join from somewhere they feel more comfortable. Shorter hearings cost less so whilst hearings improvements will improve timeliness, these also contribute towards our aims of improving the experience people have and costs.

Making proportionate and consistent decisions

- 41 The Screening guidance work outlined at paragraph 23 is also enabling us to achieve this priority.

Interim orders

- 42 We have been reviewing our interim orders (IO) process and also the key performance indicator which we have been reporting to the Council for over 10 years. Our KPI should be an effective indicator of how we are managing risk and we will be seeking views from the Council in Q1 on the outcome of our IO review.
- 43 Chart A1 shows that out of the 6,357 caseload, 1,346 cases have an interim order in place of which 728 are interim suspension orders and 618 are interim conditions of practice orders. This means 88.5 percent of registrants with an open case are able to work, whilst our investigations are ongoing.

Supporting vulnerable registrants

- 44 Our Professionals Support and Engagement Team, expanded in December 2024, is undertaking several project workstreams to improve this support whilst in parallel, actively engaging with FtP colleagues on casework and helping develop the skills of FtP colleagues, for example through mental health awareness or communications training.
- 45 One workstream which we reported on previously, is a 12 month pilot of managing cases related to a physical or mental health need in a more bespoke and compassionate way at the Investigations stage. We are testing different approaches, considering the best ways of engaging with individuals and considering our approach to investigating a case in light of any particular needs. Colleagues in the pilot have received enhanced training and support and are taking a multi-disciplinary team approach to decision making, promoting a psychologically safe learning space and

exchanging regular feedback on progress and learning, to continuously improve the pilot. It is still early days in the pilot but there has been really good feedback from colleagues involved.

- 46 We have been reviewing the experience of unrepresented registrants in the FtP process and are identifying potential improvements to make. Meanwhile we have improved our signposting to unions, representative bodies and organisations that support professionals through the FtP process. We also strengthened our signposting to organisations that support international nurses and midwives by including international nursing and midwifery associations on our support pages
- 47 A key priority for the NMC is our safeguarding work and an update is provided elsewhere on the Council agenda.

Enablers

- 48 Our work to **modernise our technology services** (MOTS) has continued and we delivered systems changes at the end of March (release 1) to enhance our ways of working. The latest release involved:
- 48.1 Enhancements to the Microsoft D365 system and our Triage team, and increasing the volume of referrals being handled via this route from 20 percent to around 60 percent. All referrals are currently either opened via this route which uses the D365 technology and different triage processes, or are opened by our Screening team using our older case management system. The latest release means all referrals from members of the public, self-referrals and peer referrals are handled using D365 from the moment we receive the referral and this will make our case management more efficient.
- 48.2 Expanding use of the panel allocation tool. We successfully introduced this in 2024 to streamline the allocation of panel members to Investigating Committee (IC) events and now with the latest release, the remaining 75 percent of panel members (around 400 Fitness to Practise Committee panel members) and also legal assessors can use the tool. For the IC panel members we had seen this tool remove a lot of manual steps in the process and therefore save colleagues hours of time. For example panel members used to email their availability and we would input this into a spreadsheet, whereas now panel members can enter this directly into the system and update it at any frequency. The tool also provides stronger reporting capabilities.
- 49 These are steps towards the replacement of the full FtP case management system. We are continuing work on our phased approach and colleagues from around the NMC are engaged in shaping the design and implementation activity. We will continue to provide updates in this report.

Next Steps

- 50 Our plan has always been about evolution. We are considering our next phase of turnaround activity to enhance and accelerate our FtP improvements, meaning our plan will evolve in the coming weeks. And further external reviews and inquiries are expected to bring new recommendations. These will offer valuable insights but also require us to remain flexible and pragmatic in how we respond.
- 51 As we move forward, we will carefully assess each recommendation, ensuring that our focus remains on delivering improvements that align with our core objectives. Some recommendations will be implemented immediately as part of the current plan, while others may need to be deferred to a structured roadmap for future implementation. This approach reflects our understanding of the organisation's capacity to deliver and absorb change effectively.
- 52 By maintaining this balance between immediate priorities and longer-term aspirations, we aim to build a fitness to practise system that not only addresses current challenges but is also resilient and adaptable to future needs. Our commitment remains steadfast: to create a system whereby we deliver swift and safe decisions, that are achieved through faster and fairer processes.

Implications

The following were considered when preparing this paper:

Implication:		Location if in paper:	Content if not in paper:
Public protection/impact for people.	Yes	Para 1, 4	
Safeguarding considerations	Yes		Strengthening our safeguarding work is part of the FtP Plan.
The four country factors and considerations.	Yes		Our work on the plan includes and is dependent on engagement with a variety of UK stakeholders. Caseload data is at Annexe 2.
Resource implications including information on the actual and expected costs involved.	Yes		Resource implications for the

