

Open Council 24 September 2025

MEETING
24 September 2025 10:00 BST

PUBLISHED
22 September 2025

Meeting of the Council

To be held from **10:00** on Wednesday 24 September 2025
Surgeons Quarter, Nicolson Street, Edinburgh EH8 9DW

Agenda

Ron Barclay-Smith
Chair of the Council

Jacqueline Maunder
Council Secretary

- | | | | |
|----------|--|-----------|--|
| 1 | Welcome and Chair's opening remarks | NMC/25/83 | 10:00 |
| 2 | Apologies for absence | NMC/25/84 | |
| 3 | Declarations of interest | NMC/25/85 | |
| 4 | Minutes of the previous meeting | NMC/25/86 | |
| | Chair of the Council | | |
| 5 | Summary of actions | NMC/25/87 | |
| | Secretary | | |
| 6 | Presentation from the Chief Midwifery Officer, Scotland | NMC/25/88 | 10:10-10:25
<i>(15 mins)</i> |
| | Chief Midwifery Officer, Scotland | | |

Matters for discussion

- | | | | |
|----------|---|-----------|--|
| 7 | Executive Report | NMC/25/89 | 10:25-10:40
<i>(15 mins)</i> |
| | Chief Executive and Registrar/Executive | | |

14	Questions from observers	NMC/25/96	13:10-13:25 (15 mins)
	Chair	(Oral)	

Matters for information

15	15.1 Adroddiad Monitro Blynyddol Rheoliadau Safonau'r Gymraeg 2024 – 2025	NMC/25/97
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15.2 Welsh Language Standards Regulations Annual Monitoring Report 2024-2025

Executive Director, People and Culture

16	Investment Committee report	NMC/25/98
	Chair of Investment Committee	

17	Chair's actions taken since the last meeting	NMC/25/99
	Chair	

CLOSE & LUNCH	13:25
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Item 4
NMC/25/86
24 September 2025

Meeting of the Council
Held on Wednesday 23 July 2025 by videoconference

Minutes

Ron Barclay-Smith
Anna Walker
Sue Whelan Tracy
Eileen McEneaney
Claire Johnston
Flo Panel-Coates
Rhiannon Beaumont-Wood
Lindsay Foyster
Lynne Wiggins
Deborah Harris-Ugbomah
Margaret McGuire
Peter Herbert

Chair
Member
Member
Member
Member
Member
Member
Member
Member
Member
Independent Adviser

NMC Officers

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

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

For item 8:

Paul Johnson

Deputy Director, Professional Regulation

For item 9:

Peter Clapp

Senior Governance Manager

For item 10:

Gavin Kennedy

Deputy Director, People and Culture

For item 11:

PJ Mansell
Kellie Green

Assistant Director, National and Regional Outreach
Assistant Director, National and Regional Outreach

A list of observers is at Annexe A.

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Minutes

NMC/25/68 **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 Ravi Chand, who joined the NMC as Executive Director, People and Culture on 7 July 2025, and Jacqueline Maunder, who joined the NMC as Assistant Director, Governance and Secretary to the Council on 14 July, both attending their first meeting of the Council in role.
3.
- The Chair also welcomed Tom Moore, Chief Information Officer, who was attending the meeting on behalf of Helen Herniman, Executive Director, Resources and Technology Services.
4.
- The Chair Congratulated Paul Rees on his appointment as permanent Chief Executive and Registrar, following an open and external recruitment process.
5.
- On behalf of the Council, the Chair expressed condolences on the sad news that Ruth Walker MBE had died last week following a cancer diagnosis. Ruth was appointed as a Council member for Wales in September 2016 and held the Vice-Chair role from 1 April 2023 – 1 April 2025, was a member of the Remuneration Committee (now the People and Culture Committee) from 1 April 2020 and its Chair from 1 October 2020 – 30 April 2024. Ruth’s second consecutive term as a Council member ended in April 2024. Ruth was highly regarded, not only by her Council colleagues, but by all those who worked with her and our wider stakeholders, particularly in Wales.
6.
- Lynne Wiggins, Council member and Vice-Chair, paid tribute to Ruth Walker, on behalf of the Council and the NMC, noting that she had been an exceptional nurse leader and valued colleague. It was noted that Ruth was formerly Executive Nurse Director of Nursing at Cardiff and Value University Health Board, and had made an outstanding contribution to nursing, healthcare, and the wider NHS throughout her career. Ruth had been dedicated to exceptional patient care and was highly regarded for her leadership and sense of humour. The NMC were deeply saddened by the passing of Ruth and offered its sincere condolences to her family and friends.

NMC/25/69 **Apologies for absence**

1.
- There were apologies received from Nadine Pemberton Jn Baptiste, Council member, and Helen Herniman, Executive Director, Resources and Technology Services.

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2. Tom Moore, Chief Information Officer was attending the meeting as deputy for the Executive Director, Resources and Technology Services.

NMC/25/70 Declarations of interest

1. The following declarations of interest were recorded:
 - a) **NMC/25/75 Item 8: Update on progressing the Fitness to Practise Casework** – 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/25/71 Minutes of the previous meeting

1. The minutes of the meeting on 2 July 2025 were agreed as an accurate record and would be signed by the Chair.

NMC/25/72 Summary of actions

1. The Council noted progress on actions arising from previous meetings.
2. In discussion, the following points were noted:
 - a) Most of the actions had a due date of 24 September 2025, and this should be reviewed to ensure timeframes were realistic and achievable.
 - b) The Council requested that it be kept informed ahead of significant decisions to be taken at the September Open meeting, as well as being kept up-to-date on progress about major issues, including relating to safeguarding.
 - c) Arising from **NMC/25/22: Annual Corporate Plan and Budget 2025-2026 (KPI framework)** – there needed to be a focus on outcomes, and not just process before this action was completed.

Action: Most actions had a due date of 24 September, and this should be reviewed to ensure timeframes were realistic and achievable.
For: Secretary to the Council
By: 24 September 2025

Action: The Council requested that it be kept informed ahead of significant decisions to be taken at the September Open meeting, as well as being kept up-to-date on progress about major issues, including relating to safeguarding.
For: Secretary to the Council
By: 24 September 2025

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NMC/25/73 Executive Report

1. The Chief Executive and Registrar introduced the Executive Report. He started by noting that it was an honour and a privilege to have been appointed as Permanent Chief Executive and Registrar of the NMC. The Chief Executive and Registrar noted that since he had joined the NMC in January 2025, there had been real progress made in turning the organisation around, and it was inspiring to hear from colleagues and stakeholders that they were beginning to see the difference. The progress made in turning the NMC around in the year to date included:
a) The launch of the Culture Transformation Plan.
b) The roll out of bold targets on Equality, Diversity and Inclusion (EDI).
c) Steady improvement to Fitness to Practise (FtP).
d) The publication of a roadmap for delivery improvements to education and standards.
e) More effective working with many key stakeholders.
f) Building a strong senior team.
2. The Chief Executive and Registrar highlighted that there was still a long way to go until the organisation had been successfully turned around and the NMC was rebuilt as a strong, independent regulator.
3. The Chief Executive and Registrar noted that it had been announced the previous week that, due to personal circumstances, Ijeoma Omambala KC would no longer be writing reports for the NMC on whistleblowing and FtP, which was originally commissioned in November 2023. There had been a number of delays in the production of the reports, these were caused by the commissioning of the Independent Culture Review and then by a related internal grievance that was taken out against a number of people. The Independent Culture Review reported in July 2024, and the grievance report, which was the last outstanding matter, was completed and handed over to Ms Omambala on 7 April 2025. The Chief Executive and Registrar commented that, like all attending this meeting, he was frustrated by how long it had taken to receive these reports. The fact they still had not been published left a lot of people in limbo, wanting answers and for this reason the NMC had moved so quickly to instruct new, senior lawyers to produce these reports.
4. It was reported that Victoria Butler-Cole KC and David Hopkins from 39 Essex Chambers had been instructed to complete the review of a number of FtP cases which were opened between 2015 and 2023 and raised by a whistleblower in 2023. Victoria Butler-Cole and David Hopkins were both experts in regulatory law and public health and the application of the Equality Act. In addition, Ms Butler-Cole was a Deputy High Court Judge and David Hopkins was, from time to time, instructed by the Professional Standards Authority. In order to complete the review of the NMC’s handling of the whistleblowing concerns raised in 2023,

the NMC had also instructed Lucy McLynn, Partner at the law firm Bates Wells and Chair of the UK's leading whistleblowing charity, Protect. It was noted that Ms Omambala would hand over the relevant evidence she had obtained so far directly to Ms Butler-Cole KC, Mr Hopkins and Ms McLynn. The aim was that the recommissioned reports would be published by mid-autumn.

5. The Chief Executive and Registrar highlighted for the record that the NMC did not have any idea of what Ms Omambala's findings would be and had not received any draft reports, summaries of findings, or bullet points. The NMC looked forward to receiving the reports by Victoria Butler-Cole, David Hopkins, and Lucy McLynn, and publishing them as soon as possible.
6. The Chief Executive and Registrar was pleased to report that the NMC continued to strengthen its senior leaders team, having recently appointed Ravi Chand, as Executive Director, People and Culture, Emma Westcott, as Executive Director, Strategy and Insight and Julia Corkey, as Executive Director, Communications and Engagement. Ben Wesson had been appointed as permanent Chief of Staff. The Chief of Staff role was a crucial strategic advisory role to the Chair, Council and Chief Executive and Registrar and had a place at the Executive Board. Ben had been with the NMC for eight years, having joined as Complaints Manager in 2017.
7. The Chief Executive and Registrar noted he had attended two key engagements with senior registrants in the previous week. On 15 July, the Acting Executive Director, Professional Practice Donna O'Boyle presented at the Chief Nurses' Leadership Day, organised by England Chief Nursing Officer Duncan Burton. The event brought together 250 senior staff from across England. On 16 July, the Chief Executive and Registrar had addressed the Royal College of Nursing Council. At both events, the NMC had shared the progress being made to turn the organisation around and build a new NMC – one that is fairer, faster and more effective in order to better protect the public, better engage with registrants, and better support its staff. There was positive feedback provided at both events about the progress being made. There was also a positive reference to the valuable impact of the Employer Link Service.
8. It was acknowledged that a number of delegates at the events in the previous week had highlighted concerns about the impact of FtP on registrants and the wider sector, with too many people in the process having to wait for too long, and the NMC was aware there was still a long way to go. The Chief Executive and Registrar noted that there continued to be a steady improvement in the NMC's FtP process, and June's monthly rolling average figure being the best for four years, with 70.5 percent of cases now being completed end-to end within 15 months. He noted that the equivalent figure two years ago was 60.8

percent and it was encouraging that the investment in capacity and support for people in the FtP process was gradually starting to show results.

NMC/25/74 Quarterly corporate performance report

Quarterly corporate performance report – Q1 2025 (April – May 2025 data only)

1. The Chief Information Officer introduced the report, noting that the commentary was more up-to-date than the metrics, which covered the period April-May 2025 only due to the timing the data became available.
2. The Chief Information Officer highlighted that the Independent Oversight Group (IOG) met every six weeks to scrutinise progress on the Culture Transformation Programme and FtP plan. The IOG had requested that more detail be provided on how the NMC will report Independent Culture Review (ICR) outcomes. A discussion about ICR outcome reporting would be held at the Open Council meeting on 24 September and then presented to the IOG.
3. In discussion, the following points were noted:
 - a) The Council extended its congratulations to Paul Rees, on his appointment as the permanent Chief Executive and Registrar, as well as to the other Executive Director appointees. It was positive that a stable, permanent Executive team was being established.
 - b) The Council wished the Executive Director, Resources and Technology Services a restful recovery from long-term sick leave.
 - c) Relating to the Independent Culture Review recommendations, outcomes/outputs were being tracked.
 - d) The Council had been consulted on and fully involved in the process to select the new NMC values.
 - e) The NMC had engaged 5 coaches as part of the Culture Transformation Plan, with whom there were regular monthly meetings. The approach to coaching was iterative and developed based on feedback. A feedback score of 3.7 out of 5 for the coaching was considered good, with 3 'good' and 4 'very good'.
 - f) Equality, Diversity and Inclusion (EDI) coaching was being developed to ensure managers across the NMC were supportive, appreciative and positive about difference.
 - g) The Council welcomed the plans in development to track the impact of the changes brought about by the new hybrid working model, which would be measured initially via the Your Voice survey. It was expected that the hybrid working changes would

- impact employee morale negatively in the short-term, and that this would be communicated in the upcoming Your Voice survey.
- h) It was important that the NMC sought to maximise participation in the upcoming Your Voice staff survey.
 - i) The staff network co-chairs had reported to the Independent Council Adviser anecdotally that they had not yet felt the impact of the work to implement the Culture Transformation Plan at the NMC.
 - j) The Chief Executive and Registrar met with staff network co-chairs once every two months and the challenge and feedback provided was valued. There had been work in recent weeks to increase the exposure of the staff networks, including with the LGBT+ network to promote Pride and with the BeMe network to promote South Asian Heritage Month.
 - k) There had been a significant increase in the number of internationally educated professionals providing supporting information from employers as part of their application to join the register for the first time. This reflected a rise in 2024-2025 in internationally educated professionals joining the register, as captured in the NMC's data registration reports. The NMC was awaiting the Health Foundations review of the factors relating to this increase, prior to considering whether to undertake a separate comprehensive review of the data.
 - l) Confirmation from the Department for Health and Social Care was awaited as to whether Regulator Reform section 60 or a separate vehicle would allow the NMC to regulate nursing associates in Wales, as requested by the Welsh government. The Welsh government was working on an analysis of options as to whether to start education programmes or whether to wait for the legislative changes, with a report expected in early August. The Executive Director, Strategy and Insight offered to discuss this report with the Council members based in Wales on receipt of the report, by request.
 - m) Relating to the NMC's failure of 7 of the Professional Standards Authority's (PSA) standards, it was important that the Council had clear oversight and scrutiny and a clear timeline of the plan to address these failures.
 - n) The Education Quality Assurance Improvement Plan business case had been deferred to allow for a period of discovery to ensure the NMC was utilising the best and most agile solutions to assure full system integration.
 - o) Assurance was provided that the development quality and quality controls as part of the Modernisation of Technology Services

(MOTS) programme were strong. The key areas of challenge for the NMC between now and November 2025 relating to MOTS were less about coding and development, and more about testing with end-users.

- p) Assurance was provided that whilst there were challenges with the replacement case management system (CMS) release date, the overall project timeline and delivery date for CMS was not impacted. The team had done a good job at being flexible with the direction of resources.
- q) A Seminar discussion would be scheduled regarding the programme of work to improve data access and reporting at the NMC.
- r) The Council requested more output measures on quality and timeliness.
- s) The Finance and Resources Committee would be established from October 2025, with part of its remit to provide more scrutiny and assurance relating to quarterly performance activity.

Quarterly Strategy Risk Exposure Report (Q1)

4.

The Chief Information Officer introduced the item.

5.

In discussion, the following points were noted:

- a) The Council welcomed the report, and the helpful narrative provided.
- b) It was agreed that future iterations of the quarterly strategic risk exposure report would include target risk scores.
- c) The suggestion that the NMC consider including trajectories, to capture the progression or movement of identified risks within the corporate risk register over time.
- d) It was encouraging that the risk mitigation activity undertaken was starting to have a positive impact on the risk score.
- e) People risks were discussed in detail at People and Culture Committee. It was important for the Committee to consider capability, capacity and NMC's ability to attract and retain employees with the appropriate skills.
- f) It was essential that there was sufficient 'facility' time available to the staff network co-chairs, and that they received training and support to fulfil their duties.
- g) The suggestion that there be consideration given to the visibility of the PSA Standards in the risk register, including whether this should be a standalone risk.

6.

Summing up, the Chair highlighted that the Council wished to focus on outcomes rather than outputs in future performance reporting.

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Action:	A discussion about ICR outcome reporting would be held at Open Council on 24 September and then presented to the IOG.
For:	Executive Director, People and Culture
By:	24 September 2025
Action:	Schedule a Seminar discussion regarding the programme of work to improve data access and reporting at the NMC.
For:	Executive Director, Resources and Technology Services
By:	24 September 2025
Action:	Future iterations of the quarterly strategic risk exposure report should also include target risk scores.
For:	Executive Director, Resources and Technology Services
By:	24 September 2025

NMC/25/75	Update on progressing the Fitness to Practise Casework
1.	The Executive Director, Professional Regulation introduced the update. The following points were highlighted: a) There was progress being made with timeliness, with 70.5 of cases closing within the 15 month key performance indicator (KPI). b) Since 2023 there continued to be a consistent upward trend in new referrals. The NMC now received an average of 565 referrals per month. c) There had been a significant reduction in the number of cases waiting at Screening to be allocated to a dedicated case officer from around 900 to just over 100. d) As a result of an increase in throughput at Screening, there had been a growth in the pressure in Investigations. On a positive note, there were restored levels of performance at levels the NMC had not seen since September 2023. Investigation was a priority for turnaround support. e) There were also good levels of performance in Adjudication, with the highest number of hearing conclusions since October 2023. f) There had been progress at the Hearings stage, with timelier conclusion of hearings. There had been an improvement in the tools the NMC was using which allowed it to improve its position on listing, so more people had certainty on hearing dates. g) There were still too many older cases, although there was sustained progress on caseload age.

- h) Over 50 staff, including screening decision makers (band 6) and Case examiners and Case Assessors (Band 8) would have attended two half day 'Fair and Unbiased Decision Making' workshops between June and September 2025. The workshops had been designed and led by an external learning solutions provider in partnership with the NMC's internal Learning and Development team. The workshops were designed to explore how to critically assess FtP evidence for fairness, proportionality, and credibility. Attendees would also address how to identify factors such as ethnicity, language, and professional background which can affect how case information was interpreted. As part of the workshops, attendees would practise identifying and addressing the subtle influences of bias in decision-making. The workshops had been well received and there was a strong appetite from participants for more cross-team learning opportunities in future.
- i) The majority of the advice provided by Anthony Omo, General Counsel and Director of Fitness to Practise at the General Medical Council (GMC), to the NMC had been incorporated into the FtP Plan with some areas well-progressed, such as the changes to the Screening guidance.
- j) Professional Regulation colleagues continued to meet with Anthony on a monthly basis. Thanks to the GMC and Anthony for their ongoing support.
- k) Professional Regulation colleagues were also turning their attention to the new EDI targets and the insights gained from Ambitious for Change. Work was underway alongside support from the General Counsel team and the new Head of Regulatory EDI to develop a detailed delivery plan to ensure regulatory fairness.
- l) From September 2025, the plan was to incorporate the FtP Casework item into the Quarterly Performance Report.

2.

In discussion, the following points were noted:

- a) The Council welcomed the 'green shoots' of progress being made in progressing FtP casework.
- b) There were three key areas the Council would continue to scrutinise, which were thresholds, risk appetite and clinical input, particularly into Screening.
- c) Relating to thresholds, there had been changes with regards to assessing referrals.

- d) The Head of Strategic Delivery, National and Regional Outreach was leading on the NMC's clinical advice approach, shaping and delivering it.
- e) Consideration should be given as to whether now was the appropriate time for the update on progressing the FtP casework report to be removed as a standalone Open Council agenda item at each meeting and incorporated into the quarterly performance report.
- f) In light of the establishment of the Finance and Resources Committee in October 2025, there should be consideration of governance and reporting relating to progressing FtP casework and assurances the Committee would receive, whilst not overlapping with reports to and the responsibilities of the Council.
- g) Relating to colleague morale and capacity, it was acknowledged that there was much work to do and there needed to be a focus on priority activity and changes that would deliver the most significant change.
- h) It would be helpful for there to be more analysis provided to the Council regarding older cases, such as any themes.
- i) Anthony Omo's advice highlighted the importance of language and tone. There had been work to improve the accessibility of the language used at Screening, but it was recognised that the NMC needed to do more to improve accessibility and consistency of the language used throughout the FtP process, which was often overly legal. Assurance was provided that improving the accessibility of the language used was the focus of one of the workstreams in the turnaround plan.

3.

Summing up, the Chair thanked the Executive Director, Professional Regulation and her team for their work, and commended the progress being made. The Chair had recently visited the Hearings team within FtP and it had been encouraging to listen to the feedback of the Hearings managers and the proactive work taking place to improve processes, and the resulting benefits.

Action:	Consideration should be given as to whether now was the appropriate time for the update on progressing the FtP casework report to be removed as a standalone Open Council agenda item at each meeting and incorporated into the quarterly performance report.
For:	Executive Director, Professional Regulation
By:	24 September 2025

NMC/25/76 Raising Concerns Policy (including whistleblowing (Public interest disclosures))

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1. The General Counsel introduced the Raising Concerns Policy, which was formerly titled the Whistleblowing Policy. The following points were highlighted:
- a) The Policy sought to empower colleagues to raise concerns, allowing them to be dealt with locally in an appropriate and proportionate manner.
 - b) Critically a new log and learn process had been established to allow the NMC to gather and assimilate learning from concerns raised.
 - c) Thanks to Peter Clapp, Senior Governance Manager, who had led on the important work to revise the Policy, as well as to Council members who had contributed to this work.

2. In discussion, the following points were noted:
- a) The Council commended the revised Policy and thanked the colleagues who had been involved in the process, acknowledging that its review was an important aspect of the Culture Transformation Plan work.
 - b) The Office for the Chair and Chief Executive were now responsible for the Policy, which was previously the responsibility of the People and Culture directorate.
 - c) The Policy had been shared with a working group and a draft had been discussed in the context of case studies, which had been helpful.
 - d) There was concern that the wider Council beyond the Council Whistleblowing leads and Audit and Risk Committee members would not be aware of whistleblowing cases. It was agreed that the role and involvement of the Council and the People and Culture Committee be strengthened in the Policy.
 - e) There was concern that the reference to ‘encouraging’ whistleblowing in the Policy missed the aim to encourage colleagues to raise concerns for resolution informally and locally, and that it should be removed.
 - f) Paragraph 7 of the Policy highlighted that raising concerns may include making whistleblowing disclosures.
 - g) At paragraph 10 of the Policy, discrimination due to protected characteristics should be drawn out as a specific issue that colleagues may have a concern about.
 - h) The suggestion that the term ‘detriment’ in the Policy be clarified.
 - i) The Policy reflected the NMC’s values and behavioural framework.
 - j) It was important to ensure there was continuous learning, including seeking feedback about the experience of all those who raised a concern. It was agreed that there should be additional

content in the Policy relating to the importance of identifying and embedding learning.

- k) The way colleagues can contact the Empowered to Speak Up Ambassadors should be signposted clearly in the Policy.
- l) Assurance was provided that there was a strong socialisation plan for the Policy, including that it should not be weaponised.
- m) The suggestion that a high-level summary of the Policy be drafted for colleagues to improve accessibility.

3.

Decision: The Council approved the Raising Concerns Policy (including whistleblowing (Public interest disclosures)), subject to considering the suggested amendments discussed.

Action:	The Raising Concerns Policy was approved subject to: • Further consideration being given to the Council and People and Culture Committee involvement. • Removal to reference to encouraging whistleblowing. • Reference discrimination due to protected characteristics as a specific issue that colleagues may have concern about. • Further consideration given to clarifying reference to 'detriment'. • Inclusion of additional content relating to the importance of identifying and embedding leaning.
For:	General Counsel/Secretary to the Council
By:	22 October 2025

NMC/25/77 Update on NMC Culture Transformation

1. The Chief Executive and Registrar introduced the item, noting that the NMC's three year Culture Transformation Plan had been published in March 2025. It was highlighted that as part of the Culture Transformation Plan, the NMC was in the process of implementing the largest coaching programme in healthcare regulation. Additionally, the NMC had signed UNISON's Anti-Racism Charter and published bold EDI targets. The Chief Executive and Registrar acknowledged that culture transformation would take some time to realise, but that the NMC had 'hit the ground running' and was making progress quickly.
2. The Executive Director, People and Culture noted that he was delighted to have joined the NMC and to be working to implement the Culture Transformation Plan. He highlighted that he would develop a 'maturity model' setting out the projected outcomes for the Culture Transformation Plan by year, and that this would be presented to the Council at its next Open meeting on 24 September 2025.

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3.

In discussion, the following points were noted:

 - a) The Council were keen to understand the support available to employee network chairs and members and to ensure this was equitable. It was agreed that the Council would be provided with information about the ‘facility’ time allowed to colleagues involved in these employee groups.
 - b) The Chair of the People and Culture Committee provided assurance to the Council that the Committee had reviewed and were content with the output status for the Culture Transformation Plan at its most recent meeting on 3 July 2025. However, this information had been provided to the Committee in a different format. It was agreed that future updates on the Culture Transformation Plan would be presented to the People and Culture Committee and the Council in a standardised format.
 - c) The People and Culture Committee had sought further clarification on the outcome measures to track culture change at the NMC.
 - d) The suggestion that there be consideration as to how the Council would engage with and contribute to the delivery of the Culture Transformation Plan work. This included considering next steps following the Council EDI Development session on 16 July 2025, and how the Council could support the NMC to ensure EDI was promoted.

Action:	Provide information to the Council on outcomes by year (‘a maturity model’).
For:	Executive Director, People and Culture
By:	24 September 2025
Action:	Provide information to the Council about the ‘facility’ time allowed to colleagues involved in the employee resource groups.
For:	Executive Director, People and Culture
By:	24 September 2025
Action:	Ensure information provided to the People and Culture Committee and the Council regarding updates on the Culture Transformation Plan are standardised.
For:	Executive Director, People and Culture
By:	24 September 2025

NMC/25/78

Employer Link Service summary activity 2024-2025

1.

The Acting Executive Director, Professional Practice introduced the item.

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2.
- In discussion, the following points were noted:
- a) The Employer Link Service (ELS) provided the NMC’s UK-wide outreach service, collaborating with professionals, employers, and partners across the four countries to focus on preventative regulation, and was an important area of the NMC’s work.

b) It was agreed that information would be provided to the Council on how the ELS planned to engage with small and medium-sized employer (SME) health and care providers outside the NHS.

c) There had been a 10 percent increase in the advice to employers that a FtP referral should be made, but the reason for this was not fully understood and would require more analysis. It was the nature of the concerns raised with the ELS that was driving the increase, not a change in the advice provided or the threshold to make a referral.

d) The Council welcomed the increase in the number of calls to the ELS if the impact was a reduction in the number of referrals closed at Screening stage and an improvement in the quality of referrals.

e) It would be helpful to include more information on outcomes in future iterations of the report.

f) Relating to improvement in outcome data, Strategy and Insight colleagues could be engaged to provide analysis of the data and track the success or otherwise of the advice provided by the ELS.

g) The had been an increase in resources invested in the ELS, but this was not clear in the activity report. There was a comprehensive review and plan of resources for ELS scheduled at the end of July.

h) In order to reduce disparities, the ELS provided advice and support to internationally educated nurses and midwives and conducted ‘Welcome to the UK’ sessions.

i) The suggestion that good practice and any lessons be learned from how other large regulators approached similar such outreach services.

3.
- Summing up, the Chair thanked colleagues for their work and the report on ELS activity for 2024-2025, which was well received by the Council. There was a clear interest amongst colleagues in outcome mapping, in particular regarding the impact on referrals at the Screening stage. The Council would also look forward to receiving information on how the ELS planned to engage with SME health and care providers outside the NHS.

Action:	Provide information to the Council on how the Employer Link Service (ELS) plan to engage with SME health and care providers outside the NHS.
For:	Acting Executive Director, Professional Practice
By:	24 September 2025

NMC/25/79 Council effectiveness review

1. The Secretary to the Council introduced the item, and highlighted the following points:
 - a) According to section 38 of the NMC's Standing Orders, there would be an annual review of the effectiveness of the Council and its committees, with an external review taking place every three years.
 - b) The paper provided an update on the progress against the recommendations from the previous external Council effectiveness review undertaken by Campbell Tickell in 2023.
 - c) A proposed list of questions for the internal annual Council effectiveness review for 2025-2026 was also included in the paper.

2. In discussion, the following points were noted:
 - a) It would be helpful if more comprehensive progress updates on external Council effectiveness review recommendations were provided, including signposting evidence of completion.
 - b) Colleagues were potentially not sufficiently self-critical when engaging with the external Council effectiveness review in 2023, which concluded there was a strong governance framework in place at the NMC.
 - c) The Council welcomed the opportunity to look ahead to the next external Council effectiveness review. It was agreed that the Chair, the Council Secretary and the Chief of Staff would meet to discuss the design for the next external Council effectiveness review.
 - d) Whilst the proposed questions for the internal annual effectiveness review were a good starting point, there were key questions missing, including in respect of the NMC's values and psychological safety. As well as separate questions for each Council committee.
 - e) It was agreed that in collaboration with the Chair and Council members, the survey questions for the internal annual effectiveness review for 2025-2026 would be revised.

Action:	In collaboration with the Chair and Council members, revise the survey questions for the internal annual effectiveness review 2025-2026.
For:	Secretary to the Council / Chief of Staff / Chair
By:	24 September 2025

NMC/25/80 Questions from observers

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

NMC/25/81 People and Culture Report

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

NMC/25/82 Chair's actions taken since the last meeting

1. There have been no Chair's actions.

Closing remarks

1. The Chair noted that the NMC would soon be saying farewell to:
 - a) Mary Anne Poxton, who would be leaving her role as Head of Governance on 22 August. Mary Anne had contributed an incredible 37 years of dedicated service to the NMC and its predecessor body, the UKCC. Mary Anne had had a number of roles within the organisation and had most recently played a key role in shaping and supporting our governance arrangements. The Chair added his personal thanks Mary Anne for the guidance and counsel she had provided to him.
 - b) Peter Clapp, Senior Governance Manager, whose last day at the NMC was 30 July. The NMC was grateful to Peter for his significant contribution during his time at the organisation.
2. On behalf of the Council, the Chair wished Mary Anne and Peter all the best for the future.
3. The Chair thanked all attendees and observers for joining the meeting, noting that the next Open Council meeting would be held in-person in Edinburgh, Scotland on 24 September 2025.

Confirmed by the Council as a correct record:

SIGNATURE:

DATE:

Annexe A: Observers

Allison Rees	Corporate Deputy Head Of Nursing, Swansea Bay Uhb
Amy Garratt	Student District Nurse, Sandwell & West Birmingham NHS Trust
Anna Mccreadie	Compliance Director, MSi group
Anne Cleary	Professional Compliance Lead, University of Greater Manchester
Anushka Niroshani	Staff Nurse, Care Concern
Cara Harvey	District Nurse, SCFT
Crystal Oldman	Consultant
David Munday	Lead Professional Officer, Unite the union
Donna Marshall	Head Of Maternity Compliance, NHS
Ezinne Igboke	Practice Development Nurse, The Dudley Group NHS Foundation Trust
Helen Stamp	Clinical Lead, NHS
Imelda Keane	Clinical Services Manager, KRNFT
Jo Spalding	Community Sister, Sussex Community Foundation Trust
Karen Chandler	Head of Nursing, University of Westminster
Kelly Waters	Community Sister, SCFT
Kristen Duffy	Clinical Quality Manager, 360 Assurance
Laura Ritson	Registered Nursing Associate, NHS
Lauren Simmons	District Nurse, Sussex Community
Lily Coton	Student Midwife, University of Leicester
Lucy B	Midwife, Self employed
Lucy Allison	Community Sister, Sussex Community Foundation NHS Trust
Lyndsey Ward	Nurse Consultant, Aneurin Bevan University Health Board
Magret Tukula	Registered Nurse, Sussex Community NHS Foundation Trust
Martin Mccracken	Associate Dean, BPP University
Michelle Lyne	Professional Advisor Education, RCM
Mindy Sawhney	Ned, Oxford Health
Natalia Andrew	Student, St. Josephs School Slough
Natasha Hall	Midwife, NHS
Rachael Spencer	Lead For Nursing And Midwifery Education, Sheffield Hallam University
Raluca Oaten	Research And Policy Associate, FNF
Rhys Mccarthy	Scrutiny Officer, Professional Standards Authority
Shade Sharpe	CAMHS Crisis Lead Practitioner, OXLEAS NHS Foundation Trust
Stuart Beardsley	RMN, NHS

Yvonne Jacobs	Clinical Interviewer, NHS Professionals
Susan Young	Appointments Board member, NMC
Edd Church	Senior Reporter, Nursing Times
Emily Pratt	District Nurse, First Community
Funke Aringbangba	Practice Trainer, Northern Care Alliance
Inayah Hoque	Student Nurse, NHS
Sarah Lycett	Registered Nursing Associate, Dorset County Hospital
Sonja Bunting	Registered Nurse Clinical Interviewer, NHS Professionals

NMC staff observing

Carole Haynes	Senior Policy Officer, Nursing and Midwifery Council
Hannah Cole	Governance Assistant, Nursing and Midwifery Council
Hannah Edebeatu	Paralegal, Nursing and Midwifery Council
Jacqui Williams	Senior Midwifery Advisor (Education), Nursing and Midwifery Council
Michele Harrison	Regulation Adviser, Nursing and Midwifery Council
Niamh Fleming	Programme Manager, Nursing and Midwifery Council
Olufemi Faloye	Programme Support Officer, Nursing and Midwifery Council
Sana Din	ELS Adviser, Nursing and Midwifery Council
Sharon Clement-Thomas	Regulation Adviser, Nursing and Midwifery Council
Colette Howarth	Policy Manager, Nursing and Midwifery Council
Sharon Dawson	Governance Manager, Nursing and Midwifery Council

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Annexe B: Observer questions

Question: *When will the registrants who were interviewed by Professor Nancy Fontaine on assessing mental health impact from FtP receive a copy of the report in the ethos of transparency?* – NMC Watch

Response: The Executive Director, Strategy and Insight responded to note that interviews formed part of a wider piece of work into improving participant feedback in Fitness to Practise (FtP) and we have said we'll publish the overview of the linked pieces of work, including interviews with registrants and supporters by Professor Nancy Fontaine and Dr Cindy Okonkwo from our research team. Participants will all receive a copy of the report.

Question: *How can Council assure themselves that due diligence has been done when allocating the new contract to the investigation recommissioned from Ijeoma Omambala and why was Council not consulted prior to this decision and the public informed about the process carried out?* – NMC Watch

Response: The Executive Director, Strategy and Insight responded to note that as Council is aware, earlier this month and in consultation with Ron as Chair, we made the difficult decision to withdraw the whistleblowing and FtP investigations from Ijeoma Omambala KC due to unforeseen personal circumstances affecting her ability to complete the work.

Given our expectation that both reports would have been nearing completion by April this year, it was necessary to act swiftly to recommission the investigations to minimise further delay.

We issued a public statement on our website at the time to inform stakeholders of this decision and the steps taken to ensure continuity.

To deliver the recommissioned work, we have appointed:

- **Victoria Butler-Cole KC** and **David Hopkins**, both of 39 Essex Chambers, to complete the review of FtP cases raised by a whistleblower in 2023. Both bring extensive regulatory and public law expertise.
- **Lucy McLynn**, Partner at Bates Wells and Chair of Protect, the UK's leading whistleblowing charity, to complete the review of how the NMC handled the whistleblowing concerns.

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We are confident that these appointments meet the high standards of due diligence and independence expected by Council and the public. Their professional standing and track record in regulatory and whistleblowing matters provide assurance of a thorough and impartial review.

Omambala investigations FAQs

Question: *Since 2018 - 19 financial year when the NMC began recording suicides prior to closure of FtP case, there have been 23 known / recorded deaths. Why have the council not published ongoing lessons learnt from these deaths? Will council be asking for the stage the registrant was during their process, (e.g. screening, investigation etc) - mental health risk assessment or any indication of distress prior to the suicide? If not do the registrant members of council not see this as vital for safeguarding?* – NMC Watch

Response: The Acting Executive Director, Professional Practice responded to note that every case of this sort is a tragedy. We accept the public interest in the circumstances surrounding registrant death by suicide and we are committed to understanding where in our practice we have opportunities to reduce the risk of suicide or other harms.

In some cases, we are privy to information about deaths by suicide; in others we are not. Obtaining more data for insight and improvement is not straightforward, and often not immediate. This is highly sensitive data and we will need to understand the data protection issues we must address. It is often difficult to distil contextual, causative and contributory factors. It may not be possible or appropriate to provide a report that includes details of individual cases for reasons of confidentiality, incomplete data, or sensitivity. Even anonymised cases could be identifiable. We will first determine whether there are questions we can answer from our own case material and then make an assessment about whether it's possible or right to pursue wider data. We will explore this further with a legal and a trauma-informed lens and provide an update to Council in due course.

Question: *Do Council members feel there is any dissonance between a Council Effectiveness Review reporting most areas 'completed' versus the many areas of concerns that have been raised via the independent culture review, the PSA independent oversight group and the likely outcome of the recommissioned reviews?* – Dave Munday, Lead Professional Officer, Unite the union

Response: The Chair responded to note that the Council did not consider this to be the case.

Council

Summary of actions

Action requested:	Summarises progress on completing actions from previous Council meetings. The Council is asked to note the report.
Key background and decision trail:	This paper is a standing update to the Council for information on actions agreed at previous meetings.
Key questions:	Has appropriate progress been made in respect of actions agreed at previous meetings?
Annexes:	None.
Further information:	If you require clarification about any point in the paper or would like further information, please contact the author or the director named below.
	Secretary: Jacqueline Maunder Phone: 020 7681 5053 jacqueline.maunder@nmc-uk.org

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Summary of actions

Minute	Meeting date	Title / theme	Status	Action	Action owner	Update	Due date
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.	Executive Director, Strategy and Insight	03/09/2025 - 2025 is the first year that we have run our annual survey of professionals on our register. We sent the survey to all professionals on our register as of 14 March 2025 (excluding anyone who had opted out of being contacted for research), equating to 842,460 people. In total we received 37,961 responses, a response rate of around 5% which is consistent with response rates for other pieces of research we do. The Summary of findings from the professionals, public and stakeholder research will be shared with the Council in mid-September, and sessions to discuss this research will be arranged for	24 September 2025 26 November 2025

Minute	Meeting date	Title / theme	Status	Action	Action owner	Update	Due date
						October.	
NMC/25/22 And NMC/25/56	26 March 2025 And 2 July 2025	Annual Corporate Plan and Budget 2025-2026 And Summary of actions (relating to NMC/25/22)	Complete	Provide an update report to the Council on the Corporate Plan and Budget in September or October 2025. It was proposed that, if possible, the first report be considered by the Finance and Resources Committee.	Executive Director, Resources and Technology Services	27/08/2025 - A report proposing an NMC Strategy 2025-2027 is on the meeting agenda at item 10. A detailed corporate plan in support of the Strategy will emerge from our usual business planning process which is due to commence in the autumn and will culminate in a draft Corporate Plan and Budget to Council in early 2026. Colleagues from the Governance team and Resources and Technology Services directorate are discussing the sequencing of this and other items via the Finance and Resource Committee.	24 September 2025
NMC/25/23 And	26 March 2025	Safeguarding update	In progress	Provide a report setting out the approach to Council member champion and	Secretary to the Council	02/09/2025 - The Council member champion and lead roles will be reviewed as part of the upcoming	30 May 2025 24

Minute	Meeting date	Title / theme	Status	Action	Action owner	Update	Due date
NMC/25/56	And 2 July 2025	Summary of actions		lead roles. At the meeting on 2 July 2025, it was agreed that Council members would have an opportunity to input to the report, before it was submitted to Open Council in September 2025.		Council effectiveness review. A report setting out the approach to the roles will then be submitted to the Open Council meeting on 27 November, coinciding with the report on the outcomes of the Council effectiveness review. There will be opportunities for Council members to provide feedback and have input into the report.	September 2025 27 November 2025
NMC/25/27	26 March 2025	Pay Gap and Workforce Race Equality Standard (WRES) Report	In progress	In future Pay Gap and WRES reports include data about the overall demographic among the local population.	Executive Director, People and Culture	Not yet due.	25 March 2026
NMC/25/42	21 May 2025	Safeguarding stocktake update	Complete	Include outcome data in Safeguarding Board quarterly update reports to show the impact of the work of the Safeguarding Hub on the experience of	Acting Executive Director, Professional Practice	02/09/2025 - Outcome data to show the impact of the work of the Safeguarding Hub on the experience of people referred to the NMC and on patient safety is	24 September 2025

Minute	Meeting date	Title / theme	Status	Action	Action owner	Update	Due date
				people referred to the NMC and on patient safety.		included in the quarterly performance report, which is an agenda item for the meeting.	
NMC/25/56	2 July 2025	Summary of actions (relating to NMC/24/98)	In progress	Schedule an opportunity for the Chair, Independent Adviser and People and Culture Committee members to share their feedback and learnings following their meetings with the chairs of Staff Networks and with Union members.	Secretary to the Council	02/09/2025 - An update will be provided at the People and Culture Committee meeting on 30 September 2025, and a report on the Committee's activity will be submitted to the Open Council meeting on 27 November 2025.	24 September 2025 27 November 2025
NMC/25/60	2 July 2025	Draft Annual Fitness to Practise Report 2024-2025	In progress	Provide numbers as well as percentages for FtP caseload figures in future reports.	Executive Director, Professional Regulation	Not yet due. Numbers as well as percentages will be incorporated for the Annual Fitness to Practise Report for 2025-2026.	1 July 2026
NMC/25/60	2 July 2025	Draft Annual Fitness to Practise Report 2024-2025	In progress	Arrange a Council Seminar to present the different processes and stages of the FtP	Secretary to the Council	12/09/2025 - A Council Seminar session on the different processes and stages of FtP and the	24 September 2025

Minute	Meeting date	Title / theme	Status	Action	Action owner	Update	Due date
				and the support mechanisms available.		support mechanisms available is scheduled for February 2026.	24 February 2026
NMC/25/62	2 July 2025	Equality, Diversity and Inclusion (EDI) Strategic Objectives and 2025-2026 Year 1 actions	In progress	Provide information to the Council on the scoping of the work to mitigate against bias in early decision makers.	Executive Director, People and Culture / Executive Director, Professional Regulation	11/09/2025 - The Head of Regulatory EDI has drafted a 4 phase approach to the work to mitigate against bias in early decision makers, which covers engagement with stakeholders; legal, safeguarding and FtP colleagues and gap analysis, and the method for developing de-biasing interventions ahead of a programme of workshops with Professional Regulation colleagues. These workshops will 'dive deep' and align our regulatory EDI vision with our internal workforce interventions. Further details are included at Annexe 1 .	24 September 2025

Minute	Meeting date	Title / theme	Status	Action	Action owner	Update	Due date
NMC/25/72	23 July 2025	Summary of actions	Complete	Most actions had a due date of 24 September, and this should be reviewed to ensure timeframes were realistic and achievable. The Council requested that it be kept informed ahead of significant decisions to be taken at the September Open meeting, as well as being kept up-to-date on progress about major issues, including relating to safeguarding.	Secretary to the Council / Acting Executive Director, Professional Practice	02/09/2025 - The action due dates were reviewed at Executive Board to ensure timeframes were realistic and achievable. The Secretariat have kept the Council informed relating to progress about major issues and ahead of significant decisions to be taken at the Open Council meeting on 24 September, including relating to safeguarding and the NMC Strategy.	24 September 2025
NMC/25/74	23 July 2025	Quarterly corporate performance report	Complete	The Independent Oversight Group (IOG) had requested that more detail be provided on how the NMC will report Independent Culture Review (ICR) outcomes. A discussion about ICR	Executive Director, People and Culture	15/09/2025 - This is on the meeting agenda at item 13.	24 September 2025

Minute	Meeting date	Title / theme	Status	Action	Action owner	Update	Due date
				outcome reporting would be held at Open Council on 24 September and then presented to the IOG.			
NMC/25/74	23 July 2025	Quarterly corporate performance report	In progress	A Seminar discussion to be scheduled regarding the programme of work to improve data access and reporting at the NMC.	Executive Director, Resources and Technology Services / Secretary to the Council	02/09/2025 - A Seminar discussion on the work to improve data access and reporting at the NMC is scheduled for February 2026.	22 October 2025 25 February 2025
NMC/25/74	23 July 2025	Quarterly Strategic Risk Exposure Report (Q1)	Complete	Future iterations of the quarterly strategic risk exposure report should also include target risk scores.	Executive Director, Resources and Technology Services	27/08/2025 - As requested, target risk scores are being included in the strategic risk exposure report, as part of the quarterly performance report (part 2), which is on the meeting agenda at item 8.2.	24 September 2025
NMC/25/75	23 July 2025	Update on progressing the Fitness to Practise (FtP) Casework	Complete	Consideration should be given as to whether now was the appropriate time for the update on	Executive Director, Professional Regulation	02/09/2025 - The Executive Board discussed and agreed that the FtP casework report would be incorporated to the	24 September 2025

Minute	Meeting date	Title / theme	Status	Action	Action owner	Update	Due date
				progressing the FtP casework report to be removed as a standalone Open Council agenda item at each meeting and incorporated into the quarterly performance report.		Quarterly Performance Report/Executive Board report to save duplication, but that the same level of detail and assurance would be provided as when a standalone report was presented. The Council's view on the decision to incorporate the FtP casework report to the Quarterly Performance Report would be sought at the Open meeting on 24 September.	
NMC/25/76	23 July 2025	Raising Concerns Policy (including whistleblowing (Public interest disclosures))	Complete	The Raising Concerns Policy was approved subject to: • Further consideration being given to the Council and People and Culture Committee involvement. • Removal to	General Counsel / Secretary to the Council	15/09/2025 - The Raising Concerns Policy has been updated to reflect the feedback from the Council and has been shared with Members via email for assurance. The policy will be subject to a three-month pilot and will be further reviewed following the publication of the Bates Wells report into our handling of a previous	22 October 2025

Minute	Meeting date	Title / theme	Status	Action	Action owner	Update	Due date
				reference to encouraging whistleblowing. Broadening to all protected characteristics. Further consideration given to clarifying/strengthening reference to 'detriment'.		whistleblowing case. Council members are encouraged to provide any additional feedback to the Secretary to the Council to support the ongoing review.	
NMC/25/77	23 July 2025	Update on NMC Culture Transformation	Complete	Provide information to the Council on outcomes by year ('a maturity model').	Executive Director, People and Culture	15/09/2025 – This is on the meeting agenda at item 13.	24 September 2025
NMC/25/77	23 July 2025	Update on NMC Culture Transformation	Complete	Provide information to the Council about the 'facility' time allowed to colleagues involved in the employee resource groups.	Executive Director, People and Culture	11/09/2025 - We have refreshed our Network Playbook that discusses in detail the facility time allotted for Network Chairs. A more detailed updated will be provided verbally at the meeting.	24 September 2025
NMC/25/78	23 July 2025	Employer Link Service (ELS) summary of	Complete	Provide information to the Council on how the Employer Link Service	Executive Director, Professional	10/08/2025 - This year for the first time the ELS introduced a new	24 September 2025

Minute	Meeting date	Title / theme	Status	Action	Action owner	Update	Due date
		activity for 2024-2025		(ELS) plan to engage with small and medium-sized enterprise (SME) health and care providers outside the NHS.	Practice	regulation adviser (RA) role with a focus on independent health and social care employers. This has allowed us to focus on understanding more about the challenges facing the professionals on the NMC's register who work in social care, and their employers, and developing a framework for engaging more widely with this sector. In terms of agencies, we do have some engagement with the larger agencies, and they are able to contact the Employer advice line with any concerns about FtP. We engage with a number of stakeholders and networks to try and reach other health and care providers outside the NHS and given the expansion of the team we are exploring additional ways to make	

Minute	Meeting date	Title / theme	Status	Action	Action owner	Update	Due date
						use of these networks to reach more employers.	
NMC/25/79	23 July 2025	Council effectiveness review	Complete	In collaboration with the Chair and Council members, revise the survey questions for the internal annual effectiveness review 2025-2026.	Secretary to the Council	29/08/2025 - The Secretary to the Council has discussed the questions with the Chair, the Vice Chairs and Lindsay Foyster and the questionnaire has been updated to reflect their suggestions. The survey was issued on 29 August, and the results will be discussed at the Council Seminar session in October, with a formal report presented to the Open Council meeting on 27 November 2025.	24 September 2025

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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Item 5: Annexe 1
NMC/25/87
24 September 2025

Developing the NMC's approach to Regulatory Fairness



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The Plan

Council asked the EDI team at the meeting on 2 July 2025 to :- ***Provide information to the Council on the scoping of the work to mitigate against bias in early decision makers.***

What is the problem we are trying to solve?