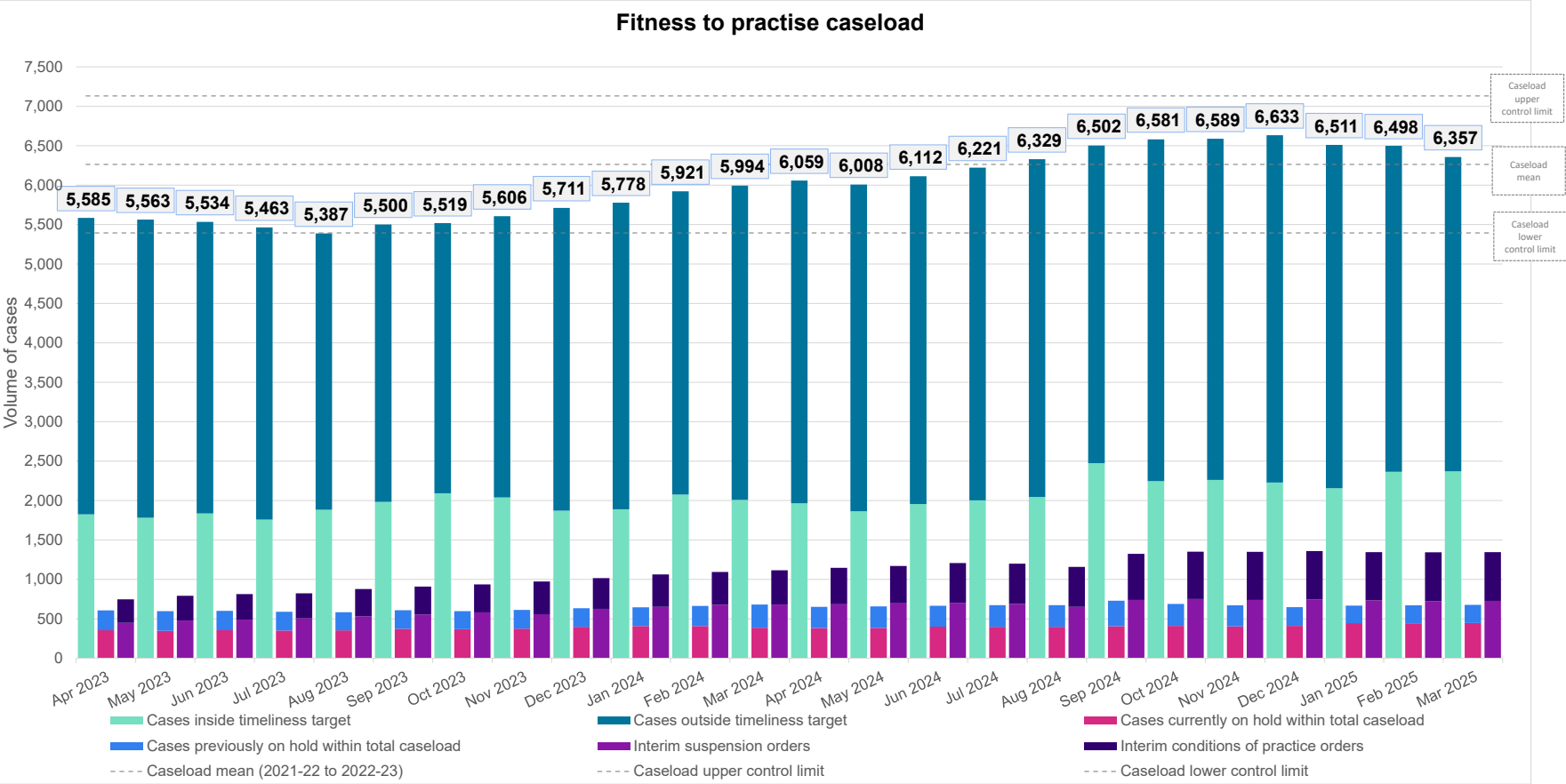
			FtP plan and PwC work have been considered and are continuously monitored.
Risk implications associated with the work and the controls proposed/ in place.	Yes		The plan addresses strategic risk REG18/02.
Legal considerations.	Yes		Swift and fair decisions in FtP cases are critical to the fulfilment of our statutory public protection function. Ensuring that we manage our FtP caseload effectively and in line with our NMC values, reduces the risk of legal challenge.
Midwives and/or nursing associates.	No		No specific implications.
Equality, diversity, and inclusion.	Yes		We are aware that certain groups are over-represented in the referrals we receive and therefore taking too long to progress cases will further impact those groups disproportionately. However, we have not identified any adverse implications of our FtP plan approach.
Stakeholder implications and any external stakeholders consulted.	Yes		Our work on the plan includes and is dependent on engagement with a

			variety of stakeholders.
Regulatory Reform.	Yes		Swift and fair decisions in FtP are a prerequisite for effective delivery of regulatory reform and will ensure the teams are well placed to adjust to significant changes in ways of working.

Fitness to Practise Council performance dashboard March 2025

A1

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



Commentary March 2025

Caseload has been decreasing since December 2024.