Eliminating the bias and inconsistency in guidance application across statutory and non-statutory decision-making points in FtP.

What are we going to do solve it?

We are going to undertake an exercise that includes engagement with colleagues to determine de-biasing interventions and deliver improvements in our guidance and its application starting with FtP.

How long will it take and what will we be exploring?

There will be three multi-disciplinary workshops across October/November with colleagues across FtP to complete a stocktake and develop de-biasing interventions. We will explore the logistics and practicalities of implementation, including who will own and deliver the interventions. Council will be provided with a paper detailing the finalised interventions in December, with implementation scheduled for January.

Background

As part of our wider commitment to EDI the NMC has published the **Culture Transformation Plan** (CTP) which includes **embedding EDI and Regulatory Fairness**.

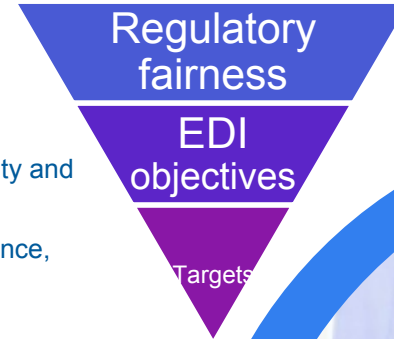
Followed by our **EDI Objectives** to:

1. **Build a positive empowering and inclusive culture** for colleagues
2. Achieve **greater diverse representation and reduce pay gaps** – focusing on ethnicity and gender
3. **Put EDI at the heart of our infrastructure and decision-making**, including governance, processes and prioritisation
4. Become an **anti-racist organisation**
5. Ensure **greater regulatory fairness and a reduction in disparities** for groups across our regulatory processes

And finally, our **EDI targets***

1. **Eliminate disparities based on ethnicity and gender** in the *NMC's fitness to practise processes by 2030*
2. **Eliminate the disproportionate pattern of FtP complaints** received *from employers in relation to ethnicity by 2030*
3. **Eliminate disproportionate outcomes, based on ethnicity, in nursing and midwifery education and training by 2035**

*this refers only to the regulatory targets, does not include workforce targets



The Case for Change

Ambitious for Change

- Found that **black and ethnic minority professionals are more likely to be referred by employers** while white professionals see more referrals from members of the public
- **Black professionals more frequently progress to adjudication** though no more risk of being removed from the register when compared with their white counterparts
- **Male and disabled registrants more likely to have higher rates of reaching adjudication and removal** than female and non-disabled professionals
- **Only 9.7 percent of black applicants successfully completed the overseas registration process**, despite making up 25.5 percent of applicants
- Black and Asian applicants less likely to be accepted onto NMC-approved courses
- **Agency staff** (BME overrepresented) **higher likelihood of referral or adverse experience** in revalidation of FtP
- Some professionals believe their **demographic played a role in their referral**
- **Bias in handling cases** involving black and male professionals

The Case for Change contd.

Professional Standards Authority (PSA)

In June 2025 we failed to meet the PSA standard 3. The PSA felt we were:

- Unable to identify and address issues relevant to EDI following the Independent Culture Review (ICR)
- That our culture transformation work at the time of reporting was still being developed and there was limited evidence about the impact of the work undertaken to embed EDI across the organisation
- That the initial Ambitious for Change research began in 2020 and despite the differential outcomes it appeared that future work did not focus on taking the necessary actions to address the findings in the reports
- That we failed to capture EDI data on those raising FtP concerns, specifically members of the public

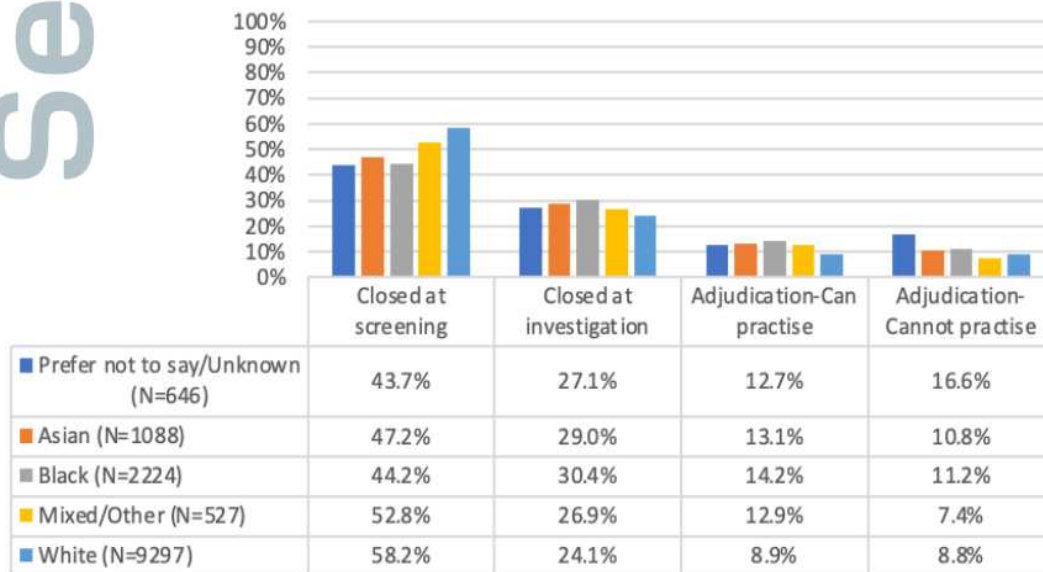
The case for change... contd.

Data

- The data shows that those from Black, Asian or minority ethnic backgrounds are more likely to progress through the FtP process as opposed to their white counterparts.
- Male professionals working in mental health only make up 26% of the professionals on the register but account for 40% of FtP concerns related to those working in mental health
- Male professionals make up 11% of the register but 20% of concerns raised.
- More people identifying as Black were referred compared to their numbers on the register
- Disproportionate number of referrals of registrants who had trained in Africa

Section

Figure 32: Ethnicity and progression through the fitness to practise process



Independent Culture Review

Although the ICR was mainly concerned with the NMC's internal EDI position, we must effectively role model that which we ask of our registrants making the internal EDI work fundamental to our regulatory fairness objectives.



The Nursing and Midwifery Council

Independent Culture Review

July 2024



NMC EDI obligations

Public Sector Equality Duty (PSED)

The NMC is subject to the PSED which requires us to exercise our functions having due regard to:

- (a) Eliminate unlawful discrimination, harassment, victimisation and any other conduct that is prohibited (by the Equality Act 2010)
 - (b) Advance equality of opportunity
 - (c) Foster good relations
-
- We must therefore properly consider the aims of the act and how they relate to the NMC's functions
 - Consider the positive and negative impacts of a decision
 - Have due regard to removing or minimising disadvantages due to protected characteristics
 - Take steps to meet the differing needs of people who share relevant protected characteristics
 - Encourage participation in public life or any other activity by underrepresented groups
 - Take steps to meet the differing needs of those people with disabilities

Challenges

Whilst work is underway to address some of the issues identified in the reports and data (including the FtP turnaround project, legislative reform, culture transformation plan etc), there are still various challenges that may impact the delivery of any proposed EDI de-biasing interventions. These include:

- Current workload pressures across Professional Regulation
- Interim order KPIs
- Capacity of the EDI team (3 members of staff to support the implementation and delivery of the work across regulation)
- Caseload backlog; including cases that are already in the system which we have EDI and other concerns about
- The application/understanding of EDI and cultural competence/confidence of FtP colleagues in delivering this work
- Confidence of ELS colleagues in challenging employers
- Legislative challenges – e.g. inability to drop cases after case examiner stage (other than in some select circumstances)

Approach

Phase 1: Agree plan for regulatory EDI development and implementation (Sep 2025)

- Consult with General Counsel team
- Engage directly with FtP colleagues
- Consult with Safeguarding team
- Consider initial de-biasing interventions
- Review EDI strategic objectives deliverables
- Share plan with EB & Council for sign-off

Phase 2: Gap analysis, update risk register (Sep/Oct 2025)

- Identify gaps in current workstreams
- Update risk register to reflect current risks
- Collective stocktake across the NMC of current EDI interventions in FtP

Approach

Phase 3: Workshop delivery (Oct/Nov 2025)

- Workshop 1: Provide legal parameters and legal responsibilities for potential EDI interventions
- Workshop 2: Engage with PR and ELS colleagues to understand gaps, risks and logistical challenges
- Workshop 3: Engage with PR and ELS colleagues to test EDI interventions

Phase 4: Implementation (Jan 2026)

- Implement EDI interventions with direct support from EDI team
- EDI team provide bespoke training to support delivery of interventions

Governance

Council /Executive Board to approve NMC approach to regulatory fairness

Legal: advice on legal duties and EDI obligations

Operations: Support in the delivery of EDI interventions, identifying capacity in current workstreams

EDI team: providing expert input on EDI, training and direct delivery support to colleagues across FtP and ELS

Policy : ensuring policy and guidance sets out agreed EDI approach & develops policy & guidance to address any gaps and improve consistency in approach

Head of Regulatory EDI to report into People and Culture Committee and Executive Board

What does success look like?

PR and ELS colleagues will have increased confidence in addressing EDI issues across referrals and FtP.

We will have developed various de-biasing interventions across FtP for delivery over the next 3-5 years.

Colleagues will have a better understanding of their role in achieving regulatory fairness.

We will have a clear action plan on how regulatory fairness will be delivered across various teams.

Colleagues will better engage with the EDI team to deliver regulatory fairness objectives.

Council

Executive report

Action requested:	The Council is asked to discuss the Executive’s report on key developments during 2025-26, up to 24 September 2025. For discussion	
Key questions:	1. How have we responded to key developments in the external environment? 2. How have we engaged with professionals, the public, colleagues, stakeholders and the NMC about our work?	
Key background and decision trail:	This paper provides an update on key developments since the last Council meeting on 23 July 2025 The Executive Report is structured around the five agreed priorities of the 2025-2026 Corporate Plan.	
Annexes:	None	
Further information:	If you require clarification about any point in the paper or would like further information, please contact the author or the director named below.	
	Author: Orfhlaith Kearney Orfhlaith.Kearney@nmc-uk.org	Executive Director: Julia Corkey Julia.Corkey@nmc-uk.org

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Executive Report

Discussion
Key developments in the wider landscape <i>Political landscape</i> <i>Graduate Guarantee Scheme</i> - On 11 August 2025, the Secretary of State for Health and Social Care announced that every newly qualified nurse and midwife in England will have the opportunity to take up a role within the health and social care workforce upon graduation. This forms part of the government’s Graduate Guarantee which aims to remove barriers and create opportunities for graduates, ensuring an easier transition from training to employment. - We support this announcement and recognise the importance of newly qualified professionals moving into roles more quickly at a time of rising demand within health and social care. We continue to emphasise the importance of ‘preceptorship’ programmes, so that these newly qualified professionals can be welcomed and integrate into their new team and place of work, and we will continue working to place all new graduates on the register quickly and safely. <i>Opposition reshuffle</i> - Following Conservative Leader Kemi Badenoch’s front bench reshuffle, we are working to build and strengthen relationships with new stakeholders. We are arranging an introductory meeting between Stuart Andrew MP as the new Shadow Secretary for Health and Social Care, our Chief Executive and Registrar, and Chair of Council to ensure continued dialogue on priority issues. <i>Maternity care</i> <i>Baroness Amos to lead rapid national investigation into NHS maternity and neonatal care</i> - We welcome the announcement that Baroness Amos will lead the rapid national investigation into NHS maternity and neonatal care. We look forward to working with the independent taskforce and the Department of Health and Social Care to tackle unacceptable health inequalities within maternity and neonatal care. - While this investigation is for England only, we continue to engage with all Chief Midwifery Officers and take a UK-wide approach to midwifery and maternity matters. Our new principles for supporting women’s choices in maternity care –

produced in collaboration with stakeholders and service users across the UK – are grounded in real-world practice to provide supportive information for midwives and employers navigating complex care scenarios.

Health Services Safety Investigations Body (HSSIB) report

6. The HSSIB's latest report highlights the importance of a national response to maternity safety concerns, and the need for further investigation into areas including education, training, and professional standards.
7. We are continuing the review into practice learning requirements, and the Code and revalidation process, ensuring that we support professionals through modernised standards that reflect contemporary practice.

Key stakeholder engagement moments

New Chief Nursing Officer (CNO) for Scotland

8. We welcome the appointment of Professor Aisha Holloway as the next CNO for Scotland, who will take up the role in November 2025. We look forward to working closely with Professor Holloway, and we thank Anne Armstrong for all that she achieved during her tenure as Interim Chief Nursing Officer.

Key stakeholder meetings

9. We continue to engage in open and transparent dialogue with stakeholders across the UK through regular meetings. Recent engagement includes meetings with Chief Nursing and Chief Midwifery Officers from all four nations, the Royal College of Nursing, the Royal College of Midwives, the UNISON and Unite trade unions, and political leader Mike Nesbitt, MLA, Minister of Health for Northern Ireland. We updated stakeholders on the modernisation of the Code and revalidation, progress on our Culture Transformation and Fitness to Practise (FtP) Plans, our response to maternity investigations, and the independent investigations into FtP cases and our handling of whistleblowing.
10. As part of our ongoing commitment to regulatory reform, we continue to engage with the Department of Health and Social Care (DHSC) on the development of policy positions and draft sections of the General Medical Council Order, as well as on proposed amendments to the NMC's existing rules. We will continue to collaborate with the government and stakeholders as this vital work progresses.
11. We have met with the Welsh government and DHSC to discuss legislative options for introducing nursing associates in Wales. We have also met with the Welsh

Language Commissioner's office to discuss our progress in complying with the Welsh language standards – a key part of our commitment to inclusive, accessible regulation across the UK.

Visit to Aspen Court Care Home

12. We continue to champion the role of social care nursing. The Chief Executive and Registrar, along with the Acting Executive Director for Professional Practice, recently joined the Chief Nurse for Adult Social Care, Deborah Sturdy, on a visit to Aspen Court care home.
13. As part of increasing the visibility of social care nursing, we publicly supported via a statement on our website, Skills for Care's social care placement strategy for student nurses and nursing associates. More widely, our guidance for practice assessors, which we updated last year, provides clarity that registered care home managers to act as practice supervisors – creating more supervised opportunities for students to experience working in a care home. This forms part of our broader regulatory commitment to ensuring the future nursing workforce is equipped to meet the needs of all sectors and communities.

Visit to Northampton OSCE test centre

14. On 1 September, the Chair of Council and Chief Executive and Registrar visited the Northampton Competence Test Centre alongside colleagues from the Nursing Council of New Zealand (NCNZ). It was an opportunity to share our approach to delivering the Objective Structured Clinical Examination (OSCE), a key part of our Test of Competence for internationally educated nurses and midwives.
15. NCNZ colleagues were keen to learn from the UK's experience of running OSCE test centres – to expand and enhance their own programme. This visit was supported by a series of learning seminars on our fitness to practise and computer based testing processes to share learning, intelligence, and reflection between our two organisations on common challenges and best practice.

Independent investigations into FtP cases and our handling of whistleblowing

16. We published the instructions for the senior lawyers who will be writing these reports for us – one on a number of FtP cases which were opened between 2015 and 2023 and one on our handling of whistleblowing concerns being raised. This follows our announcement on 15 July that Ijeoma Omambala KC will no longer be writing these reports. We aim to publish the reports by mid-autumn.

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South Asian Heritage Month

17. As part of our ongoing commitment to equality, diversity and inclusion (EDI), we used South Asian Heritage Month (18 July to 17 August) to celebrate the contributions of South Asian professionals and colleagues while highlighting the systemic barriers they face. This included an in-person coffee and cake events across the NMC’s office locations where colleagues shared their personal stories and experiences.
18. Approximately 150 colleagues attended our optional internal webinar – From Roots to Routes: South Asian professionals shaping health and care – with Nafiza Anwar, Co-Founder of the Association of South Asian Midwives and member of our Midwifery Strategic Advisory Group. It was an opportunity to reinforce our commitment to diversity and inclusion as an organisation.

Significant media coverage

19. On 23 August, *The Independent* reported that John Chukwunonso Iwuh, a convicted rapist, was able to work for over a year while under investigation, as the NMC had not suspended him. We provided a response which said: “We recognise that we could – and should – have acted faster to open our investigation and suspend Mr Iwuh. For this, we are extremely sorry.”
20. We have secured strong media coverage on key developments that support the NMC’s strategic priorities – namely, the modernisation of our standards, continued improvements in FtP, and progress in our organisational culture. The tone of coverage has been largely positive, reinforcing our narrative of transformation and continuous improvement. *Nursing Times* and *Nursing in Practice* reported on our record revalidation rate and highlighted our calls for registrants to contribute to the reviews of the Code and revalidation process. This reflects growing public and professional interest in how the NMC’s regulatory work is evolving to meet the changing needs of health and care services.
21. Trade outlets also reported on our progress in FtP, including news that our screening caseload has fallen to its lowest level in five years. This highlights the ongoing interest and engagement in our work to improve the effectiveness, timeliness and fairness of our regulatory processes, and reinforces the impact of our FtP Plan and our commitment to proportionate, person-centred regulation.
22. Regional outlets – Kent Online and BBC Kent – also reported on our approval of Canterbury Christ Church University’s new midwifery programme. We appreciate the university’s collaboration over the past two years to reach this point.

We continue to collaborate with and support approved education institutions to ensure students qualify with the skills and knowledge they need to join our register.

23. *Nursing Times* also covered the appointment of our two new Heads of Equality, Diversity and Inclusion (EDI), highlighting their pivotal role in driving forward the implementation of our new EDI strategic objectives and targets. This reflects our strong commitment to embedding EDI across all areas of our work and ensuring our regulatory approach is fair and inclusive for the professionals we regulate and the public we serve.

Next Steps

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

Implications

The following were considered when preparing this paper:

Implication:	Yes/No/NA	Location if in paper:	Content if not in paper:
Public protection/impact for people.	Yes	4,5,6,7,10,11, 16,19-22	
The four country factors and considerations.	Yes	5,8,9,11	
Resource implications including information on the actual and expected costs involved.	Not applicable		
Risk implications associated with the work and the controls proposed/ in place.	Not applicable		
Legal considerations.	Not applicable		
Midwives and/or nursing associates.	Yes	1,2,4,5,6,7,22	
Equality, diversity, and inclusion.	Yes	16,17,23	

Stakeholder implications and any external stakeholders consulted.	Yes	Stakeholder engagement captured throughout the paper.	
Regulatory Reform.	Not Applicable		

Council

Quarterly Performance Report

Q1 2025-2026

Action requested:	For discussion. The Council is recommended to review and comment on our performance (paragraph 55).
Key background and decision trail:	• This is our performance report to Council. It includes: ○ Performance indicators related to core business supporting within our Corporate Plan (annexe 1) ○ Performance indicators related to the commitments we have made within our Corporate Plan to deliver transformation activity (annexe 2) ○ individual performance updates on key deliverables, success and challenges within our five priorities (‘Discussion’ section of this paper) • Performance commentary is provided by the relevant Executive Directors, who may also reference data beyond the core business and commitments scorecards. This will be included where necessary. • Due to the timing of this meeting in relation to the end of Q1, some of our data timelines vary: ○ Performance data within our scorecards is provided for Q1 (April – June 2025), following on from the report shared at the July 2025 meeting, where only April-May 2025 data was available ○ Fitness to Practise (FtP) data extends up to July 2025, to provide a timelier update on our most significant priority ○ Commentary extends up to the Council meeting to ensure the most recent events are shared and discussed. • Any non-performance or delivery focused updates on progress we are making to achieve our corporate priorities, can be found in our Executive Report at item 7. • This is the first time the report has included our Fitness to Practise (FtP) casework update, which has previously been an independent

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	item on the agenda. The detailed FtP data analysis has been included at annexes 3 and 4. This is to provide a more holistic view of performance across all our strategic priorities within the Corporate Plan, to support Council oversight. In months where there is no quarterly performance report, Fitness to Practise updates will still be provided for visibility of progress.	
Key questions:	1. Is our delivery of key initiatives on track, and therefore can we assume delivery of our intended benefits/outcomes? 2. What are the challenges or blockers we need to address to ensure activity can remain on track, and how should we reduce their impact?	
Annexes:	The following annexes are attached to this paper: • Annexe 1: Core business scorecards • Annexe 2: Commitments scorecards • Annexe 3: Fitness to Practise (FtP) dashboard • Annexe 4: FtP caseload breakdown (by profession and country)	
Further information:	If you require clarification about any point in the paper or would like further information, please contact the author or the director named below.	
	Author: Rebecca Calver rebecca.calver@nmc-uk.org	Acting Executive Director Tom Moore Tom.moore@nmc-uk.org

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Quarterly Performance Report

Discussion
Priority 1: Build a new culture and implement the learning from reviews <i>Independent Culture Review (ICR) actions</i> 1. The Independent Culture Review (ICR) identified 37* recommendations. As at annexe 2, we have made significant progress this quarter, completing 24. Following a deep-dive review of the recommendations, it confirmed the majority were tangible <i>outputs</i> or deliverables, which have been achieved. The next phase, outlined within the Culture Maturity Model, will be monitoring the cultural <i>outcomes</i> of those outputs. The People & Culture Committee and Culture Transformation Steering Group are designing the measures and narrative around switching focus from the ICR ‘actions’, to deeper-rooted change set out in our six pillars. *Note: the original ICR report outlined 36 recommendations. Recommendation 1 was subsequently split to create a total of 37. 2. Of the remaining actions, nine are in progress and on track, and four have moderate concerns. All actions were recently reviewed by the Executive Board and have plans in place. 3. More detail on the Culture Maturity Model and next steps can be found in the Culture Transformation Plan/Independent Culture Report item, which is at agenda item 13. <i>Culture Transformation Plan actions</i> 4. The Executive Board receives reports on attendance, costs and feedback for oversight of our new coaching programme. We have a regular communication schedule, to ensure colleagues are fully engaged in the programme and its relevance to them, their roles and teams. It is the flagship programme to deliver a quality and consistent leadership cadre. So far, colleague feedback for psychological safety and values-based decision-making sessions were rated as 3.5 (good-very good), enjoyment at work is rated at 3.2 (good), and embedding EDI is rated at 4.7(very good – great). This and qualitative feedback is shared with the coaches to help shape and further improve the programme. 5. Following significant engagement with colleagues, UNISON and other groups, the final hybrid working policy has been shared with colleagues, ahead of implementation in September 2025. This is another critical element of our culture transformation work. Colleagues have two set anchor days by team, and meetings are encouraged to be on these days to maximise collaboration and relationship building. Our focus is now on preparing for all colleagues coming back to our offices. 6. Following agreement of our new values, we are now designing an accessible summary of expected behaviours so that colleagues have a clear and consistent

guide to what our values mean and to help improve our culture following the ICR. This will be published in September. In the coming months we will update our Behaviour Framework, recruitment and coaching so that values are consistent in our employee lifecycle and programmes.

7. Our **Culture Transformation Steering Group** has met monthly since April 2025. The group oversaw signing the UNISON Anti-racism Charter, agreed values-based assessments for senior role recruitment, agreed actions to reduce the ethnicity pay gaps, are project managing the ICR recommendations; and are now working up the measurable outcomes.
8. **The Independent Oversight Group:** At their meeting in August 2025, the group focused on Fitness to Practise. In September 2025, the discussion will centre on safeguarding at the NMC and the improvements that we have made over the last 12 months.
9. The **EDI learning suite** is a comprehensive programme broken down into six modules, which went live in the summer and has had good feedback to date. The learning covers foundational concepts, through to leadership behaviours, policies and procedures. The six modules are:
 - 9.1. **EDI fundamentals**
Introduces key EDI concepts and terminology.
 - 9.2. **Conscious inclusion**
Encourages individuals to recognise and address their role in fostering inclusivity.
 - 9.3. **Inclusive communication**
Develops communication skills to promote an inclusive workplace.
 - 9.4. **Accessibility, sensitivity, and inclusion**
Ensures workplaces are accessible and inclusive for all employees.
 - 9.5. **EDI for leadership**
Equips leaders with the tools to promote EDI within their teams.
 - 9.6. **EDI policy and procedures**
Builds understanding of legal requirements and internal processes.

Professional Standards Authority (PSA) review 2023-2024

10. We recently shared our PSA performance report against their Standards of Good Regulation. Following that report we launched a revised internal process dedicated to gathering evidence which will allow us to better track progress against all Standards.
11. As part of that revised process, Executive Board will review progress monthly to ensure we are addressing concerns, as well as strengthening our readiness for the next review.

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Log and Learn

12. The pilot of our new incident reporting system, Log and Learn, began in late June 2025 and has now concluded with positive feedback, particularly on the system’s ease of use. User engagement and incident logging rates have been encouraging, providing valuable insights to refine training and support materials. We are now progressing through the phased organisational rollout, which started on 15 September 2025, ensuring all Directorates are using the new system by the beginning of December 2025.

Inquiries and Reviews

13. We expect the Thirlwall Inquiry to begin issuing warning letters from September 2025. The Policy team is working with the Executive Board, General Counsel and other key stakeholders to ensure organisational readiness should we receive a corporate warning letter that subjects the organisation to public criticism.
14. We expect the publication of the final report of the Inquiry into Muckamore Abbey Hospitals to publish in the autumn. We did give evidence to this inquiry and so are preparing to ensure organisational readiness for this publication.

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

Recruitment of permanent Chief Executive and Registrar

15. On 17 July 2025, we announced that Paul Rees MBE would continue leading the NMC as its new permanent Chief Executive and Registrar. We shared a press release, informed professionals on our register via an all-register email, promoted the announcement on our social media platforms, and via our internal channels and audience newsletters.
16. We also welcomed our new People and Culture Executive Director, Ravi Chand, who brings significant HR, culture, change and leadership experience to the NMC and our new Communications and Engagement Executive Director, Julia Corkey, who brings experience in strategic communications, stakeholder engagement, public service transformation and high-profile event delivery.
17. We started Equality, Diversion and Inclusion (EDI) coaching and the roll out of new EDI face to face learning in July 2025. This has initially focused on colleagues in more senior grades, and as noted above feedback has been very positive.
18. The selection process for two new Council members (one lay and one registrant) is progressing according to the agreed timetable.

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Priority 3: Improve fitness to practise

- 19. The FtP information provided within this section and **annexes 1, 3 and 4** extends beyond Q1 up to July 2025, to provide a timelier update.
- 20. Our 15-month KPI performance continued to improve over Q1 as seen in **annexe 1**, with the data showing most cases **closing** are within 15 months of them being opened (rolling average of 71 percent as at July 2025).
- 21. Screening closures are a key factor behind this, accounting for 80 percent of the closures. However, we are seeing **open** cases ageing at the latter stages of our process.
- 22. The age of our caseload can be seen in the age profile chart at **annexe 1**, with 1,958 cases or 32 percent of the caseload having been opened in 2023 or earlier. These people have been in our process for a long time, and the reasons include cases having been delayed whilst a third-party investigation has happened (407 cases or approximately 21 percent of the 1,958 cases). Also, from delays in our processes and some cases being more complex so requiring additional case handling and time to gather information.
- 23. At the Adjudication stage, the availability of registrants, witnesses and representatives for our hearings can be a challenge. And if our hearings fail to finish at the first sitting then we can face challenges in bringing the same panel back together quickly. Timeliness is balanced with people’s wellbeing and capability to engage with us, to ensure the fairness of the process.
- 24. Some of the challenges to reaching a case conclusion for our very oldest cases include disengagement, witness availability and human memory. There is currently targeted work within each FtP stage to progress their oldest cases, with monthly managerial reviews. Improvement can be seen through the reduction of cases opened in 2023 and older between March 2025 and July 2025, as seen in the age profile chart at **annexe 1**.
- 25. Our FtP plan improvements, so far, have helped reduce backlogs at stages (we previously reported on cases awaiting allocation to a dedicated case owner at Screening and awaiting a legal review at the Adjudications stage) and this has moved cases through our process. The improvements have also seen Screening address newer cases in a timelier manner through making more decisions, and positive signs from our work to holding more hearings in-person, with those taking two days less on average than virtual hearings. Our overall performance is impacted by higher referrals and by the significant proportion of aged cases.
- 26. We will address these challenges by enhancing our FtP plan with sustainable improvements to quality, timeliness and experience, whilst supporting our colleagues to drive change. A Council discussion is scheduled for October 2025 to

update on the additional interventions we have developed to accelerate delivery of the FtP plan and successfully deliver the changes we need to see.

Demand, timeliness and challenges for each stage

27. Demand into the different FtP stages continues to be high. At our entry point, referral volumes remain higher than assumed with a 12-month average of 568 per month for July 2025 compared to an average of 523 at July 2024. This continues to be a pressure across FtP stages with the increased volumes flowing through and is also masking our improvement efforts.
28. Our Assistant Director for National and Regional Outreach has taken on our appropriate referrals work, and we have a new dedicated lead to develop our strategy for clinical advice in casework. We are considering plans for further collaboration with stakeholders to seek local resolution of concerns.
29. Improvements at Screening since September 2024 are continuing to result in higher decision levels and these outputs are exceeding the high inputs (referrals). In July 2025, we saw 633 new referrals versus 724 decisions made, as seen in **annexe 3**. As a result, the Screening caseload continues to reduce (by 416 cases since April 2025) and we are meeting demand here. However, we have a number of aged cases older than 15 months (12 percent of the screening caseload or 230 cases) which we are focusing on. As at July 2025, the median age of the Screening caseload was 20 weeks. The high number of new referrals is undermining our ability to resolve the oldest cases at this stage and there is significant work still required to bring our caseload at this stage within our timeliness target.
30. We have seen recent improvement in Investigations throughput, with an average of 143 completed investigations per month from February 2025 to July 2025 compared to 109 per month in the previous six months. Higher decision volumes at Screening mean more cases are progressing into Investigations and the team have not been able to keep pace. An average of 193 cases were progressed from Screening to Investigations monthly from February to July 2025, compared to 165 per month in the previous six months. As a result, the Investigations caseload is growing as well as the number of cases needing allocation to an Investigator for work and there is a risk of more people seeing delays at this stage. Our improvement plans will directly address the challenges here.
31. The Case Examiner stage has not been meeting demand in recent months, with higher case volumes coming from Investigations and with three case examiners continuing to support the Screening stage, being carefully monitored. Outputs and caseload fluctuate more at this stage given the relatively smaller caseload.
32. Adjudication is keeping pace with incoming case volumes. There are improvement workstreams in train at this stage to reduce hearings costs, which are currently higher than budgeted, to conclude the oldest cases and improve timeliness. A key workstream is a review of cases listed for a hearing, to test whether a hearing is the most appropriate conclusion option. Using alternatives to hearings can mean a

quicker process – these include consensual panel determinations, agreed removals or through panel meetings. Other work involves the continuation of moving more hearings to be held in-person

33. Further detail on FtP performance is provided in the dashboard at **annexe 3**. As requested by stakeholders, caseload data is provided at **annexe 4**.

Person-centred experience

34. Three pilots are underway to trial different approaches to directly engaging with registrants, so we can better support them. In January 2025, we launched a pilot to manage cases related to a physical or mental health need at the Investigations stage. There has been positive feedback relating to our multi-disciplinary team approach and the diverse range of perspectives, all working together to see a more proportionate investigative focus and appropriate support for the registrant. We will evaluate the pilot after a year, with a mid-year evaluation currently underway.
35. Our survey about the experience of people in our FtP process launched in February 2025 and is still live, however our mid-pilot review in July 2025 found that the response rate is lower than expected. We are considering how we can promote the survey, for example through the Employer Link Team, representative bodies. We need at least 100 responses before reviewing the themes and we are aiming for December 2025, depending on improving response rates.
36. In September 2025, we started piloting a new approach to making first contact with registrants when they are referred to us. Our initial contact will establish communication preferences and support needs from the start of the process, which we can continue to use to inform our contact with the registrant through their FtP journey.

Quality and safety

37. From our previous work, we identified that while there are quality measures in place across the FtP process, they are inconsistent, and further work is needed to establish quality expectations and measures. We are looking to establish quality frameworks across the FtP process and a robust and consistent assurance process with the support of a delivery partner.
38. We have updated our safeguarding e-learning to ensure it is an effective aid to colleagues to enable consistent identification and management of safeguarding concerns in our FtP work. All FtP teams are undertaking this learning now and a new safeguarding handbook was circulated to staff in September 2025 as a support tool.
39. In June 2025, we published an independent report from the University of Greenwich looking into why some groups of professionals see their case go further

in our process and receive more serious outcomes compared to others. This research identified some areas of bias in our process and areas of our policy and guidance that could be clarified. We are now addressing these findings as part of our FtP policy and guidance review work and are considering whether any further amendments to our FtP improvement plan are required.

Modernisation of Technology Services (MoTS)

40. The NMC Online project has experienced challenges and is a pinch point for multiple critical paths. We reviewed our resource allocation to ensure we had sufficient colleagues allocated to this project given dependencies relying on its timely completion. We have also sought to establish a different working arrangement with the external delivery partner. Unfortunately, we have reached the conclusion that given the current status of the project and necessary work remaining it was not possible to meet the original delivery date of November 2025 and Programme Board approved a delay to delivery. While the project continues to deliver, in parallel work has commenced to establish the next suitable window and work through any other impacts on our corporate priorities. A paper will be submitted to Council in October to outline the changes and revised plans.
41. Overall, the Case Management System project is on track. The capability documents have been reviewed and signed off by the project Senior Responsible Owner (SRO). We are considering impacts on this project as part of the wider review of impacts due to the challenges facing the NMC Online project.

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

Practice learning review

42. Work continues on the key lines of enquiry agreed by Council in January 2025. This includes desk top research and extensive stakeholder engagement. Efforts are being taken to include key stakeholders from across the four countries of the UK and to reflect the diversity of the register and public. Stakeholder engagement commenced in May 2025 and will continue until early October 2025. These two streams of work will inform the recommendation to Council for next steps. With more than 1,500 people signed up to our community of interest, consisting of students, professionals, educators, members of the public and stakeholders, it is clear this work is of high interest to our audiences as we work to improve how we can best support student learning across the UK.

Refreshing our Code and Revalidation

43. Our public and professional engagement on the Code and revalidation reviews began in July 2025 when we held two webinars, one for the Code and one for revalidation. Each webinar had 246 attendees, who gave us some initial feedback on how they would like the Code and revalidation to change in the future. We have set up a community of interest where people can sign up to be kept informed about opportunities to get involved – this now has over 1,500 people. We have also

recruited a senior nursing or midwifery leader to chair the external steering group that will oversee the reviews. Feedback from the webinars is contributing to our early engagement work as part of the reviews.

Strengthening international registrations processes

44. We continue to work with our recognised English language test providers to develop a Memorandum of Understanding to improve information sharing between our organisations. This work has been delayed due to changes in personnel at one of our key providers.
45. Following the initial lessons learned into our immediate response when Computer Based Test fraud was identified, we are planning a full review of our handling of the issues arising. As the hearings are ongoing, it's important that we capture insights from this key area of activity. Equally, there are crucial contractual issues that are yet to finalise. The timing of the full review will therefore allow for sufficient information and evidence to be gained from these outstanding matters to meaningfully inform the conclusions and recommendations.

Insight

46. In July 2025, we published our latest Annual Register Data Report, which provides the picture of the UK nursing and midwifery workforce. The register reached a record high of 853,707 professionals, representing two percent of the working age population. However, the pace of growth slowed compared with previous years, driven mainly by a significant fall in international recruitment. Domestic recruitment rose modestly, but not enough to offset this decline, resulting in an overall growth rate of 3.3 percent compared with 4.8 percent the year before.
47. The report also highlights trends around retention and wellbeing. More than one in ten leavers cited their health as the main reason for leaving, and fewer than a fifth would recommend the professions to others. At the same time, the register continues to become more diverse, with professionals from Black, Asian and minority ethnic backgrounds now making up 32.5 percent of those registered.

Priority 5: Address our most significant challenges

Safeguarding

48. At **annexe 1** we report this strategic workplan as on track, as anticipated in the previous report.
49. For further information on our safeguarding work, please see the Safeguarding Q1 Report, which is at agenda item 9.

Education Quality Assurance concerns

50. On 13 August 2025, we published a press release and shared a news story on our website that we had approved Canterbury Christ Church University's (CCCU) new midwifery programme. Our approval comes two years after we withdrew approval of the previous course in 2023 following concerns that it could no longer

adequately equip students to meet the requirements they needed to join the NMC professional register.

Data roadmap

51. In August 2025, we provided the second quarterly release of regionalised FtP data to the Chief Nursing and Chief Midwifery Officers and to Council. This release built on the data previously shared in May 2025 by including additional information such as referral type, registration type and country of residence. The Data Capability Group meets on 29 September 2025 to discuss this next iteration and to receive an update on other work including timeline for dashboard development.

Legislative Change Programme

52. The legislative change team continues to receive updated policy positions and draft sections of the draft General Medical Council (GMC) Order from Department of Health and Social Care (DHSC) for review and comment. This work has been increasing as DHSC move towards completion of the consultation version of the GMC legislation.
53. We are waiting for confirmation from DHSC as to whether they will introduce the changes needed to allow us to regulate Nursing Associates in Wales, as requested by the Welsh Government as part of the section 60 order planned for regulatory reform, or more immediately via a standalone section 60 order.
54. The team are also working closely with DHSC and Government Legal Department on proposed amendments to our existing rules and preparing consultation documents.
55. **Recommendation: The Council is recommended to review and comment on our performance.**

Next Steps

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

Implications

The following were considered when preparing this paper:

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

Safeguarding considerations	Yes	Throughout. Particularly within Priority 5	
The four country factors and considerations.	Yes	Throughout	
Resource implications including information on the actual and expected costs involved.	Yes	Throughout. Cost detail explored further in Financial Report, this is an agenda item for this meeting.	
Risk implications associated with the work and the controls proposed/ in place.	Yes	Throughout, detail explored further in Strategic Risk Report, this is an agenda item for this meeting.	
Legal considerations.	Yes	Throughout	
Midwives and/or nursing associates.	Yes	Throughout	
Equality, diversity, and inclusion.	Yes	Throughout. Particularly within Priority 1 and 2.	
Stakeholder implications and any external stakeholders consulted.	Yes	Throughout. Detail included in Executive Report, this is an agenda item for this meeting.	

Regulatory Reform.	Yes	Within Priority 5	
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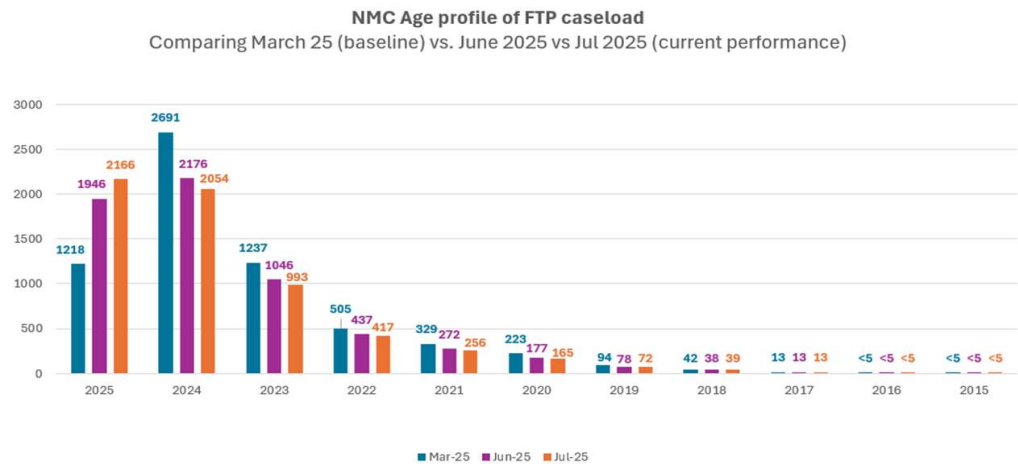
Item 8.1 Annexe 1
Core Business Scorecards

	Target	Results				Trend*	Overall RAG Status***
Fitness to Practise (Priority 3)		Apr-25	May-25	Jun-25	Q1 Avg	% Change vs Prev. Qtr **	
% Cases concluded within 15 months of opening (12-month rolling average)	80%	69%	70%	70%	-	▲ 3%	●
No. of cases closed per month	-	605	691	674	657	▼ -2%	-
Volume of the overall fitness to practise caseload	-	6,380	6,229	6,186	6,265	▼ -3%	-
Total No. of decisions made per month (both progressions and closures)	-	943	1,118	1,057	1,039	▲ 1%	-
% IOs Imposed Within 28 Days (Under review)	80%	75%	47%	74%	65%	▼ -7%	●
% IOs Imposed Within 28 Days (12-month rolling average) (Under Review)	80%	66%	65%	66%	-	■ 0%	●

Further details on FtP performance

% IOs Imposed Within 28 Days
Monthly IO KPI performance fluctuates due to a variety of reasons relating to casework, scheduling and panels, and team capacity. The lower performance in May was due to a number of factors, including lack of panel availability for interim order hearings, small delays in cases due to absences, and longer delays due to issues such as obtaining police information. As previously highlighted we will be seeking views from the Council on our Interim Order KPI after we have concluded a review. There is no consistent approach to measuring the KPI across healthcare regulators.

Age profile of open caseload at July 2025 vs June and March (by year a case was created)

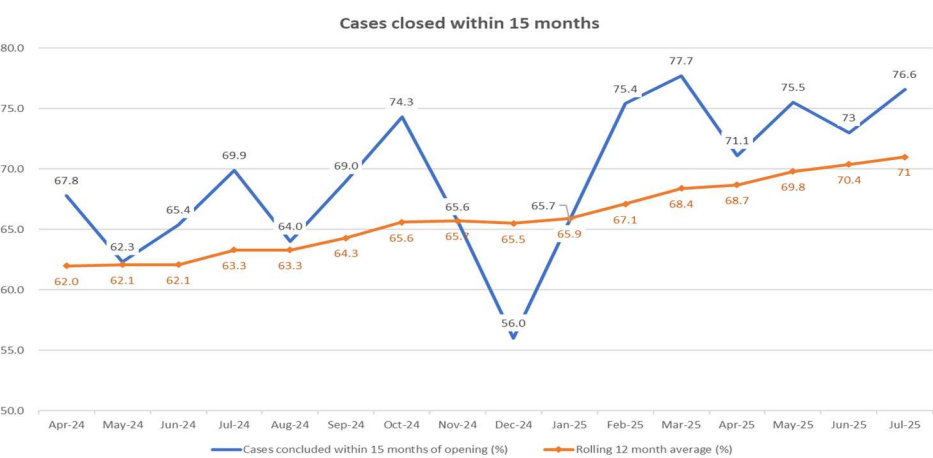


The chart shows our caseload at three timepoints this year, broken down by the year cases had been created.

This format aims to show how old cases are in our caseload and also what has happened with the age of cases between July 2025, June and March 2025 (i.e. progress made in recent months).

Since March 2025, we have reduced the numbers of cases that had been opened between 2024 and 2018. There was limited movement in concluding our very oldest cases from 2015-2017, and we would expect 2025 to grow as we process new concerns.

Closing cases within 15 months of opening (as of July 2025)



The chart shows the proportion of monthly case closures completed within 15 months of opening, comparing the 12-month average to the monthly figures.

This 'rolling average' shows trend over time and 'smooths' the volatility that the monthly spot rate can sometimes show (where there are outliers of high/low performance).

We use this as a predictive measure to signal longer term success and to help us adjust our plans if off track. It takes longer to show positive progress as we measure the 'end result' of cases moving through the FTP pipeline.

Annexe 1 (continued)

Core Business Scorecards

Registrations (Priority 4)	Target	Results				Trend		Overall RAG Status
		Apr-25	May-25	Jun-25	Q1 Avg	% Change vs Prev. Qtr		
%UK initial registration applications with no concerns, completed in one day (month actual)	97%	100%	100%	100%	100%		0%	
% UK initial registration applications with concerns, completed within 60 days (month actual)	90%	100%	89%	75%	88%		-1%	*
% Overseas registration applications assessed within 30 days (month actual)	95%	100%	100%	100%	100%		0%	
% Readmission applications completed within 21 days (month actual)	95%	99%	97%	97%	98%		1%	

* Performance for "UK initial registrations with concerns completed within 60 days" fell to 75 percent in June 2025, due to three complex cases missing the target out of a total of 12.