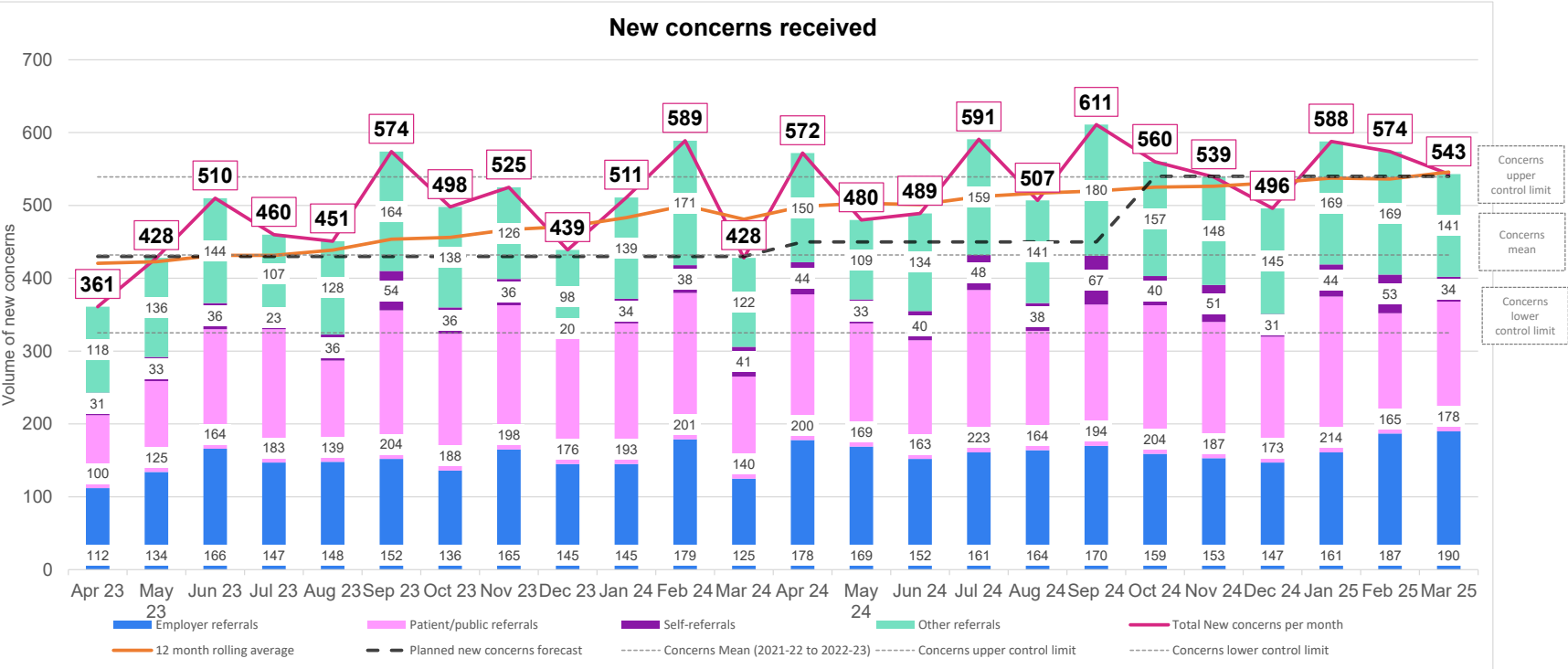
The green bars show as at March, 3,987 or 63 percent of our open cases are outside of their timeliness target for the FtP stage they are at. This compares to 64 percent for February.

1,346 cases had an interim order in place during March, of which 728 are interim suspension orders and 618 interim conditions of practice orders. This means that out of the 6,357 caseload, 88.5 percent of professionals with an open case are able to work whilst we progress their case.

Fitness to Practise Council performance dashboard March 2025

B1

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



C1
Monitoring and Compliance

Substantive order review caseload: 440
Undertakings caseload: 139

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

Commentary March 2025

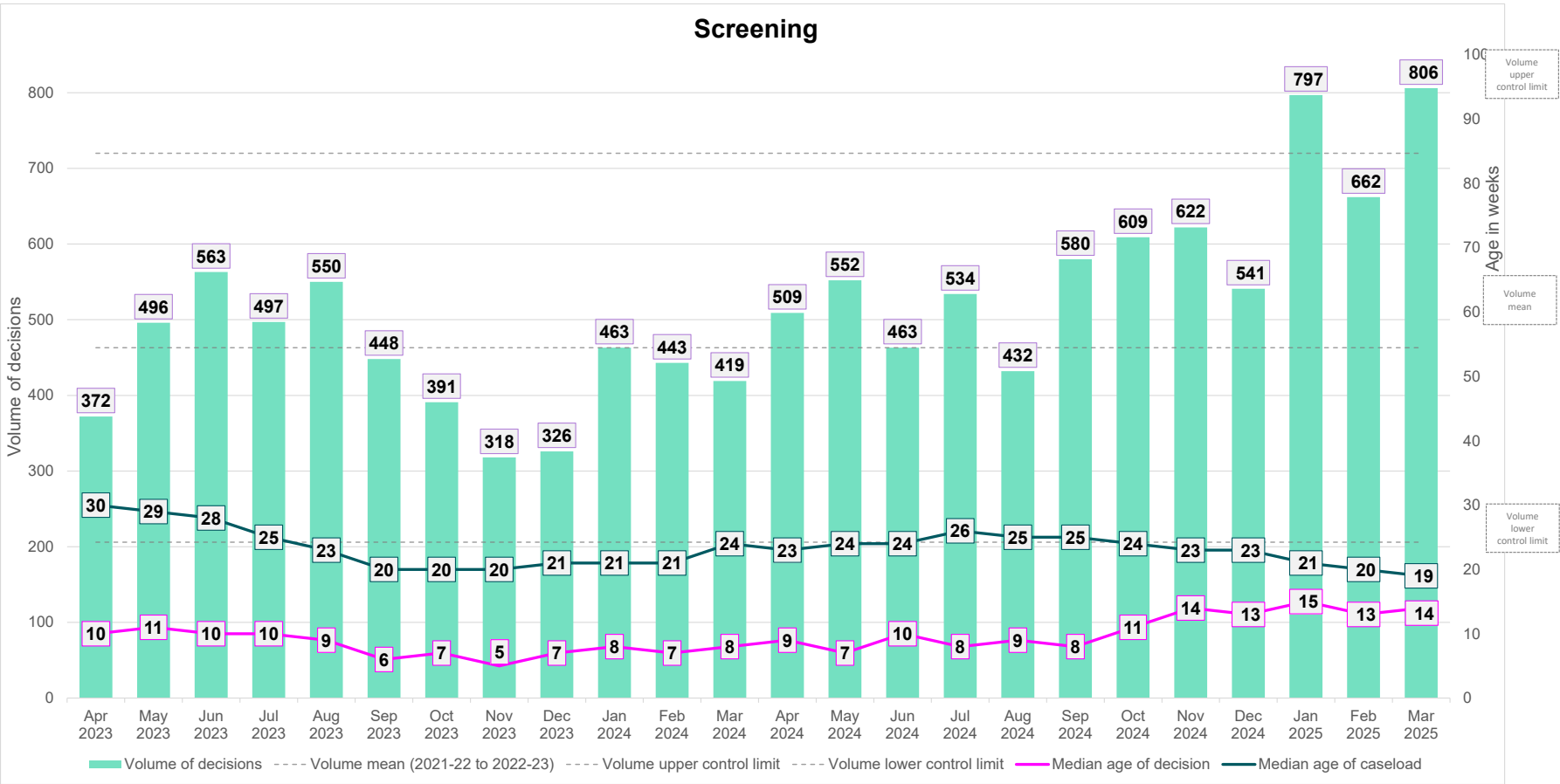
We received an average of 546 referrals per month between April 2024 and March 2025, compared to the same period last year (April 2023 to March 2024) where the average was 493 per month.

Most referrals in March were from employers (190 referrals).

Fitness to Practise Council performance dashboard March 2025