Education Quality Assurance and Standards (Priority 4)	Target	Results				Trend		Overall RAG Status
		Apr-25	May-25	Jun-25	Q1 Avg	% Change vs Prev. Qtr		
Proportion of critical concerns with QA Board ratified action plans	100%	0/0	0/0	1/1	-	-	-	-
Progress of PP roadmap (Advanced Practice and Practice Learning) <i>Note: Code and Revalidation reviews launch in July 2025 and therefore not included in this assessment until Q2</i>	-					-	-	

Safeguarding (Priority 4)	Target	Results				Trend		Overall RAG Status
		Apr-25	May-25	Jun-25	Q1 Avg	% Change vs Prev. Qtr		
Progress of strategic workplan	-					-	-	

Key:

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

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

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

Delivery Confidence Assessment- RAG Descriptions

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

KPI RAG Rating Table

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

Item 8.1: Annexe 2
Commitments scorecards

	Target	Results				Trend		Overall RAG Status
Culture Transformation		Apr-25	May-25	Jun-25	Q1 Avg	% Change vs Prev. Qtr		
Rolling number of ICR recommendations completed	37	3	3	24	-	-	-	
EDI Targets - development of the implementation plan	-					-	-	
Unison anti-racist organisation charter - development of implementation plan	-					-	-	
Median Pay Gaps per Gender	0% by 2030	8%	11%	10%	10%		-9%	-
Median Pay Gaps per Ethnicity	0% by 2030	32%	32%	32%	32%		0%	-
Median Pay Gaps per Health Condition	=<0% by 2030	-11%	-12%	-13%	-12%		0%	-
% of Black and Minority ethnic colleagues represented in grades 6 and above	30%	27%	28%	28%	28%		8%	

Key:

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

Delivery Confidence Assessment- RAG Descriptions

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

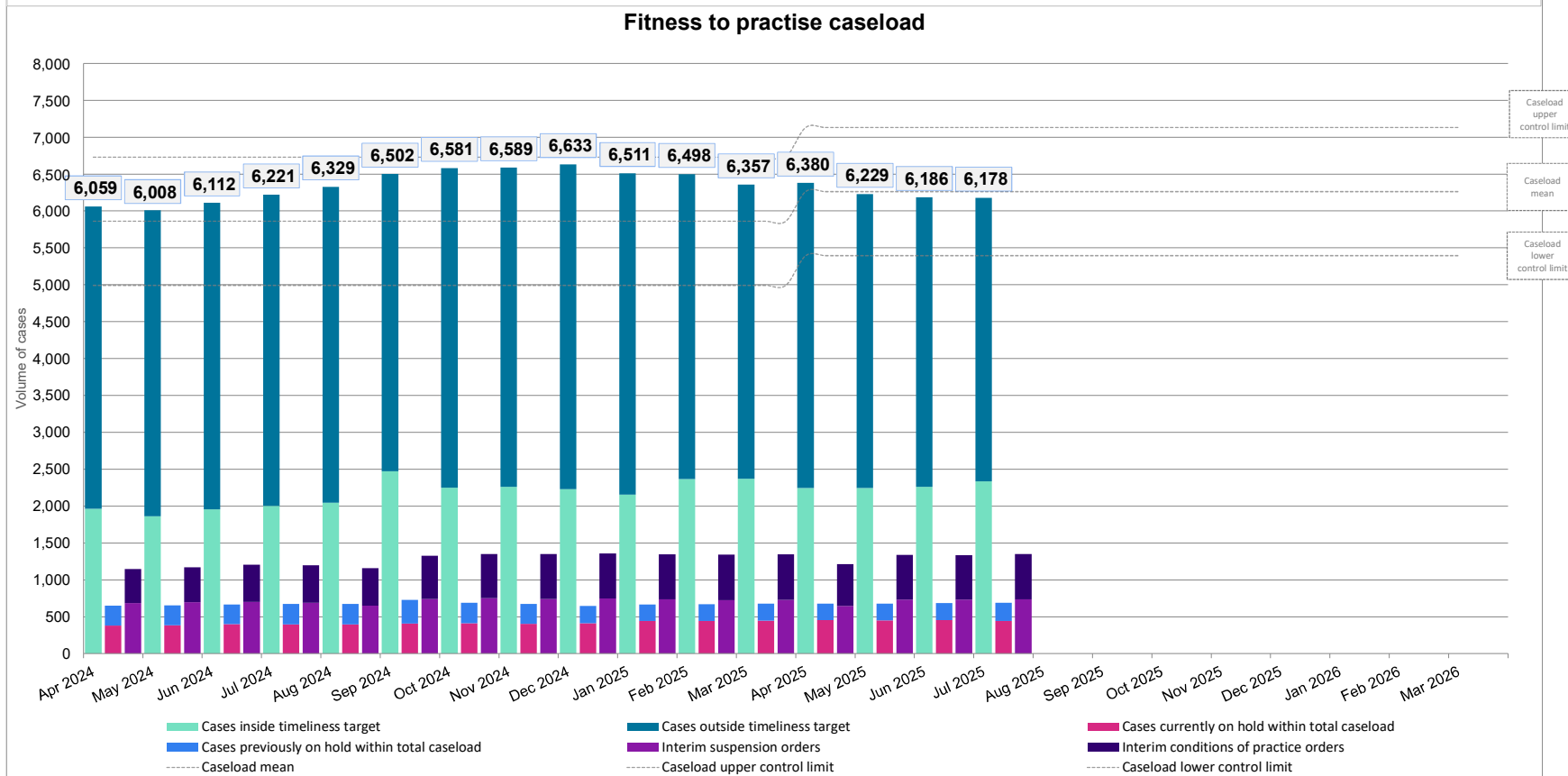
KPI RAG Rating Table

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

Item 8.1: Annexe 3: Fitness to Practise Council performance dashboard July 2025

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

A1



Commentary July 2025

Caseload has been decreasing since December 2024.

The green bars show as at July 2025, 3,843 or 62 percent of our open cases are outside of the timeliness target for the FtP stage they are at. This compares to 65 percent for April. This indicates the number of aged cases at various stages that we still need to progress, before seeing further improvements to timeliness across FtP.

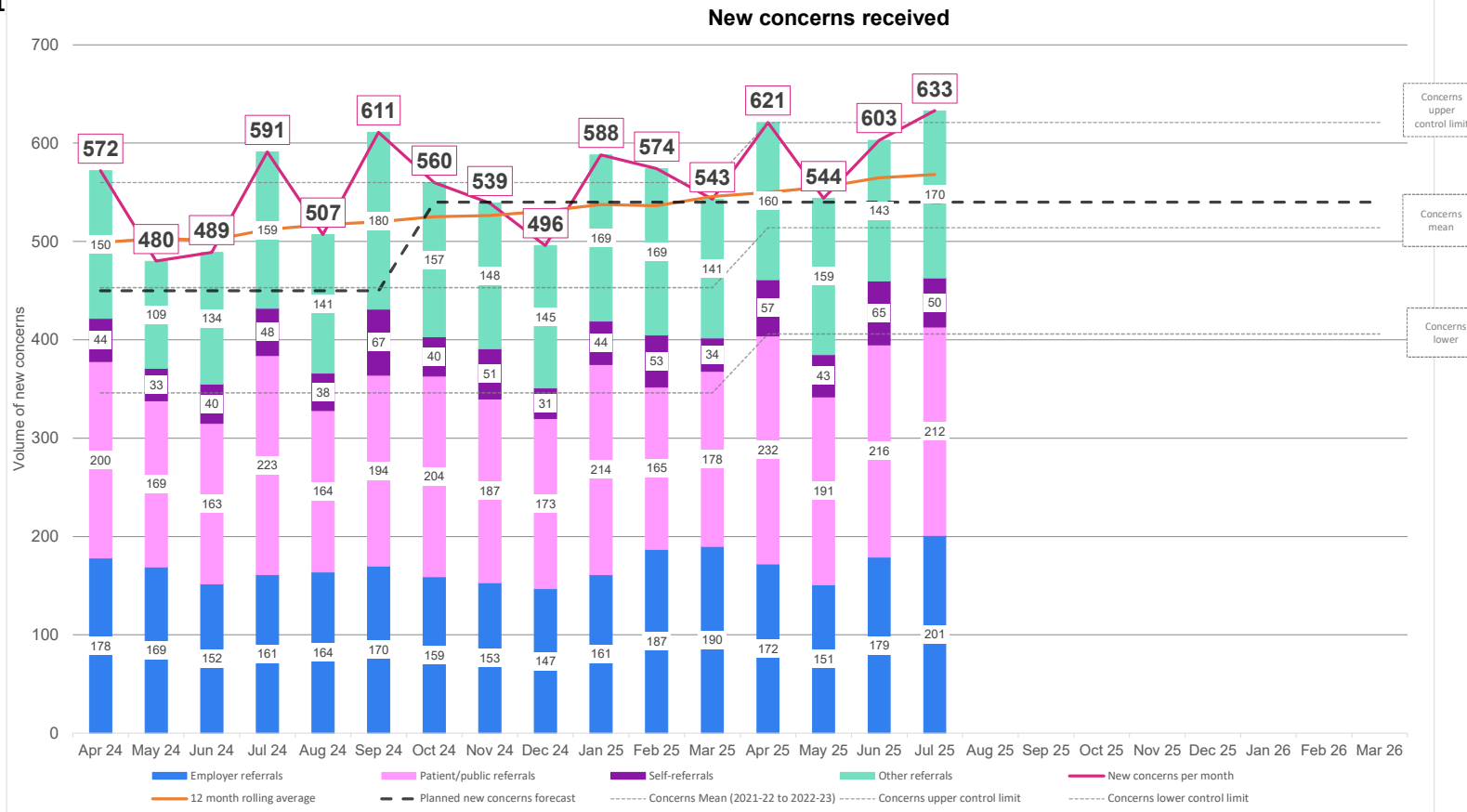
1,350 cases had an interim order in place during July, of which 736 are interim suspension orders and 614 interim conditions of practice orders. This means that out of the 6,178 caseload, 88 percent of professionals with an open case are able to work whilst we progress their case.

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

Fitness to Practise Council performance dashboard July 2025

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

B1



C1 Monitoring and Compliance

Substantive order review caseload: 423
Undertakings caseload: 161

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

Commentary July 2025

We received an average of 568 referrals per month between August 2024 and July 2025, compared to the same period last year (Aug 2023 to July 2024) where the average was 523 per month.

Most referrals in July were from patients and the public (212 referrals), continuing this trend.

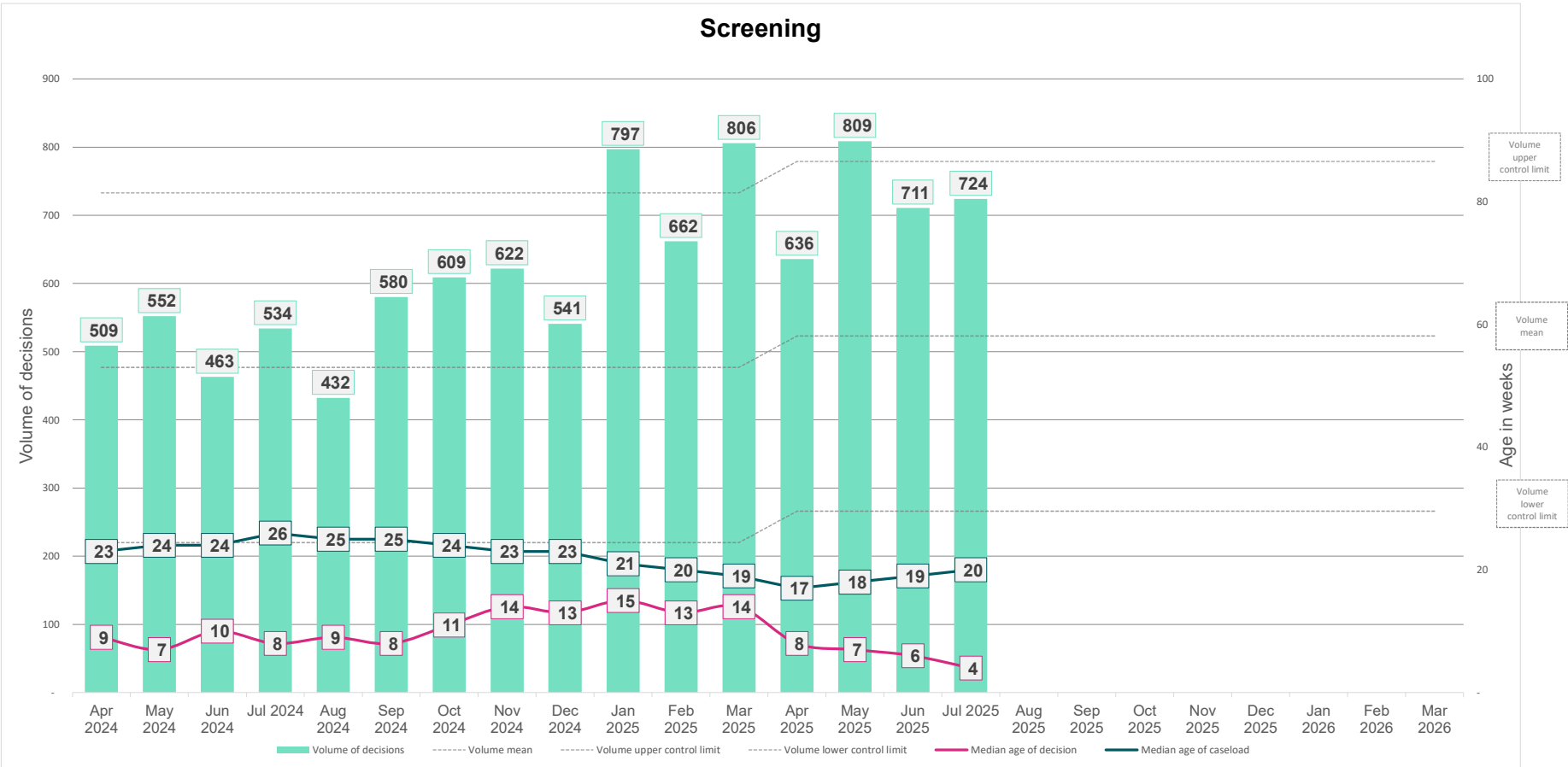
Mean, upper and lower control limit lines:- The data for April 2024 to Mar 2025 is based on two financial years' worth of data from 2022-2023 to 2023-2024, while the data for April 2025 onwards is based on two financial years' worth of data from 2023-2024 to 2024-2025.

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

Fitness to Practise Council performance dashboard July 2025

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

D1



Commentary July 2025

A record 809 screening decisions were made in May, surpassing the previous high of 806 decisions for March. This was with the backdrop of us anticipating a possible slowing in decisions performance in May due to the team focusing on launching changes to our screening guidance, including training time.

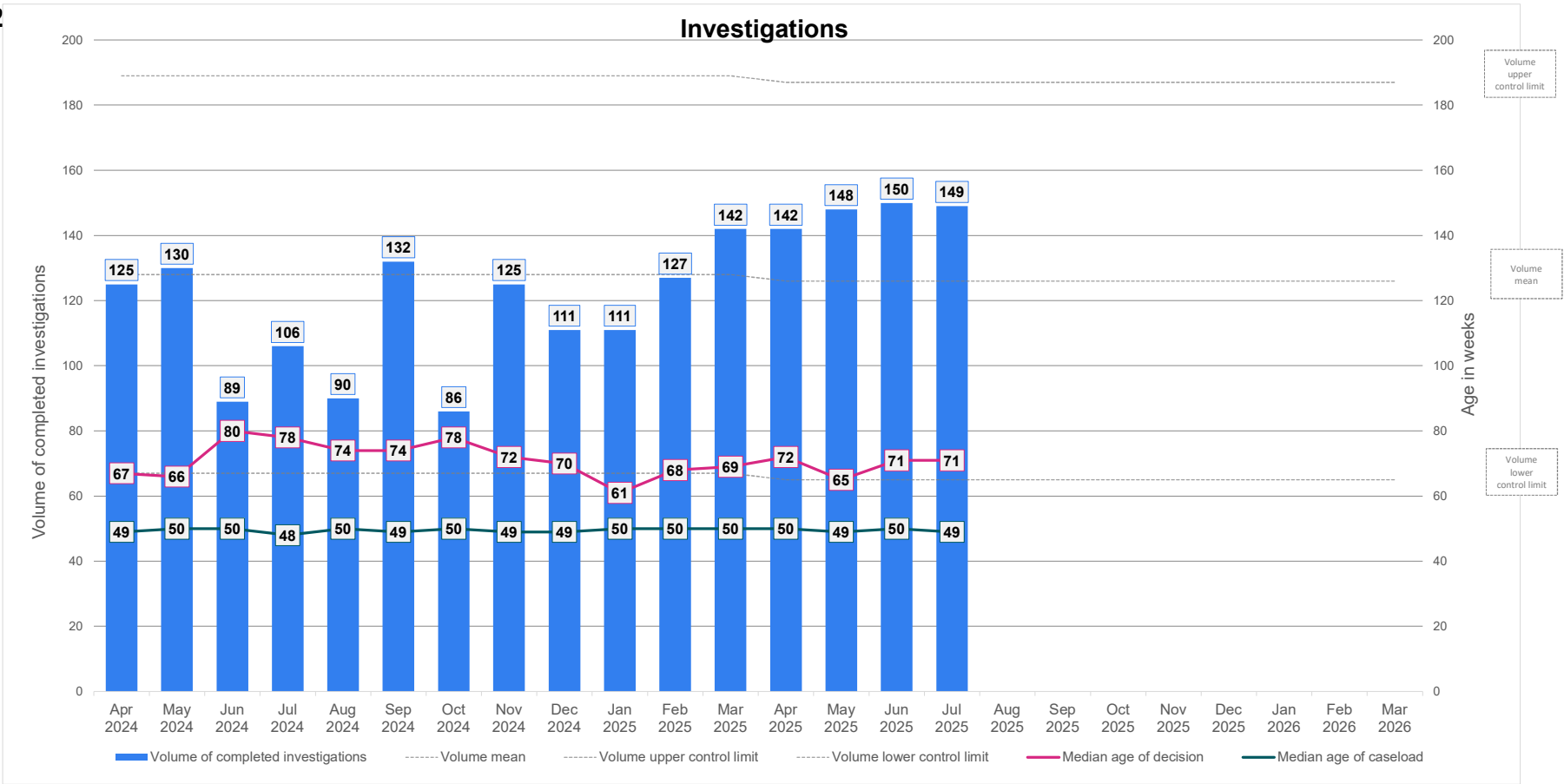
Screening have been averaging 725 decisions per month over the past 6 months (February-July 2025), compared to 597 per month in the previous six months (August 2024 - January 2025).

The median age of decision fell to 4 weeks as at July 2025, reflecting more cases progressing through our new ways of working through the Triage section of Screening and also early indication of the impact of our Screening guidance changes in May 2025, which is enabling us to reach decisions more quickly for some cases. We are still monitoring the impact of this guidance change.

Fitness to Practise Council performance dashboard July 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 July 2025

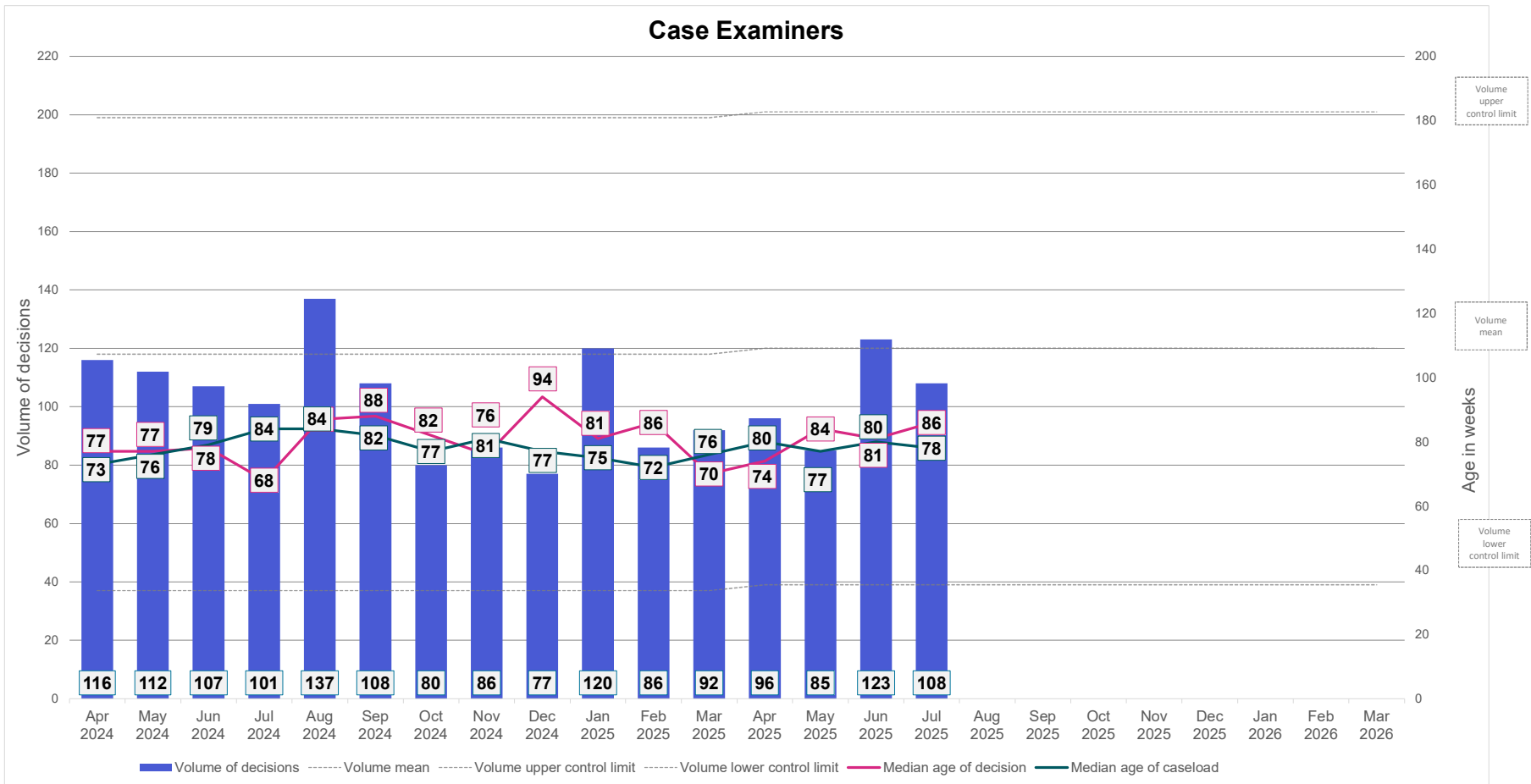
July saw 149 completed investigations (or 'progressions'), continuing our improved outputs performance in recent months.

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

Fitness to Practise Council performance dashboard July 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 July 2025

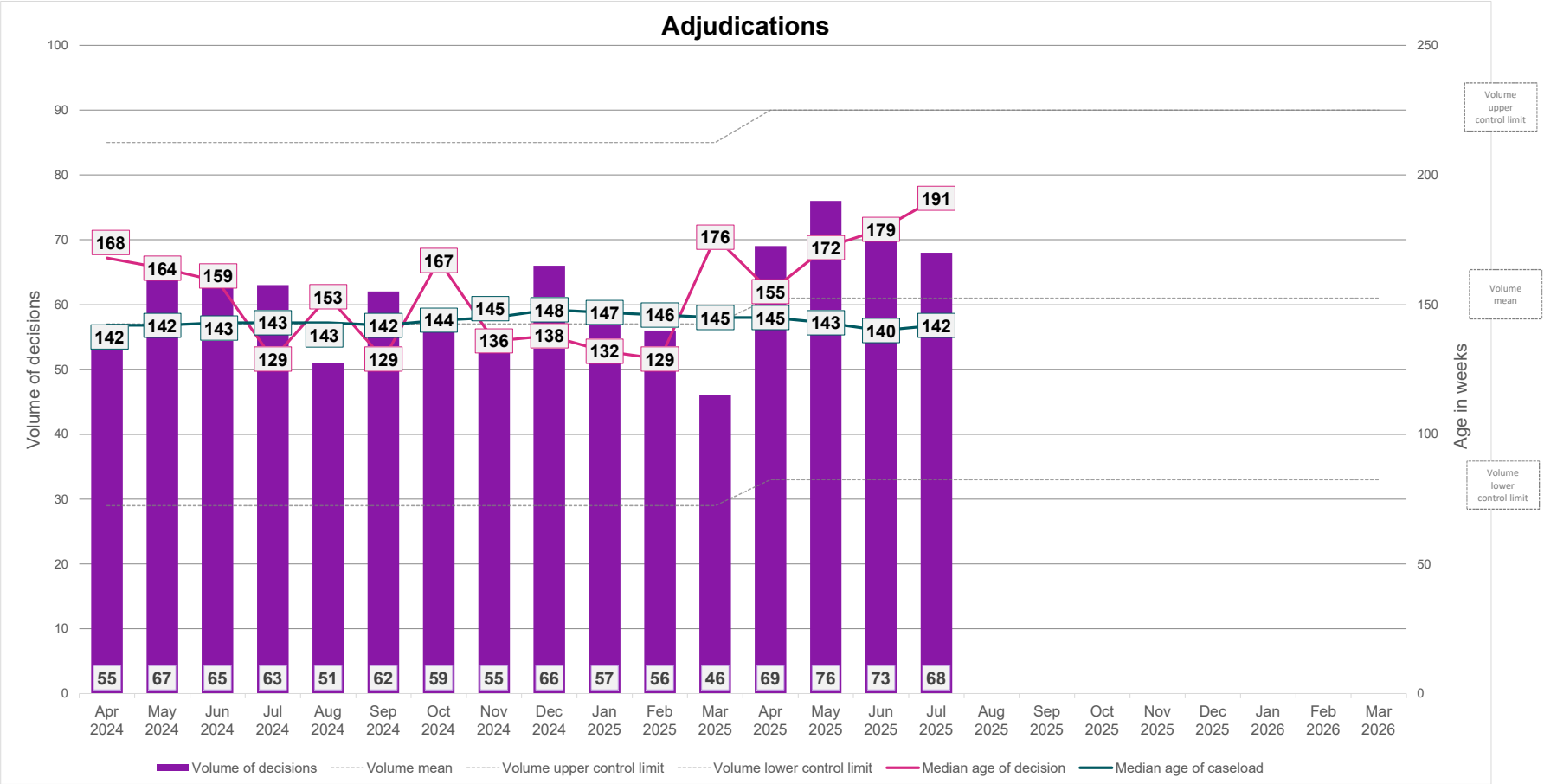
The level of decisions made by Case Examiners is dependent on incoming volumes from the Investigations team, and the team has broadly been keeping pace with the incoming work over the year until recent months.

108 decisions were made in July, an improvement on previous months but not keeping pace with the inputs, partly due to capacity challenges in the team and partly due to higher volumes coming in from Investigations in recent months. The caseload volume at this stage is smaller compared to other stages (493 cases in July, compared to the next largest caseholder which is Adjudication with 1,115 cases in July). We are reviewing our capacity in this area.

Fitness to Practise Council performance dashboard July 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 July 2025

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

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

Annexe 4: FtP caseload data by registrant type and country

Data is as at 31 July 2025.

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

Caseload by registration type

The proportion of professionals on our register as at 31 March 2025 was 92.3 percent nurses, 5.5 percent midwives, 0.7 percent dual-registered and 1.5 percent nursing associates.

Fitness to practise caseload by registration type broken down into our stages, as of July 2025 caseload	Screening stage	Investigations stage	Case Examiners stage	Adjudication stage	Total caseload
Nurse	1,401	2,435	467	1,056	5,359
Midwife	108	127	22	54	311
Dual	1	1	0	1	3
Nursing Associate	16	24	4	4	48
No Registrant PIN linked to case	457	0	0	0	457
Grand Total	1,983	2,587	493	1,115	6,178

Fitness to practise caseload by registration type broken down into our stages, as of July 2025 caseload	Screening stage	Investigations stage	Case Examiners stage	Adjudication stage	Total caseload
Nurse	70.7%	94.1%	94.7%	94.7%	86.7%
Midwife	5.4%	4.9%	4.5%	4.8%	5.0%
Dual	0.1%	0.0%	0.0%	0.1%	0.0%
Nursing Associate	0.8%	0.9%	0.8%	0.4%	0.8%
No Registrant PIN linked to case	23.0%	0.0%	0.0%	0.0%	7.4%
Grand Total	100%	100%	100%	100%	100%

Caseload by UK country of registered address

Fitness to practise caseload by country of registered address broken down into our stages, as of July 2025 caseload	Screening stage	Investigations stage	Case Examiners stage	Adjudication stage	Total caseload
England	1,255	2,073	389	910	4,627
Scotland	161	215	47	86	509
Wales	97	111	26	49	283
Northern Ireland	45	110	19	35	209
Overseas	27	78	12	35	152
No Registrant PIN linked to case	398	0	0	0	398
Grand Total	1,983	2,587	493	1,115	6,178

Fitness to practise caseload by country of registered address broken down into our stages, as of July 2025 caseload	Screening stage	Investigations stage	Case Examiners stage	Adjudication stage	Total caseload
England	63.3%	80.1%	78.9%	81.6%	74.9%
Scotland	8.1%	8.3%	9.5%	7.7%	8.2%
Wales	4.9%	4.3%	5.3%	4.4%	4.6%
Northern Ireland	2.3%	4.3%	3.9%	3.1%	3.4%
Overseas	1.4%	3.0%	2.4%	3.1%	2.5%
No Registrant PIN linked to case	20.1%	0.0%	0.0%	0.0%	6.4%
Grand Total	100%	100%	100%	100%	100%

Council

Strategic risk exposure report (Q1 part 2)

Action requested:	For Council to consider our corporate risk position. For discussion The Council is asked to discuss the current risks that we face and how we are managing them (paragraph 3.6).
Key background and decision trail:	• This is our strategic risk report to Council and is contributed to by stakeholders from across the NMC. The paper includes key themes from risk discussions with our risk network, which includes risk owners, Senior and Executive Business Managers from all directorates, stakeholders from our operational and people teams, portfolio management office and those that manage key priorities. • We have included commentary and rationale for those risks that have been updated since the Executive last reported to the Council in July 2025. • From this report onwards, we have included the trajectory of each strategic risk over the previous four quarters, and the target risk scores (annexe 1). This is in response to a request from Council members at their meeting in July 2025. • The Executive Board last reviewed the risks on 9 September 2025.
Key questions:	1. Are we managing strategic risks appropriately, or are there any exceptions to consider addressing?
Annexes:	The following annexes are attached to this paper: • Annexe 1: Overview of strategic risks
Further information:	If you require clarification about any point in the paper or would like further information, please contact the author or the director named below.

	Author: Rebecca Calver Phone: 020 4524 1309 rebecca.calver@nmc-uk.org	Acting Executive Director: Tom Moore Tom.moore@nmc-uk.org
	Author: Karen Sellick Phone: 020 7681 5211 karen.sellick@nmc-uk.org	

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Strategic risk exposure report

Discussion
1. Strategic risk changes 1.1. We have amended the risk description for strategic risk STR24/07 removing the reference to ‘insights’ so that the risk is firmly focussed on our data and how we use it. (see the risk table in annexe 1). 2. Risk exposures: areas of uncertainty that we are mitigating against (risks) 2.1. Capacity of our people - relates to people risks across all operational risk registers and strategic people risks PEO24/05, PEO24/10. Activity also impacts strategic risks STR18/01 (external engagement) and GOV24/01 (portfolio activity). 2.1.1.Colleagues’ capacity to manage workloads has been highlighted during our regular risk meetings. Issues ranging from unfilled vacancies, long term sickness and the activity required to respond the outcome of recent reviews (such as the Independent Culture Review [ICR]), are all contributing factors. 2.1.2.The Executive agreed to implement additional recruitment controls to start from August 2025, as an additional measure to protect our future finances. So that this freeze does not add to the capacity concerns, vacant roles will be evaluated by a panel and business critical roles will be recruited to as required. 2.1.3.To help manage capacity concerns and to prevent our projects and programmes from incurring delays, our Portfolio Board arranged a dependencies workshop on 13 August 2025, to review the sequencing of activity over the next few months. The wider business planning process later this year will also help teams to manage their priorities and additional asks. 2.2. The impact on the morale of our people throughout periods of change – relates to strategic risk PEO24/01. 2.2.1.Hybrid working preparations: Colleagues continue to raise concerns about ‘office readiness’ for returning to the office in autumn. The working group are sourcing equipment at pace and finalising the design, to ensure it is a more effective working space, ready for our return.

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

- 3.1. **Education Quality Assurance (QA):** Issues relate to strategic risk **REG22/04**. As previously reported, the Quality Assurance Agency for Higher Education (QAA) have undertaken a robust review into Southampton Solent University’s (Solent) education programme. The action plan was revised by Solent, as they were not in agreement with some of the findings. Following an independent review their revised observations were not upheld. The team are proceeding with the findings of the review and are continuing to work closely with Solent.
- 3.2. **Nottingham maternity services review.** This review was established by NHS England in May 2022, following significant concerns raised regarding the quality and safety of maternity services at Nottingham University Hospitals NHS Trust (NUH), and concerns of local families. The review team will shortly begin sharing formal information with the NMC about the families. We have established a pilot team to review a small sample of this information and consider possible fitness to practise (FtP) regulatory action. We are committed to working collaboratively with the General Medical Council and are continuing to meet with families during September 2025.
- 3.3. **Safeguarding and wellbeing:** This issue relates to strategic risk **REG24/01**.
- 3.3.1. We are committed to building on the effectiveness of wellbeing and support initiatives, through our FtP improvement work and insights from our FtP experience survey. In the weeks and months ahead, we will continue to listen and learn from people’s FtP experiences to help us do that.
- 3.3.2.In addition to the role of our well established Public Support and independent Careline services, some recent examples of how we have been further developing our wellbeing support offer include:
- 3.3.2.1.Launching our “First Contact” pilot - a new telephone call approach to notifying registrants when concerns are raised about their practice and providing an opportunity to discuss their wellbeing and any other support needs.
- 3.3.2.2.Using assessments within our Safeguarding Hub and at the Screening stage to determine individual needs.
- 3.3.2.3.Boosting the skillsets and confidence in our teams via specific, targeted training.
- 3.3.2.4.Adopting a multidisciplinary approach to conducting health investigations.
- 3.3.2.5.Implementing bespoke communication and engagement plans.
- 3.3.2.6.Providing virtual advice and support sessions pre-hearing.
- 3.3.2.7.Working more closely with other organisations, including employers.

3.4. **International registration fraud computer-based tests (CBT):** this issue relates to strategic risk **REG18/01**.

3.4.1. In March 2023, our CBT provider, Pearson VUE, alerted us to potential fraud relating to tests taken at Yunnik Technologies Test Centre in Ibadan, Nigeria. At that time there were 1,970 individuals who had taken their test at the centre, 512 of which were already on the NMC register with 48 of those deemed to be fraudulent. The remaining registrants that had taken their test at the centre were asked to re-sit to remain on the register. For those at the application stage, progress was paused. We are continuing to progress hearings and appeals that have resulted from tests being rejected.

3.4.2. Since April 2024, 18 CBT appeals have been lodged in the County Court. 10 relating to incorrect and fraudulent entry decisions by the Investigating Committee and eight relating to decisions by the Registration Appeal Panel. These appeals are being dealt with by a cross organisational team spanning Registration Investigations, Case Preparation and Presentation and General Counsel.

3.4.3. The remaining registration appeals, and incorrect entry and fraudulent entry hearings, will be scheduled by December 2025. Activity will run into 2026, as applicants will have 28 days to appeal any decision.

3.4.4. Following the initial lessons learned into our immediate response when fraud was identified, we are planning a full review of our handling of the issue. However, as the hearings are incomplete, and contractual issues are yet to be finalised, a later timing of the full review will allow for sufficient evidence to be gained from these outstanding matters, to inform the final recommendations. A revised timeline will be established in due course.

3.5. **Risk Trajectory:** We have included the trajectories of each strategic risk over the past four quarters within our regular overview of strategic risks (**see annexe 1**). This was requested by Council at its last meeting.

Consistently high scoring risks

3.5.1. Over the last four quarters we have seen no movement in two of our highest rated risks: FtP (**REG18/02**) and meeting expectations (**STR18/01**). This is unsurprising considering the context of our caseload, and the transformational work required following the ICR and the need to see the impact of our FtP and culture transformation plans. When we are confident the likelihood of these risks is lower, due to those mitigating plans, we will be able to lower these scores.

3.5.2. **Culture PEO24/01:** The risk around our culture is significantly higher than target, however significant investment and activity is being made to reduce this. When we are confident the likelihood of this risk is

lower, due to those mitigating actions, we will be able to lower this score.

Increased risks

3.5.3.Finances FIN21/02: Our financial risk has moved further away from its target risk score. The increased likelihood of not having a sustainable budget to meet our strategic ambitions is largely due to our registration fee remaining the same over the past 10 years (effectively reducing the value of our fee by 28 percent in real terms), and the significant investment required to turnaround the organisation. This is alongside the overall increase in the cost of goods and services, increases in employers National Insurance Contributions and a reduction in professionals joining our register that were trained overseas. Our Financial Strategy will help address this increased risk.

Reduced risks

3.5.4.Safeguarding REG24/01: Good progress has been made addressing the safeguarding risk, which had been increased to RED 25, and has since been lowered again. It was reduced to RED 20 due to the embedding of the Safeguarding Hub, which provides a more robust process for reviewing cases within Screening. The risk will reduce further once safeguarding training is carried out across teams, and we are satisfied that all cases are being reviewed.

3.5.5.Portfolio management GOV24/01: The risk likelihood was decreased in Q2 2025-2026 to reflect progress made in maturing our governance of our portfolio, building a greater understanding of activity taking place at any one time. Whilst it is accepted that teams are at capacity delivering these schemes, with little room for contingency on the Portfolio schedule, the Programme Management Office feels confident that information is being reported early enough to solve issues and to be more dynamic with resources. Once we have the final outcomes and requirements from the remaining historical reviews, we will then be able to develop a more detailed delivery plan, which will be a significant control to help lower this risk even further.

3.5.6.Learning from reviews PEO24/10: As we continue to manage and work to embed recommendations from historical reviews, we can see that progress is starting to be made, as a result we have reduced the likelihood score.

3.6. Recommendation: The Council is asked to discuss the current risks that we face and how we are managing them.

Next Steps

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

Implications

The following were considered when preparing this paper:

Implication:		Location if in paper:	Content if not in paper:
Public protection/impact for people.	Yes	Throughout	
Safeguarding considerations	Yes	Within Risk REG24/01	
The four country factors and considerations.	Yes	All risks	Within annexe 1
Resource implications including information on the actual and expected costs involved.	No		This is covered in the finance paper
Risk implications associated with the work and the controls proposed/ in place.	Yes	All risks	Within annexe 1
Legal considerations.	Yes	All risks	Within annexe 1
Midwives and/or nursing associates.	Yes	All Registration, FtP and Education QA risks	Within annexe 1
Equality, diversity, and inclusion.	Yes	People risks	Within annexe 1
Stakeholder implications and any external stakeholders consulted.	No		Not covered in this paper
Regulatory Reform.	Yes	Within risk STR24/01	

Annexe 1: Overview of strategic risks up to September 2025

✖ risk not on register

↑ increase

↓ decrease

↔ no movement

Risk ref	Strategic risk description	Performance				Current rating			Target Rating			Target date (Financial year)
		Q3	Q4	Q1	Q2	L	I	LxI	L	I	LxI	
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 (Risk factors: not acting upon intelligence that we may receive resulting in harm to a person)	25 ↑	↔	20 ↓	↔	4	5	20	3	4	12	Once safeguarding plan delivered date TBC
REG18/02	We fail to take appropriate action to address a regulatory concern about a professional on our register in a timely or person-centred way (Risk factors: 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)	↔	↔	↔	↔	4	5	20	3	5	15	March 2027
PEO24/01	Risk that our organisational culture impacts on the productivity, performance, learning and morale of the organisation (Risk factors: fairness, wellbeing, lack of improvement or progression, equality, and diversity)	↔	↔	↔	↔	5	4	20	3	3	9	2026/27
PEO24/05	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. (Risk factors: wellbeing, lack of trust in the team, disruption of or work, consistency issues, corporate memory compromised)	20 ↑	↔	↔	↔	5	4	20	3	3	9	Q2 2026/27

Risk ref	Strategic risk description	Performance				Current rating			Target Rating			Target date (Financial year)
		Q3	Q4	Q1	Q2	L	I	LxI	L	I	LxI	
FIN21/02	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)	12 ↔	↔	20 ↑	↔	5	4	20	2	4	8	Q4 2026/27
GOV24/01	We may not effectively prioritise, monitor, and manage our portfolio activity and keep pace with the high level of change (and resources required) to achieve our five priority outcomes. (<i>Risk factors:</i> unfinished projects, additional work meaning that we have to stop something, pressure resulting from external factors)	20 ↔	↔	↔	16 ↓	4	4	16	2	4	8	Q3 2025/26
REG22/04	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)	20 ↔	↔	16 ↓	↔	4	4	16	3	4	12	April 2026
STR18/01	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)	↔	↔	↔	↔	4	4	16	3	3	9	December 2026
TECH24/01	Unauthorised access to sensitive information and records or the failure of key business technologies, leading to the loss of confidentiality, integrity, or availability of our information, data, or	↔	↔	↔	↔	4	4	16	3	4	12	Q4 2025/26

Risk ref	Strategic risk description	Performance				Current rating			Target Rating			Target date (Financial year)
		Q3	Q4	Q1	Q2	L	I	LxI	L	I	LxI	
	information systems. (<i>Risk factors:</i> legacy systems and unsupported hardware and software, cyber vulnerabilities)											
STR24/07	Risk that we fail to mature our process and culture around data 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)	↔	↔	↔	↔	4	4	16	2	3	6	Mid 2026/27
REG18/01	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)	↔	↔	↔	↔	3	5	15	2	5	10	Q4 2026/27
PEO24/10	We fail to effectively respond to the recommendations from learning reviews and deliver the cultural change that is needed, resulting in the experience of colleagues not improving, and our regulatory and safeguarding responsibilities not being delivered. (<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)	16 ↔	↔	↔	12 ↓	3	4	12	4	2	8	Q4 2026/27
STR22/04	The risk that external impacts such as climate change, natural disasters, pandemic, and national security will have an impact on our ability to be an effective regulator, or to deliver our core regulatory functions (<i>Risk factors:</i> Disruption to our functions, delays to registration and FtP processes, loss of trust and confidence)	↔	↔	↔	↔	4	3	12	4	3	12	This risk is at the level that we expect and will not reduce further.

Risk ref	Strategic risk description	Performance				Current rating			Target Rating			Target date (Financial year)
		Q3	Q4	Q1	Q2	L	I	LxI	L	I	LxI	
STR24/01	In the longer term, people’s safety, and their confidence in the NMC may be compromised if we cannot manage legislative change effectively or implement change in a way that realises the benefits. (Risk factors: government priorities meaning that regulatory reform plans may change, limited ability to improve our regulatory process, wasted resources)	↔	↔	↔	↔	3	4	12	3	4	12	This risk is at the level that we expect and will not reduce further.
REG19/03	We do not make sure that educational standards are fit for purpose (including processes to ensure compliance with standards are met). (Risk factors: keeping pace with changes in legislation, healthcare and practice, speed of programme approvals, meeting the standards of good regulation)	↔	↔	↔	↔	2	4	8	1	4	4	April 2026

Council

Financial Performance Report to end July 2025

Action requested:	Financial Performance Report to end of July 2025 For noting The Council is asked to note the Financial Performance Report to end July 2025 (paragraph 7).	
Key background and decision trail:	This paper provides an overview of the organisation's financial performance for the four-month period ending 31 July 2025. It summarises income and expenditure trends across directorates, highlights key risks and pressures, and outlines any planned actions needed to address them.	
Key questions:	• Are we financially sustainable in the short and medium term? • What is driving overspend compared to our budget, where are the pressures and how are we addressing it? • Are there emerging risks and unbudgeted pressures and what action is being taken in response?	
Annexes:	The following annexe is attached to this paper: • Annexe 1: Management Accounts as at end July 2025 (Financial Performance, Cash Flow statement and Balance Sheet)	
Further information:	If you require clarification about any point in the paper or would like further information, please contact the author or the director named below.	
	Author: Richard Wilkinson Assistant Director Finance & Audit richard.wilkinson@nmc-uk.org Author: Sevinj Essien Head of Financial Planning & Analysis Phone: 020 7681 5964 sevinj.essien@nmc-uk.org	Acting Executive Director: Tom Moore tom.moore@nmc-uk.org

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Financial Performance Report to end July 2025

Discussion	
1	Overview 1.1 At four months into the 2025-2026 financial year, the NMC remains financially stable in the short term with reserves (measured by our total cash and investments) of £65 million. However, reserves have reduced by £18.5 million since March 2025 and are forecast to reduce to £30–35 million by March 2026, underlining the urgent need for cost savings, which is being addressed separately by Executive Board and Council. 1.2 We have a year-to-date deficit before unrealised gains/(losses) of £8.2 million, nearly £1 million over budget driven mainly by higher-than-planned operational spend, particularly in Fitness to Practise (FtP) Operations within Professional Regulation directorate, as we continue progress our FtP improvement plans. We plan to bring this spending back in line with budget later in the year. 1.3 Our income is in line with budget. This reflects budgeted expectations around declining income from international applications and reduced interest earned on bank deposits.
2	Key Areas of Spend 2.1 Professional Regulation: Year-to-date spend is £24 million, £1.1 million (5 percent) over budget, mainly due to delays in bringing case presentation in-house, higher staff costs from lower vacancy rates and agency reliance, and hearing activity exceeding budgeted volumes. The directorate is working to bring these costs for the whole year within budget. The exception to this is to increase resources £0.4 million pressure for accelerated CBT (computer-based testing) costs, which is being treated as a corporate pressure. 2.2 In addition to the above overspend, the Executive Board agreed that there should be £0.5 million of unbudgeted support from PwC to undertake investigations work. This has helped both address the investigations backlog directly but also identify improvements to processes that can be applied more widely. This cost is currently shown in annexe 1 as ‘specialist external support’ in corporate costs. 2.3 Resources & Technology: Expenditure is £0.1 million, (1 percent) under budget, mainly due to vacancies and lower agency costs, although pressures are emerging, for instance, from resourcing programme management and from some longer than planned dual running costs as we move from legacy IT systems. Improvements to working space and equipment in preparation for all

colleagues returning to the office two days a week from end of September will require unbudgeted costs of up to about £0.4 million.

2.4 People and Culture: outturn is £0.3 million (16 percent) over budget year-to-date, covering both core business and the Culture Transformation programme. This reflects increased coaching and support for staff wellbeing. While there are pressures, particularly from Culture Transformation, spending aligns with current strategic priorities and is being actively managed to minimise the year-end impact and bring the position back within budget.

2.5 Other Directorates: The Office of the Chair and Chief Executive is £0.2 million (11 percent) overspend on budget, mainly from litigation costs within General Counsel and restructuring in the Private Office, though steps are being taken to contain future legal spend. Most other directorates are broadly on or slightly under budget mainly because of staff vacancies and the timing of planned activities.

3 Contingency and Investments

3.1 As of end of July, commitments against the £1.5 million contingency budget, total £0.6 million of which £0.5 million relating to the additional support from PwC mentioned above. We have made no provision for any additional specialist external support.

3.2 The value of our investments has performed well to the end of July leading to £0.8 million gain since March 2025. At its meeting on 29 July, the Investment Committee decided that we should de-risk our investments further by selling all our remaining equities and bonds. This both in the context of our need to draw on funds further over the next year and their imminent transfer from Sarasin & Partners to our new investment managers, Cazenove. This liquidation was largely complete by 1 August.

4 Programmes and Projects

4.1 Taken together these show a £0.3 million underspend. This relates primarily to the timing of expenditure and is not considered to be a true underspend. The majority of underspend to date is within technology improvements on spend on new laptops, improvements to hearing rooms and upgrades to switches and Wi-Fi.

5 Financial Trajectory and Reserves

5.1 We continue to operate within a challenging context with projections still in line with those presented to Executive Board and Council in the context of the turnaround plan in July: a budgeted deficit of £24 million alongside £6 million in

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planned capital expenditure. In addition, the costs of the turnaround programme agreed by Council in July will mostly fall in this financial year along with the pressures. The recruitment freezes through to March 2026 along with other potential savings from our current review/turnaround programme will need to be confirmed during September to clarify how far they can help to close the gap.

6 Risks

6.1 The main risks to our financial position this year and next include:

- overspending in critical operational areas (primarily Professional Regulation) not being brought back to budget
- the accumulation of further unbudgeted pressures beyond those in the presented pressures
- uncertainty around the timing and impact of the turnaround work and failure to achieve sufficient benefits from the recruitment freeze and other efficiencies being identified

7 Recommendation: The Council is recommended to note the financial performance to end July 2025.

Next Steps

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

Implications

The following were considered when preparing this paper:

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

Safeguarding considerations	Yes		Financial management is designed to ensure adequate use of resources to provide support our safeguarding responsibilities
The four country factors and considerations.	Not Applicable		
Resource implications including information on the actual and expected costs involved.	Yes	Paragraphs 1-5	
Risk implications associated with the work and the controls proposed/ in place.	Yes	Paragraphs 1-5	
Legal considerations.	Not Applicable		
Midwives and/or nursing associates.	Not Applicable		
Equality, diversity, and inclusion and Welsh Language impact.	Yes		Financial management ensures that resources are allocated fairly and strategically, enabling targeted investment in EDI
Stakeholder implications and any external stakeholders consulted.	Yes		Good financial management builds trust with stakeholders by demonstrating responsible use of resources and commitment to organisational goals
Regulatory Reform.	Not Applicable		

Nursing and Midwifery Council Financial Monitoring Report

£'m	July 2025 Year-to-Date				Full Year
Income	Actual	Budget	Var.	Var. (%)	Budget
Registration fees	34.2	34.1	0.1	1%	103.5
Other	1.8	1.7	0.1	6%	5.0
Total Income	36.0	35.8	0.2	1%	108.5
Expenditure					
Core Business					
Professional Regulation	24.0	22.9	(1.1)	(5%)	68.5
Resources & Technology Services	8.4	8.5	0.1	1%	26.4
People & Culture	1.6	1.5	(0.1)	(7%)	4.8
Office of the Chair and Chief Executive	2.0	1.8	(0.2)	(11%)	5.8
Professional Practice	2.7	2.7	-	-	8.3
Strategy & Insight	1.3	1.4	0.1	7%	4.7
Communications & Engagement	1.1	1.3	0.2	15%	3.8
Directorate - Core Business	41.0	40.1	(0.9)	(2%)	122.3
Corporate					
Depreciation	1.3	1.2	(0.1)	(8%)	3.7
PSA Fee	0.8	0.8	-	-	2.4
Apprenticeship Levy*	0.1	0.1	-	-	0.3
Contingency	0.1	0.5	0.4	80%	1.5
Specialist External Support	0.5	-	(0.5)	(100%)	-
Panellist and other hol pay provision	-	-	-	-	0.7
Total Corporate	2.8	2.6	(0.2)	(8%)	8.6
Total Core Business	43.8	42.7	(1.1)	(3%)	130.9
Surplus/(Deficit) excluding Programmes	(7.8)	(6.9)	(0.9)	(13%)	(22.4)
Programmes & Projects					
Accommodation Project	-	-	-	-	-
Modernisation of Technology Services**	2.2	2.3	0.1	4%	5.9
Technology Improvements	-	0.3	0.3	100%	0.6
Functional master & data project	-	0.1	0.1	100%	0.3
Culture Transformation programme	0.3	0.1	(0.2)	(100%)	0.2
D&A FtP caseload improvement	0.1	0.1	-	-	0.1
Legislative Change	0.1	0.2	0.1	50%	0.9
Total Programmes/Projects	2.7	3.0	0.3	10%	8.1
Total Expenditure including capex	46.5	45.7	(0.8)	(2%)	139.0
Capital Expenditure	2.3	2.6	0.3	11%	6.4
Total expenditure excluding capex	44.2	43.1	(1.1)	(3%)	132.6
Net income	(8.2)	(7.3)	(0.9)	(12%)	(24.1)
Unrealised Gains/(Losses)	0.8	-	0.8	-	-
Net Surplus/(Deficit) excluding capex	(7.4)	(7.3)	(0.1)	(1%)	(24.1)
Investment (Cash and Investments)	64.8	63.5	1.3	2%	45.1

*Apprenticeship Levy is a tax paid to HMRC

**Including Paypoint workstream

NB Figures are subject to rounding

Balance Sheet (£'m)	Mar-25	Jul-25	Change	Change %
Fixed Assets				
Tangible and Intangible Fixed Assets	40.4	41.4	1.0	2%
Investments	41.6	42.9	1.3	3%
Total Fixed Assets	82.0	84.3	2.3	3%
Current Assets				
Debtors	4.4	4.7	0.3	6%
Fixed notice bank deposits	29.5	13.7	(15.8)	(53%)
Cash	12.2	8.2	(4.0)	(33%)
Total Current Assets	46.2	26.6	(19.6)	(42%)
Total Assets	128.2	110.9	(17.3)	(13%)
Liabilities				
Creditors	(64.0)	(54.7)	9.3	15%
Provisions and lease premium	(4.5)	(3.9)	0.6	14%
Total Liabilities	(68.5)	(58.6)	9.9	14%
Net Assets	59.7	52.3	(7.4)	(12%)
Investment (Cash & Investment)	83.3	64.8	(18.5)	(22%)

Statement of Cash Flows (£'m)	Jul-24	Jul-25
Cashflow from operating activities		
Surplus/(Deficit) (YTD)	(2.3)	(7.4)
Adjustment for Depreciation (Non-cash)	1.4	1.3
(Gains)/Losses on Investments	(0.9)	(0.8)
Investment/Dividend income	(0.1)	(0.4)
(Increase)/Decrease in current assets	1.3	(0.3)
Increase/(Decrease) in liabilities	(6.6)	(9.9)
Net Cash inflow/(outflow) from operating activities	(7.2)	(17.5)
Cashflow from investing activities		
Capital Expenditure (YTD)	(3.2)	(2.3)
Net Cash inflow/(outflow) from investing activities	(3.2)	(2.3)
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	(10.5)	(19.8)
Cash & Cash Equivalent at the beginning of the year	62.7	41.7
Cash & Cash Equivalent at the end of the month	52.2	21.9

NB Figures are subject to rounding

Executive Board

Safeguarding Board Quarterly Report Q1 (2025/2026)

Action requested:	The Safeguarding Board commenced in June 2024 – with planned quarterly reporting on safeguarding activity and progress against the safeguarding improvement plan and associated risks, via Executive Board to Council.	
Key background and decision trail:	This paper is part of the agreed governance process for reporting on safeguarding matters at the NMC. The Q1 report is due to be presented at the Safeguarding board on 16th September 2025, prior to the Council meeting on 24th September 2025. The report is linked to strategic risk Reg 24/01 which is currently rated as 20.	
Key questions:	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?	
Annexes:	The following annexes are: • Annexe 1: Strategic Risk REG24/01 • Annexe 2: Safeguarding Hub Evaluation • Annexe 3: Safeguarding Hub Data • Annexe 4 : Safeguarding Referral Data	
Further information:	If you require clarification about any point in the paper or would like further information, please contact the author or the director named below.	
	Author: Nicky Burns-Muir nicola.burns-muir@nmc-uk.org	Executive Director: Donna O'Boyle donna.Ob Boyle@nmc-uk.org

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Safeguarding Board Quarterly Report Q1 (2025/2026)

Discussion	
1	The Safeguarding Board met in July 2025.
	<u>Governance and Risk</u>
	<u>Risk Register</u>
2	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.
3	Strategic risk REG24/01: <i>We fail to meet our statutory safeguarding responsibilities to protect people who come into contact with the NMC through our work from abuse and mistreatment.</i> This risk is currently scored at 20 with a comprehensive plan to reduce the risk to 12 with mitigations, and the delivery of safeguarding education and training programmes. (Annexe 1)
4	The strategic risk was reviewed in July; consideration was given to reduction of the risk and the safeguarding board agreed although a significant amount of work has been undertaken to reduce the risk it was not fully embedded and completed. Therefore, the risk remains at 20 with a further review due in September 2025.
	<u>Safeguarding Action Plan.</u>
5	In Q1 there has been delivery against the action plan which is green on the corporate performance dashboard.
5.1	<u>Safeguarding Handbook.</u> The handbook has been developed with teams across the organisation including regulation, screening, legal, PSET (professional support and engagement team), PSS (public support service team) and professional practice.
5.2	The handbook is a resource guide for all staff to use on all matters related to safeguarding including: - Access to safeguarding team - Emergency helpline for urgent and emergency concerns on wellbeing - Process for documentation - Information Sharing - Agencies - Education and Training The handbook also provides a comprehensive guide to the four nations approach to safeguarding and associated legislation. * To note: the handbook

is in the final signoff process with support from the communication team re layout and presentation and will be published within the month.

Safeguarding Hub (SG Hub)

- 6 The SG hub is a key assurance measure for the discharge of our safeguarding responsibilities by ensuring the consistent identification and management of safeguarding concerns and risks for all new referrals into the FtP (fitness to practice) process.
- 7 In September the hub will have been operational for twelve months and has significantly evolved over this time and has now been evaluated with suggested recommendations based on feedback and professional safeguarding colleagues' expertise. The aim in the next year is to further develop the hub to a centre of excellence model supported by the Bates Wells stocktake work undertaken earlier this year.
- 8 The evaluation report is included in this report (Annexe 2) and is due to be presented and discussed at the Safeguarding Board on 16 September 2025.
SG Hub data has been continuously developed over the year and now includes outcome measures to demonstrate impact, and from September 2025 will be available monthly (Annexe 3).
- 9 Outside the hub process, colleagues can request support and advice on cases across the FtP process, and this is via referrals to our safeguarding teams. This activity is collated, and a data pack is included in this report (Annexe 4).

Education and Training

- 10 The safeguarding educator has delivered the following training and education over Q1:
 - 10.1 Reviewed and redesigned Level 1 safeguarding training which is now mandatory for all NMC staff. Communications have been sent to all staff advising of the requirement to complete, and compliance will be monitored through the Safeguarding Board.
 - 10.2 Worked in collaboration with general counsel colleagues to develop safeguarding training for legal colleagues.
 - 10.3 Introduced monthly learning sessions with safeguarding, PSET (professional support and engagement team) and PSS (public support service) teams on cases reviewed at the hub; topics included mental capacity act, consent, and communication.

- 10.4 Delivered a training package for staff relating to trauma informed practice and staff self-care to support staff wellbeing and resilience in regulation. This is available on learning pool.
- 10.5 Developed a webinar raising awareness for the risk of suicide and self-harm protocol to be launched during September.
- 10.6 Training for several teams in FtP on communicating with vulnerable registrants utilising trauma informed practice and dealing with distressed people.
- 10.7 Developed and delivered induction safeguarding training for new colleagues in the Employment Liaison Service who are supporting relationships in social care and the independent sector.
- 10.8 Acts as Safeguarding Champions project lead and has undertaken an expression of interest initiative which has widened the cover of champions across FtP and the wider organisation. There will be a training package for all champions and regular meetings for feedback, supervision and learning these are planned and will launch in Q2.
- 10.9 For Q2 a training package will be available to support the roll out of the FtP SOP (standard operational procedure) once finalised to ensure understanding and embedding of safeguarding practice within FtP.
- 10.10 Level 2 safeguarding training modules Safeguarding Essentials is planned and aims to further enhance safeguarding knowledge within FtP.
- 10.11 The educator regularly attends the hub to identify learning themes, feedback from FtP colleagues and learning from AAR to inform educational resources and training packages.

EDI (Equality, Diversity and Inclusion)

- 11 In Q1 the safeguarding team has considered EDI elements at each SG hub and in referrals. The safeguarding team is working in collaboration with the EDI team and the new EDI lead in regulation to develop EDI metrics and feedback processes for raising awareness and informing improvement initiatives across the FtP process.
- 12 In Q1 there were several cases discussed in the hub relating to chastisement of children from internationally educated registrants new onto the register. One of the Senior Safeguarding Advisors has worked with ELS (employers liaison service) providing educational material and guidance on managing conversations on this

topic. This is being incorporated into the NMC 'Welcome to the UK' course for nurses and midwives joining the register or embarking on a related educational program.

- 13 Other EDI themes in this quarter have been related to increased referrals from females receiving intimate care from male registrants and an increase in referrals related to discrimination. Demographic data has been requested for all cases discussed in the SG hub.

Next Steps

- 14 The ongoing reporting of progress will become part of the Safeguarding Board quarterly reports to Council via the Executive Board.
- 15 To note the safeguarding activity in this report is predominately related to safeguarding as the FtP process is 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.
- 16 In Q2 the report will contain an overview and plans for activity outside of FtP.

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	Handbook section	
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	Governance and risk section	

Legal considerations.	Yes	Throughout	
Midwives and/or nursing associates.	Yes	Applicable to all registrants	
Equality, diversity, and inclusion and Welsh Language impact.	Yes	EDI section. No impact for Welsh language	
Stakeholder implications and any external stakeholders consulted.	Yes	Handbook section	
Regulatory Reform.	No		

We fail to meet our statutory safeguarding responsibilities to safeguard and protect people through our regulator work from harm, abuse or mistreatment.

People impact:
Impacts to life or serious harm to individuals

Due to... (possible causes)		Mitigations and controls	Current risk score: 4L x 5I= 20
a. There is a lack of understanding and application of a consistent and robust approach to safeguarding which aligns with NMC’s core functions as a regulator and meets the Charity Commission guidance. Includes failure to recognise and seek proactive expert advice in relation to safeguarding issues in a during the stages in the FtP process which could result in delays in addressing safeguarding concerns in a timely manner which aligns with planned FtP timelines. b. Outside of screening there is a lack of systemic consistent identification of safeguarding risk to children and adults who are involved in cases prior to the commencement of the Safeguarding Hub in September 2024 . c. No safeguarding oversight or scrutiny of unallocated pots for investigations and across the remainder of the caseload in FtP. d. There is a lack of safeguarding knowledge, understanding and confidence in the management of safeguarding concerns effectively across the FtP process . e. There is evidence that safeguarding incidents are under reported and learning opportunities are missed. Additionally, learning from historic SER recommendations are not embedded in practice. f. Management of registrants with highly complex mental heath issues including self harm and suicidal ideation and escalating concerns of deterioration of mental wellbeing during the FtP process including registrants prior to and during hearings with complex mental health conditions including concerns relating to mental capacity.		a. Safeguarding Hub is mitigating the risk for all new referrals in a systematic approach including application of safeguarding risk assessment and safeguarding flag. b. Implementation of agreed safeguarding principles in FtP with a communication plan and a steer from professional regulation leadership team to report all safeguarding concerns to gain overview of the safeguarding risk and enable proactive mitigation of safeguarding risk c. Review of all unallocated pot for cases pre-hub September 2024 planned. d. Training needs analysis completed and safeguarding Level 1 mandatory training reviewed and updated to reflect regulatory NMC responsibilities now live and compliance will be monitored through the safeguarding board. Level 2 training for specific roles under development. e. After Action Review dovetails the log and learn process for timely learning and educator using case studies for training sessions and for inclusion in future training resources f. Launch of emergency and urgent helpline with direct access to safeguarding team. Education on Mental Capacity planned and update of guidance and policy to consider mental capacity. g. Review of all registrant deaths including those by suicide for learning and actions to improve registrant experience of our processes. Debriefing of staff offered by safeguarding team .	
Resulting in... (possible impact)	Inherent risk score: 5L x 5I= 25	Planned actions Target date Action owner	Target risk score: 3L x 4I = 12 once safeguarding action plan delivered
•Impact to life, wellbeing and serious harm to individuals •Loss of public trust and confidence •Failure to meet our statutory safeguarding responsibilities to support and protect registrants, the public and NMC colleagues	• Loss or serious threat to life • Fail to meet our responsibilities with the Charity Commission and/or share information with other agencies • Failure to take regulatory action on cases • Litigation	• Business case approved for substantiating safeguarding resources recruitment in Sept 2025 • Programme support commenced in July 2025. To oversee the SG improvement plan. •Review of all unallocated pot cases in investigations to identify safeguarding risk and ensure appropriate action is taken and urgent cases escalated to weekly operational group (legal, regulation , safeguarding colleagues)with support from information and technology to streamline process Sept 2025 • Co-Production of FtP SOP for safeguarding process with associated training programme to be finalised and rolled out with comms plan and monitoring of compliance going forwardSept 2025	
What is being monitored to inform a change to the risk score?			
• Safeguarding concerns reported • Serious Event Reviews • Audits as part of FTP plan	• litigation • Non-compliance with Charity Commission requirements		

Safeguarding Hub Evaluation Report

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2. Introduction and Scope
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 - 6.4 User Feedback
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8. Recommendations
9. Conclusion
10. Appendices

1. Executive Summary

This evaluation reviews the function and performance of the Safeguarding Hub since it was introduced in September 2024. It is focused on the activity, impact outcomes and the overall contribution to the safeguarding risk mitigation for safeguarding at the NMC. The hub contributes to meeting our statutory responsibilities to safeguard and protect people from harm, abuse or mistreatment by reviewing and assessing 100% of all new NMC referrals within seven days of cases being logging in the screening process. The volume and complexity of cases has been consistently high over the last year with the workload for the safeguarding team significantly increasing in order to prevent adverse outcomes. This is due to ensuring all cases are reviewed within the agreed timeframes and the follow up on advice and guidance actions from the hub for cases outside the IO (Interim Order) process is completed and feedback to the screening teams.

2. Introduction and Scope

The Safeguarding Hub is responsible for the consistent identification and assessment of safeguarding concerns and risks within all new referrals to the NMC. Safeguarding is a key priority that is an integral part of being a fair kind, safe and effective regulator. The scope of this evaluation includes:

All cases reviewed in the Safeguarding Hub since September 2024

- Outcome and impact of hub actions with IO applications and case progression

- Integration of the hub to support the FtP process from colleagues' experience and feedback
- Future recommendations to consider and progress
-

3. Background

Following publication of the Independent Culture Review in July 2024 it was recommended that the NMC '*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*'.

A proposal for the Safeguarding Hub was presented and approved at the Executive board at the end of July 2024. The aim of the proposal was to develop a Safeguarding Hub with multi professional representation that systematically reviewed all new referrals to the NMC. This was to facilitate early and consistent identification of safeguarding concerns and then provide advice and guidance on the management of all safeguarding risks within referrals. The ultimate purpose of the hub is to safeguard the public in a timely manner and effectively discharge our safeguarding responsibilities.

A review of referrals was undertaken prior to commencement of the hub and the findings demonstrated that 20-25% of all referrals contained safeguarding concerns with varying risk levels. This has been a consistent finding throughout the last year and demonstrated in the data analysis on all activity and cases reviewed and assessed in the hub.

4. Purpose of the Safeguarding Hub

All new NMC referrals are reviewed seven days after receipt by the screening teams, and cases with any safeguarding concerns or identified safeguarding risk are streamed into the Safeguarding Hub to be discussed. Each case has an assessment undertaken using the safeguarding assessment tool and then discussed with the multi professional group of colleagues with safeguarding experience and expertise.

The Safeguarding Hub has 2 core functions:

- To provide proportionate and appropriate safeguarding advice and guidance for mitigating risk and supporting screening colleagues with their decision making. This is particularly relevant for the application of interim orders for high-risk cases where registrants need to be restricted from practice to protect vulnerable adults and children at risk and the wider public.
- To identify safeguarding concerns and risk that need to be shared externally with statutory safeguarding authorities in a timely and proportionate risk-based approach to promote public safety.

Additionally, the hub provides advice and guidance on all cases involving safeguarding to support either case closure or progression, by signposting colleagues to appropriate actions including sources for information gathering. The safeguarding team also provide support with external communication to gain information for cases and attend case conferences to understand risks and feedback to case owners for decision making.

5. Operational Function

All new referrals to the NMC's fitness to practise process are screened by a professional with safeguarding expertise and of those cases all that have an identified safeguarding concern/risk or a clear well-being concern are streamed to be reviewed and discussed in the hub. This process is undertaken retrospectively seven days after the screening team receive the initial referral.

Each case presented at the hub has been assessed using the safeguarding assessment tool to enable the safeguarding team to prioritise high risk cases for early discussion and application of advice and guidance. This risk-based approach enables the screening teams to progress cases particularly related to the interim order process in a timely manner due to the specific timeframes required to progress to an interim order hearing panel.

Cases related to wellbeing and potential vulnerabilities of either referrers, registrants, or public are streamed to the hub where colleagues from the PSET (professional support and engagement team) attend to provide advice and guidance on management to reduce risks. For vulnerabilities related to referrers and witnesses these are fed back to the PSS (public support service) and more recently they have been attending the hub for specific cases.

For all cases discussed in the hub a form is completed pre-meeting which helps facilitate effective presentation and discussion in the hub. This form is then used to document the advice and guidance from the hub and any actions required to further inform the decision making on cases. This form is stored in the CMS (Case management system) for ease of access for colleagues and data collection purposes.

The hub is attended by a multi-professional group of colleagues with a breadth of experience and expertise in safeguarding and well-being with representations from the safeguarding team, clinical advisory team, PSET and PSS. Each case is discussed collectively, and the group determine the suggested actions required to address and manage any safeguarding risk. All cases are allocated to a specific safeguarding advisor who is responsible for communicating and explaining the outcomes to the case teams. The safeguarding advisor will also assist in ensuring actions are delivered for example making external referrals or undertaking discussions with statutory safeguarding agencies for the case teams.

6. Findings and Analysis

6.1 Hub Referral Data

From the commencement of the hub in September 2024 data has been collected related to number of cases reviewed and the assessment of risk based on the safeguarding risk assessment tool, and includes wellbeing cases. When the hub first launched there was a small safeguarding team and the data collection was extremely challenging to complete at that time. From January to April 2025 additional resources and new roles commenced in post and therefore the collection of data became more robust and complete.

Total Cases Reviewed in hub	Risk Assessment: High	Medium	Low	Wellbeing
1262	416	591	161 *(55 unidentified)	94

**Total cases screened September 2024 – July 2025 = 5113 (August not complete at time of report submission)*

**Unidentified (risk unknown from when hub commenced and data collection was challenging with team capacity)*

6.2 Hub Outcomes Data

The ability to collate data on outcomes from the hub has developed over the last six months and will now be available each quarter, commencing in Q1 2025- 2026. Below is the data from Q1.

Safeguarding Hub Outcomes Q1 (2025/26)	Total /% of all cases reviewed.
IO Reconsideration (<i>Cases not identified in screening as requiring an IO</i>)	15 (4%)
Cases raised pre-Safeguarding Hub (Cases identified by screening colleagues and referred to SG pre hub discussion demonstrating safeguarding identification)	37 (10%)
PIP covers safeguarding fully (<i>PIP on cases fully covers safeguarding concerns and actions with no further advice and guidance required from the SG hub</i>)	77 (21%)
PIP partially covers safeguarding (<i>PIP on cases has identified safeguarding and actions and there is further advice and guidance to add from the SG hub</i>)	163 (44%)
PIP does not cover any safeguarding (<i>No identification of safeguarding and advice and guidance required from SG hub</i>)	57 (15%)

**PIP – Preliminary Investigation Plan*

6.3 Safeguarding Stocktake Review

The role of the safeguarding team within the FtP (Fitness to Practice) process at the NMC was explored extensively by Bates Wells during the independent stocktake review on safeguarding within the NMC in January to March 2025. The stocktake identified that the hub represented a best practice model for the identification and management of safeguarding risks within the regulatory and charitable sector. Bates Wells recommended that consideration was given to the evolution of the Safeguarding Hub into a centre of excellence for safeguarding, with the hub being used for the most

serious and complex safeguarding cases to help embed comprehensive oversight and management of such cases and associated risk. Bates Wells suggested that focus should be given to the learning from the hub that could be then used to influence positive change within the NMC and set the direction for the safeguarding strategy in the long term.

6.4 User Feedback

The safeguarding team sought feedback from attendees to the hub as well as recipients of the Safeguarding Hub advice and this was undertaken through focus groups and a questionnaire to screening colleagues. The feedback identified areas of positive practice in the hub as well as opportunities for further development.

Positive feedback for the hub included:

- Attendees reported that the hub was a safe space for discussion where all present had an equal voice and opportunity to input their views and was a good example of psychological safe space for professionals
- Discussions in the hub were detailed and there was an assurance that risks were fully considered and mitigated. Attendees reported that the hub provided better oversight of safeguarding risk for the organisation
- Reviewing cases within the hub allowed for advice to be conveyed to case teams in a quicker and more efficient manner reducing the likelihood that there were unnecessary delays in case progression

Feedback on improvement opportunities included:

- There was curiosity about the hub in the organisation, and more colleagues would be interested in attending the hub to experience it and understand the operational model and cases being discussed
- Reference was made to better understanding of how safeguarding and the public protection duties are managed cohesively
- More education around the role of safeguarding at the NMC and peoples' responsibilities in this space were needed
- Attendees recognise that a significant number of cases were being presented at the hub and suggestions were given to consider whether actions on less complex cases could be completed in advance of the hub allowing more focus to be given on high risk and complex cases
- It was recognised there was a lot of rich data that could be used from the hub for different purposes including: informing safeguarding educational programmes, EDI initiatives and assisting employers to address root causes of FtP referrals.

7. Terms of Reference

The Terms of Reference has been updated from the hubs initial inception to reflect the current operational model including the process for post-discussion of cases and newly developed documentation for safeguarding within the case management system. This is to enable colleagues to access safeguarding advice and guidance on cases and support data collection for assurance and improvement purposes. (Appendices 1)

8. Recommendations

- Continue the Safeguarding Hub and further develop the service into the centre of excellence model as outlined by the Bates Wells.
- Consider additional attendees to the hub from regulation in particular screening to support and strengthen the understanding of the purpose of the hub and also to provide a conduit between the safeguarding and screening teams. This would also increase the knowledge in regulatory guidance and practice to strengthen the discussions and ensure the advice and guidance is comprehensive and robust with a focus on case progression.
- Currently the cases are reviewed seven days after the screening team have undertaken preliminary reviews and completed a PIP. The original plan was to review cases in the hub in parallel with screening to support the timeframes for high risk cases that require an IO due to the timeframes involved in this process.

Additionally for wellbeing cases the parallel process would enable the PSET team to provide more timely advice to screening teams on managing the interventions and communication with registrants with additional vulnerabilities.

Consideration could be given to completing safeguarding reviews for high risk safeguarding cases in parallel with the screening process to support the preparation for IO applications. This recommendation would require a scoping exercise to understand the workload implications and to inform an operational implementation plan.

- As part of the 'safeguarding champions' initiative, a comprehensive programme is under development, and the champions will be required to attend a hub meeting. This is to provide experience by observing the safeguarding discussions in the hub and gain an understanding on the specific actions to be taken on cases.

Consideration could be given for specific colleagues within the FtP process to attend a hub for a more in-depth understanding of the operational model and the discussions undertaken to formulate the advice and guidance given. Feedback from attendees has been very positive and all reported that the experience had increased their understanding of the operational model of the hub and the types of cases streamed to be discussed.

- The cases currently reviewed in the hub are all new referrals. Recently the safeguarding team have brought additional cases from outside the screening

process for a wider safeguarding discussion within the breadth of knowledge and experience of members in the hub.

Consideration needs to be given for an additional hub that reviews cases from across the FtP particularly with the launch of the new NMC safeguarding principles (5R's). The principles will actively encourage colleagues to refer all cases with a safeguarding concern to the safeguarding team for a review; thus allowing the safeguarding team to gain a greater understanding of the overall organisational risk for safeguarding. This would also support tracking of cases outside of the new referrals hub and provide assurance on managing safeguarding risk across the FtP process.

- All streamed referrals in the high risk and medium categories are discussed in the hub currently. Consideration could be given to developing a risk-based model where specific cases can be dealt with by safeguarding advisors prior to a hub. This could be to either support the timeframe for IO in high risk cases or for medium risk cases where there is minimal safeguarding input required. This would make the process more effective and enable the safeguarding team to accommodate an additional hub for cases outside the screening process.

9. Conclusion

The Safeguarding Hub is contributing to the NMC safeguarding model by consistently meeting the organisational safeguarding responsibilities which aim to safeguard and protect people from harm, abuse or mistreatment through the regulation of nurses, midwives and nursing associates. It delivers effective interventions for managing and reducing safeguarding risk mainly across the FtP process. The Safeguarding Hub model could be further enhanced through the recommendations detailed within this report and in the improvement trajectory of becoming a centre of excellence model as outlined by the Bates Wells recommendation.

- Prepared by: Nicky Burns-Muir Specialist Advisor for Safeguarding August 2025

Safeguarding Hub Activity Report

Quarter 1 (April-June 2025)

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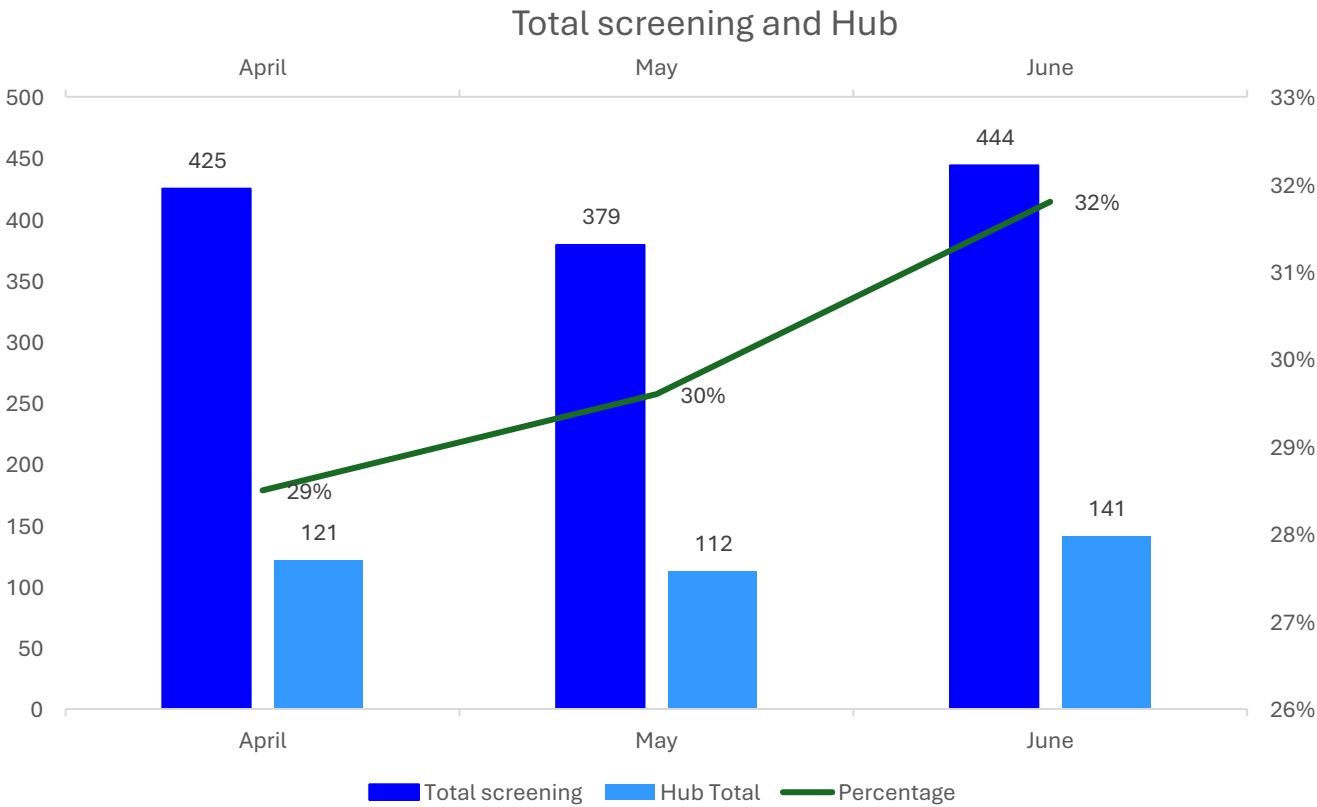
Safeguarding Hub case Q1 (April-June 2025)

Overall Activity (Quarter 1: April-June 2025)
The Safeguarding Hub team screened a total of 1248 new cases of which 374 were streamed to the safeguarding hub (29.9%) .

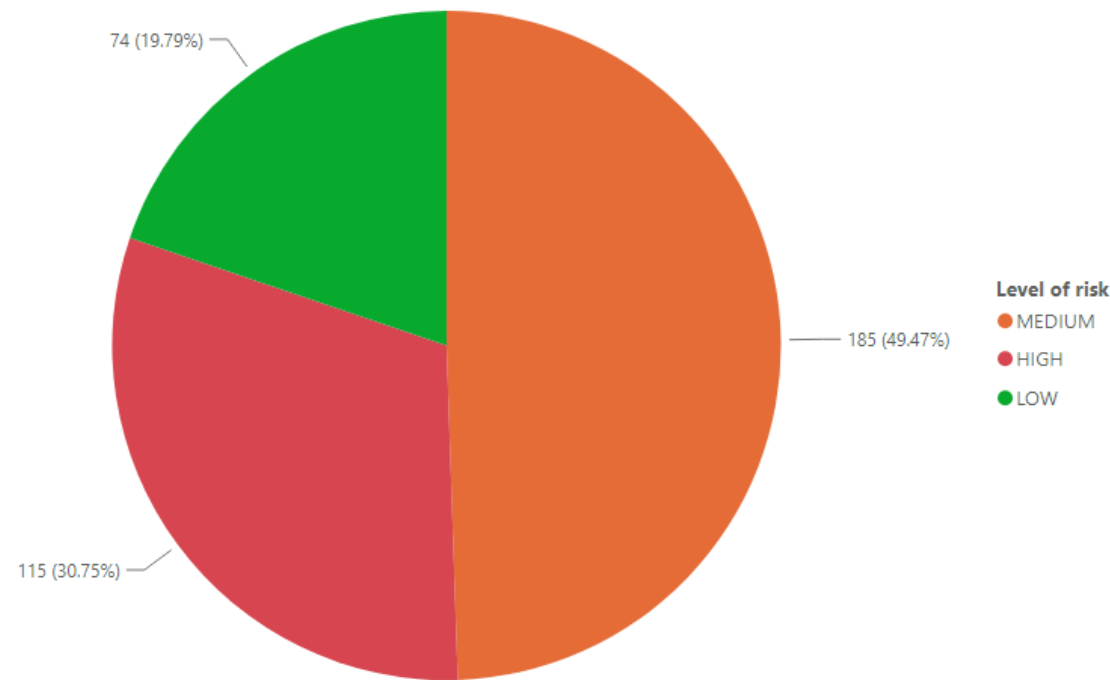
While the monthly figures show some fluctuation (121 in April, 112 in May, and 141 in June), the overall trend for the quarter is an increase in activity.

** Please note that this report only refers to the safeguarding hub and excludes other safeguarding activity including safeguarding referral data or advice requests outside of the hub.*

Total of New Referrals : 1248
Total Safeguarding Hub: 374 (29.9%)



Level of Safeguarding Risk



Each case is reviewed against the safeguarding risk assessment tool.

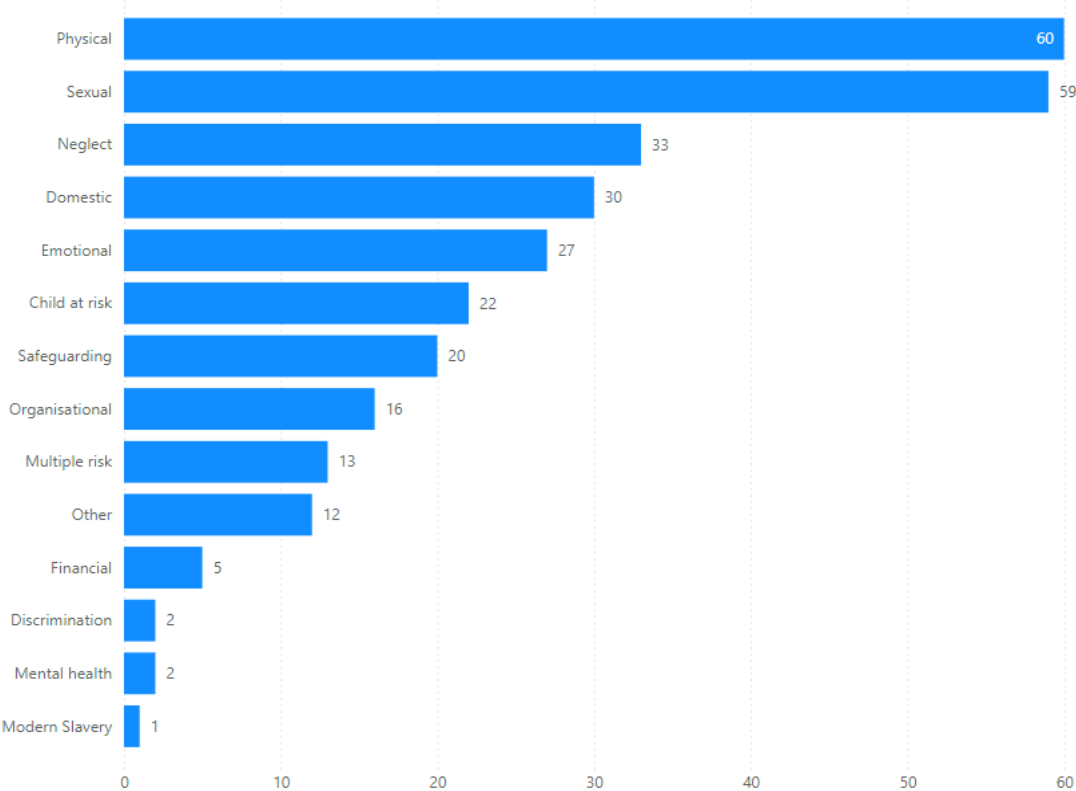
Red Risks : High Risk cases = 115 cases 30.75%

Amber Risk : Medium Risk cases = 185 cases 49.47%

Green Risk : Low-risk cases 74 cases, 19.79%

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Risk Category



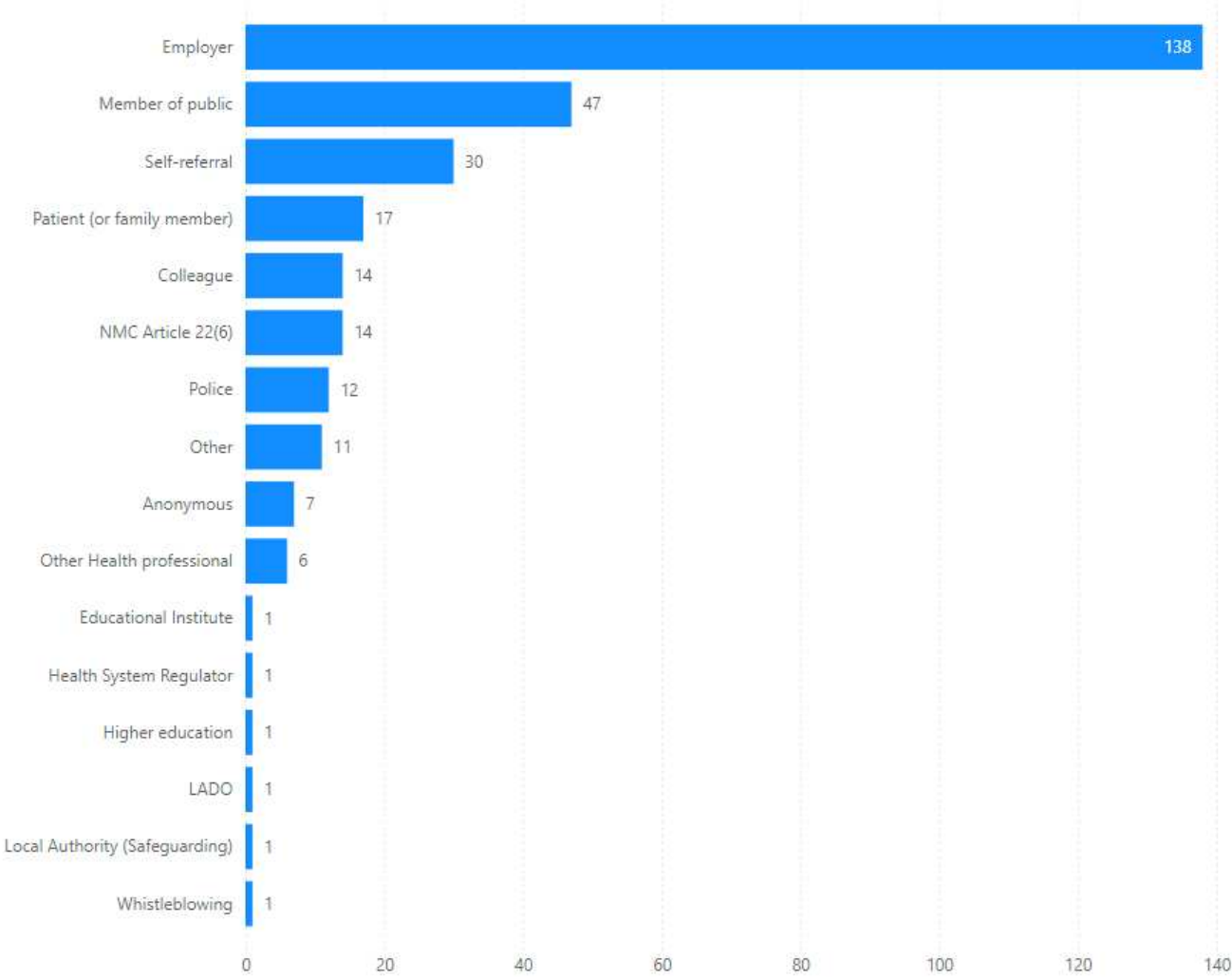
Physical and sexual abuse categories are the top cases reviewed accounting for 60 and 59 cases respectively with neglect being the third most common at 33 cases.

An emerging trend highlighted is around 20 cases falling under 'failure to safeguard'. These are cases where registrants have failed to safeguard in their roles and mainly relate to manager and leadership roles.

*To Not: This analysis excludes **Wellbeing** cases.*

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Source of Referral



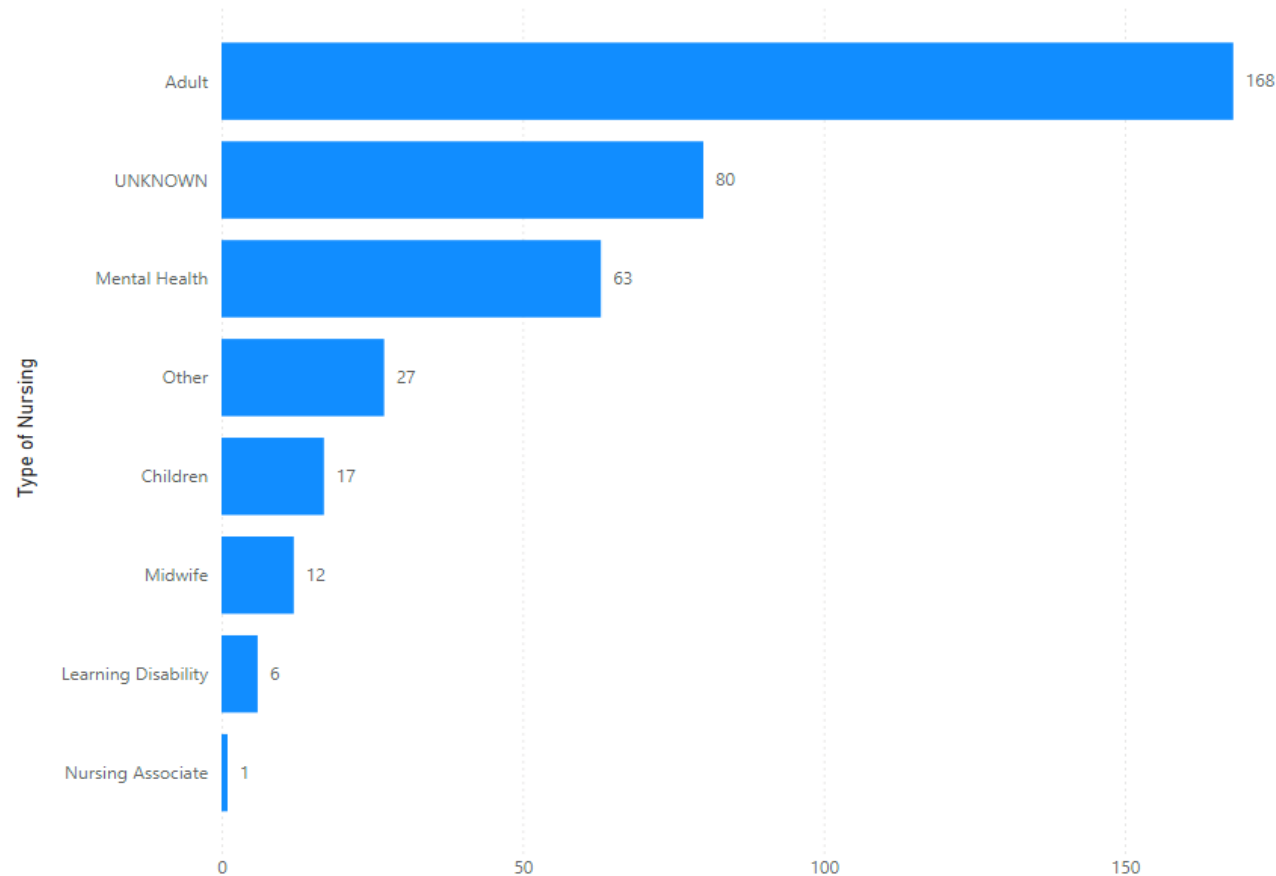
Employers are the primary source of referrals with 138 cases.

Members of the public referrals are the second largest source with 47 cases.

Self-referrals were 30 cases.