The charts below provide a performance summary for the Screening stage of our fitness to practise process. The bar charts provide the total number of decisions or completed cases within the month, and the line charts show both the median age of decisions/completed cases in weeks and the other shows the median age of the open caseload at that stage. From 30 October 2023 onwards, the decisions also includes the closure made by our Future Ways of Working when triaging concerns received from our member of the public online referral form.

D1



Commentary March 2025

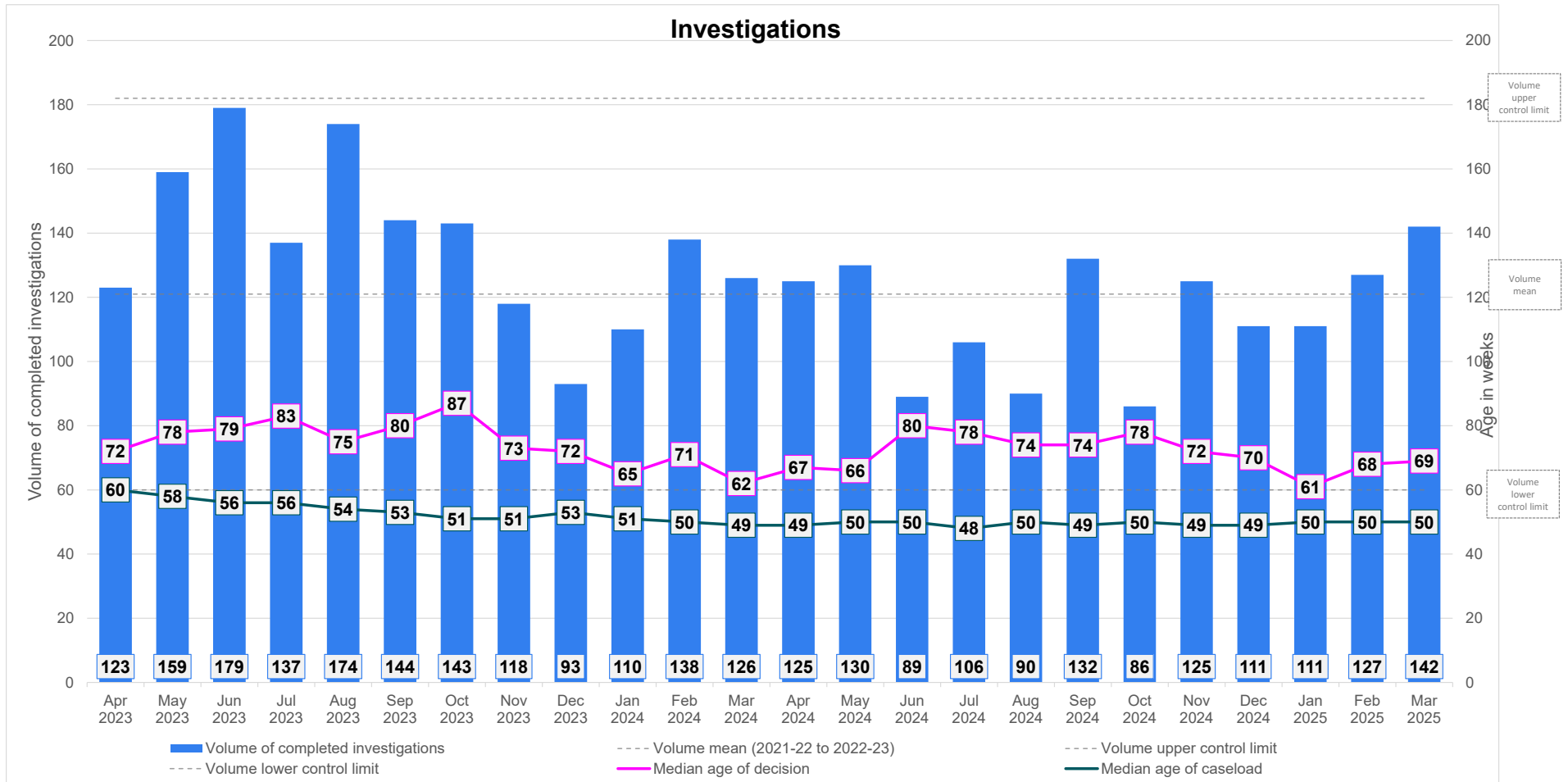
A record 806 screening decisions were made in March, topping the previous high of 797 decisions for January.