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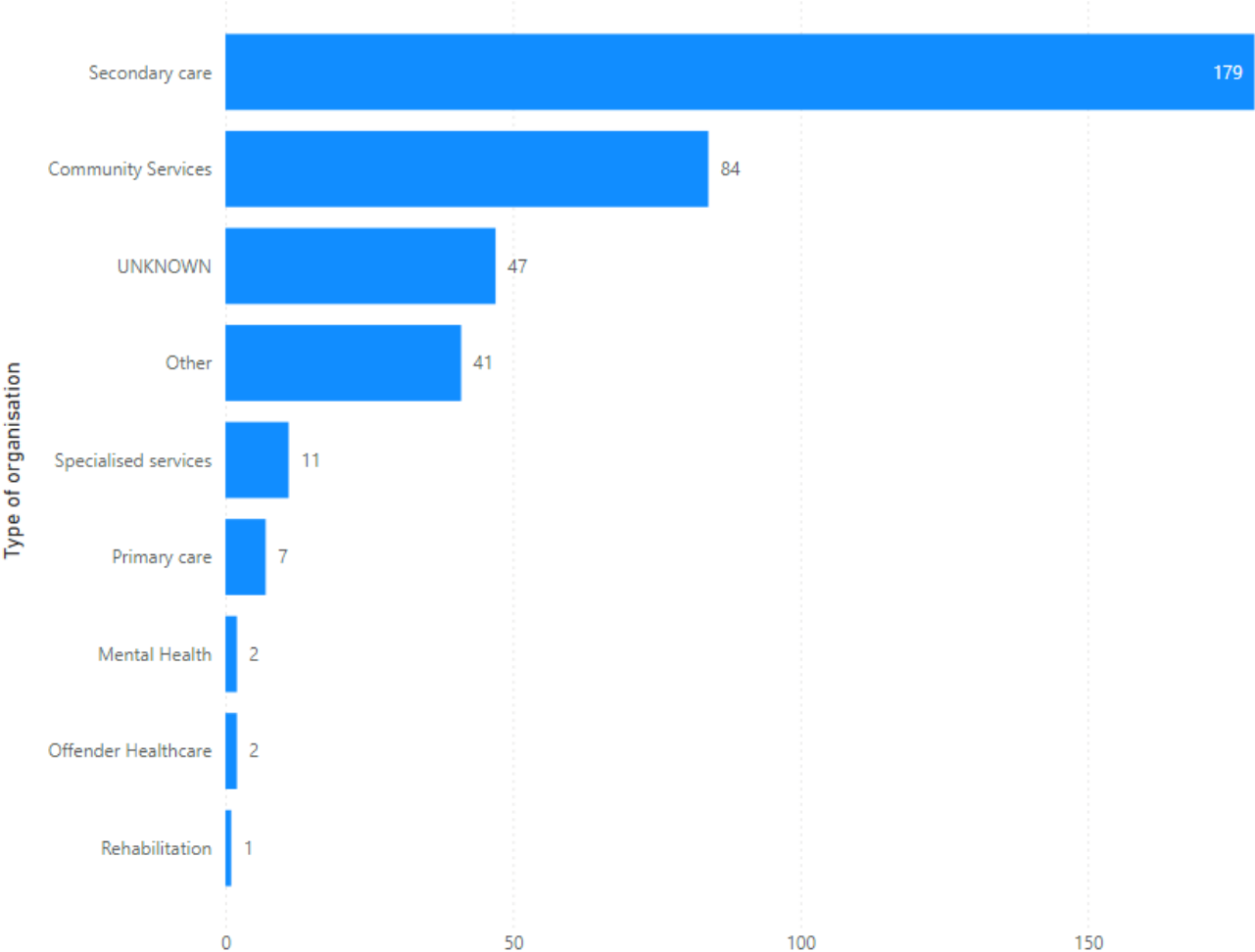
REGISTERED PROFESSIONALS



Adult nursing consistently accounts for the highest number of safeguarding cases, with 168 cases reported in Q1.

*To Note : Unknown is when the referral did not specify the type or role of the registrant, or the data was not reported on CMS/Dynamic

Type of Organisation



Secondary care organisations, such as NHS trusts and hospitals are the dominant workplace for the registrant with safeguarding concerns followed by community services.

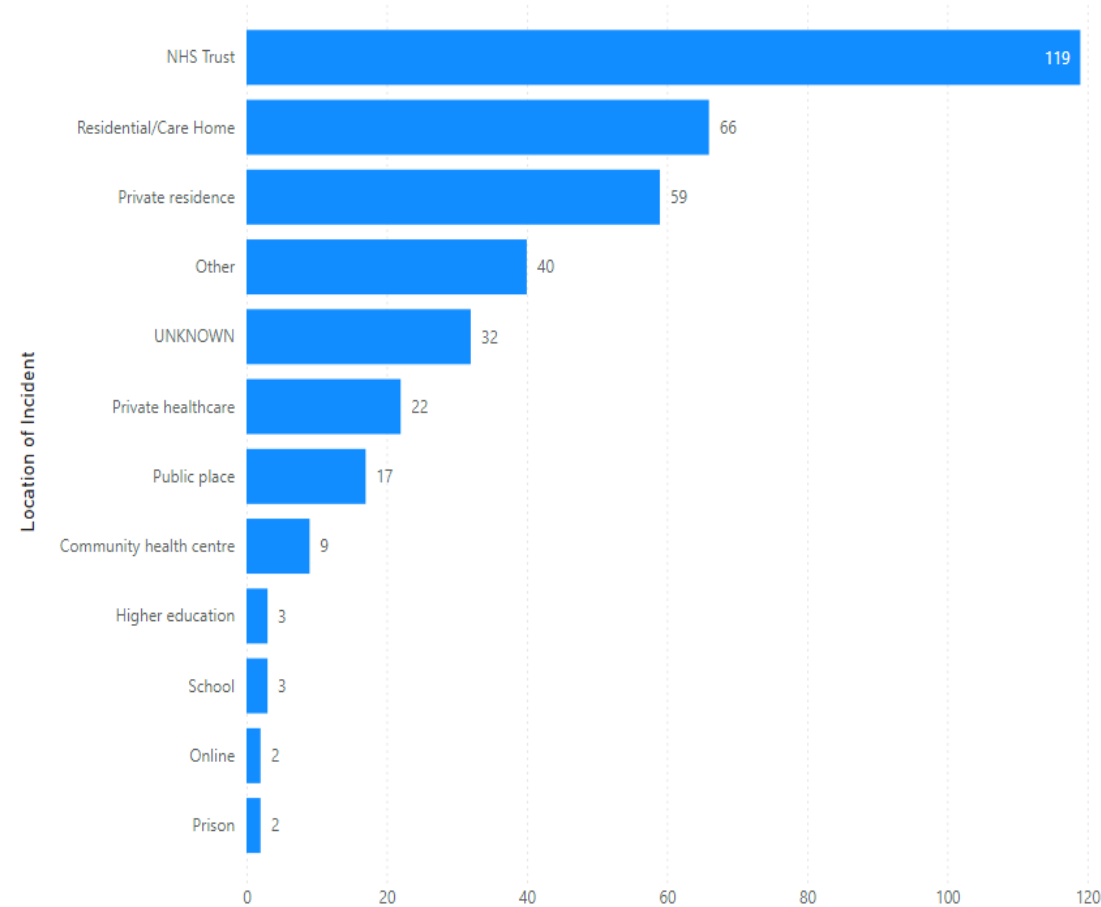
It is important to recognise that the organisation type does not always indicate where the safeguarding issue originated ie. Personal lives, domestic etc.

**To Note : Unknown is where referral did not specify the workplace of the registrant.*

** Other: Premises outside of category such as hospice.*

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Location of Incident



The majority of safeguarding incidents in Q1 occurred within NHS trusts (119 cases).

Residential/care homes and private residences are also significant locations for incidents with 66 and 59 cases respectively.

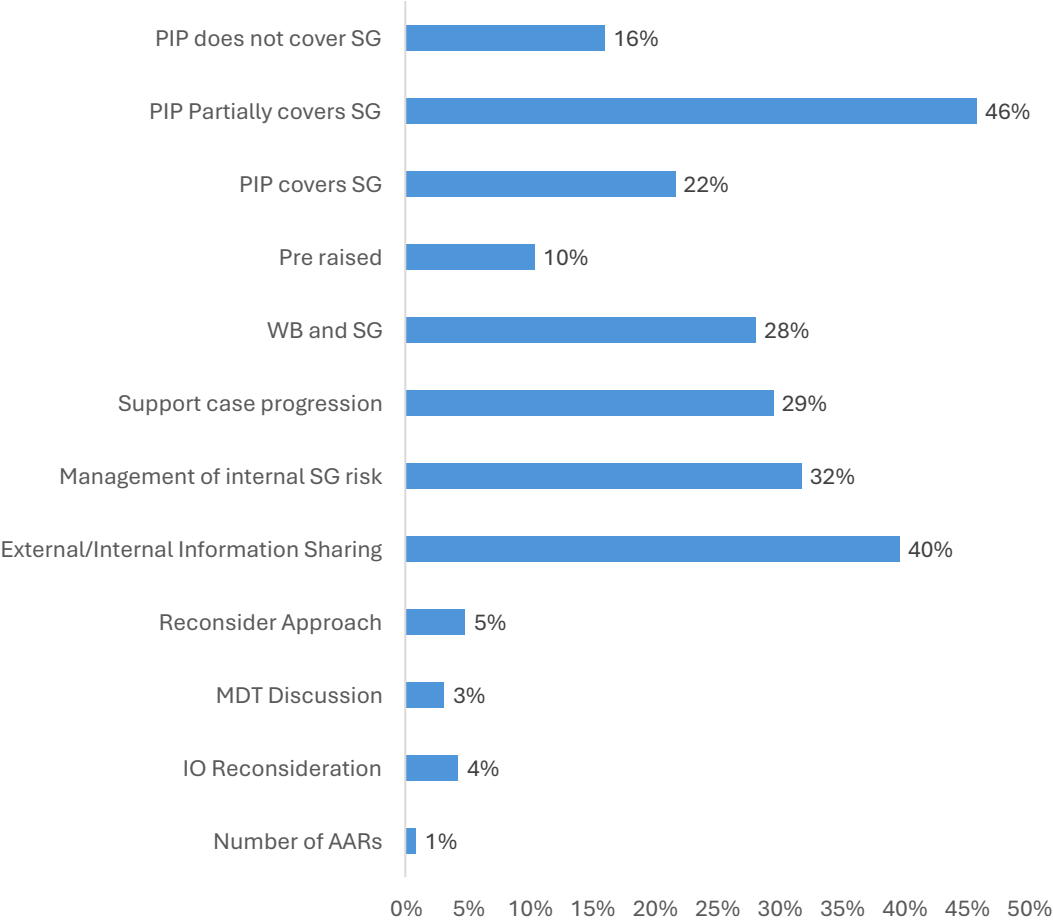
While online incidents are currently low (2 cases) there is an observed increasing trend.

Other: Premises outside of category (e.g. hospice)

Unknown: When the data is not reported or available on CMS/Dynamic

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Outcomes From Hub Q1



PIP does not cover SG – when the plan from screening does not cover any safeguarding concerns either due to not identifying safeguarding or making any consideration for safeguarding in plan.

PIP Partially Covers SG – when the plan mentions safeguarding as a consideration in part and not fully considered all elements of safeguarding actions required for case.

Pip Covers SG – when the plan fully recognises safeguarding and all associated actions are included in the plan and no additional advice and guidance is required.

Pre raised – All cases are seen in the hub after 7 days with the screening team. These cases are being raised before the safeguarding hub so demonstrates screening colleagues recognising safeguarding concerns at first review.

WB and SG – Cases where there is both safeguarding and wellbeing concerns.

Support case progression - Where the advice the safeguarding team have provided will support with the progression of the case investigation ie. where to gather additional information from and who to speak to and what to information to request.

External/internal information sharing- Where the hub advise colleagues (and sometimes support and undertake themselves) to contact internal or external teams to gather or share information.

Reconsiderer Approach- where the hub is suggesting the case needs to take into consideration the concerns that are liked to registrants' health and case teams could consider it a health case .

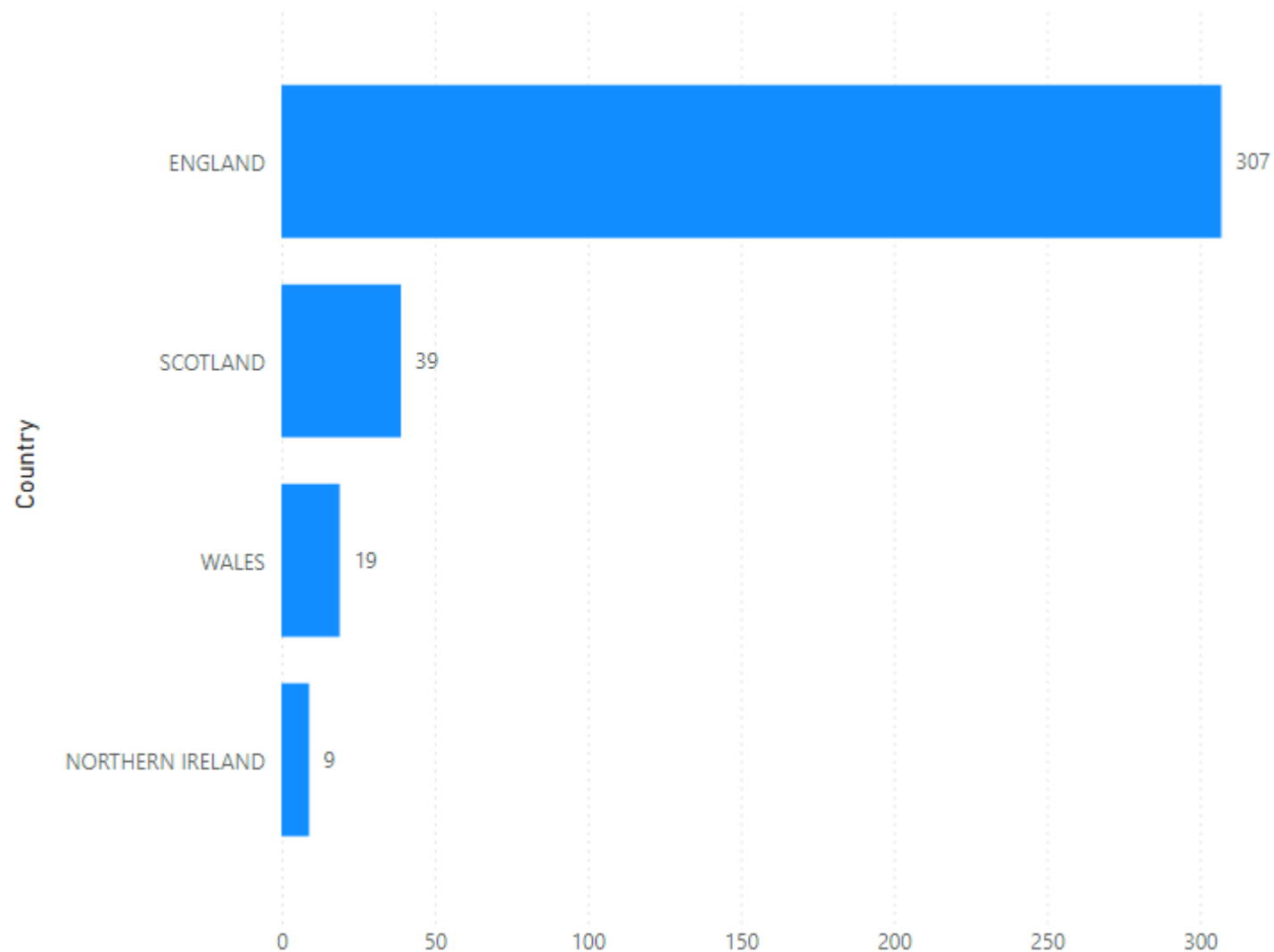
IO reconsideration- Where the hub have advised that the safeguarding risk is higher than the current PIP plan and should be considered for IO.

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Total case (Q1)

BY COUNTRY

Country



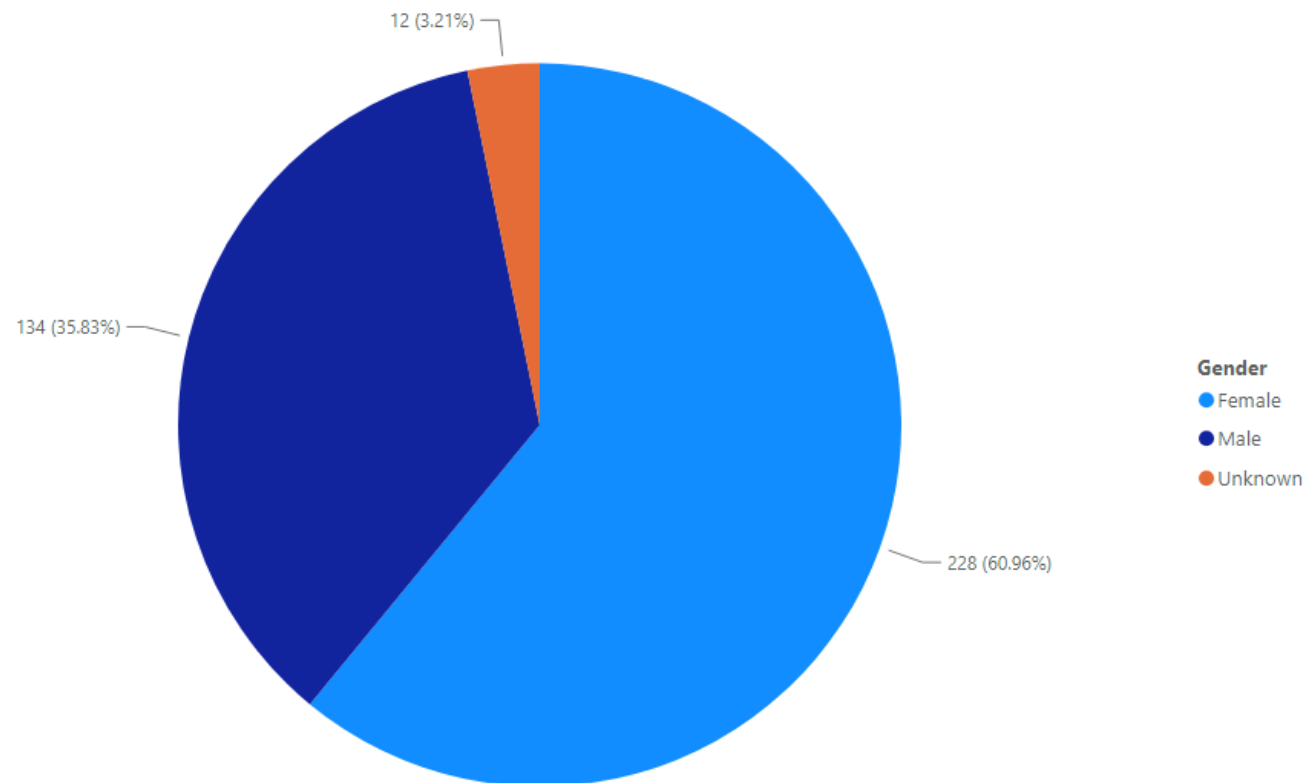
Sex

The data shows that safeguarding cases in Q1 were predominantly among females making up 228 of the cases (60.96%).

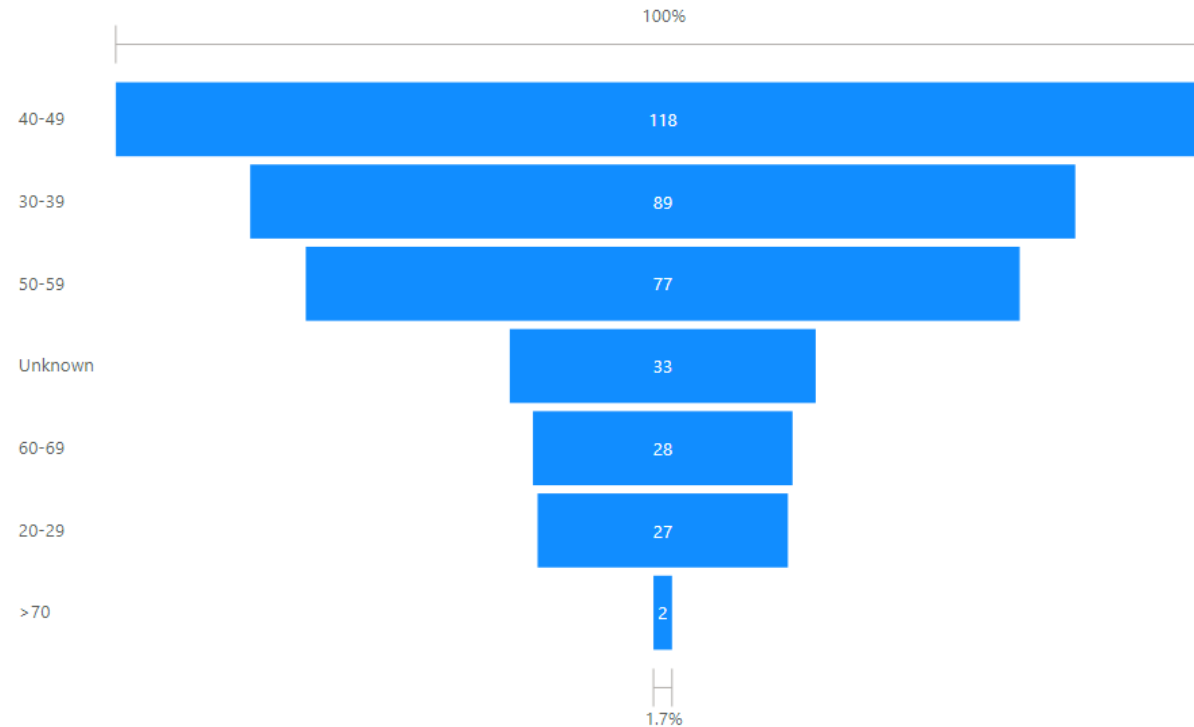
This is noted to align with the dominant demographic within the relevant profession.

Male cases account for 134 (35.83%)
12 cases (3.21%) had an unknown gender.

To Note: Unknown gender is when the registrant gender is not reported or available in the system



Age group



Individuals in the 40-49 age bracket account for the highest number of safeguarding issues in Q1 with 118 cases.

The 30-39 age group is the next most common with 89 cases.

There are 2 reported cases in the over 70 age group.

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Item 9: Annexe 4
NMC/25/91
24 September 2025

Safeguarding Referral-Advice request activity report

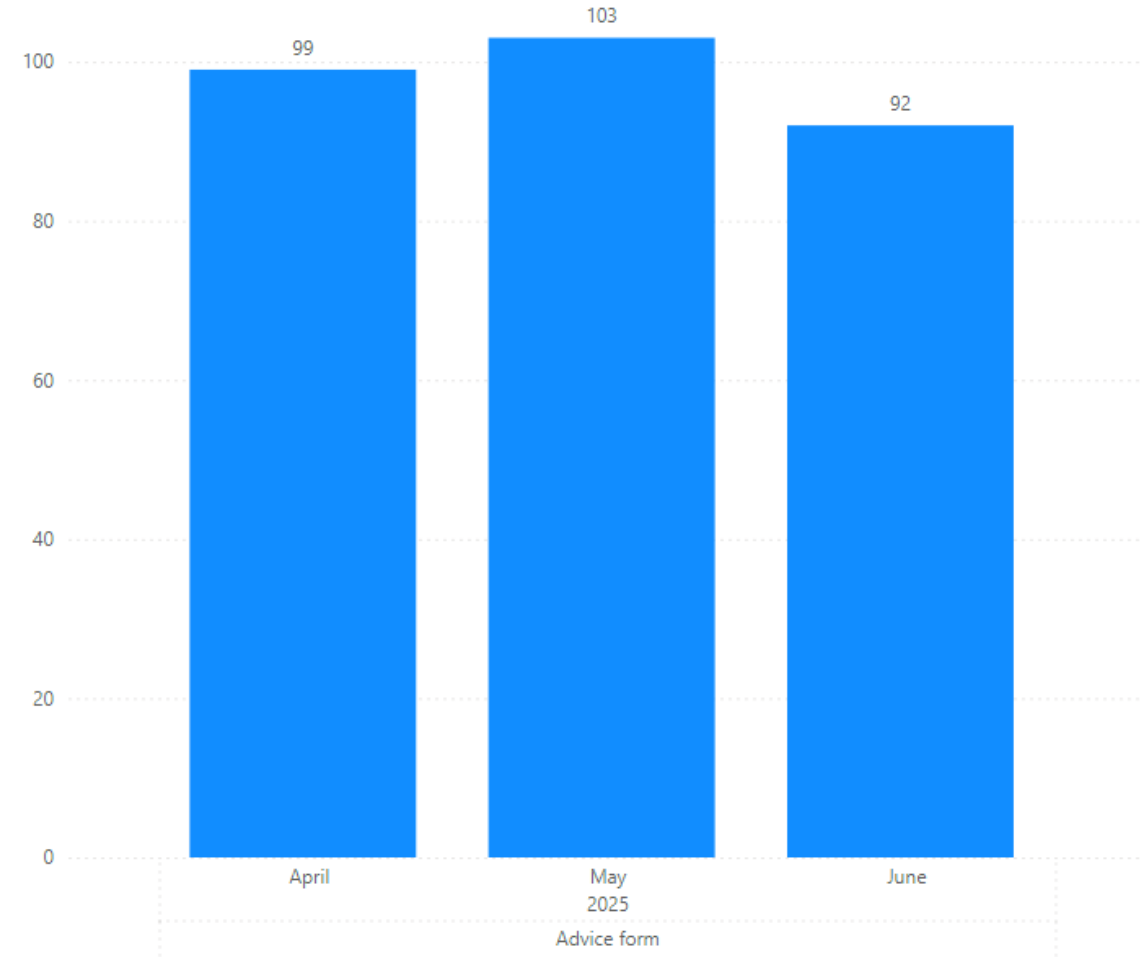
Quarter 1 (April-June 2025)

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SAFEGUARDING REFERRALS

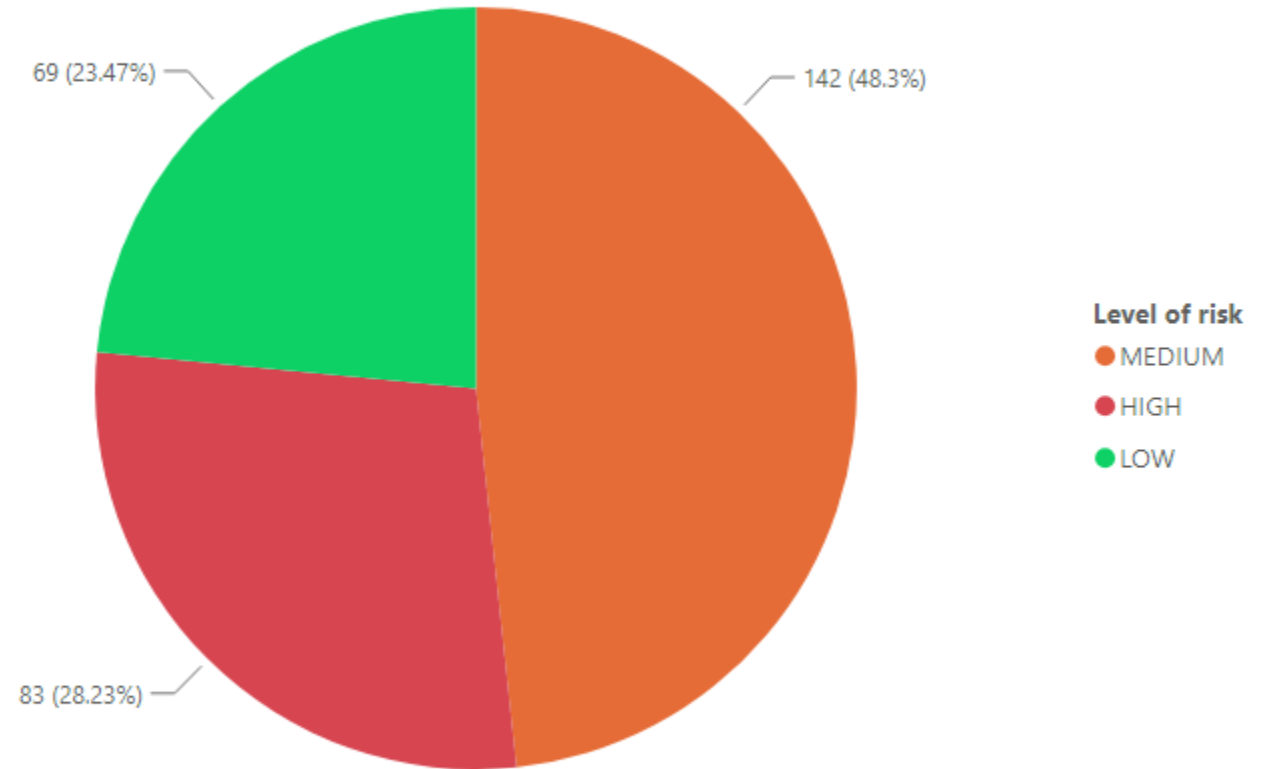
- In Q1 there were **294** cases referred to the Safeguarding team.
- Majority of the cases required only one-off advice
- Number of complex safeguarding cases that needed continued support and advice from the Safeguarding team.
- The total number is based on the number of emails received by the Safeguarding team with unique-individual advice given.

**Please note that this is only for referral cases. Safeguarding hub cases are reported separately.*



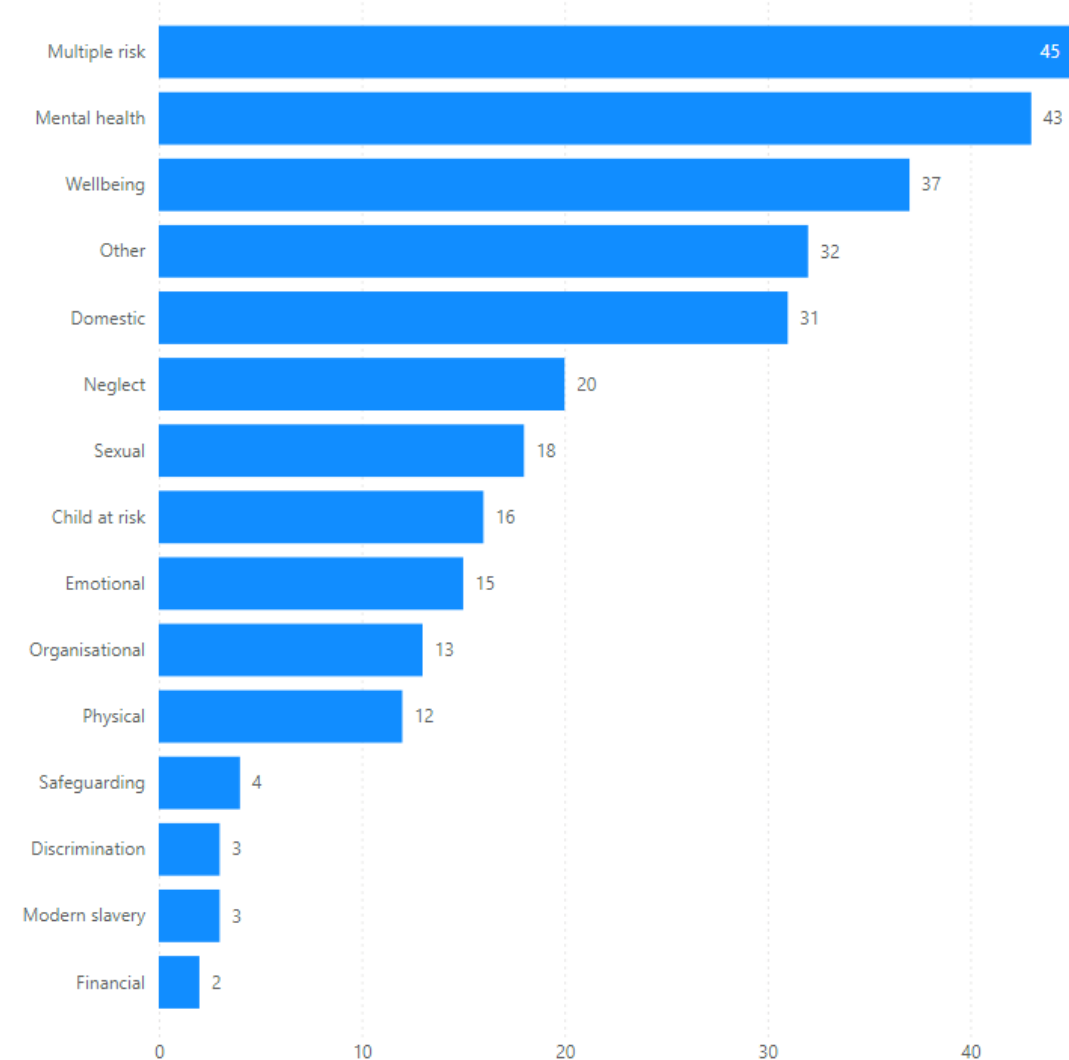
SAFEGUARDING RISK

- All referrals are risk assessed against the safeguarding risk assessment tool.
- In Q1 the majority of cases were medium risk, accounting for around 48%, followed by high-risk cases at 28% and low-risk cases at 23%.
- This demonstrates the safeguarding activity outside of the SG hub where the SG team are providing support and advice.



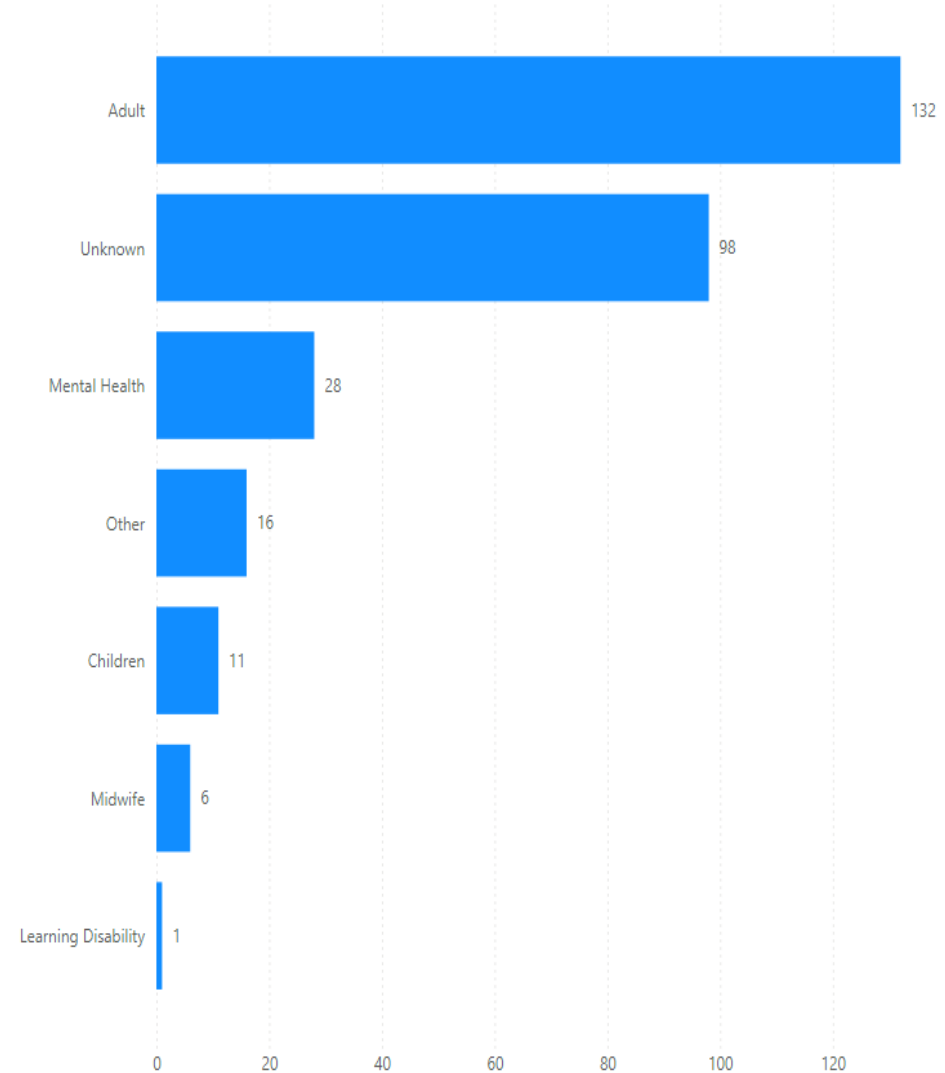
CATEGORIES OF SAFEGUARDING

- The majority of the cases have multiple-risks. (*Multiple-risk cases are those where the Safeguarding team identifies more than one concern*) with 37 cases involving registrants.
- The second most prevalent risk was related to mental health concerns with 43 cases.
- Wellbeing cases are an additional 37 cases.
- Top 5 categories for safeguarding are :
Domestic Abuse
Neglect
Sexual Misconduct
Child at risk
Emotional Abuse
- To note: *Other cases is a risk that falls outside the main categories and still carries safeguarding risk ie. Fraud theft and breaches of professional boundaries*



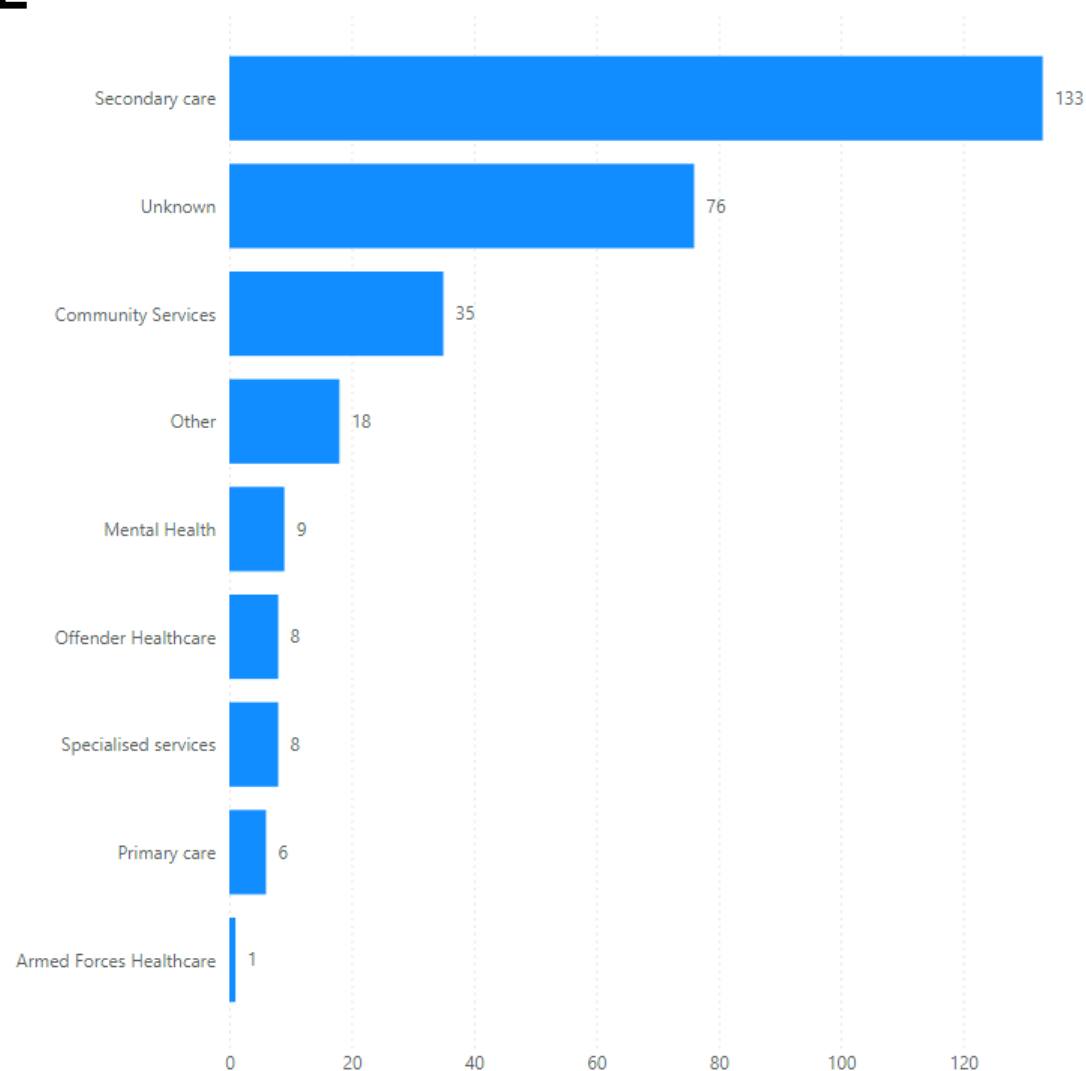
REGISTERED PROFESSIONALS

- In Q1 adult nursing dominates the total number of cases with 132 cases.
- Unknown (*Cases where the type of registrant is not identified or not included in the information received into the safeguarding team*)
- To note: This collection of this data differs from Safeguarding Hub cases where the case is accompanied by a reference number which allows it easier to identify the information.



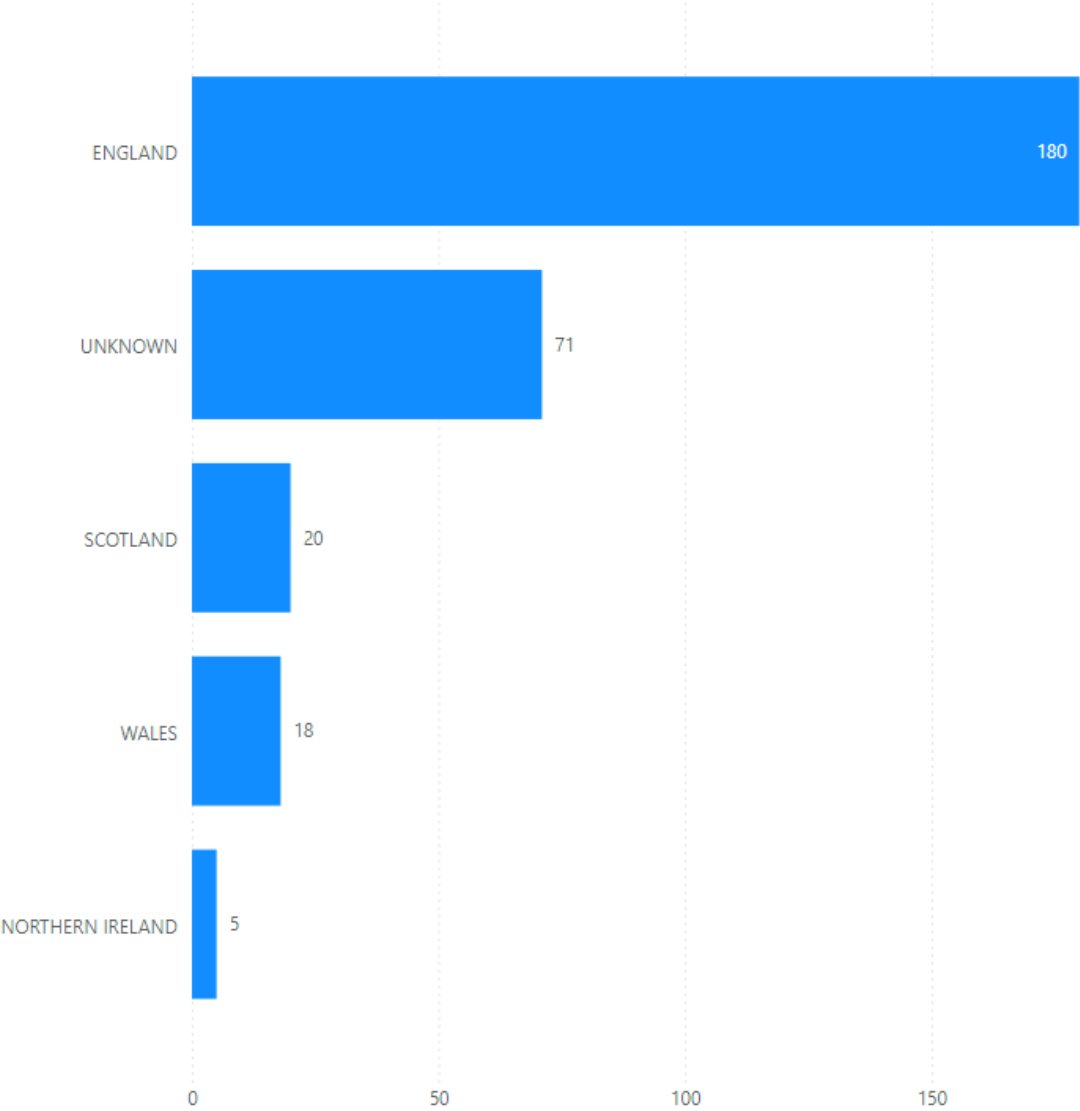
REGISTRANT WORKPLACE

- In Q1 the majority of the cases came from registrants working in secondary. (*Secondary care includes both NHS and private healthcare*).
- Other (*When the workplace is not identified or falls outside the standard categories, such as hospices, local councils, or cases where the registrant is not currently working*).
- To note: This data only reflects the registrant's recorded workplace and does not necessarily indicate where the safeguarding concerns occurred.



NATION PROFILE

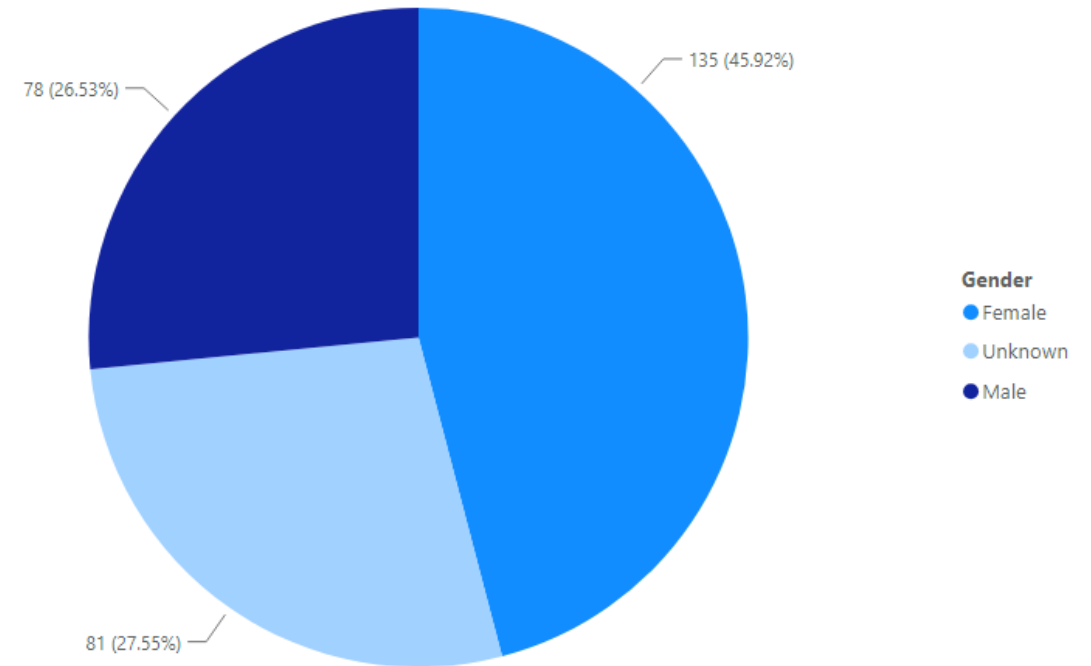
- Unknown (*Cases where the country is not identified or not included in the information received*).