Median age of caseload is on a downward trend, reflecting our focus on progressing the oldest cases.

Fitness to Practise Council performance dashboard March 2025

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

D2



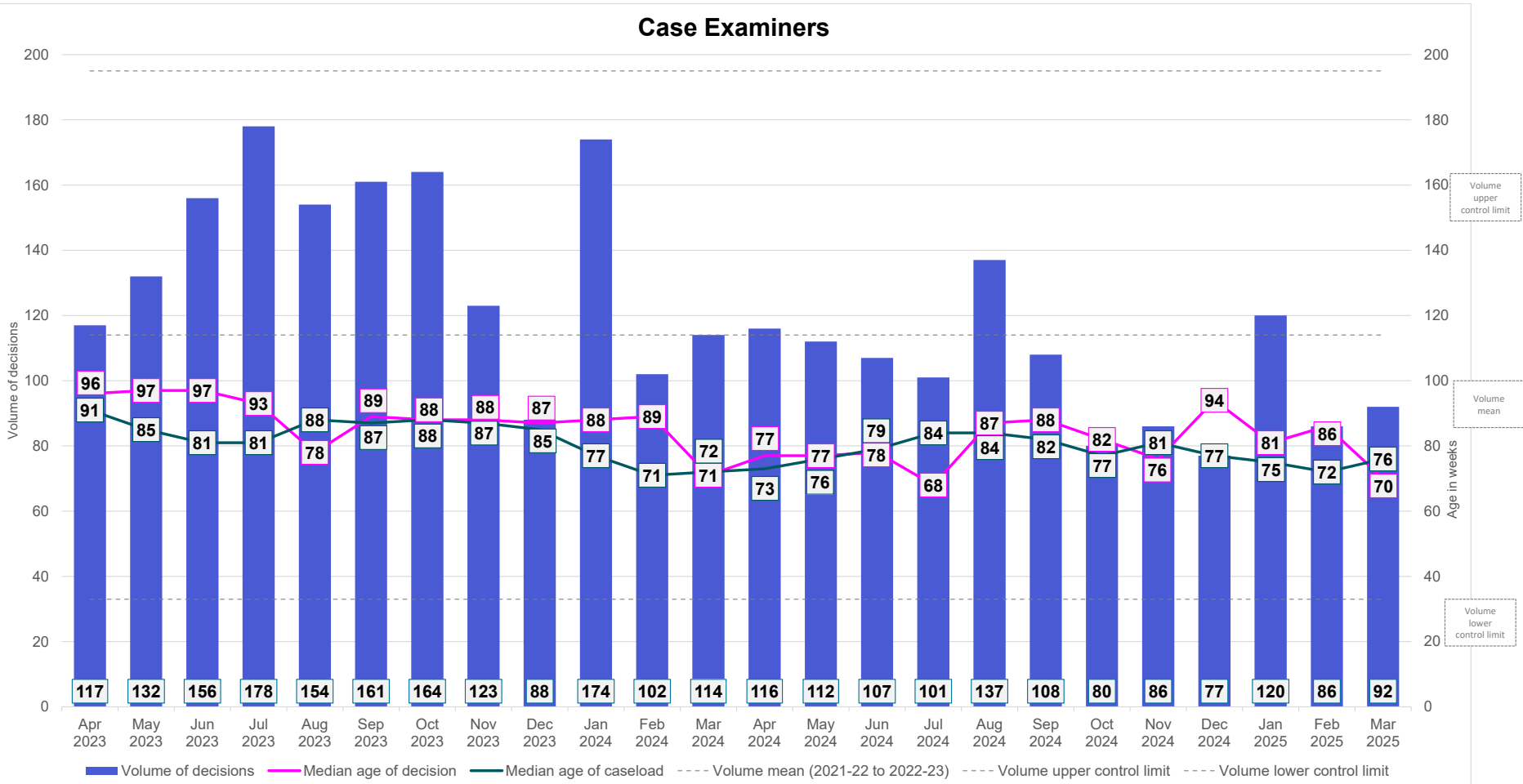
Commentary March 2025

March saw 142 completed investigations (or 'progressions'), an improvement on the previous two months but below our assumptions. As part of our current turnaround activity, we are considering further support in this area to improve timeliness and the Investigations caseload which is growing.

Fitness to Practise Council performance dashboard March 2025

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

D3



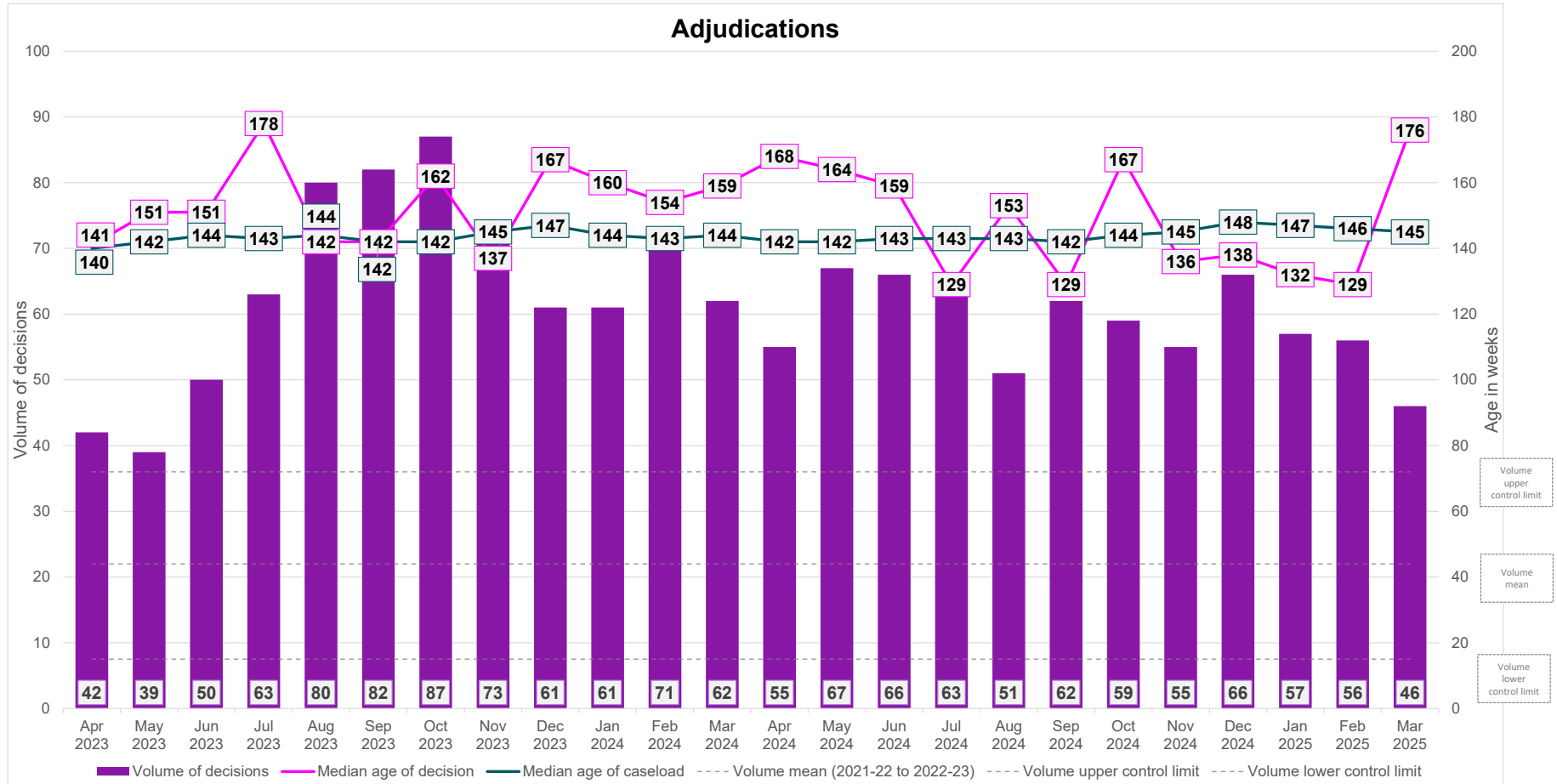
Commentary March 2025

The level of decisions made by Case Examiners is dependent on incoming volumes from the Investigations team. The output levels of this team have been keeping pace with the incoming work this year and performance in this area is steady.

Fitness to Practise Council performance dashboard March 2025

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

D4



Commentary March 2025

We are seeing a fluctuating median age of decision each month and a slightly increasing median age of caseload. Making efficiencies at the Adjudication stage continues to be a focus for us.

Annexe 2: Caseload data by registrant type and country

Data is as at 31 March 2025.

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

Caseload by registration type

The proportion of professionals on our register as at 30 September 2024 was 92.5 percent nurses, 5.4 percent midwives, 0.8 percent dual-registered and 1.4 percent nursing associates.

FtP caseload by registration type broken down into our stages, as of March 2025 caseload	Screening stage	Investigations stage	Case Examiners stage	Adjudication stage	Total caseload
Nurse	1,755	2,302	323	1,089	5,469
Midwife	120	126	21	49	316
Dual	3	5		1	9
Nursing Associate	19	21	1	3	44
No Registrant PIN linked to case	519				519
Grand Total	2,416	2,454	345	1,142	6,357

FtP caseload by registration type broken down into our stages, as of March 2025 caseload	Screening stage	Investigations stage	Case Examiners stage	Adjudication stage	Total caseload
Nurse	72.6%	93.8%	93.6%	95.4%	86.0%
Midwife	5.0%	5.1%	6.1%	4.3%	5.0%
Dual	0.1%	0.2%	0.0%	0.1%	0.1%
Nursing Associate	0.8%	0.9%	0.3%	0.3%	0.7%
No Registrant PIN linked to case	21.5%	0.0%	0.0%	0.0%	8.2%
Grand Total	100%	100%	100%	100%	100%

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Caseload by UK country of registered address

FtP caseload by country of registered address broken down into our stages, as of March 2025 caseload	Screening stage	Investigations stage	Case Examiners stage	Adjudication stage	Total caseload
England	1,498	1,939	291	913	4,641
Scotland	192	216	22	100	530
Wales	98	117	12	65	292
Northern Ireland	58	119	13	32	222
Overseas	51	63	7	32	153
No Registrant PIN linked to case	519				519
Grand Total	2,416	2,454	345	1,142	6,357

FtP caseload by country of registered address broken down into our stages, as of March 2025 caseload	Screening stage	Investigations stage	Case Examiners stage	Adjudication stage	Total caseload
England	62.0%	79.0%	84.3%	79.9%	73.0%
Scotland	7.9%	8.8%	6.4%	8.8%	8.3%
Wales	4.1%	4.8%	3.5%	5.7%	4.6%
Northern Ireland	2.4%	4.8%	3.8%	2.8%	3.5%
Overseas	2.1%	2.6%	2.0%	2.8%	2.4%
No Registrant PIN linked to case	21.5%	0.0%	0.0%	0.0%	8.2%
Grand Total	100%	100%	100%	100%	100%

Council

Panel Member Reappointments

Action requested:	<p>This paper sets out proposed Panel member reappointments.</p> <p>For decision</p> <p>The Council is invited to accept the recommendations of the Appointments Board to:</p> <p>Reappoint the eight Panel Members listed at Table 1 in Annexe 1 for a second term of four years from 6 July 2025 to 5 July 2029 (paragraph 5).</p>	
Key background and decision trail:	<p>Several Panel Members' first terms end on 6 July 2025. In March 2025 the Council reappointed 65 of those for a second term.</p> <p>This paper asks the Council to accept the Appointments Board recommendation to reappoint the eight further Panel Members, who have now satisfied performance requirements for a second term.</p>	
Key questions:	<ul style="list-style-type: none"> Which Panel Members are recommended for reappointment to the Practice Committees and do they satisfy the performance requirements? 	
Annexes:	<p>The following annexe is attached to this paper:</p> <ul style="list-style-type: none"> Annexe 1: Table of Panel Member reappointments 	
Further information:	<p>If you require clarification about any point in the paper or would like further information, please contact the author or the director named below.</p>	
	<p>Author: Kelly O'Brien Phone: 020 7681 5151 Kelly.O'Brien@nmc-uk.org</p>	<p>Chief of Staff: Matt Hayday Phone: 020 7681 5516 Matthew.Hayday@nmc-uk.org</p>

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Panel Member Reappointments

Discussion

Panel Member reappointments

1

At the Council’s March meeting (NMC/25/28) the Council reappointed 65 Panel Members for a second term. We informed the Council that there were further Panel Members being considered for reappointment who had been assigned peer reviews but had not yet completed them. The Appointments Board agreed that reappointment recommendations to Council should only be made where successful peer reviews had been completed and all performance criteria were satisfied.

2

These Panel Members have now successfully completed their peer reviews and achieved the required standard. The Panel Members are listed at Annexe 1 and are recommended for reappointment for a further four-year term from 6 July 2025 to 5 July 2029.

3

Each Panel Member has been assessed using the Panel Member performance monitoring framework benchmarks. The Panel Members are eligible for reappointment for a second term, have been the subject of a successful peer review and/or are otherwise meeting or exceeding the expectations of the Panel Member performance monitoring framework.