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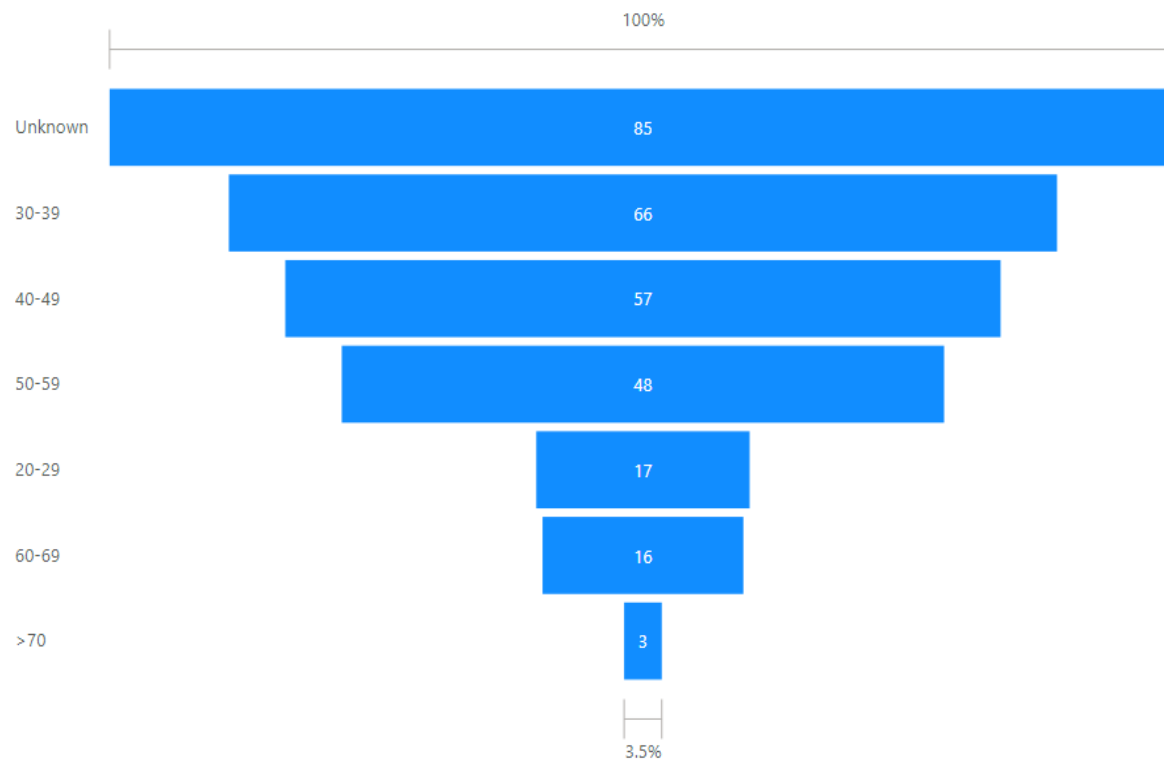
SEX PROFILE

- Q1
 - 45% involved female registrants
 - 26% involved male registrants
 - 27% had no gender identified.
- Unknown (*Cases where the gender of registrant is not identified or not included in the information received*).



AGE PROFILE

- Unknown (*When verbal advice is requested the requester's primary focus is on receiving the advice and minimal personal information is shared during the process*).
- We can see that the most common age group is 30–39 years followed by 40–49 years.
- Further analysis may be useful to establish time on register to ensure assumptions are not made re age of registrant.



Council

NMC Strategy 2025-2027

Action requested:	The NMC Council are asked to approve the NMC's strategy for 2025-2027. For decision The Council is recommended to approve the NMC's strategy for 2025-2027.	
Key background and decision trail:	• The NMC's strategy requires formal approval from the NMC's Council. • The Executive Board and Council have inputted into the strategy narrative prior to this coming to this meeting. • On 23 July the Executive Board and Council considered the five strategic themes and the strategic context and operating environment for the NMC to inform the priorities set in this strategy.	
Key questions:	• The strategic priorities for the NMC from October 2025 to March 2027. • The key drivers in our external environment that have influenced the choices that we have made and how we will deliver these priorities. • An updated vision and mission for a new NMC. • The specific deliverables that we aim to achieve by March 2027 and their impacts.	
Annexes	The following annexe is attached to this paper: • Annexe 1: NMC Strategy 2025-2027	
Further information:	If you require clarification about any point in the paper or would like further information, please contact the author or the director named below.	
	Author: Preth Rao Head of Strategy Preth.Rao@nmc-uk.org	Executive Director: Emma Westcott Executive Director Strategy and Insight Emma.Westcott@nmc-uk.org

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NMC Strategy 2025-2027

Discussion

1. Background:

- 1.1 The NMC’s 2020-2025 Strategy was paused in 2024 to enable the organisation to focus on fewer things and to respond to a series of challenges, such as fitness to practise caseload, internal culture and concerns with registrations and education quality assurance. During this time there was also a series of changes in senior leadership.
- 1.2 This strategy covers October 2025 to March 2027, a shorter 18-month period. The NMC has new leadership and robust plans. We want our internal and external stakeholders to be clear about our focus and confident about our assessment of what we must deliver.

2. Strategy Development

- 2.1 This strategy has been informed primarily by existing plans and ambitions, for example, the Culture Transformation Plan, the Fitness to Practise Improvement Plan and People and EDI objectives and targets.
- 2.2 It has also been shaped by our most recent PSA performance review, our staff surveys, and learning from other reviews.
- 2.3 On 23 July Council and the executive team considered the strategic context and operating environment for the NMC, and explored five themes for our strategy:
 - 2.3.1 Ensuring trust in professionals
 - 2.3.2 Improving Fitness to Practise
 - 2.3.3 Culture transformation
 - 2.3.4 Strengthening leadership
 - 2.3.5 Modernising the NMC
- 2.4 By focusing on these areas, we will achieve:
 - 2.4.1 Enhanced regulatory tools to better protect the public and support professionals and students.

- 2.4.2 Timely, fair and trusted decisions in fitness to practise and better support for those in the process, underpinned by better case management technology, systems and insight for colleagues.
 - 2.4.3 A fair, positive and empowering culture that is committed to EDI and anti-racist, and which regains confidence from the public, our professions, our stakeholders and our colleagues.
 - 2.4.4 Stronger, more diverse, inclusive and values-driven leaders leading to confident management, enhanced decision-making and performance.
 - 2.4.5 Systems that are more effective, efficient and agile, enhancing public protection through better decision-making and learning.
- 3. This strategy features **a refreshed NMC vision and mission**.
 - 4. The new vision and mission are also underpinned by new NMC organisational values: integrity, fairness, respect, equity and effectiveness.

Next Steps

- 5. Once approved the 2025-2027 NMC strategy will be designed and launched, supported by delivery planning.

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. #	Annexe: Page 1, para 1. Page 3, NMC Vision, Mission and Values. Pages 6-10 contain impacts that we aim to achieve by March 2027 under each strategic theme. Page 10, para 2.
Safeguarding considerations	Yes		Annexe: Page 5, para 5 – 'learning from enquiries' Page 7, para 2 and 3.

The four country factors and considerations.	Yes		The whole of the Annexe considers 4-country factors. This is true of page 5, strategic context and the impacts and ambitions set out thematically in pages 6-10.
Resource implications including information on the actual and expected costs involved.	Not Applicable		
Risk implications associated with the work and the controls proposed/ in place.	Not Applicable		
Legal considerations.	Not Applicable		
Midwives and/or nursing associates.	Yes		Annexe: Page 5 – strategic context applies to all registrants. In particular, pages 6-7 set out strategic objectives and impacts that will benefit all regulated professionals.
Equality, diversity, and inclusion and Welsh Language impact.	Yes		Annexe: Page 1, para 7 starting with ‘on equity’. Page 3, NMC Vision, Mission and Values.
Stakeholder implications and any external stakeholders consulted.	Yes		Stakeholder insight has influenced the whole annexe, strategy document. In particular the change that they want to see is emphasised in the Leadership Statement, page 1. Education stakeholders are referenced in: Annexe, page 6, para 3.

			FtP stakeholders are referenced in: Annexe, page 7, para 3 and 4. How we engage with stakeholders is referenced in: Annexe, page 8, para 2 and page 10, para 3.
Regulatory Reform.	Yes		Annexe: Page 1, para 10. Page 10, para 1 and

Building a new NMC: Strategy 2025-2027

Leadership Statement

The NMC's role is to protect the public and maintain confidence in the nursing and midwifery professions. We do this by ensuring that every registered nurse, midwife or nursing associate has benefitted from effective education, and meets clear standards of conduct and practice, in the public interest.

We have a duty to investigate concerns and to take steps to protect the public in the relatively rare instances where we need to limit or restrict a nursing or midwifery professional's right to practise.

We are building a new NMC. We are determined to improve and modernise our culture and ways of working. This will ensure that the public and registrants feel confident in our work, and our staff feel proud to work here.

This short-term strategy sets out our priorities for rebuilding trust and confidence in the NMC. We will focus on strengthening our core regulatory work and investing in enhanced effectiveness. With new leadership and clear priorities, we are seeing early, positive improvements in our performance, but we are clear that progress must be embedded and sustained. Beyond 2027 we intend to set a longer-term strategy that builds on this progress and involves greater engagement.

You will see two themes that run across all our work in 2025-2027: quality and equity.

On quality, we will be clear about what good regulation looks like, measure it consistently, learn and improve, and report openly on our progress.

On equity, we recognise its central importance to public trust, professional confidence, and staff experience. Our ambitious Culture Transformation Plan sets Equality, Diversity and Inclusion targets that will drive collaborative effort with two key sectors: health and care providers and educational institutions.

New challenges will inevitably arise during this period. Where they align with our priorities we will adapt and respond. Where they do not, our disciplined approach will maintain our focus on the turnaround already underway.

We will keep an eye on the future, whilst making the near-term decisions necessary to protect the public and maintain confidence in professional standards. We will pursue efficiency and value for money, supported by enhanced financial controls, mindful that our income derives from registrants' fees.

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Focus and discipline over this period will ensure that we are in good health to embark on our next chapter, assisted by the modernisation of our statutory framework, delivered through the government's programme of regulatory reform.

We will succeed by empowering and equipping our staff to thrive in their work and harnessing the goodwill and expertise of everyone with a stake in standards of practice in our professions. Together, we look forward to making meaningful progress.

Our Vision, mission and values driving everything that we do

We have recently refreshed our organisational vision and mission to be fit for the future. We worked with our colleagues to develop new values that guide how we are rebuilding the NMC.

NMC VISION Safe and effective nursing and midwifery education and practice across the four countries of the UK – regulated by the NMC - a fit for the future organisation, with fairness and equity at the heart of everything that we do.
NMC MISSION To be a strong and independent regulator that protects the public and inspires confidence in the nursing and midwifery professions – by setting and upholding high professional standards. • We achieve our mission through a positive and inclusive culture that enables our people to thrive. • Achieving our mission will ensure we are an effective part of the wider health and social care system.
NMC VALUES Integrity Fairness Respect Equity Effectiveness

Strategy on a Page

Building a new NMC: Strategy 2025–2027



Ensuring trust in professionals

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



Improving Fitness to Practise

Improving fairness, timeliness and quality decisions whilst focusing on safeguarding and equity



Culture transformation

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



Strengthening leadership

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



Modernising the NMC

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

Our values

Integrity | Fairness | Respect | Equity | Effectiveness

Our vision

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

Our mission

To be a strong and independent regulator that protects the public and inspires confidence in the nursing and midwifery professions — by upholding the high professional standards that people across the four countries of the UK have the right to expect.

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

Strategic context

To regulate effectively we need to understand the wider influences on the public's experience of care, on professional practice, and what people expect of us.

A workforce for the future

The health and care workforce is evolving, and we need to ensure registrants are equipped for future practice, by regulating in ways that embed new roles and support emerging models of care delivery.

High quality education

The foundation for all our professionals is high-quality education. There are pressures on education institutions, on students and on health and care providers. We need to ensure vitally important practice learning placements continue to be delivered in a challenged health and care sector, without compromising student learning or patient safety.

Learning from inquiries and reviews

Inquiries into failings in care provide opportunities for learning and improvement. We will be involved in a high number over the next period, with a particular focus on maternity. Among our priorities will be developing our approach to working compassionately with people who have experienced harm.

Inequalities in care and workplaces

Some groups experience persistent inequities in health and care. People from Black, Asian and ethnic minority backgrounds too frequently face poorer health and care outcomes. At the same time, many professionals – including those from ethnic minority groups, disabled people, and those educated internationally - face discrimination or bullying in the workplace.

Advancing technology

Advances in technology and data use bring opportunities and risks for healthcare, students, professionals and the public. These include the use of artificial intelligence to improve diagnostics, genomics, remote monitoring and wearable devices and in the production of written content. We must ensure that our standards evolve to guide and support registrants to use technology safely and effectively.

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Supporting a trusted, safe and effective nursing and midwifery profession

Our register gives the public and employers confidence in the safe, effective, and compassionate care provided by nurses, midwives and nursing associates. We will work closely with those we serve across the UK to review and shape our Code and other standards that support good practice.

By March 2027, we will have made significant progress in reviewing and enhancing some of our core regulatory tools.

Our education standards and quality assurance will benefit from greater partnership working with educators and practice learning partners, to address challenges in education, developments in how learning is delivered, and educational disparities, with a focus on ethnicity.

Our work to review the Code and revalidation will happen in dialogue with patients, professionals and other stakeholders. We will enhance the impact of revalidation on a culture of open reflection and improvement.

Beyond March 2027, the new Code and revalidation approach will be in place by autumn 2027 and we will launch new advanced practice standards in spring 2028.

In the next 18 months we will:

- Review practice learning requirements, so students are educated in safe and inclusive setting supported to gain the knowledge, skills and behaviours they need, with the practice learning review published in autumn 2026.
- Strengthen education quality assurance to monitor concerns effectively and work with educators to take effective action when needed.
- Work towards the target of eliminating disproportionate outcomes based on ethnicity in nursing and midwifery education and training by 2035.
- Be ready to consult on a new Code that captures contemporary expectations of our professions and supports them to deliver good care.
- Review revalidation to enhance its impact without creating undue burdens on professionals or employers.
- Maintain confidence in our assessment of international applications and protect the integrity of our register from the evolving threat of fraud.

Improving fitness to practise

Investigating and acting on concerns about our registrants is central to our core purpose of protecting the public. We are committed to improving the quality, fairness and timeliness of this work, whilst enhancing the experience of everyone involved. We have set ambitious targets to eliminate disparities in treatment in Fitness to Practise (FtP) based on ethnicity and gender and to address the disproportionate pattern of FtP complaints received from employers in relation to ethnicity, by 2030.

By March 2027, our policy, process and guidance will be clear and robust, ensuring our decisions are fair, timely and trusted. People involved in fitness to practise will be better supported and informed, with an active approach to safeguarding.

We will have taken significant steps towards embedding equity. We will be making sound decisions with confidence supported by better case management tools, and data-driven insights, enhancing speed, transparency and accountability.

In the next 18 months we will:

- Embed equity, fairness and inclusion through a new quality framework to drive consistency and proportionality. A key initiative to meet our equality, diversity and inclusion (EDI) targets by 2030.
- Appropriately manage incoming concerns, focusing more of our resource on those that need regulatory action.
- Reduce delays by taking prompter actions at every stage of the process.
- Ensure we make consistent and proportionate decisions, informed where appropriate by clinical advice.
- Improve how we communicate and engage at all stages of our processes, so the public and registrants know what to expect.
- Offer better support and safeguarding for people involved in our processes.

Culture transformation

Our culture is critical to our effectiveness as a regulator, our responsibilities as an employer. We are making good progress, and we are committed to developing the NMC's culture to be open, equitable and cohesive.

By March 2027, we will have a positive and empowering culture that is actively anti-racist, guided by our commitment to equity, diversity and fairness. Our engagement with the public, professionals and stakeholders will be inclusive, shaping a regulatory approach that is future-focused and responsive. We will rebuild trust with the public, those we regulate and our staff. People who work for us will feel fulfilled and able to make a meaningful impact through their work, guided by our new organisational values and behaviours.

In the next 18 months we will:

- Create an open and psychologically safe workplace culture where people feel safe to speak up using formal mechanisms and in everyday interactions.
- Enhance wellbeing and work satisfaction, creating happier, more connected teams.
- Ensure our values and behaviours shape our work.
- Embed equity, fairness, inclusion and support in our approach to regulation.
- Work towards eliminating ethnicity, gender and other pay gaps by 2030, supporting career progression for Black, Asian and ethnic minority colleagues and under-represented groups.

Strengthening leadership

Building a new NMC depends on strong, united and values-based leadership. This is a cornerstone of our transformation of the NMC's culture and performance: beginning with the Council and Executive and extending to leaders and managers at every level, recognising that every interaction matters.

By March 2027, our leadership will be more diverse, inclusive and values driven and our staff will feel more empowered and confident in our leadership – how we communicate, collaborate, take decisions and act with purpose. Team performance and the quality of decision-making will have improved through clearer development frameworks, confident management and the consistent reinforcement of our values.

In the next 18 months we will:

- Establish a united and collaborative Executive Board.
- Ensure the Council both supports and effectively holds to account the Executive Board. We will do this by ensuring we are monitoring key information and progress towards the outcomes we want to achieve.
- Equip leaders at all levels to be values-driven and outcome-focused – with the skills to create and sustain high performing teams.
- Overhaul our governance to provide clarity about delegated authority to encourage ownership, empowerment and accountability at appropriate levels.
- Make progress against our commitments through senior and collective leadership, and in doing so improve our performance in annual Professional Standards Authority reviews.

Modernising the NMC

Effective regulation relies on empowered staff and strong foundations. We will use our resources wisely and make sure we are as efficient as possible. While ensuring we are prudent in the way we spend our money, we will upgrade technology and improve data. These changes will enhance our services, drive efficiency and free up resources to focus on protecting the public. Legislative reform will give us greater flexibility and agility in how we regulate, and modernise our governance by introducing a unitary board. Through continuous improvement and strong governance, we will deliver these reforms and make sure we realise their benefits.

By March 2027, we will have made significant progress in modernising and strengthening our organisational infrastructure. Our systems, processes and technology will be more agile, efficient and effective. We will have better data to provide insight that drives improvements, enhances patient safety and enables quicker, better decisions. Staff will feel empowered and supported with access to the tools they need for more rewarding working lives. A culture of openness and learning will improve our performance. At the same time members of the public and professionals will experience a better customer service from us, including improvements in what can be done online.

In the next 18 months we will

- Focus on efficiency and sustainability.
- Work with DHSC on the passage of changes to our legislation and prepare to maximise the benefit of the changes we implement.
- Deliver new technology and improve the quality of our data.
- Develop our understanding of emerging technologies including AI as they affect regulation and practice in our professions.
- Upgrade case management and registrant-facing IT systems to increase casework efficiency and improve the experience of interacting with the NMC online.
- Become a listening and learning organisation by changing our culture and processes so lessons from successes and challenges are better captured, shared and applied, improving accountability, performance and stakeholder trust.
- Sustain our strategic relationships with other regulators and wider partners in order to share, learn and identify areas of collaboration.

Council

Annual Health and Safety Report

Action requested:	To provide assurance on the NMC's health, safety and security arrangements and information on activity over the 12-month period from 1 April 2024 to 31 March 2025. For decision Council is recommended to accept the report, noting the updates against work undertaken in 2024-2025 and approve the health, safety and security priorities identified for 2025-2026 (paragraph 22).
Key background and decision trail:	• In terms of health, safety and security, the NMC is a relatively low-risk environment. However, it is still important and part of its statutory duties that the Council monitors the extent to which we have formal policies, guidance and procedures in place, assuring the health, safety, welfare and security of our employees, contractors and visitors. • This annual paper to Council reports on how we ensure compliance with health and safety requirements, our security arrangements and the assurance available to the Council. • Health and safety legislation is relevant to the four UK countries that we operate in. • This report formally covers the period 1 April 2024 to 31 March 2025. • Professional Regulation (PR) publishes its own annual report which includes the measures it undertakes to support the health, wellbeing and safeguarding of nurses, midwives and nursing associates and other people who come into contact with the NMC in connection with Fitness to Practise, as well as PR colleagues.
Key questions:	• Are we compliant with health and safety legislation, and fulfilling our duty as an employer to keep our workplace safe and healthy for colleagues?
Annexes:	There are no annexes attached to this paper.

Further information:	If you require clarification about any point in the paper or would like further information, please contact the author or the director named below.	
	Author: David Power david.power@nmc-uk.org	Acting Executive Director: Tom Moore tom.moore@nmc-uk.org

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Annual Health and Safety Report

Discussion

Sources of assurance

- 1 The following arrangements are in place and provide assurance that we have measures in place to address health, safety and security risks:
 - 1.1 A Health and Safety Steering Group (HSSG), chaired by the Head of Estates under the Executive Director of Resources and Technology Services (RTS), with membership drawn from across the organisation. During the reporting period the HSSG has met on four occasions.
 - 1.2 A Reasonable Adjustments Working Group (RAWG), co-chaired by the Head of People Services and the Private Secretary, RTS to review the timeliness of our response to more complex reasonable adjustment requests.
 - 1.3 Health and safety is a standing agenda item at Executive Board meetings.
 - 1.4 Mandatory e-learning on health and safety for all colleagues.
 - 1.5 Training for compliance with statutory responsibilities and further training for specific roles, as necessary.
 - 1.6 The health and safety policy statement signed by the Chief Executive and Registrar is displayed on our health & safety notice boards at each of our office premises.
 - 1.7 A NMC Health and Safety guide for colleagues.
 - 1.8 Sufficient trained first aiders and fire marshals at all sites, including refresher courses as necessary.
 - 1.9 The provision of Mental Health First Aiders (MHFAs).
 - 1.10 Personal Emergency Evacuation Plans (PEEPs) for colleagues with reasonable adjustments or disabilities, as necessary.
 - 1.11 Fire Risks Assessments (FRAs) in place for all NMC buildings.
 - 1.12 Regular fire alarm testing and evacuation drills at our buildings.
 - 1.13 Regular incident reporting.
 - 1.14 Security measures including CCTV and access control systems in place at all our properties; security guards on duty at our hearings venues.

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- 1.15 A programme of planned preventative maintenance and compliance work to the mechanical and electrical plant and associated infrastructure, fire alarm, CCTV and access control systems.
 - 1.16 Policies and guidance notes are reviewed and updated for compliance with any new legislation or best practice.
 - 1.17 Health and safety includes consideration of colleagues' health and wellbeing which is also part of the NMC's People Plan owned by colleagues in People and Culture (P&C) – formerly People and Organisational Effectiveness.
 - 1.18 Under P&C remit, we continue to offer different channels of support to all colleagues including: the employee assistance programme, promotion of Thrive app, occupational health, Perkbox wellness hub, guidelines, risk assessments, group discussions and 1-2-1 meetings, as necessary. Further detail can be found in the 'progress against priorities' section, paragraph 16.4 and paragraphs 17 to 21.

Reviews during the year

- 2 The Display Screen Equipment (DSE) risk assessment undertaken by colleagues was updated in December 2024. This updated and clarified the process of obtaining additional equipment for the work and home environment to support reasonable adjustments.
- 3 The Personal Emergency Evacuation Plan (PEEP) for colleagues with mobility issues during the time of an evacuation, was reviewed in March 2025.
- 4 The Reasonable Adjustments Policy for colleagues was reviewed and updated in March 2025.
- 5 In conjunction with our colleagues in Learning & Development, we reviewed and updated the links in the e-learning courses with regards to health and safety.
- 6 The emergency lockdown procedures for colleagues and managers were reviewed and updated in December 2024.

Training

- 7 At the end of 2024, we publicised training for new first aiders and fire wardens and refresher training for existing ones. The first aid training includes defibrillator training. We have now recruited additional colleagues to each role. An additional focus on training was raised in March/April 2025 following unplanned evacuations at 2 Stratford Place and One Westfield Avenue (para 12) and this is included in the below 2025/2026 objectives, to support the provision of hybrid working and the return to the office 2 days a week.
- 8 Colleagues' e-learning training for health and safety is between 66-93 percent completion across all directorates, with an organisational completion of 83 percent. This is an improvement on last year, where the organisational completion was 77

percent. The scores include new colleagues as well as those colleagues who are asked to repeat the training course every two years. We have focused on those directorates with the lowest completion rates to help to improve the overall completion scoring.

- 9 P&C delivered refresher training across our Mental Health First Aider (MHFA) cohort in 2024. As part of that work, we also ensured there was coverage across all our NMC locations and trained up further MHFAs to meet that need.

Incident reporting

- 10 During the year 1 April 2024 to 31 March 2025, there was one reported health and safety incident which was actioned and recorded in our log. The incident was a trip on a stair with someone carrying a hot coffee. Cold running water was used on the arm from the hot coffee and an ice pack put on the associated elbow. The incident was treated immediately, and no further medical treatment was required.
- 11 We did not have any RIDDOR incidents (Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 2013) that would require reporting to the Health and Safety Executive (HSE).
- 12 Post Annual Report ending March 2025: In April 2025, we had a fire alarm evacuation at our office building at One Westfield Avenue, Stratford. This was following a separate unplanned evacuation at our main hearing venue at 2 Stratford Place at the end of March 2025. While everyone evacuated the buildings safely, learnings and opportunities for improvement were identified from the incidents. A Serious Event Review (SER) was raised to ensure that we were supporting the planned hybrid return to the office - recognising that most colleagues will be in the office for two days a week. In summary the learnings and opportunities were broadly grouped in the below categories:
 - 12.1 General knowledge of the evacuation process and protocols.
 - 12.2 Appropriate training and knowledge for those who support the evacuation process, for example fire marshals and first aiders (and sufficient number of colleagues performing these roles).
 - 12.3 Awareness and process for requesting a Personal Emergency Evacuation Plan (PEEP).
 - 12.4 Training/drills and debriefs.
- 13 While part of next year's report we have already reviewed and revised all of our fire evacuation procedures for each of our buildings including our PEEPs: publishing them on Pulse, our internal messaging board; piloted a 'Where are my fire exits?' Walkaround for all colleagues and new starters to promote awareness; and spoken at an All Staff Briefing to promote the above and the work that we have undertaken.

14 We have also publicised our St John Ambulance courses and have an additional 22 first aiders and 12 fire marshals taking the respective courses.

15 We have communicated what we are doing and have received support through the Staff Networks and UNISON, our recognised union.

Progress against priorities for 2024–2025

16 In addition to regular monitoring of incidents and accidents, and maintaining oversight of any changes to legislative requirements, priorities for health and safety over the past year were:

16.1 To monitor health and wellbeing issues that may arise from colleagues working from home and to publicise as part of our colleague engagement, that work-related accidents and near misses should continue to be reported to line managers and Facilities, even for those colleagues who are working from home.

16.1.1 *Outcome:* monitoring of accidents and near misses and relevant changes to legislation and guidelines are discussed in the Steering Group meetings. Each member was tasked to cascade the message to report any incidents or near misses, including at home. The low number of incidents recorded in the accident log/register indicates that more needs to be done.

16.2 To keep security under review for all our buildings/venues.

16.2.1 *Outcome:* The NMC chairs and contributes to the local West End Police Ward Panel meetings, which includes the police, local residents and organisations, for example: the BBC, the Langham Hotel, Fitzrovia Sq and Netflix. We also liaise with the police at our other buildings through the respective building management companies. We have encouraged all colleagues to be aware of local fire and other evacuation procedures, as with hybrid working they may be working at an NMC building they are less familiar with. An additional video intercom link has been installed at our main office entrance area in 10 George Street, Edinburgh. In liaison with the building manager, additional CCTV cameras have been installed on the floor of our lift lobby/entrance area at One Westfield Avenue, Stratford.

16.3 Consider health and safety arrangements for contractors and colleagues as we undertake the mini-refurbishment of the 2nd floor and ground floor public waiting area at 23 Portland Place.

16.3.1 *Outcome:* The mini-refurbishment to the above areas was postponed to support the priority of reducing the caseload. Our day to day health and safety arrangements continue.

16.4 To continue working with the People & Culture team to promote health and wellbeing.

16.4.1 *Outcome:* P&C has updated its training to provide a more accessible range of learning; promote health and wellbeing through Workplace, our internal messaging board and posters in the office. The 'Thrive' app offers a modern, easy to access 24/7 support to colleagues with mental health and wellbeing. The app delivers a wide range of psycho-education webinars and workshops, an unlimited in-app therapy service, providing in-person workshops, and supporting our MHFA's with vital knowledge and signposting.

16.4.2 As a sample quarterly period - January to March 2025, we had 15 callers to the Employee Assistance Programme (EAP) with five of those being referred for counselling. Over a similar period, there have also been 170 views of the Perkbox wellness hub in the last year with 51 unique users. We have 592 all-time users of the Thrive app.

Further activity led by P&C colleagues

- 17 P&C has updated its training offering to provide a more accessible range of learning; promote health and wellbeing through Pulse (our new intranet) and posters in the office. The 'Thrive' app offers a modern, easy to access 24/7 support to colleagues with mental health and wellbeing. The app delivers a wide range of psycho-education webinars and workshops, an unlimited in-app therapy service, providing in-person workshops, and supporting our MHFA's with vital knowledge and signposting.
- 18 A wellbeing check-in is included in our quarterly appraisals, which includes questions about general health and wellbeing, workload, and reasonable adjustments. The check-in also includes signposting to health and wellbeing resources.
- 19 Over the period April 2024 to March 2025, we had 383 referrals for well-being, reasonable adjustments and/or occupational health of which 256 were pre-placement questionnaires and assessments with 127 from existing employees.
- 20 To further support colleagues in Professional Regulation, who may be exposed to distressing situations as a part of their role, we have also delivered decompression support sessions. These decompression support sessions are held with an assigned professional over the course of a 12-month period. We will look to review the service and expand as needed. We also expanded the decompression service to 25 spaces, to ensure all colleagues, not just those in Professional Regulation could access the service if needed.
- 21 At the end of 2024 and to support our Empowered to Speak up (ETSU) ambassadors, we trained a cohort of debrief facilitators to support colleagues across the organisation with cold debriefing and reflective practice. Training was delivered by an Organisational Psychologist from Thrive to ensure participants had a good foundation of understanding before hosting debriefing, reflective practice and safe space discussions with NMC colleagues. We are planning an open

programme across the year for all NMC colleagues to join a session when they need to.

- 22 Recommendation: Council is recommended to accept the report, noting the updates against work undertaken in 2024-2025 and approve the health, safety and security priorities identified for 2025-2026.**

Next Steps

- 23 We will progress the activities agreed by Council to be priorities for 2025-2026. We recommend that these include:

- 23.1 To promote and increase awareness to all colleagues for health, safety and security including fire evacuation procedures and other associated training to support hybrid working and the return to the office across all of our sites.
- 23.2 To keep security under review for all our buildings/venues.
- 23.3 For colleagues with more complex reasonable adjustments, engage and support the work of the Reasonable Adjustments Working Group (RAWG) to review our existing procedures and documentation to help improve collaboration and timeliness in responding to these requests and support our hybrid return to the office.
- 23.4 To continue working with the P&C team to promote health and wellbeing.

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 four country factors and considerations.	Yes		
Resource implications including information on the actual and expected costs involved.	Yes		Health, safety and security requirements are built into the normal Resources and Technology Services revenue budgets. P&C have their own budgets

			for health and wellbeing initiatives.
Risk implications associated with the work and the controls proposed/ in place.	Yes		This report provides assurance that we have measures in place to address health, safety and security risks
Legal considerations.	Yes		
Midwives and/or nursing associates.	Not applicable		
Equality, diversity, and inclusion and Welsh Language impact.	Yes	Throughout the paper	
Stakeholder implications and any external stakeholders consulted.	Not applicable		
Regulatory Reform	Not applicable		

Finance and Resources Committee Terms of Reference

Action requested:	For decision The Council recommended to approve the Finance and Resources (FRC) Terms of Reference (annexe 1).
Key background and decision trail:	One of the recommendations from Campbell Tickell's governance review was to establish a Finance and Resources Committee. Following discussion with Council members, the Executive Director of Resources and Technology Services and Assistant Director of Audit and Finance, the Committee's terms of reference and remit were developed and then approved by the Council on 27 March 2024 (NMC/24/25). The draft Terms of Reference (ToR) for the Finance and Resources Committee were shared at the Council Seminar on 25 February 2025 and were revised following feedback. The Terms of Reference were then updated following an initial discussion with the Interim Chair of FRC and Executive Director, Resources and Technology Services. This was shared with all Committee Chairs to ensure alignment and avoid duplication across the committees. The FRC then revised the terms of reference at its inaugural meeting on 30 June and the Assistant Director of Governance discussed some additional minor changes with the interim Chair of the FRC. The final version is presented at Annexe 1 for approval. As the FRC is a new Committee, the ToR will be kept under review for the next 12 months and will be further updated in partnership with the new Chair of the FRC and the Chair of Audit and Risk Committee to ensure they remain fit for purpose
Annexes:	The following annexe attached to this paper: Annexe 1: Terms of Reference
Further information:	If you require clarification about any point in the paper or would like further information, please contact the author or the director named below.

	Author: Alexa Halabi Alexa.halabi@nmc-uk.org	Secretary to Council: Jacqui Maunder jacqueline.maunder@nmc-uk.org
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Terms of reference of the Finance and Resources Committee

- 1 The Finance and Resources Committee is established by the Council under Article 3 (12) of the Nursing and Midwifery Order 2001.

Remit

- 2 To advise and assure the Council in discharging its responsibilities with regard to its current and forecast financial position and operational performance and delivery, providing strategic oversight of the organisation's finances and resources, ensuring Value for Money, long-term financial sustainability and scrutinising the efficient and effective use of resources including its people, finances, estate, technology and data.
- 3 Support the Council in maintaining the organisation as a going concern whilst delivering our strategic objectives including programmes to deliver and enable future sustainability.

Responsibilities

- 4 The Committee's responsibilities are:
 - 4.1 to regularly review and recommend to the Council any revisions to finance policies including the investment policy and the reserves policy.
 - 4.2 Scrutinise risks on the Risk Register that fall within the remit of the Committee, and provide assurance to the Council that controls and assurances are operating effectively.

Financial Planning and Oversight

- 4.3 to review and recommend to the Council the financial strategy.
- 4.4 to review and recommend to the Council the draft annual budget (including underlying financial assumptions) and corporate plan.
- 4.5 to review the associated medium term (3-5 year) financial plan.
- 4.6 to review workforce shape and resource allocation for effective delivery of the corporate plan and future strategy.
- 4.7 receive assurances with regard to the progress and impact/pace of implementation of Cost Reduction Programmes/Savings Plans.
- 4.8 to review and recommend to the Council the financial regulations.
- 4.9 to scrutinise quarterly management accounts and performance reports to advise the Council on use of resources and performance against annual budget and the corporate plan.

4.10 to review end of year financial statements

4.11 to scrutinise and advise Council on financial implications of outline and full business cases for projects in line with the Financial Regulations.

Investments

4.12 to scrutinise, review and advise the Council on the investment strategy.

4.13 to oversee implementation of the investment strategy, including:

4.13.1 Appointing external Investment Fund Managers and delegating discretion in managing funds to investment managers as determined by the Committee

4.13.2 Meeting regularly with Investment Fund managers and monitor the performance of each against agreed objectives including consistency with Investment Strategy and agreed risk management

4.13.3 Appointing independent Investment Advisers, as necessary, and approving associated fees.

Procurement

4.14 Oversight of Procurement strategy/policy and its implementation.

4.15 to scrutinise high value contract management performance.

4.16 undertake detailed scrutiny of high value contracts and commitments where due to their lifetime value exceeding £2.5m (incl VAT) and/or their complexity or sensitivity, these are approved by Council in line with the Financial Regulations and provide assurance to Council when recommending approval.

Technology

4.17 to scrutinise and advise the Council on the Digital (Technology) strategy and its implementation.

4.18 to scrutinise and advise the Council on major investment in technology solutions including associated people resources.

Accommodation

4.19 to scrutinise and advise the Council on the accommodation strategy.

4.20 oversee implementation of the accommodation strategy, including scrutiny of business cases and leases for retaining, surrendering, replacing or when refurbishing premises prior to submission to Council for decision.

Membership

- 5 The Chair and the members of Discretionary Committees are appointed by the Chair of the Council from amongst the members of the Council.
- 6 The Chair of the Council should not chair the Finance and Resources Committee
- 7 The Chair of the Finance and Resources Committee will recommend to the People and Culture Committee recruitment of any partner members to the committee.
- 8 The Finance and Resources Committee will comprise a minimum of four members.
- 9 In appointing members, the following will be observed:
 - 9.1 The Committee must have suitable expertise and experience, including a member who is financially qualified, or has significant financial experience, from an organisation of similar scale and complexity
 - 9.2 Other members who collectively bring experience of operating at a senior level with experience of performance management, technology or programme management.
 - 9.3 The executive lead will be the Executive Director, Resources and Technology Services.

Quorum

- 10 The quorum for this Committee is a majority of the members of the committee.
- 11 The Chair may invite such other persons to its meetings as it deems appropriate to observe or to be present on a specific agenda item.
- 12 The executive lead must send a deputy in their absence.

Frequency of meetings

- 13 Meetings will ordinarily take place no fewer than four times a year, subject to operational needs of the NMC.
- 14 Meetings may be held in-person, hybrid or by video- or teleconference as agreed by the Chair of the Committee.

Servicing

- 15 The secretariat support will be provided by the Governance team.
- 16 Agendas and papers shall be circulated in advance no later than five working days before the date of the meeting

- 17 The forward look workplan and agenda items will be agreed by the Chair in consultation with the Executive lead and Governance lead.
- 18 The Secretariat shall ordinarily circulate draft minutes within two weeks of that meeting to the members.
- 19 The Chair shall confirm a summary report of activity and decisions to the earliest available meeting of Council.

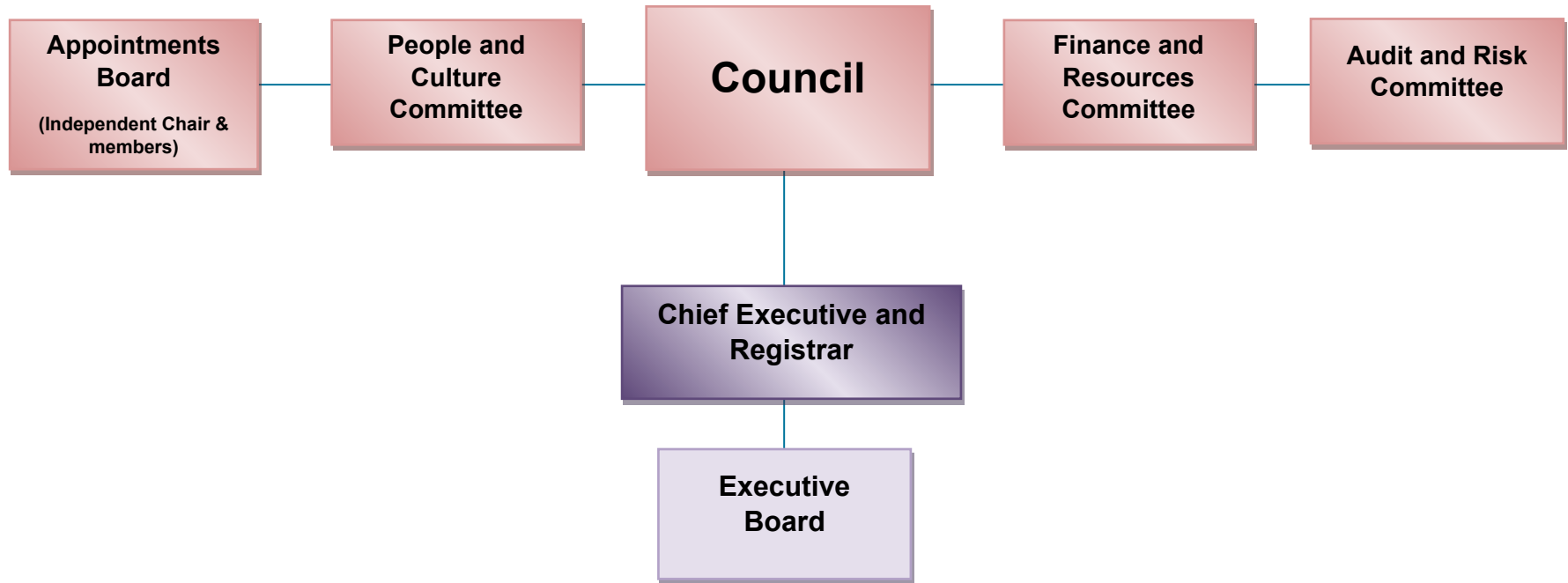
Evaluation and Review of Effectiveness

- 20 There will be an annual self-assessment of the effectiveness of Council and it's Committees, with an external review taking place every three years.
- 21 These terms of reference will be reviewed each year as part of the committee's effectiveness review.
- 22 Evaluation of individual performance of partner members will be conducted by the Committee Chair and shall be completed prior to their own evaluation.
- 23 Evaluation of individual performance of Committee Chair and committee members will be conducted as part of the annual Council member appraisal conducted by the Chair of Council.

NMC Governance Structure

Council

Executive



Council

Culture Transformation Plan / Independent Culture Review: Maturity Model

Action requested:	This paper focuses on how we want the NMC to look, feel and mature over the next few years following implementation of the ICR recommendations and Transformation Plan actions. For decision The Council is asked to discuss the update provided on our Culture Transformation Plan, measures set out in our Maturity Model, and the 'Living our Value's and the thread that runs through them to effect cultural change at the NMC. The Council is recommended to approve the Maturity model at annexe 1.
Key background and decision trail:	• The Independent Culture Review (ICR), published in July 2024, set out 36 recommendations to address deep-rooted cultural issues within the NMC. The Executive and Council accepted all recommendations, and over the past year the organisation has reported regularly on progress. • As at July 2025, 24 of the 37 recommendations (the original ICR report presented 36 recommendations, however recommendation 1 was split into a and b which equates to a total of 37 recommendations) have been delivered, demonstrating significant momentum and commitment to improvement. • While this progress is important, Council and the Professional Standards Authority (PSA), through its Independent Oversight Group, have been clear that successful cultural transformation is not measured by the completion of tasks alone. Delivering outputs is necessary, but insufficient to demonstrate that the NMC has fundamentally changed. • Stakeholders now want to see evidence that these changes are embedding in daily practice, and that the lived experience of staff and registrants is tangibly improving. • In March 2025, the NMC published its Culture Transformation Plan (CTP). This plan set out six pillars, each defining an

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	outcome essential to creating a healthier, more inclusive, and effective organisational culture. The ICR recommendations have been aligned to these pillars wherever possible, ensuring that the actions taken to date are directly linked to the organisation’s longer-term cultural vision. • To move from activity to impact, the NMC has developed a Culture Maturity Model. This model sets out what cultural change looks like in practice at different stages of maturity, from initial improvements through to full embedding. It articulates the behaviours, outcomes, and systems that will indicate when progress is taking root, and ultimately when the organisation has achieved sustainable cultural transformation. • The maturity model covers each of the six pillars in the Culture Transformation Plan, as well as a dedicated framework for progressing towards becoming an anti-racist organisation. By clearly describing what change looks like “on the ground,” it provides a way to track not only whether actions have been delivered, but whether they are altering how people experience the NMC’s culture—be that staff, registrants, or the public. • Over the next three years, this maturity model will be central to how the NMC measures and demonstrates progress. It allows Council and the PSA to move beyond counting completed deliverables, to assessing whether cultural change is genuinely embedded and making a difference. It sets a shared language for what success looks like, and a roadmap for the NMC to become an organisation that not only accepts recommendations but lives its values and delivers them in practice.	
Key questions:	Beyond completing all 37 ICR recommendations, how will the NMC demonstrate and measure genuine culture change?	
Annexes	The following annexes are attached to this paper: • Annexe 1: Culture Transformation Maturity Model • Annexe 2: Living our Values	
Further information:	If you require clarification about any point in the paper or would like further information, please contact the author or the director named below.	
	Author: Ravi Chand Ravi.chand@nmc-uk.org	Executive Director: Ravi Chand Ravi.chand@nmc-uk.org

Culture Transformation Plan /

Independent Culture Review: Maturity Model

Discussion

1

The NMC has delivered a substantial proportion of ICR recommendations, but delivery alone does not prove cultural change. Without a way of evidencing how actions are embedding in behaviours and lived experiences, there is a risk of being seen as “ticking boxes” rather than transforming. Council and the PSA require assurance that change is real, sustained, and demonstrable across the organisation.

2

How will we know when cultural change is genuinely happening on the ground?

3

What does progress look like at different stages of maturity for each of the six CTP pillars?

4

How can we demonstrate to Council, the PSA, staff, and registrants that actions taken are improving lived experience?

5

What distinguishes early improvements from fully embedded and sustainable cultural change?

6

Recommendation: The Council is recommended to approve the Culture Transformation Maturity Model.

Next Steps

7

We will continue to monitor Culture change through existing mechanisms; Your Voice survey results, engagement at Town Halls and staff briefings, and Speak up Ambassador programme. We will begin to implement the Culture Transformation Maturity Plan.

Implications

The following were considered when preparing this paper:

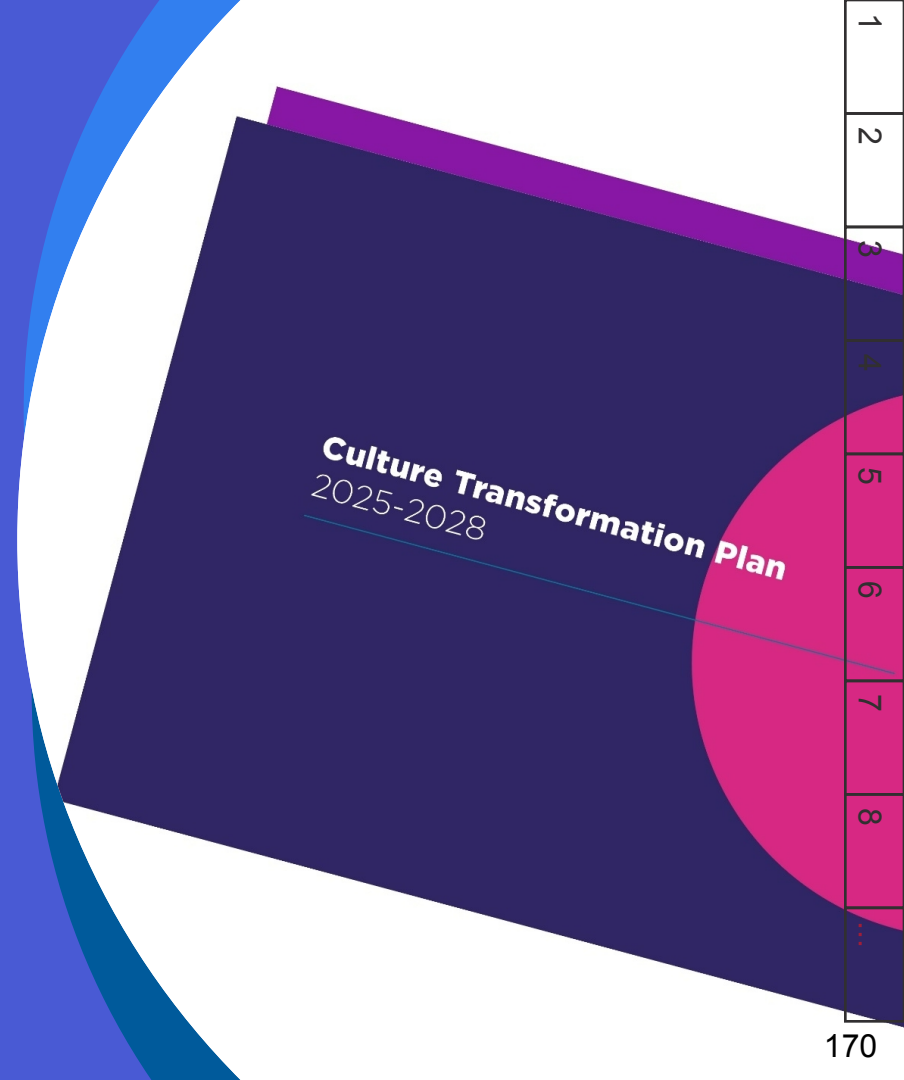
Implication:		Location if in paper:	Content if not in paper:
Public protection/impact for people.	Yes	All	Our culture work is fundamental to improving all aspects of our work and what it means for the public,

			including protection and impact
Safeguarding considerations	Yes		Referenced throughout the paper and annexes
The four country factors and considerations.	Yes- but no specific country		Applies to all internal workforce
Resource implications including information on the actual and expected costs involved.	Yes		Resource implications have been considered as part of the development of the recommendations and plans and are monitored
Risk implications associated with the work and the controls proposed/ in place.	Yes		Risks are monitored for each of the areas separately
Legal considerations.	Not Applicable		No specific legal considerations for the purposes of this paper
Midwives and/or nursing associates.	Yes		Our culture work is fundamental to improving all aspects of our work and what it means for our registrants
Equality, diversity, and inclusion and Welsh Language impact.	Yes		Our culture work is fundamental to improving the experience of colleagues from Black, Asian and ethnic minority backgrounds
Stakeholder implications and any external stakeholders consulted.	Yes		Reference to reporting to PSA Independent Oversight Group throughout paper
Regulatory Reform.	Not Applicable		

Item 13: Annexe 1
NMC/25/95
24 September 2025

NMC's Culture Maturity Model:

How we will know when
change is happening on
the ground.



How to read the model

Each Culture Transformation pillar now has clear behaviours and outcomes at each stage of maturity, answering the question “How will we know when change is happening on the ground?” We have also included a model for becoming an anti-racist organisation.

Pillar	Maturity Model
Psychological Safety	Based on The Fearless Organisation: Creating Psychological Safety in the Workplace for Learning, Innovation and Growth by Amy C. Edmondson.
Leadership	Based on the Civil Service 7 lens maturity model.
Values-based decision-making	Adapted from Civil Partners Culture Maturity model and Kellogg's Values-Based Leadership model.
Enjoying work	Original research by Perlo J, Balik B, Swensen S, Kabcenell A, Landsman J, Feeley D. IHI Framework for Improving Joy in Work. IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2017.
Equity, Diversity & Inclusion	Based on Deloitte's DEI maturity model.
Anti-Racist Organisation	Adapted from research by Bailey Jackson and Rita Hardiman: Jackson, B. W (2006). Theory and practice of multicultural organization development. In Jones, B. B. & Brazzel, M. (Eds.), The NTL Handbook of Organization Development and Change (pps. 139-154). San Francisco, CA, Pfeiffe.
Regulatory Fairness	Produced in-house by the Culture and EDI team.

NMC's Culture Maturity Model

Turning point



	Year 1		Year 2		Year 3
Culture Transformation	Emerging	Reactive	Compliant	Maturing	Transformative
	Stage 1	Stage 2	Stage 3	Stage 4	Stage 5
Psychological safety	Psychologically unsafe	Inclusion safety	Learner Safety	Contributor Safety	Challenger safety
Leadership	Avoidant	Permission seeking	Transactional	Emerging transformative	Transformative
Values-based decision making	Foundational	Emerging	Compliant	Confident	Driven
Enjoying work	Undefined	Emerging	Exploring	Advancing	Innovative
EDI	Foundational	Emerging	Tactical	Advancing	Leading
Anti-Racist Org	The Club	Compliance	Affirming	Redefining	Anti-Racist intersectional
Regulatory Fairness	Inadequate	Awareness	Understanding	Implementation	Integrated

Psychological Safety

Baseline maturity level	Year 1 outcome	Year 2 outcome	Year 3 outcome	Measures
Emerging to Reactive Gradually moving from psychologically unsafe towards a state of inclusion safety, with key mechanisms and policies now in place.	Reactive to Compliance Individuals feel free to speak up. The culture supports a speak up culture.	Compliance to Maturing The workplace is free from discrimination and unfair treatment. Colleagues feel comfortable to actively participate in discussions. Learner Safety widespread. Colleagues can make and admit small mistakes, which are seen as learning opportunities.	Maturing to Transformative Contributor Safety: Individuals from all backgrounds contribute and their input is valued. We have a culture of constructive feedback. There is a shared sense of psychological safety. People have confidence in the mechanisms in place.	Psych safety index Your Voice HR casework resolution Grievances Independent guardian & ETSU

RAG Rating

Progress

Overall status

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NB. Organisational culture is the longer-term deep-seated values and core beliefs, ‘the way things are done’.

Organisational climate is the ‘feel’ of the organisation right now ie. short-term indicator based on feeling and perceptions.

4

Effective leadership

					RAG Rating		1
Baseline maturity level	Year 1 outcome	Year 2 outcome	Year 3 outcome	Measures	Progress	Overall status	2
							3
Emerging to Reactive Evidence of both avoidant and permission-seeking behaviours. The leadership cadre is being developed and invested in, but desired behaviours are not yet embedded.	Reactive to Compliance A top-down approach is still considered prevalent throughout the organisation. Leaders complete mandatory learning and all culture transformation coaching, demonstrating commitment to personal development.	Compliance to Maturing There is sufficient ownership of transformation and leaders talk about it. There are visible role models. There is some evidence of delegated decision-making, but there is still centralisation of decision-making.	Maturing to Transformative Leaders tell a consistent story. They do what is needed to create the right environment for change. More sophisticated understanding of EDI and links to strategy, and significant evidence of embedding. All decisions delegated to the lowest safe level.	Your Voice Ambitious Appraisals 360 feedback Glassdoor			4
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Values-Based Decision-Making

Baseline maturity level	Year 1 Outcome	Year 2 Outcome	Year 3 Outcome	Measures
Foundational to Emerging The organisation has recently revisited its values. Work is underway to develop the behaviour framework. There are still behaviours which are unaligned with expected values and behaviours. Values-based decision-making is inconsistent	Emerging to Compliant Values based recruitment is established. We start to see evidence of values-based decision-making across other processes	Compliant to Values Confident The values are integrated into the organisation's processes, systems and decision-making People are confident in being values-led even in challenging circumstances.	Values Confident to Values Driven Values driven decision-making is integrated into the way we innovate and become fit for the future Leaders actively promote and embody the values and behaviours. There is a focus on sustainable success	 Your Voice Recruitment processes and outcomes Ambitious Appraisals 360 degree feedback

RAG Rating		1
Progress	Overall status	2
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		4
		5
		6
		7
		8
		⋮

Enjoying work

Baseline maturity level	Year 1 Outcome	Year 2 Outcome	Year 3 Outcome	Measures
Undefined to Emerging The concepts around enjoying work have recently been introduced to the workforce. Many people report burnout and do not feel there is capacity to change. The impact of transformation is not widely understood in the organisation’s culture	Emerging to exploring People feel they have permission to build some meaningful relationships within their teams and to make some changes in their business area. Leaders encourage wellness and resilience in their teams Leaders are competent in change facilitation and can coach their teams to participate in improvement activity	Exploring to advancing Leaders are role modelling wellness and resilience People feel connected to what the wider organisation is seeking to achieve People are confident at ‘calling out’ and ‘calling in’ behaviours which are unaligned with a culture of learning and improvement, our values and behaviours*	Advancing to Innovation All non-value-added work has been eradicated There are fair and equitable systems in place that embody the human needs which drive enjoyment at work We are a learning organisation and are recognised internally and externally as such	Your Voice Sickness absence Avoidable Staff turnover SER process Implementing recommendations from internal focus groups and/or networks Glassdoor

RAG Rating		1
Progress	Overall status	2
		3
NB. Calling out is to openly challenge or criticise often to generate public accountability. To 'call in' is to address behaviour in a private empathetic manner seeking to build understanding and encourage the person/group to reflect		4
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Equity, Diversity and Inclusion

Baseline maturity level	Year 1 Outcome	Year 2 Outcome	Year 3 Outcome	Measures
Foundational to Emerging EDI is still discussed as a separate thing and there is an inconsistent application of EDI principles EDI initiatives are largely prompted by external factors or public criticism Minoritised employees adapt or leave	Emerging to Tactical Some evidence of EDI and equitable approaches Some systems are in place to enable us to capture, analyse and monitor inequity across our processes and internal workforce Diversity is seen in terms of demographics and targets in place	Tactical to Advancing It is clear EDI is a priority for the organisation’s senior leadership EDI and equitable principles are woven into decision-making processes, influencing policies and practices at all levels. A systems approach to embedding EDI and equitable initiatives	Advancing to Leading EDI sheds its distinct status as separate initiatives Workforce is demographically and cognitively diverse Systems are in place to ensure ownership of the organisation’s commitment to EDI at all levels	Your Voice Equality impact assessments HR Casework EDI HR dashboard Meeting PSA EDI standard Pay gap data

RAG Rating

Progress

Overall status

Anti-Racist Organisation

					RAG Rating		1
					Progress	Overall status	2
Baseline maturity level	Year 1 Outcome	Year 2 Outcome	Year 3 Outcome	Measures			3
The Club to Compliant The organisation has recently signed the Unison Anti-Racist charter and has developed an anti-racist approach. There is diverse representation mainly in more junior roles.	Compliant to Affirming Focuses on legal compliance and symbolic diversity efforts	Affirming to Redefining Values interpersonal difference	Redefining to Anti-Racist Intersectional Mission, values, culture, operations and services reflect contributions of diverse groups and communities	 Your Voice Recruitment processes and outcomes Ambitious Appraisals EDI data on ethnicity and race, including WRES data Ethnicity pay gap data			4
	Lacks structural change or deep inclusion	Committed to structural change based in race equity principles, policies, practices and relationships	Leaders and members act to eliminate all forms of oppression within the organisation				5
	Some diverse representation, mainly at entry level	Redefining norms to more actively create cultural inclusivity	Debiased decision-making throughout all aspects of our work				6
	Conforms to structural hierarchy benefitting dominant groups						7
	Uses inclusive language						8
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Regulatory Fairness (EDI)

RAG Rating		1
Progress	Overall	
		2
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Baseline maturity level	Year 1 outcome	Year 2 outcome	Year 3 outcome	Measures	
Awareness to Compliance	Compliance to Integration	Integration to Embedding	Embedding to Leading	Increased number of appropriate EQIAs	
Regulatory processes fail to incorporate principles of EDI	Regulatory EDI identified as a significant risk	Regulatory EDI recognised as integral to delivering regulatory fairness	Regulatory EDI embedded into the FtP process, viewed as essential to public trust and professional standards	Increased public reporting on EDI performance	
Basic data lacking nuance and granularity	Senior leaders acknowledge importance of regulatory EDI but delegate responsibility	ED's across PR actively support and champion EDI interventions, including EDI team in the development of regulatory decision-making guidance and PR approach	Regulatory EDI objectives forming a key part of NMC's corporate and/or strategic plans	2030 Targets achieved	
Cultural competence/ understanding of regulatory EDI lacking	Limited improvement in data quality to identify disparities across ethnicity	Data identifies key areas of concern and is adequately nuanced to identify relevant trends. Data is consistently monitored at Board level	Significant data capture, capability and transparency	% decrease of disproportionality at every stage of FtP	
Lack of confidence in delivering regulatory EDI obligations effectively	Steps taken to improve some inequalities	FtP processes reviewed and redesigned with equitable outcomes considered at every stage	NMC recognised as a sector leader in regulatory EDI, influencing wider UK and international healthcare regulation	Increased diversity across Panels	
No consistency in the application of EDI principles in decision making	Diversity of stakeholders and consultation improves but inconsistency in engagement	Engagement with a range of diverse stakeholders is consistent and ongoing for all workstreams	Registrants are fully supported and understand how to deliver equitable care through NMC guidance and revalidation processes	EDI incorporated in organisational plans	
EQIA's completed but ineffective in properly identifying barriers	Targets identified to address disparities	EQIAs embedded into appropriate processes and policy development	Education providers demonstrate EDI commitments and engage fully with the NMC	Increased stakeholder engagement and satisfaction	
External reports highlighting regulatory EDI concerns		Employer referrals properly scrutinised to eliminate discrimination	NMC has solid and ongoing partnerships/relationships with diverse stakeholders and communities affected by disparities	Reduction in employer referrals where race/gender are a factor	
		Discrimination considered at every stage of FtP process			
		Quality control measures effectively identify	EDI robustly incorporated into Code/revalidation/education standards		

Nursing and Midwifery Council

Living Out Our Values

September 2025

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Living Out Our Values

How we should all behave to build our new culture

Our values and behaviours define who we are and how we work together.

They shape how we treat one another, how we make decisions, and how we carry out our responsibilities both individually and collectively.

At the NMC, these values and behaviours are more than words on a page. They reflect the kind of organisation we aspire to be and the standards we hold ourselves to in how we work with each other to protect the public.

This guide responds directly to what colleagues have shared in the NMC Independent Culture Review: that our values and behaviours need to be felt and lived, not just understood. It sets out what these values and behaviours look like in practice, and how we each play a part in making them real.

This guide sets out how we will become One NMC by describing:

- **The behaviours you can expect from us**
- **The behaviours we expect to see**
- **The behaviours we don't want to see**

These expectations apply to all of us. By living out our values and demonstrating the right behaviours, we strengthen trust, support better decisions, and help us realise our purpose now and more effectively into the future.

This behaviour guide explains how we apply our behaviours in a way that reflects who we are as an organisation: they shape how we apply those behaviours in a way that reflects who we are as an organisation.



Integrity

We do what's right, take responsibility, and follow through on our commitments.



Fairness

We treat people consistently, explain decisions, and act without favouritism.



Respect

We act with dignity, care and courtesy, creating a positive, empowering and inclusive culture for everyone.



Equity

We are an anti-racist organisation, where everyone can thrive regardless of their background and characteristics.



Effectiveness

We focus on outcomes, use our time well, and strive to keep learning and improving.

Value	The behaviours you can expect from us	The behaviours we expect to see	The behaviours we don't want to see
Integrity <i>We do what's right, take responsibility, and follow through on our commitments.</i>	• Clear standards for conduct, performance and professional accountability. • Support and protection for colleagues when raising concerns or speaking up. • Spirit of openness and curiosity when concerns are raised. • Clear communication and transparent decision-making, even when things go wrong. • A commitment to learning from mistakes, not hiding them. • Alignment between what we say and what we do, with clarity on how decisions are made.	• You act honestly and professionally, even when it's uncomfortable. • You work hard and professionally to deliver the NMC's objectives. • You take ownership of decisions and outcomes, helping others to understand your reasoning. • You raise concerns when something doesn't feel right, and support others who do the same. • You take ownership of your mistakes and work to put things right. • You respond to concerns being raised in an open and positive way, looking for solutions. • You take responsibility for your actions, especially when the situation is difficult or uncomfortable. • You act in ways that reflect what you say and expect from others, even under pressure.	• You avoid taking personal responsibility for tackling difficult problems, defer to others or escalate issues when equipped to deal with them yourself. • You fail to honour your core commitments to the NMC and do not meet your objectives consistently. • You do not take accountability for acting in the interests of the NMC and our stakeholders. • You display a defensive attitude when concerns are raised or feedback is given. • You immerse yourself in irrelevant detail, procrastinate or display an 'it's safer not to act' attitude. • You take a local, restricted view, failing to consider the impact of decisions on wider stakeholders, neglecting opportunities to connect people with the bigger NMC picture and the new culture we want to see.

Value	The behaviours you can expect from us	The behaviours we expect to see	The behaviours we don't want to see
Fairness <i>We treat people consistently, explain decisions, and act without favouritism.</i>	• Accessible processes for decision-making, support and opportunity. • Fair recruitment and consistent application of policy and process. • Fair treatment of all colleagues raising a concern. • Open communication and clear expectations. • A working environment where decisions, expectations and opportunities are clear and fair. • Active steps to recognise and remove unfairness or bias.	• You apply the same standards to everyone, not just those you work closely with. • You share information openly so that everyone understands how decisions are made. • You treat people fairly and professionally, avoiding favouritism or assumptions. • You recognise when something isn't fair and raise it constructively. • You help ensure that everyone's voice is heard and considered in a fair and open way. • You treat people who raise concerns fairly.	• You treat colleagues differently, in accordance with your own personal views. • You delay decision-making so that matters become urgent, and this has an impact on others in the team. • You adopt the 'expert' role, or leads with own views, rather than encouraging or respecting others' contributions or expertise. • You show intolerance of mistakes or avoidance of risk, and avoid thinking about the change we can all make to the NMC. • You discriminate against people who raise concerns or try to close them down.

Value	The behaviours you can expect from us	The behaviours we expect to see	The behaviours we don't want to see
Respect <i>We act with dignity, care and courtesy, creating a positive, empowering and inclusive culture for everyone.</i>	• An environment where everyone is respected, regardless of their background or characteristics, discipline or role. • A workplace culture where respectful challenge is welcomed and heard. • Supportive performance management that helps people learn and improve. • Clear, accessible processes for raising concerns and giving feedback. • Teams and working environments that uphold professionalism, well-being and mutual respect.	• You treat all colleagues, registrants and members of the public with courtesy and consideration, regardless of their background or characteristics, discipline or role. • You value others' contributions, listen carefully and acknowledge others' views, even if you don't agree with them. • You show self-awareness and take responsibility for how your behaviour affects others. • You speak up, or step in, when others are being ignored, undermined or disrespected. • You give and receive feedback thoughtfully and helpfully, recognising when others need support and responding with care.	• You treat some colleagues, registrants or members of the public unfavourably based on their background or characteristics, discipline or role. • You fail to break-down unhelpful boundaries, treating other Directorates or Professions differently to immediate colleagues. • You are impatient or critical of colleagues, moving to blame others when things go wrong or under pressure. • You fail to fully listen and are inconsistent when inviting feedback or contributions from colleagues, favouring some individuals' opinions over others. • You fail to respect diversity, either by intentionally or unintentionally using outdated language and or microaggressions.

Value	The behaviours you can expect from us	The behaviours we expect to see	The behaviours we don't want to see
Equity <i>We are an anti-racist organisation, where everyone can thrive regardless of their background and characteristics.</i>	• Opposition to all forms of discrimination and active anti-racism. • Systems and support that reflect different needs and circumstances. • Open and individually tailored access to development, progression and voice across the organisation. • Use of evidence, insights and feedback to identify where people may be missing out and action taken to change it. • Action to remove structural and systemic barriers, regardless of background or characteristics, seniority or role.	• You oppose all forms of discrimination, including racism – and act as an ally to all colleagues, registrants and members of the public with protected characteristics. • You recognise that others have different needs and adjust how you work to help everyone contribute and feel included. • You check whether your actions, decisions or processes disadvantage anyone and act to resolve. • You share information and opportunities openly, not just with those you work closely with. • You notice whose voices are missing and bring them into the conversation. • You make adjustments when needed so that everyone can access and engage equally with our services.	• You discriminate against others or remain silent in the face of discrimination, including racism – and fail to act as an ally to all colleagues, registrants and members of the public with protected characteristics. • You fail to acknowledge the differing needs and circumstances of others, leaving some colleagues feeling excluded or overlooked. • You do not reflect on your personal style, actions and decisions to ensure they are free from both conscious and unconscious bias. • You choose to remain silent in the face of unfair treatment of others, rather than being a role model for change and inclusion. • You share information and opportunities with a select few, excluding others to their disadvantage. • You perpetuate barriers to access and engagement by choosing not to make adjustments when needed.

Value	The behaviours you can expect from us	The behaviours we expect to see	The behaviours we don't want to see
Effectiveness <i>We focus on outcomes, use our time well, and strive to keep learning and improving.</i>	• A clear strategy, strong values and expectations around behaviours. • Effective performance management of our staff team. • Clear priorities, roles and expectations to help people stay focused. • Systems and processes that support timely, high-quality delivery. • A learning culture that supports improvement and innovation. • Decisions that are clear, well-reasoned and aligned to our purpose.	• Acknowledgment that in order to achieve our goals, managers must effectively performance-manage, always doing so in line with our values and behaviours. • You use your time and energy well, focusing on what matters most. • You deliver what you commit to and take accountability for the results. • You strive to improve how we work, showing curiosity and adapting when things don't go to plan. • You ask questions, use your judgement and seek clarity when needed. • You work collaboratively with others to deliver shared goals and improve how we achieve results.	• A failure to acknowledge that in order to achieve our goals, managers must effectively performance-manage, always doing so in line with our values and behaviours. • You focus on activities that are not aligned with the NMC's strategic objectives. • You make excuses or blame others for a failure to deliver on commitments. • You hide mistakes, rather than embracing them as opportunities to learn and improve. • You lack curiosity and display a fixed mindset. • You maintain siloed-working practices rather than collaborating and sharing good practice.

Cyngor

Adroddiad monitro blynyddol Safonau'r Gymraeg 2024-2025

Cam gweithredu y gofynnwyd amdano:	For noting I'w nodi Gofynnir i'r Cyngor nodi'r adroddiad.
Cefndir allweddol a llwybr penderfynu:	Ynghyd â rheoleiddwyr gweithwyr gofal iechyd statudol eraill sy'n gweithredu yng Nghymru, mae'r Cyngor Nyrsio a Bydwreigiaeth wedi bod yn ddarostyngedig i Reoliadau Safonau'r Gymraeg (Rhif 8) 2022 ers 6 Rhagfyr 2023. Mae'r Safonau'n ei gwneud yn ofynnol i ni gyhoeddi adroddiad blynyddol yn amlinellu sut rydym wedi cydymffurfio â safonau penodol yn unol â chais Comisiynydd y Gymraeg o fewn chwe mis i ddiwedd y flwyddyn ariannol. Mae'r adroddiad (Atodiad 1) yn darparu gwybodaeth am y safonau y mae'n rhaid i ni adrodd arnynt yn ogystal â manylion ychwanegol ar sut rydym yn gweithio i hwyluso'r defnydd o'r iaith Gymraeg yn ogystal â'n hymgysylltiad â rhanddeiliaid yng Nghymru. Yng nghyfarfod y Cyngor ym mis Medi 2024, cytunwyd y byddai adroddiadau monitro yn y dyfodol yn cael eu dirprwyo i'w cymeradwyo gan y Prif Weithredwr a'r Cofrestrydd ar ran y Cyngor. Rhannwyd drafft o'r adroddiad hwn gydag aelodau Cyngor Cymru i'w hadolygu a rhoi sylwadau cyn ei gymeradwyo gan y Prif Weithredwr a'r Cofrestrydd. Mae ein cydymffurfiaeth â'r Safonau yn sicrhau ein bod yn hwyluso ac yn hyrwyddo'r defnydd o'r iaith Gymraeg ac nad ydym yn trin y Gymraeg yn llai ffafriol na'r Saesneg. Mae hyn yn hanfodol i sicrhau bod gan siaradwyr Cymraeg gyfleoedd cyfartal i ymgysylltu â'r Cyngor Nyrsio a Bydwreigiaeth.
Cwestiynau allweddol:	Cwestiynau y mae'r papur hwn yn eu trafod: - Rhwng 1 Ebrill 2024 a 31 Mawrth 2025, pa ddata a gasglwyd gan y Cyngor Nyrsio a Bydwreigiaeth mewn perthynas â'n cydymffurfiaeth â Safonau'r Gymraeg? - Rhwng 1 Ebrill 2024 a 31 Mawrth 2025, sut mae'r Cyngor Nyrsio a Bydwreigiaeth wedi ymgysylltu â rhanddeiliaid yng Nghymru?

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Atodiadau:	Mae'r atodiad canlynol ynghlwm wrth y papur hwn: Atodiad 1: Adroddiad monitro blynyddol Safonau'r Gymraeg 2024-2025	
Gwybodaeth bellach:	Os oes angen eglurhad arnoch ynghylch unrhyw bwynt yn y papur neu os hoffech gael rhagor o wybodaeth, cysylltwch â'r awdur neu'r cyfarwyddwr a enwir isod..	
	Awdur: Colette Howarth Ffôn: 020 7681 5191 Colette.Howarth@nmc-uk.org	Cyfarwyddwr Gweithredol: Ravi Chand Ffôn: 020 7681 5310 Ravi.Chand@nmc-uk.org

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Adroddiad monitro blynyddol Safonau'r Gymraeg 2024-2025

Trafodaeth			
1 Gofynnir i'r Cyngor nodi'r adroddiad hwn a fydd yn cael ei gyhoeddi ar wefan y Cyngor Nyrsio a Bydwreigiaeth erbyn diwedd mis Medi 2025. Bydd copi hefyd yn cael ei rannu â swyddfa Comisiynydd y Gymraeg. 2 Rydym yn hyderus ein bod wedi cydymffurfio'n llwyddiannus â Rheoliadau Safonau'r Gymraeg rhwng 1 Ebrill 2024 a 31 Mawrth 2025. 3 Oherwydd oedi yn rhaglen yr MOT, nodwn yn yr adroddiad na fyddwn yn gallu cyrraedd y dyddiad cau estynedig a roddwyd yn flaenorol tan 31 Rhagfyr 2025 i fodloni Safon 20. Mae'r safon hon yn ymwneud â darparu fersiwn iaith Gymraeg o'n proses gofrestru. 4 Ar 26 Awst 2025, cyfarfu Tîm Polisi'r Cyngor Nyrsio a Bydwreigiaeth â chynrychiolydd o Swyddfa Comisiynydd y Gymraeg i esbonio hyn. Fe wnaethant gydnabod yr heriau yr ydym yn eu hwynebu gan awgrymu y gallem ofyn am estyniad pellach ar gyfer y safon hon. Felly, rydym wedi gofyn i Gomisiynydd y Gymraeg ystyried ein cais am estyniad tan 31 Gorffennaf 2026 ar gyfer gweithredu Safon 20. 5 Byddwn yn cadw mewn cysylltiad â Chomisiynydd y Gymraeg dros y flwyddyn nesaf wrth i ni weithio i weithredu'r system newydd gyda gallu iaith Gymraeg. Yn y cyfamser, rydym yn parhau i gynnig ffurflen gofrestru PDF i unrhyw un sy'n gofyn am ymuno â'r gofrestr gan ddefnyddio'r Gymraeg.			

Camau nesaf			
6 Bydd y papur yn cael ei gyflwyno i Gomisiynydd y Gymraeg a'i gyhoeddi ar wefan y Cyngor Nyrsio a Bydwreigiaeth erbyn 30 Medi 2025.			

Goblygiadau			
Ystyriwyd y canlynol wrth baratoi'r papur hwn:			
Goblygiad:		Lleoliad os yn y papur:	Cynnwys os nad yw yn y papur:
Diogelu'r cyhoedd/effaith ar bobl.	Ydy		Mae sicrhau nad ydym yn trin y Gymraeg yn llai ffafriol na'r Saesneg

			yn sicrhau bod gan siaradwyr Cymraeg gyfleoedd cyfartal i gael mynediad at ein gwasanaethau, sy'n hanfodol i gefnogi ein hamcanion ynghylch diogelu'r cyhoedd ac sydd ag effaith gadarnhaol ar siaradwyr y Gymraeg.
Ystyriaethau diogelu	Ddim yn berthnasol		
Ffactorau ac ystyriaethau'r pedwar gwlad.	Ydy		Mae'r adroddiad hwn o berthnasedd arbennig i bobl sy'n byw ac yn gweithio yng Nghymru, a siaradwyr Cymraeg.
Goblygiadau adnoddau gan gynnwys gwybodaeth am y costau gwirioneddol a disgwyledig dan sylw.	Ydy		Mae goblygiadau adnoddau sy'n deillio o'r adroddiad hwn yn ymwneud â chrynhoi, cyfieithu a chyhoeddi'r adroddiad, sydd wedi'u cynnwys o fewn yr adnoddau cyfredol.
Goblygiadau risg sy'n gysylltiedig â'r gwaith a'r rheolaethau arfaethedig/sydd ar waith.	Ddim yn berthnasol		
Ystyriaethau cyfreithiol.	Ydy		Rydym yn ystyried ein bod yn cydymffurfio â Rheoliadau Safonau'r Gymraeg ac nad oes unrhyw oblygiadau cyfreithiol yn deillio o'r adroddiad..
Bydwragedd a/neu gymdeithion nyrsio.	Ddim yn berthnasol		

Cydraddoldeb, amrywiaeth, a chynhwysiant ac effaith ar yr iaith Gymraeg.	Ydy		Mae'r adroddiad yn amlinellu sut rydym yn hwyluso ac yn hyrwyddo'r defnydd o'r Gymraeg yn y Cyngor Nyrsio a Bydwreigiaeth yn unol â Safonau'r Gymraeg. Mae ein Hasesiad Effaith ar yr iaith Gymraeg yn rhan o'r holl gynllunio prosiectau a pholisi mawr i asesu unrhyw effeithiau negyddol neu gadarnhaol ar ddefnyddio'r iaith Gymraeg, ac i nodi unrhyw gamau lliniaru i leihau effeithiau negyddol.
Goblygiadau i randdeiliaid ac unrhyw randdeiliaid allanol yr ymgynghorir â nhw.	Ydy		Mae'r adroddiad yn cynnwys gwybodaeth am ein hymgysylltu â rhanddeiliaid yng Nghymru, a sut rydym yn sicrhau y gall siaradwyr Cymraeg ymgysylltu â'r NMC yn y Gymraeg..
Diwygio Rheoleiddiol	Ddim yn berthnasol		

Rheoliadau Safonau'r Gymraeg Adroddiad Monitro Blynyddol 2024–2025

Medi 2025

nmc
Cyngor
Nursio a
Bydwreigiaeth

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Amdanom ni

Ein gweledigaeth yw ymarfer nyrsio a bydwreigiaeth diogel, effeithiol a charedig sy'n gwella iechyd a lles pawb. Fel rheoleiddiwr annibynnol dros 853,000 o nyrsys a bydwragedd yn y DU a chymdeithion nyrsio yn Lloegr, mae gennym rôl bwysig i'w chwarae wrth wireddu'r weledigaeth hon.

Rydym yma i amddiffyn y cyhoedd trwy gynnal safonau nyrsio a bydwreigiaeth proffesiynol uchel, y mae gan y cyhoedd hawl i'w disgwyl. Dyna pam rydym yn gwella'r ffordd rydym yn rheoleiddio, yn gwella ein cymorth i gydweithwyr, gweithwyr proffesiynol a'r cyhoedd, ac yn gweithio gyda'n partneriaid i ddylanwadu ar ddyfodol iechyd a gofal cymdeithasol.

Ein rôl graidd yw **rheoleiddio**. Rydym yn gosod ac yn hyrwyddo safonau addysg a phroffesiynol uchel ar gyfer nyrsys a bydwragedd ledled y DU, a chymdeithion nyrsio yn Lloegr ac yn sicrhau ansawdd eu rhaglenni addysg. Rydym yn cynnal uniondeb y gofrestr o'r rhai sy'n gymwys i ymarfer. Ac rydym yn ymchwilio i bryderon am weithwyr proffesiynol - rhywbeth sy'n effeithio ar ychydig iawn o bobl ar ein cofrestr bob blwyddyn.

Er mwyn rheoleiddio'n dda, rydym yn **cefnogi** gweithwyr proffesiynol nyrsio a bydwreigiaeth a'r cyhoedd. Rydym yn creu adnoddau a chanllawiau sy'n ddefnyddiol drwy gydol gyrfaedd gweithwyr proffesiynol, gan eu helpu i gyflawni ein safonau yn ymarferol ac ymdrin â'r heriau y maent yn eu hwynebu. Rydym yn gweithio ar y cyd fel bod pawb yn teimlo eu bod wedi'u cynnwys a'u grymuso i lunio ein gwaith.

Rydym yn gweithio gyda'n partneriaid i fynd i'r afael â phryderon cyffredin, rhannu ein data, ein mewnwelediad a'n dysgu, i **ddylanwadu** a llywio penderfyniadau a helpu i ysgogi gwelliant mewn iechyd a gofal cymdeithasol i bobl a chymunedau.

Ein hymrwymiad i'r Gymraeg

Yn unol â Rheoliadau Safonau'r Gymraeg (Rhif 8), fel y'u nodir gan Gomisiynydd y Gymraeg, rydym wedi ymrwymo i hyrwyddo a hwyluso defnyddio'r Gymraeg a sicrhau nad yw'r Gymraeg yn cael ei thrin yn llai ffafriol na'r Saesneg.

Nod yr adroddiad monitro blynyddol hwn yw crynhoi ein cydymffurfiaeth â Rheoliadau Safonau'r Gymraeg yn ystod y cyfnod 1 Ebrill 2024–31 Mawrth 2025. Rydym wedi ymrwymo i gydymffurfio â Rheoliadau Safonau'r Gymraeg ac ymgysylltu â Chomisiynydd y Gymraeg ac eraill i fod yn ymatebol ac yn wybodus yn ein dull o ddiwallu anghenion siaradwyr Cymraeg. Mae'r adroddiad hwn yn nodi ein gwaith yn y maes hwn a bydd yn cael ei gyhoeddi ar ein gwefan.

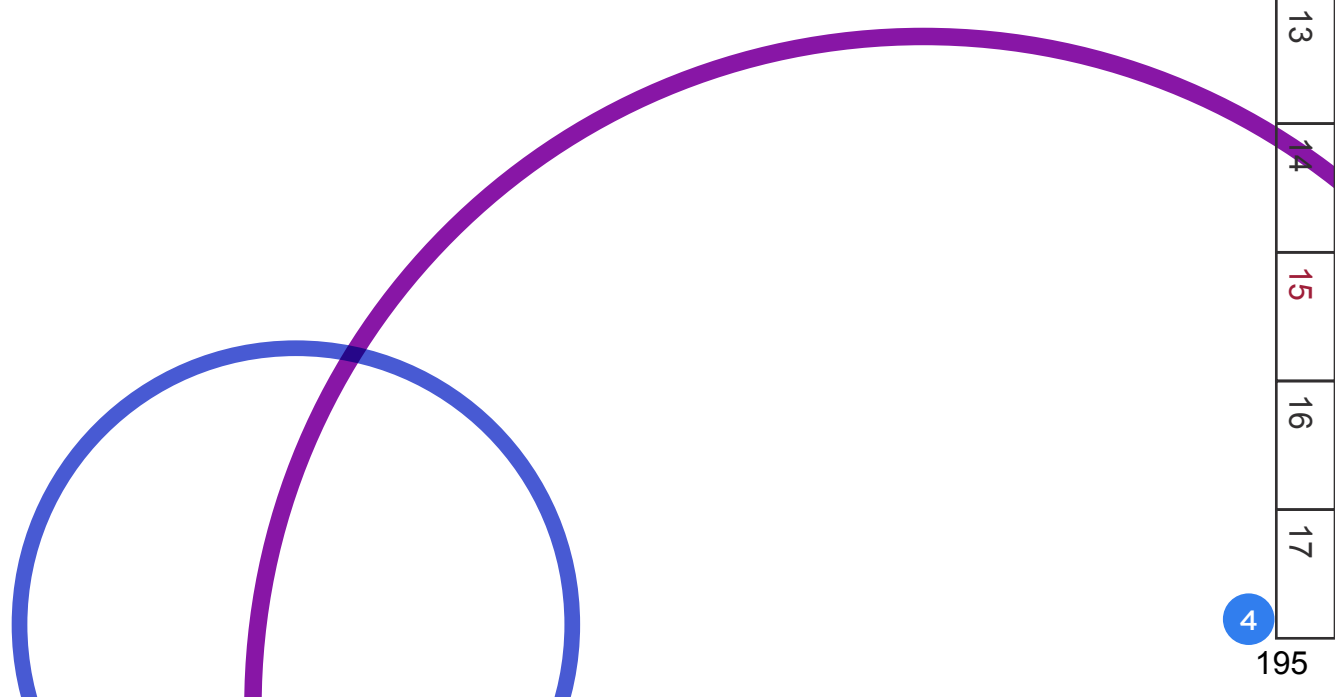
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Llywodraethu ein gwaith iaith Gymraeg

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

Drwy gydol 2024-2025, rydym wedi cynnull cyfarfod monitro mewnol chwarterol ar Safonau'r Gymraeg i gasglu data ar bob un o'r meysydd cydymffurfio. Mae unrhyw faterion sy'n codi, meysydd i'w gwella neu newidiadau i'w gweithredu hefyd yn cael eu trafod gan y grŵp hwn o gydweithwyr o bob rhan o'r Cyngor Nyrsio a Bydwreigiaeth.



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Ein gwaith iaith Gymraeg dros y flwyddyn ddiwethaf

Mae'n ofynnol i'r Cyngor Nyrsio a Bydwreigiaeth gydymffurfio â Rheoliadau Safonau'r Gymraeg (Rhif 8) ers 6 Rhagfyr 2023.

Ym mis Gorffennaf 2024, cwblhawyd hunanasesiad ar gyfer Comisiynydd y Iaith Gymraeg mewn perthynas â'n cydymffurfiaeth â'r Safonau. Datganwyd lefel uchel o sicrwydd ar gyfer y rhan fwyaf o safonau, gan ein bod wedi gwneud gwaith sylweddol i sicrhau bod pob tîm yn barod i ymateb i geisiadau i ddefnyddio'r iaith Gymraeg. Mae llawer o'r safonau'n parhau heb eu profi oherwydd nifer isel o geisiadau, fodd bynnag, rydym yn fodlon bod prosesau a chanllawiau ar waith i ymateb yn briodol pe baem yn derbyn cais o'r fath.

Ar gyfer y safonau sy'n ymwneud â gwefannau, fe wnaethom ddatgan lefel ganolig o sicrwydd oherwydd y dull cymesur yr ydym wedi'i gymryd i gyfieithu tudalennau gwefannau. Mae hyn yn golygu, ar rai o'n tudalennau gwe sydd wedi'u cyfieithu i'r Gymraeg, fod dolenni i dudalennau gwefannau ar gael yn Saesneg yn unig. Yn ein hunanasesiad, fe wnaethom gydnabod bod angen diweddarau llawer o dudalennau gwe'r NMC, a byddwn yn ystyried ar yr adeg honno a oes angen cyfieithu ychwanegol. Rydym wedi cynhyrchu canllawiau i gefnogi gwneud penderfyniadau cydweithwyr yn y maes hwn, gan ganolbwyntio ar y gynulleidfa fwriadedig a phwrrpas deunyddiau, ac a yw'r rhain yn awgrymu bod angen cyfieithu i'r Gymraeg.

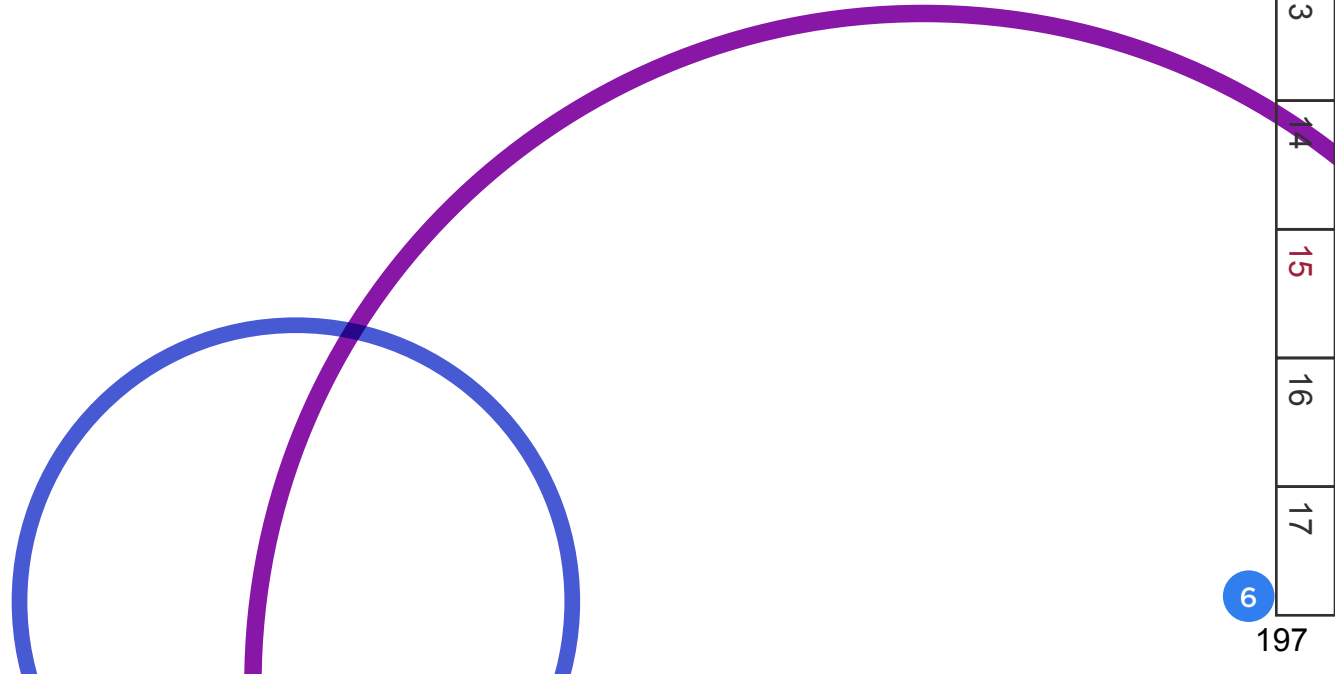
Eleni rydym wedi parhau i hyrwyddo Rheoliadau Safonau'r Gymraeg trwy sianeli cyfathrebu mewnol. Er enghraifft, tynnodd darn cyfathrebu o amgylch Dydd Gŵyl Dewi sylw at fanylion y rheoliadau a chyfrifoldebau cydweithwyr yr NMC, yn ogystal â phwysigrwydd pobl sy'n defnyddio gofal iechyd a chymdeithasol yn gallu cael mynediad at wasanaethau gan ddefnyddio'r Gymraeg.

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Ym mis Ebrill 2024, cyhoeddwyd ein [cylchlythyr cyhoeddus cyntaf yn y Gymraeg](#)¹. Roedd hyn yn cynnwys diweddariad mewn perthynas â rheoleiddio cymdeithion nyrsio yn y dyfodol yng Nghymru, ac erthygl gan Brif Weithredwr Llais Cymru, Alyson Thomas, am rôl y sefydliad wrth annog a galluogi lleisiau pobl wrth lunio eu gwasanaethau iechyd a gofal cymdeithasol.

Fel rhan o’n hadroddiadau data cofrestru ddwywaith y flwyddyn, cynhyrchwyd cyhoeddiad pwrpasol hefyd ar gyflwr y gofrestr yng Nghymru, sydd ar gael yn y Gymraeg a’r Saesneg. Mae hyn yn cynnwys gwybodaeth ynghylch faint o bobl sy’n ymuno ac yn gadael y proffesiynau, ble cawsant eu haddysgu, eu nodweddion demograffig, a pham y gadawodd pobl y gofrestr.

¹ [Cylchlythyr cyhoeddus Ebrill 2024 – fersiwn Saesneg](#)



Monitro data blynyddol

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

1. Nifer y cwynion a dderbyniwyd mewn perthynas â'n cydymffurfiaeth â Safonau'r Gymraeg
2. Nifer y cydweithwyr sy'n datgan sgiliau iaith Gymraeg a'u lefelau sgiliau
3. Nifer y swyddi gwag neu newydd lle mae angen sgiliau iaith Gymraeg.

Ar gyfer y cyfnod o **1 Ebrill 2024** i **31 Mawrth 2025**, gallwn ddarparu'r data canlynol:

1. Ni dderbyniwyd unrhyw gwynion mewn perthynas â'n cydymffurfiaeth â Safonau'r Gymraeg
2. Roedd tri chydweithiwr wedi datgan sgiliau iaith Gymraeg. Datganodd dau o'r rhain hyfedredd lefel A1 CEFR, a datganodd un hyfedredd lefel A2 CEFR. Dyma'r un nifer o gydweithwyr a ddatganodd sgiliau yn 2023-2024
3. Ni hysbysebwyd unrhyw swyddi gwag na swyddi newydd lle mae angen sgiliau iaith Gymraeg.

Yn ystod y cyfnod hwn, fe wnaehom gasglu data ychwanegol ynghylch ein darpariaeth iaith Gymraeg:

- Roedd angen cyfieithu 41 darn o waith prosiect corfforaethol i'r Gymraeg
- Fe fu 1,721 o ymweliadau â gwefan Gymraeg y Cyngor Nyrsio a Bydwreigiaeth. Fe fu 2,610 o ymweliadau yn 2023-2024.

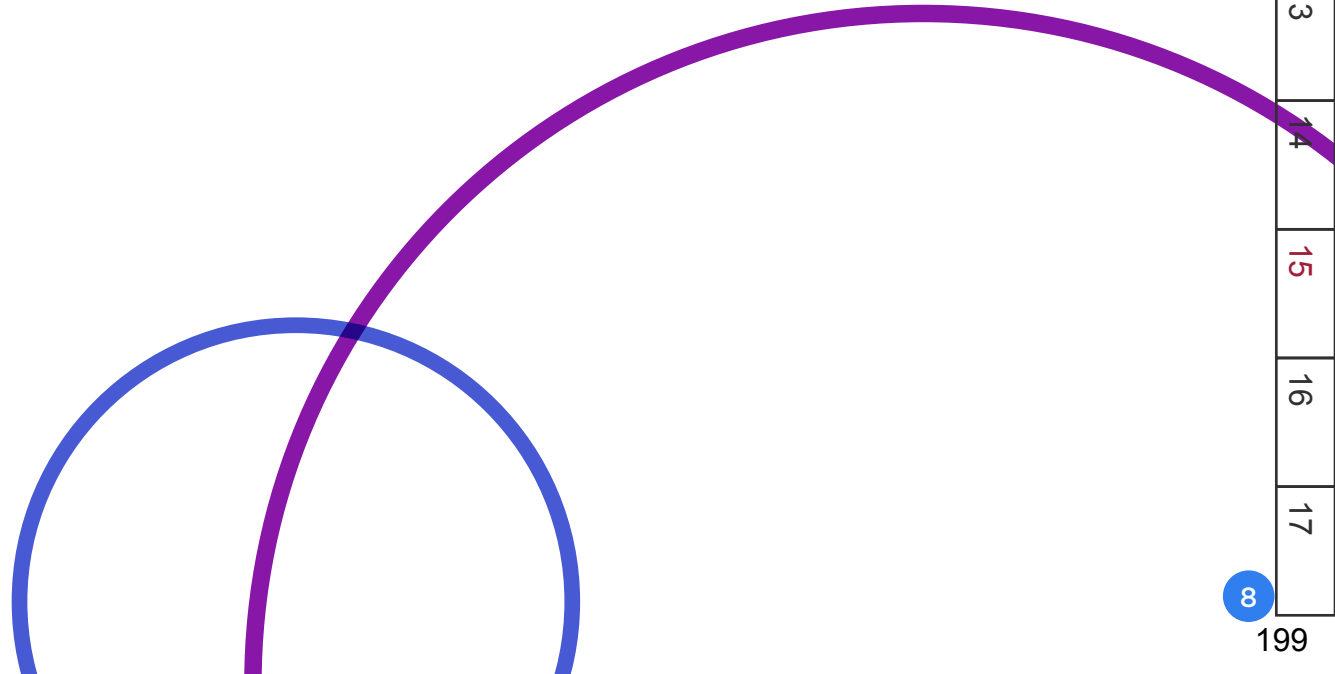
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Camau allweddol ar gyfer y flwyddyn nesaf

Byddwn yn parhau i gasglu data monitro'r iaith Gymraeg drwy gydol y flwyddyn i gynnal goruchwyliaeth o'n cydymffurfiaeth â'r Safonau a nodi unrhyw feysydd i'w gwella.