4

The Panel Members have confirmed that they wish to be considered for reappointment for a second four-year term from 6 July 2025 to 5 July 2029.

5

Recommendation: The Council is invited to accept the recommendations of the Appointments Board to reappoint the Panel Members listed at in Annexe 1 for a second term of four years from 6 July 2025 to 5 July 2029.

Next Steps

6

If the Council accepts the recommendations, we will write to the affected Panel Members afterwards to confirm the outcome and issue reappointment documentation as required.

Implications

The following were considered when preparing this paper:

Implication:		Location if in paper:	Content if not in paper:
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Public protection/impact for people.	Yes		Panel Members are required to make decisions at practice committee events that protect the public. If the recommendations in this paper are approved by the Board, we will retain sufficient membership of the Practice Committees to undertake the current levels of planned hearing activity.
Safeguarding considerations	Not Applicable		
The four country factors and considerations.	Yes		Panel Members are appointed from all four countries.
Resource implications including information on the actual and expected costs involved.	Not Applicable		
Risk implications associated with the work and the controls proposed/ in place.	Yes		If we do not reappoint the Panel Members, there will be a risk that we will have insufficient numbers to undertake current levels of planned hearing activity.
Legal considerations.	Yes		The Nursing and Midwifery Council (Midwifery and Practice Committees) (Constitution) Rules 2008 sets out the terms for the reappointment of Panel Members.

Midwives and/or nursing associates.	Yes		Panel Members being recommended for reappointment include midwives.
Equality, diversity, and inclusion and Welsh Language impact.	Yes		We anticipate some minor percentage movements with the diversity of our pool (less than one percent) as a result of these reappointments.
Stakeholder implications and any external stakeholders consulted.	Yes	4	
Regulatory Reform.	Not Applicable		

Panel Members to be reappointed to a second term from 6 July 2025 – 5 July 2029

	Full name	Panel	Peer review overall result	Quality decision making (including DRG learning points, PSA learning points and High Court referrals/outcomes from hearing outcomes)	Concerns	Training (annual 2024)	Governance (EDI survey, annual declaration and register of interests)
1.	Alison Hayle	Fitness to Practise Committee	Complete – no concerns	0	0	Complete	Complete
2.	David Anderson	Fitness to Practise Committee	Complete – no concerns	0	0	Complete	Complete
3.	David Hull	Fitness to Practise Committee	Complete – no concerns	0	0	Complete	Complete
4.	Janine Green	Fitness to Practise Committee	Complete – no concerns	1	0	Complete	Complete
5.	Mary Karasu	Fitness to Practise Committee	Complete – no concerns	0	0	Complete	Complete
6.	Sarah Hamilton	Investigating Committee	Complete – no concerns	0	0	Complete	Complete
7.	Zoe Wernikowski	Fitness to Practise Committee	Complete – no concerns	0	0	Complete	Complete
8.	Busola Johnson	Fitness to Practise Committee	Complete – no concerns	0	0	Complete	Complete

Report from Committee to Council

Name of committee	People and Culture Committee
Date of meeting	28 April 2025
Committee chair / report author	Committee Chair: Lynne Wogens Author: Alice Horsley
Date of report	08 May 2025

Key discussions

Draft annual Remuneration Report 2024-2025

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

Council appointments process

- 2 The Committee considered and approved the proposed process and timeline for selecting two new Council members (one registrant and one lay).
- 3 It was recommended that the Finance and Resources Committee consider appointing an independent member with digital and IT expertise, to cover any related skills gaps when the outgoing lay Council member left at the end of September 2025.

NMC Culture Transformation Plan, People Strategic Objectives and EDI Strategic Objectives: approach to metrics and evaluation

- 4 The Committee considered and agreed with the approach to metrics and evaluation for the Culture Transformation Plan and the People Strategic Objectives. Although there was some concern that 'progress' and 'indicator' measures did not capture what it was the NMC was trying to achieve. It was recommended that there be more clear 'process' and 'outcome' measures.
- 5 The Committee suggested that there be fewer indicators for tracking the Culture Transformation Plan.
- 6 The Committee requested that it be provided with more regular, qualitative feedback from staff to 'temperature check' any issues.
- 7 It was noted that there would be a review relating to the reduction to the employee net promoter score in the latest staff survey, which would be discussed at the Committee's next scheduled meeting.

- 8 The Committee noted that metrics for the EDI Strategic Objectives were being developed and would be discussed in detail at its next scheduled meeting.

People and Culture operational risk register

- 9 Relating to strategic risk PEO24/05 (risk of low morale, engagement, and increased turnover), the Committee requested more qualitative data about staff morale and engagement to ensure it was able to continually monitor any issues.

Executive team appraisals: performance review 2024-2025

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

Key decisions

- **Draft annual Remuneration Report 2024-2025:** Subject to the outstanding data awaited being included, the Committee approved the Remuneration Report for inclusion in the Annual Report and Accounts 2024-2025, and for subsequent approval by the Council.
- **Council appointments process:** The Committee approved the process and timeline for selecting two new Council members (one registrant and one lay).

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