Fe wnaeth Comisiynydd y Gymraeg roi estyniad i'r NMC i gydymffurfio â Safon 20, sy'n ei gwneud yn ofynnol i ni greu fersiwn Gymraeg o'r broses ymgeisio am gofrestru i'r rhai a hyfforddir yn y DU. Oherwydd y rhaglen ddiwygio rheoleiddio a ragwelir, gofynnwyd am ymestyn y dyddiad cau ar gyfer y safon hon. Rhoddwyd hyn, a chawsom estyniad tan 31 Rhagfyr 2025 i weithredu'r safon hon yn llawn.

Byddwn yn parhau i weithio tuag at weithredu Safon 20 fel rhan o'n ffocws corfforaethol ar foderneiddio gwasanaethau technoleg yr NMC. Gan fod hyn yn dibynnu ar ein hamserlen moderneiddio technoleg, a ddiwygiwyd yn ddiweddar, ni fyddwn yn gallu bodloni amserlen Rhagfyr 2025. Rydym wedi gofyn am estyniad pellach gan Gomisiynydd y Gymraeg ar gyfer gweithredu'r safon hon, ac rydym yn gweithio tuag at gael fersiwn iaith Gymraeg o'n system gofrestru ar waith yn haf 2026. Byddwn yn cynnal cysylltiad â Chomisiynydd y Gymraeg ynghylch ein cynnydd yn y maes hwn, ac rydym yn parhau i gynnig fersiwn ddogfen o'r ffurflen gofrestru i'r rhai sy'n dymuno cofrestru yn y Gymraeg.



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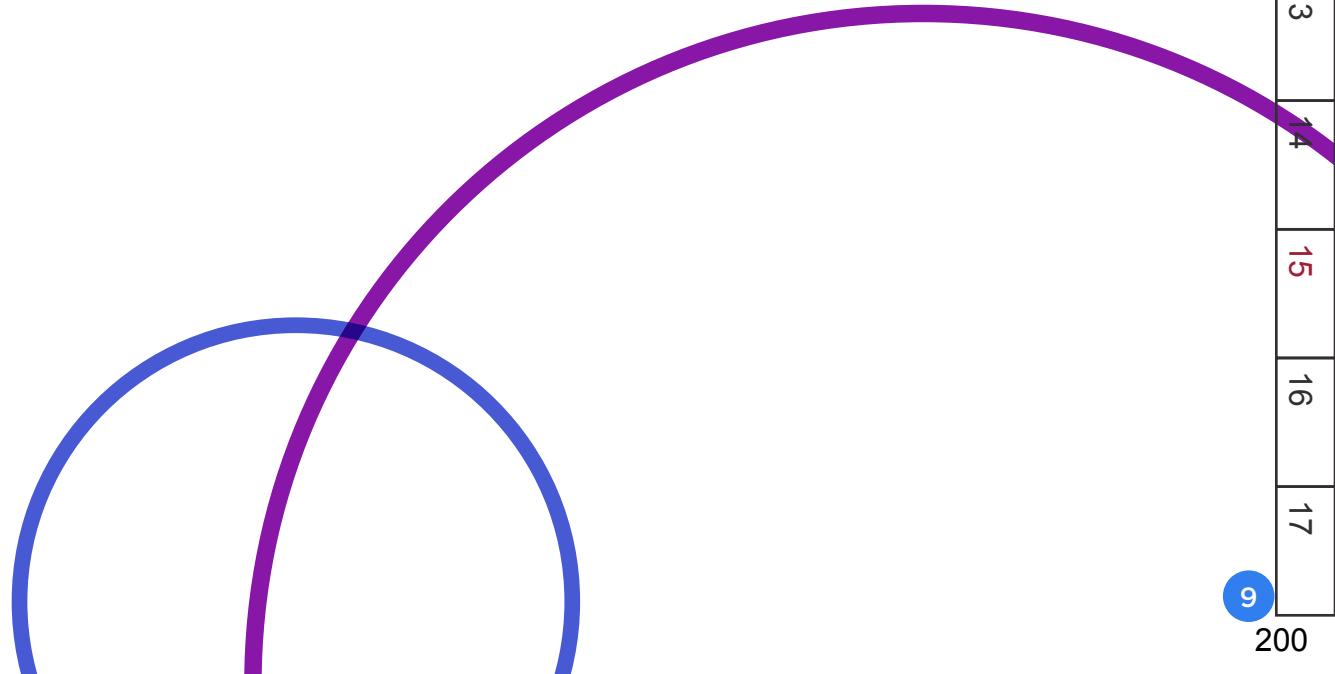
Byddwn hefyd yn sicrhau bod Asesiadau Effaith ar y Iaith Gymraeg (AEIG) pellach yn cael eu cwblhau mewn perthynas â'n prosiectau mawr a'n gwaith datblygu polisi. Mae'r gofyniad i gwblhau AEIG ac ystyried effeithiau ar ddefnyddio'r iaith Gymraeg wedi'i amlygu mewn fframweithiau rheoli prosiectau, yn ogystal ag mewn templedi ar gyfer papurau i'w cyflwyno i'r Cyngor.

Mae ein blaenoriaethau corfforaethol allweddol ar gyfer 2025-2026 yn cynnwys adolygiad o ddysgu ymarfer, y Cod, ac ailddilysu. Bydd y gwaith hwn yn cynnwys ymgynghori â rhanddeiliaid allweddol, a fydd yn cynnwys aelodau o'r cyhoedd yng Nghymru. Drwy gydol y gwaith hwn byddwn yn sicrhau ein bod yn hwyluso defnyddio'r Gymraeg yn unrhyw ran o'n hymgysylltu â'r cyhoedd yng Nghymru ac yn sicrhau bod effeithiau a chyfleoedd ar gyfer y Gymraeg yn cael eu hystyried.

Yr hydref hwn, rydym hefyd yn bwriadu ymgynghori ar rai gwelliannau i'n Rheolau. Wrth i ni gynllunio ar gyfer gweithredu'r newidiadau hyn, byddwn yn ystyried effeithiau ar yr iaith Gymraeg ar gyfer ein newidiadau proses. Bydd ein hymgynghoriad cyhoeddus hefyd yn ceisio barn rhanddeiliaid ar unrhyw effeithiau a chyfleoedd i'r iaith Gymraeg.

Byddwn yn parhau i adolygu'r tudalennau a ddarperir yn y Gymraeg ar wefan y Cyngor Nyrsio a Bydwreigiaeth, ac wrth i dudalennau gael eu diweddarau, byddwn yn eu cyfieithu i'r Gymraeg yn ôl yr angen.

Rydym yn parhau i fod wedi ymrwymo i ymgysylltu â fframwaith rheoleiddio Comisiynydd y Gymraeg ac yn edrych ymlaen at gynnig ein barn drwy eu dull cyd-reoleiddio a chwblhau hunanasesiad o'n cydymffurfiaeth â'r Safonau. Byddwn yn parhau i wneud ein gwasanaethau'n hygyrch i siaradwyr Cymraeg a chynyddu cyfleoedd i bobl ddefnyddio'r iaith Gymraeg.



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Gweithgarwch ymgysylltu diweddar yng Nghymru

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

Yn ystod y cyfnod adrodd o **1 Ebrill 2024 i 31 Mawrth 2025**, ymunodd y Cyngor Nyrsio a Bydwreigiaeth ag amrywiaeth o gyfarfodydd a digwyddiadau gyda rhanddeiliaid iechyd a gofal cymdeithasol yng Nghymru ac ymgysylltu â rhanddeiliaid rheoleiddio mewn perthynas â Safonau'r Gymraeg.

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

Ymgysylltu traws-reoleiddiol ar Reoliadau Safonau'r Gymraeg

Ymunodd y Cyngor Nyrsio a Bydwreigiaeth â chyfarfodydd rheolaidd Fforwm Cyd-Rheoleiddwyr Safonau'r Gymraeg, lle rydym yn trafod ein dulliau priodol o weithredu'r safonau a'n dealltwriaeth o sut i gymhwyso'r safonau yng nghyd-destun rheoleiddio gweithwyr iechyd a gofal.

Y Gwasanaeth Cyswllt Cyflogwyr

Mae Gwasanaeth Cyswllt Cyflogwyr (ELS) yr NMC wedi gweld ymgysylltu cadarnhaol cynyddol yng Nghymru. Mae hyn yn cynnwys ymgysylltu rheolaidd â Dirprwy Brif Swyddog Gweithredol Cymru, ac uwch arweinyddiaeth mewn byrddau iechyd ledled Cymru.

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Fe wnaeth yr ELS gynnal nifer o sesiynau ymgysylltu a dysgu ar draws byrddau iechyd yng Nghymru. Roedd y rhain yn cynnwys:

- 52 sesiwn ddysgu a ddarparwyd mewn byrddau iechyd yng Nghymru.
- Pum sesiwn ‘Croeso i’r DU’ a ddarparwyd i nyrsys sydd wedi cael addysg ryngwladol a gyflogir gan dri bwrdd iechyd yng Nghymru.
- Datblygu sesiynau pwrpasol a gynlluniwyd i gefnogi diwylliannau gweithle cadarnhaol a hyrwyddo diwylliannau dysgu cadarnhaol mewn bydwreigiaeth mewn un uned famolaeth bwrdd iechyd.
- Cydweithio â Choleg Brenhinol y Nyrsys (RCN) Cymru i gyflwyno Rhaglen Arweinyddiaeth RCN Cymru trwy un sesiwn ar gyfer nyrsys sy’n gweithio mewn bwrdd iechyd yng Nghymru, ac un sesiwn ar gyfer nyrsys sy’n gweithio yn y sector annibynnol yng Nghymru.
- Cyflwyniad yn nigwyddiad Gofal Diogel ac Effeithiol RCN Cymru.

Rhanddeiliaid y sector iechyd a gofal cymdeithasol

Roedd arweinyddiaeth y Cyngor Nyrsio a Bydwreigiaeth yn cyfarfod yn rheolaidd â Phrif Swyddogion Nyrsio a Phrif Swyddogion Bydwreigiaeth o bob cwr o’r DU ac ymunodd arweinyddiaeth ein Cyfarwyddiaeth Ymarfer Proffesiynol hefyd â chyfarfodydd rheolaidd gan gynnwys â Dirprwy Brif Swyddog Nyrsio Cymru.

Fe wnaeth cydweithwyr Ymarfer Proffesiynol yr NMC fynychu amrywiaeth o ddigwyddiadau gyda rhanddeiliaid nyrsio a bydwreigiaeth yng Nghymru, gan gynnwys:

- Uwchgynhadledd Gofal Iechyd Trawsreoleiddiol Cymru a gynhelir gan Arolygiaeth Gofal Iechyd Cymru (AGIC) bob chwe mis
- Digwyddiad lansio Gweithlu Nyrsio Gwella Gofal Iechyd ac Addysg Cymru (AaGIC)
- Cinio Rhaglen Arweinyddiaeth a Datblygu Bydwreigiaeth (MLDP) a gynhelir gan Goleg Brenhinol y Bydwagedd (RCM) Cymru a Llywodraeth Cymru
- Cynhadledd Myfyrwyr Bydwreigiaeth Cymru Gyfan
- Gŵyl Mamolaeth a Bydwreigiaeth Cymru a De-orllewin Lloegr

- Cynhadledd Dydd Gŵyl Dewi Coleg Brenhinol y Bydwragedd Cymru
- Cyfarfodydd Grŵp Datblygu Dogfennau Asesu Ymarfer Cymru Gyfan ar gyfer Cymwysterau Nyrs Iechyd Cyhoeddus Cymunedol Arbenigol (SCPHN) ac Ymarferydd Arbenigol (SPQ).

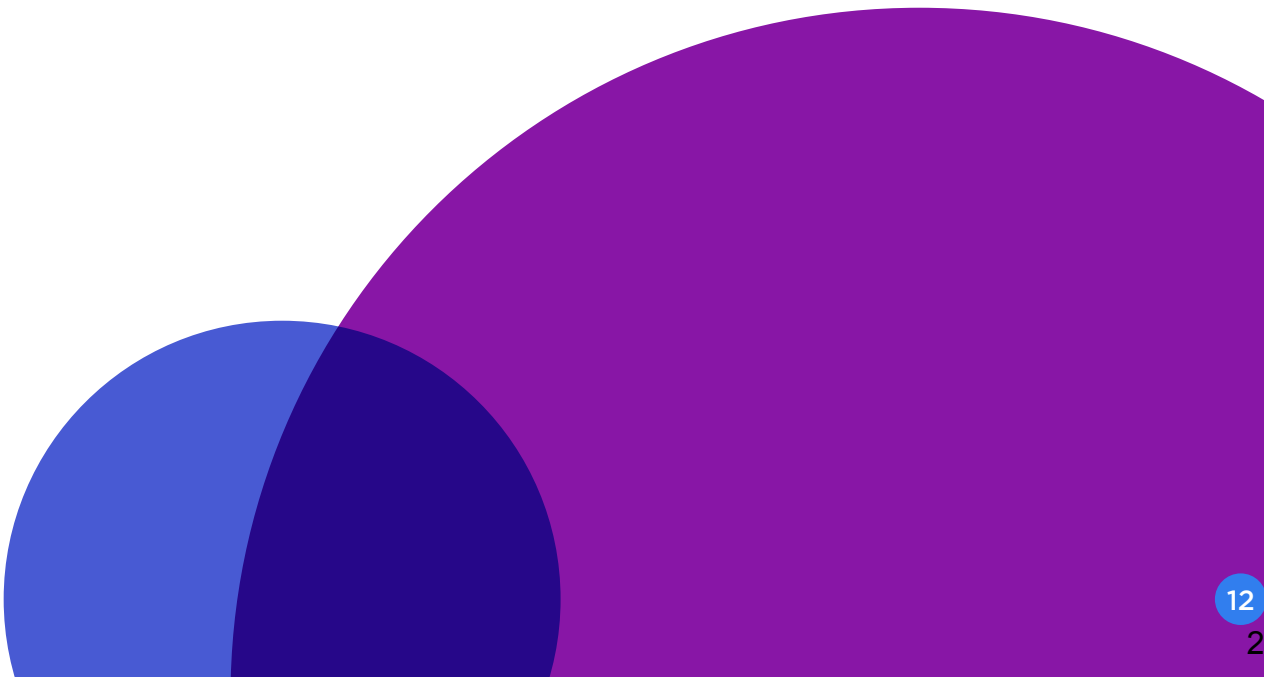
Cymdeithion Nyrsio yng Nghymru

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

Ymarfer Uwch

Er mwyn cefnogi datblygiad yr Egwyddorion newydd ar gyfer Ymarfer Uwch, cynhaliwyd cyfarfodydd grŵp llywio annibynnol o randdeiliaid ac arbenigwyr allweddol ar draws pedair gwlad y DU, yn ogystal â gweithgor rheoleiddio ar y cyd â rheoleiddwyr proffesiynol a system pedair gwlad eraill.

Er mwyn sicrhau bod yr egwyddorion yn cyd-fynd â fframwaith pob gwlad ei hun ar gyfer Ymarfer Uwch, cynhaliwyd gweithgorau pedair gwlad hefyd gyda gweithwyr proffesiynol sy’n gweithio ym mhob un o’r pedair gwlad, gan gynnwys yng Nghymru. Yn Hydref 2024, cynhaliwyd sesiynau ymgysylltu pellach ar Ymarfer Uwch gydag aelodau’r cyhoedd yng Nghymru, lle cynigiwyd yr opsiwn i ddefnyddio’r Gymraeg.



nmc

Cyngor Nyrsio a Bydwreigiaeth

23 Portland Place,
London W1B 1PZ
+44 20 7637 7181
www.nmc.org.uk

 @nmcuk

 @nmcnews

 The Nursing and Midwifery Council

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

Council

Welsh Language Standards annual monitoring report 2024-2025

Action requested:	For noting The Council is asked to note the report.
Key background and decision trail:	Along with other statutory healthcare professional regulators operating within Wales, the NMC has been subject to the Welsh Language Standards (No. 8) Regulations 2022 since 6 December 2023. The standards require us to publish an annual report outlining how we have complied with specific standards as requested by the Welsh Language Commissioner within six months from the end of the financial year. The report (Annexe 1) provides information on the standards we must report on as well as additional detail on how we are working to facilitate the use of the Welsh Language as well as our engagement with stakeholders in Wales. At the Council meeting in September 2024, it was agreed that future monitoring reports would be delegated for approval by the Chief Executive and Registrar on behalf of Council. A draft of this report was shared with Council members for Wales for their review and comment before approval by the Chief Executive and Registrar. Our compliance with the standards ensures we facilitate and promote the use of Welsh language and that we treat Welsh no less favourably than English. This is crucial to ensure Welsh speakers have equal opportunities to engage with the NMC.
Key questions:	Questions this paper addresses: - Between 1 April 2024 and 31 March 2025, what data has been collected by the NMC in relation to our compliance with the Welsh Language Standards? - Between 1 April 2024 and 31 March 2025, how has the NMC engaged with stakeholders in Wales?

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Annexes:	The following annexe is attached to this paper: Annexe 1: Welsh Language Standards annual monitoring report 2024-2025	
Further information:	If you require clarification about any point in the paper or would like further information, please contact the author or the director named below.	
	Author: Colette Howarth Phone: 020 7681 5191 Colette.Howarth@nmc-uk.org	Executive Director: Ravi Chand Phone: 020 7681 5310 Ravi.Chand@nmc-uk.org

Welsh Language Standards annual monitoring report 2024-2025

Discussion

- 1 The Council is asked to note this report which will be published on the NMC website by the end of September 2025. A copy will also be shared with the Welsh Language Commissioner's office.
- 2 We are confident that we have successfully complied with the Welsh Language Standards Regulations between 1 April 2024 and 31 March 2025.
- 3 Due to delays in the MoTs (Modernisation of Technology Services) programme, we note in the report that we will be unable to meet the extended deadline previously granted until 31 December 2025 to meet Standard 20. This standard relates to providing a Welsh language version of our registration process.
- 4 On 26 August 2025 the NMC Policy Team met with a representative from the Welsh Language Commissioner's Office to explain this. They acknowledged the challenges we are facing and suggested that we could request a further extension for this standard. We have therefore asked that the Welsh Language Commissioner consider our request for an extension until 31 July 2026 for implementing Standard 20.
- 5 We will maintain contact with the Welsh Language Commissioner over the coming year as we work to implement the new system with Welsh language capability. In the meantime, we continue to offer a PDF registration form for anyone requesting to join the register using Welsh.

Next Steps

- 6 The paper will be submitted to the Welsh Language Commissioner and published on the NMC website by 30 September 2025.

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		Ensuring that we treat Welsh no less favourably than English ensures that Welsh speakers have equal opportunities to access our services, which is vital to support our public protection aims and has a positive impact on Welsh language speakers.
Safeguarding considerations	Not Applicable		
The four country factors and considerations.	Yes		This report is of particular relevance to people living and working in Wales, and Welsh speakers.
Resource implications including information on the actual and expected costs involved.	Yes		Resource implications arising from this report relate to the compilation, translation, and publication of the report, which are covered within current resources.
Risk implications associated with the work and the controls proposed/ in place.	Not Applicable		
Legal considerations.	Yes		We consider we are compliant with the Welsh Language Standards Regulations and there are no legal implications arising from the report.
Midwives and/or nursing associates.	Not Applicable		

Equality, diversity, and inclusion and Welsh Language impact.	Yes		The report outlines how we are facilitating and promoting the use of Welsh at the NMC in line with the Welsh Language Standards. Our Welsh Language Impact Assessment forms part of all major project and policy planning to assess any negative or positive impacts on the use of Welsh language, and to identify any mitigating actions to reduce negative impacts.
Stakeholder implications and any external stakeholders consulted.	Yes		The report includes information about our engagement with stakeholders in Wales, and how we ensure Welsh speakers can engage with the NMC in Welsh.
Regulatory Reform.	Not Applicable		

Welsh Language Standards Regulations Annual Monitoring Report 2024–2025

September 2025

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About us

Our vision is safe, effective and kind nursing and midwifery practice that improves everyone’s health and wellbeing. As the independent regulator of more than 853,000 nurses and midwives in the UK and nursing associates in England, we have an important role to play in making this vision a reality.

We’re here to protect the public by upholding high professional nursing and midwifery standards, which the public has a right to expect. That’s why we’re improving the way we regulate, enhancing our support for colleagues, professionals and the public, and working with our partners to influence the future of health and social care.

Our core role is to **regulate**. We set and promote high education and professional standards for nurses and midwives across the UK, and nursing associates in England and quality assure their education programmes. We maintain the integrity of the register of those eligible to practise. And we investigate concerns about professionals – something that affects very few people on our register every year.

To regulate well, we **support** nursing and midwifery professionals and the public. We create resources and guidance that are useful throughout professionals’ careers, helping them to deliver our standards in practice and address challenges they face. We work collaboratively so everyone feels engaged and empowered to shape our work.

We work with our partners to address common concerns, share our data, insight and learning, to **influence** and inform decision-making and help drive improvement in health and social care for people and communities.

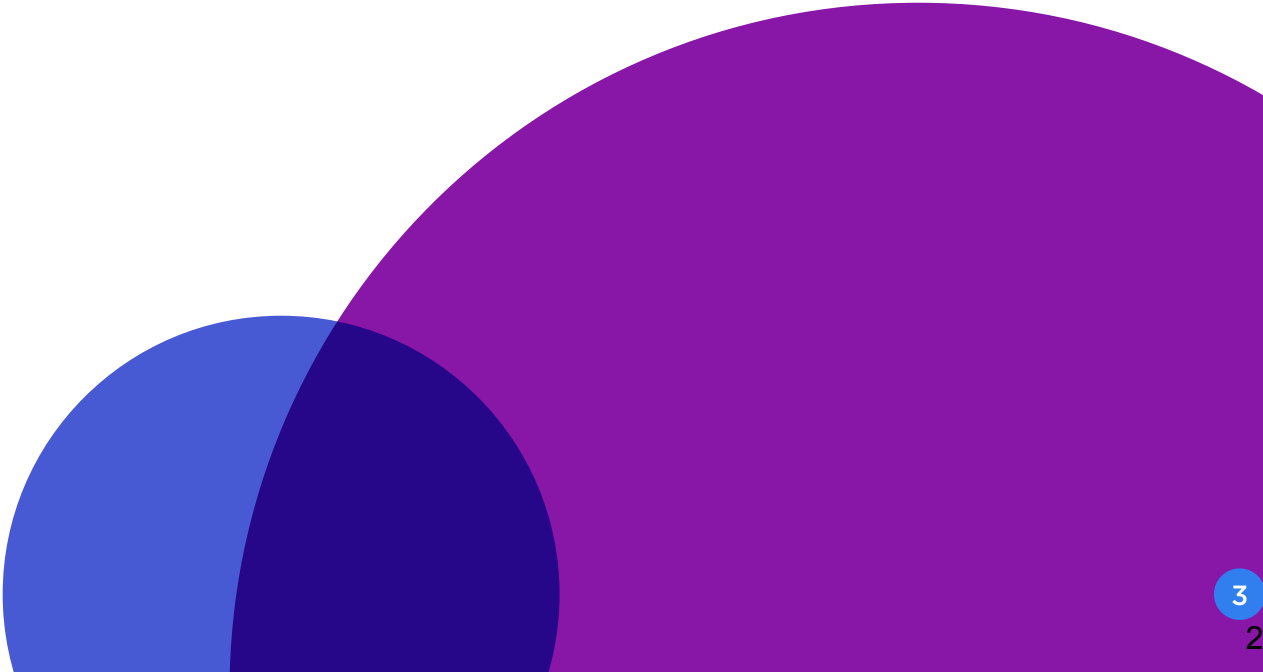
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Our commitment to the Welsh language

In line with the Welsh Language Standards (No. 8) Regulations, as set out by the Welsh Language Commissioner, we are committed to promoting and facilitating the use of the Welsh language and ensuring that the Welsh language is not treated any less favourably than English.

The aim of this annual monitoring report is to summarise our compliance with the Welsh Language Standards Regulations during the period 1 April 2024–31 March 2025.

We are committed to complying with the Welsh Language Standards Regulations and engaging with the Welsh Language Commissioner and others to be responsive and informed in our approach to meeting the needs of Welsh speakers. This report sets out our work in this area and will be published on our website.

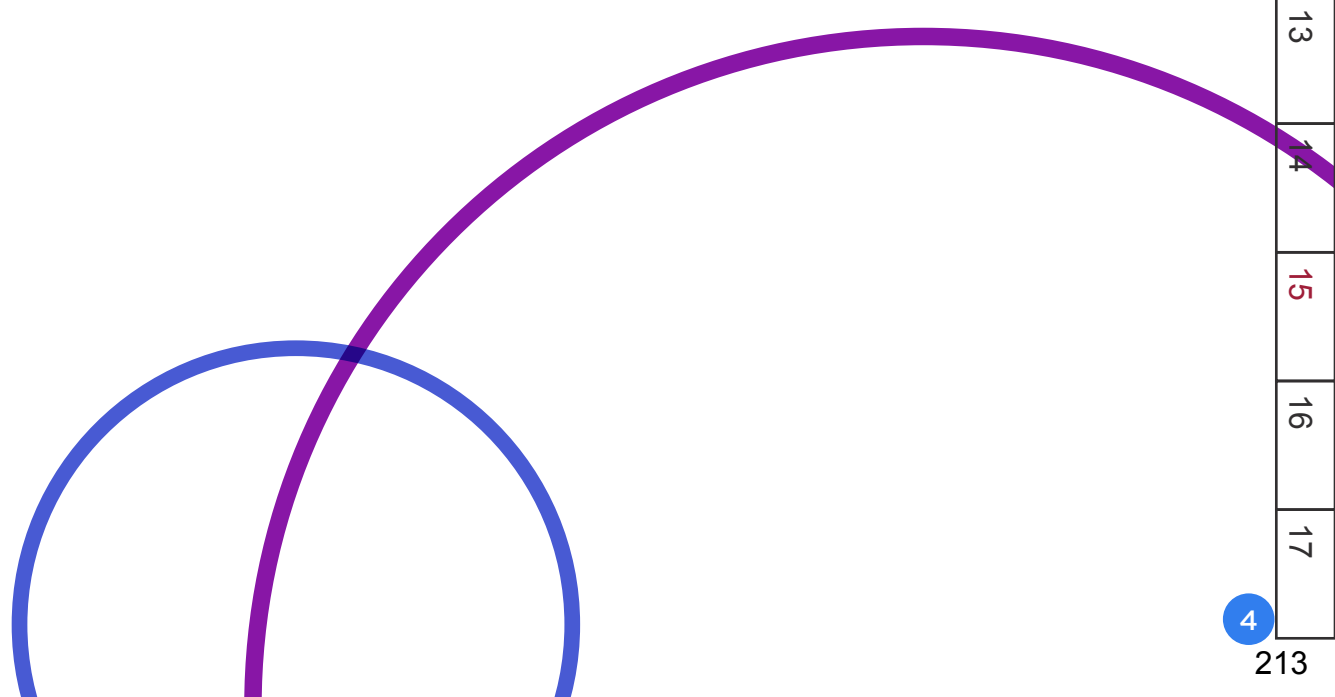


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Governance of our Welsh language work

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

Throughout 2024–2025, we have convened a quarterly internal Welsh Language Standards monitoring meeting to collect data on each of the compliance areas. Any issues arising, areas for improvement or changes to be implemented are also discussed by this group of colleagues from across the NMC.



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Our Welsh language work over the past year

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

In July 2024 we completed a self-assessment for the Welsh Language Commissioner in relation to our compliance with the Standards. We declared a high level of assurance for most standards, as we had undertaken significant work to ensure that all teams are prepared to respond to requests to use the Welsh language. Many of the standards remain untested due to low numbers of requests, however we are satisfied that processes and guidance are in place to respond accordingly should we receive such a request.

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

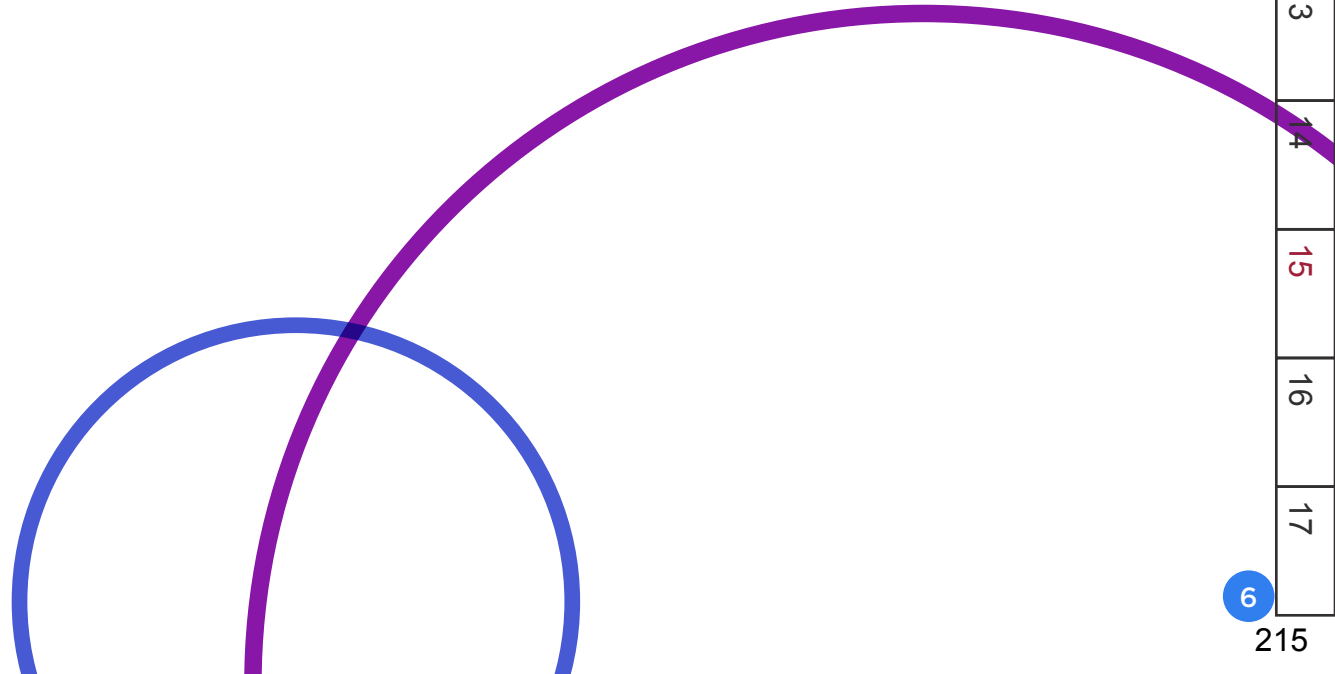
This year we have continued to promote the Welsh Language Standards Regulations through internal communications channels. For example, a communications piece around St David’s Day highlighted the details of the regulations and responsibilities for NMC colleagues, as well as the importance of people using health and social care being able to access services using Welsh.

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In April 2024 we published our [first public newsletter in Welsh](#)¹. This included an update in relation to future regulation of nursing associates in Wales, and an article from Llais Cymru Chief Executive Alyson Thomas about the organisation’s role in encouraging and enabling peoples’ voices in shaping their health and social care services.

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

1. [April 2024 public newsletter – English version](#)



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Annual data monitoring

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

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

For the period from **1 April 2024** to **31 March 2025**, we can provide the following data:

1. No complaints were received in relation to our compliance with the Welsh Language Standards
2. Three colleagues had declared Welsh language skills. Two of these declared CEFR A1 level proficiency, and one declared CEFR A2 level proficiency. This is the same number of colleagues who declared skills in 2023-2024
3. There were no vacant or new roles advertised where Welsh language skills are required.

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

- 41 pieces of corporate project work required Welsh translation
- There were 1,721 visits to the NMC's Welsh language website. There were 2,610 visits in 2023-2024.

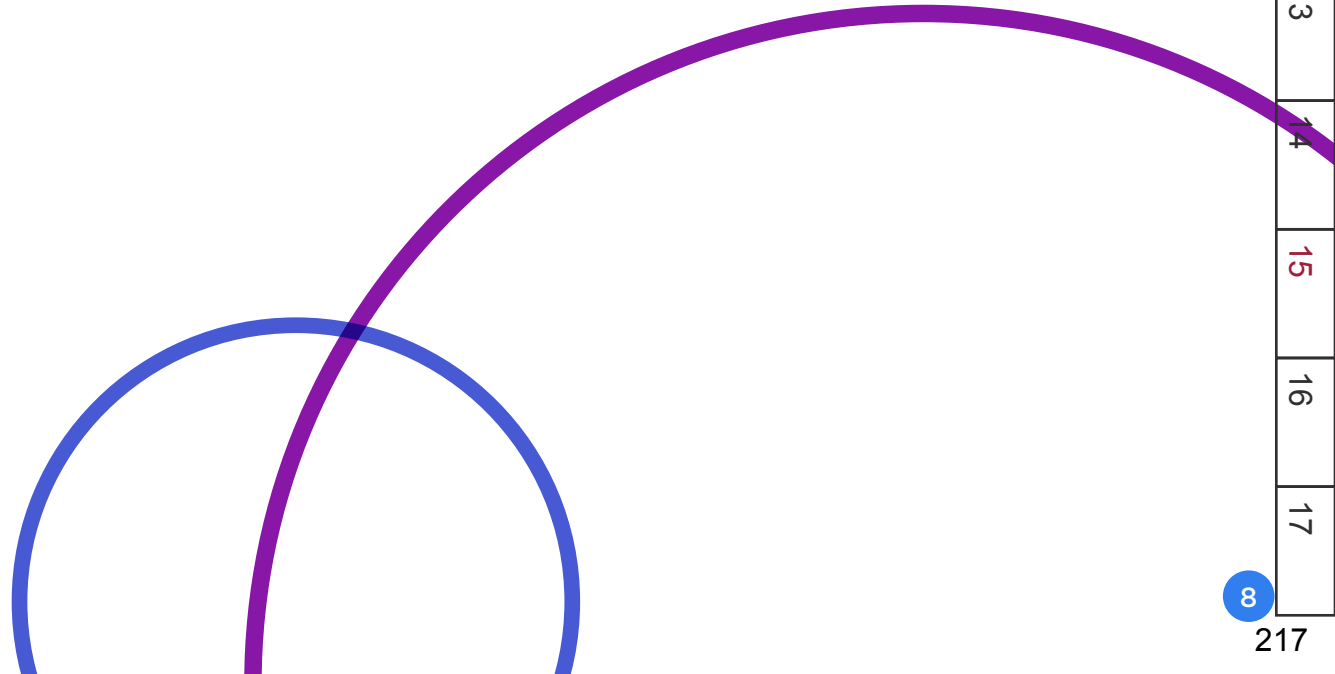
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Key actions for the next year

We will continue to collect Welsh language monitoring data throughout the year to maintain oversight of our compliance with the Standards and identify any areas for improvement.

The Welsh Language Commissioner granted the NMC an extension to comply with Standard 20, which requires us to create a Welsh version of the UK-trained registration application process. Due to the anticipated programme of regulatory reform, we requested that the deadline for this standard be extended. This was granted, and we were granted an extension until 31 December 2025 to fully implement this standard.

We will continue working towards implementing Standard 20 as part of our corporate focus on modernising the NMC’s technology services. As this is dependent on our modernising technology timetable, which was recently revised, we will not be able to meet the December 2025 timetable. We have requested a further extension from the Welsh Language Commissioner for implementing this standard, and we are working towards having a Welsh language version of our registration system implemented in summer 2026. We will maintain contact with the Welsh Language Commissioner about our progress in this area, and we continue to offer a document version of the registration form for those who wish to register in Welsh.



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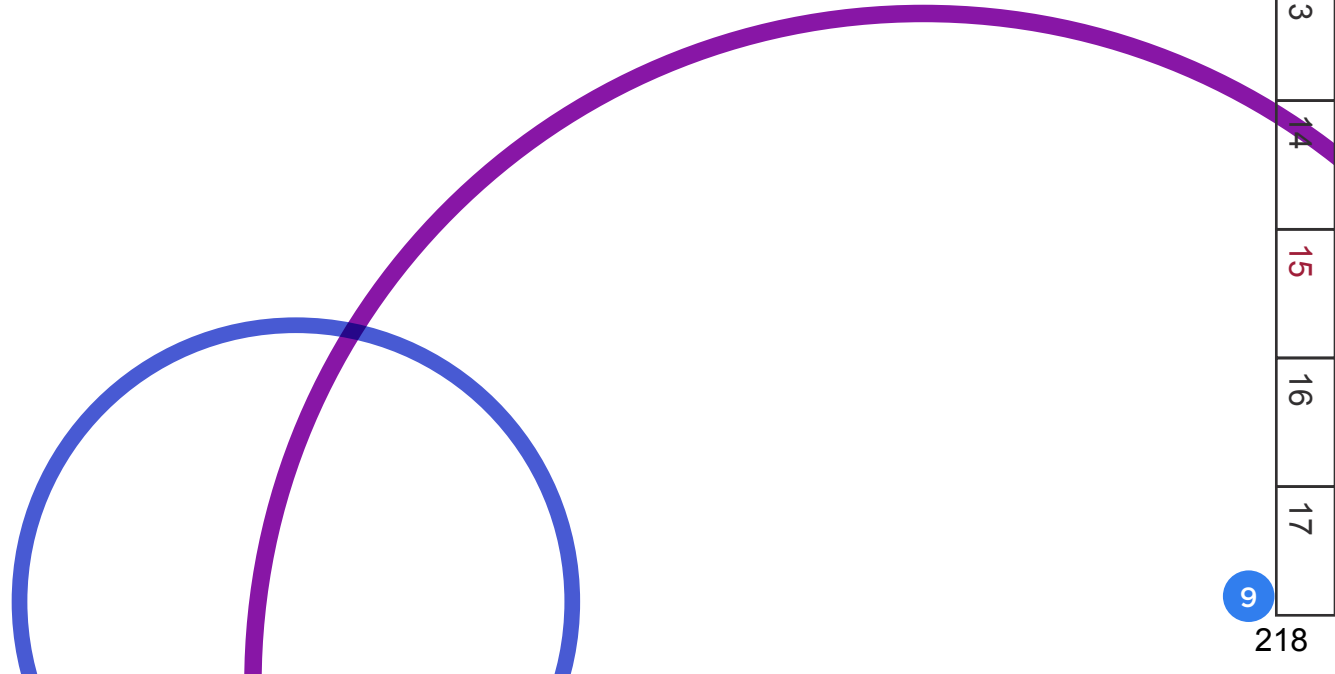
We will also ensure that further Welsh Language Impact Assessments (WLIA) are completed in relation to our major projects and policy development work. The requirement to complete a WLIA and consider impacts on the use of the Welsh language is highlighted in project management frameworks, as well as in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

Our key corporate priorities for 2025-2026 include a review of practice learning, the Code, and revalidation. This work will include consultation with key stakeholders, which will include members of the public in Wales. Throughout this work we will ensure that we facilitate the use of Welsh in any of our engagement with the public in Wales and ensure that impacts and opportunities for Welsh language are considered.

This autumn, we also plan to consult on some amendments to our Rules. As we plan for our implementation of these changes we will consider Welsh language impacts for our process changes. Our public consultation will also seek the views of stakeholders on any impacts and opportunities for the Welsh language.

We will continue to review the pages provided in Welsh on the NMC website, and as pages are updated, we will translate these into Welsh as necessary.

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



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Recent engagement activity in Wales

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

During the reporting period from **1 April 2024** to **31 March 2025**, the NMC joined a range of meetings and events with health and social care stakeholders in Wales and engaged with regulatory stakeholders in relation to the Welsh Language Standards.

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

Cross-regulatory engagement on the Welsh Language Standards Regulations

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

Employer Link Service

The NMC’s Employer Link Service (ELS) has seen increasing positive engagement in Wales. This includes regular engagement with the Deputy CNO for Wales, and senior leadership at health boards across Wales.

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The ELS held multiple engagement and learning sessions across health boards in Wales. These included:

- 52 learning sessions delivered at health boards in Wales
- Five ‘Welcome to the UK’ sessions delivered to internationally educated nurses employed by three health boards in Wales
- Development of bespoke sessions designed to support positive workplace cultures and promote positive learning cultures in midwifery at one health board maternity unit
- Collaboration with Royal College of Nursing (RCN) Wales in delivery of the RCN Wales Leadership Programme through one session for nurses working in a health board in Wales, and one session for nurses working in the independent sector in Wales
- A presentation at the RCN Wales Safe and Effective Care event.

Health and social care sector stakeholders

The NMC’s leadership met regularly with Chief Nursing Officers and Chief Midwifery Officers from across the UK and our Professional Practice Directorate leadership also joined regular meetings including with the Deputy CNO for Wales.

NMC Professional Practice colleagues attended a range of events with nursing and midwifery stakeholders in Wales, including:

- The Cross Regulatory Wales Health Care Summit hosted by Healthcare Inspectorate Wales (HIW) every six months
- Healthcare Improvement and Education Wales (HEIW) Nursing Workforce launch event
- Midwifery Leadership and Development Programme (MLDP) dinner hosted by Royal College of Midwives (RCM) Wales and the Welsh Government
- All Wales Student Midwife Conference
- Wales & South West Maternity and Midwifery Festival
- RCM Wales St David’s Day Conference
- Meetings of the All-Wales Practice Assessment Document Development Group for Specialist Community Public Health Nurses (SCPHN) and Specialist Practitioner Qualifications (SPQ).

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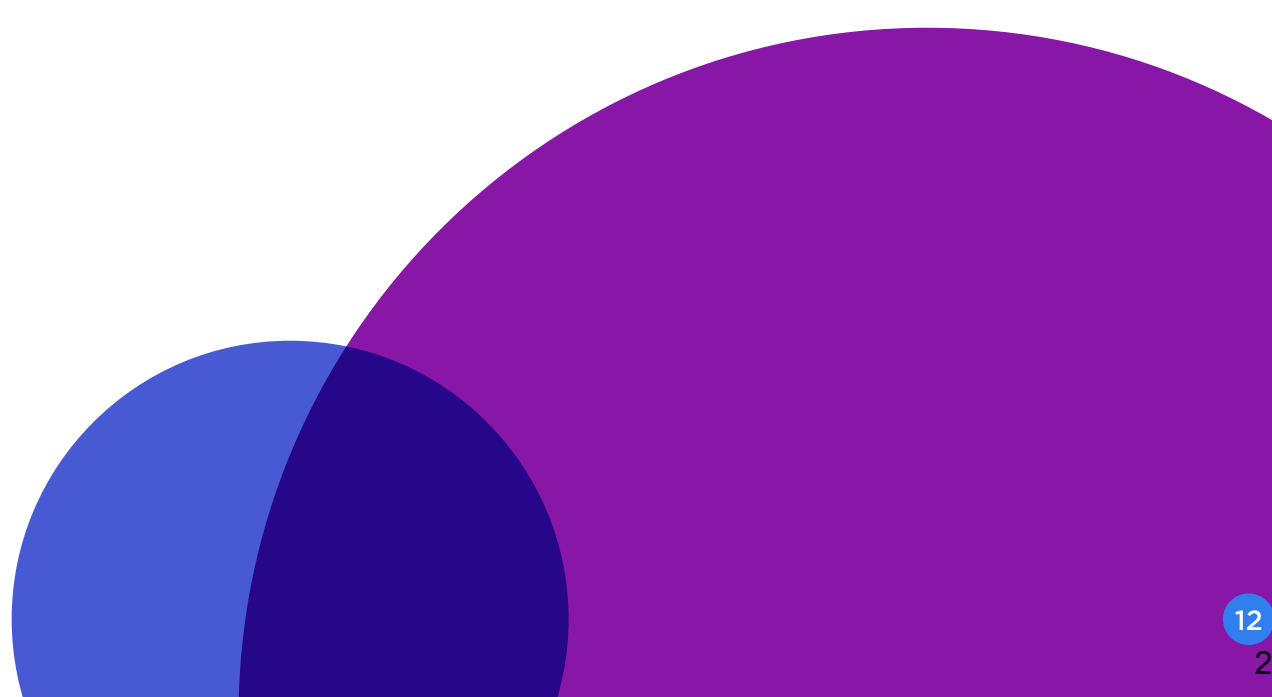
Nursing Associates in Wales

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

Advanced Practice

To support development of the new Principles for Advanced Practice, we held meetings of an independent steering group of key stakeholders and experts across the four nations of the UK, as well as a joint regulatory working group with other four-nation professional and system regulators.

To ensure the principles aligned with each nation’s own framework for Advanced Practice, we also held four-country working groups with professionals working in each of the four nations, including in Wales. In Autumn 2024, we also held further engagement sessions on Advanced Practice with members of the public in Wales, where the option to use Welsh was offered.



23 Portland Place,
London W1B 1PZ
+44 20 7637 7181
www.nmc.org.uk

 @nmcuk

 @nmcnews

 The Nursing and Midwifery Council

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

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Report from Committee to Council

Name of committee	Investment Committee
Date of meeting	29 July 2025
Committee chair / report author	Committee Chair: Rhiannon Beaumont-Wood Author: Alexa Halabi
Date of report	15 August 2025

Key discussions

Transition to new investment manager

- 1 The Committee noted that the transition from Sarasin to Cazenove had taken longer than hoped but the contract had now been signed.
- 2 Cazenove now has a better idea of the NMC's financial position. It has recommended that Sarasin liquidate the equity portfolio to fulfil the cash flow needs. Cazenove would normally recommend liquidating assets if there was a known or potential liability within the next 12-18 months.
- 3 The Committee agreed that it was prudent to have funds ringfenced during this challenging financial position and to not invest in the longer-term portfolio now.

Finance and Resources Committee

- 4 This was the last formal Investment Committee meeting ahead of the transition to the Finance and Resources Committee (FRC). The Investment Committee Chair and the two partner members would be on hand to review the transition process ahead of the next FRC.
- 5 The Committee would consider creating a standardised report for Council that would cover key investment points. This would be refined once the FRC Terms of Reference had been approved and would allow for urgent issues to be raised where needed.
- 6 The FRC would review whether enough time was being spent on the investment portfolio six months after its creation.
- 7 As all Council Members are Trustees, they have a legal duty with regard to the management of funds and all Council members should be encouraged to access training to gain a better understanding of Investment management reporting.

Investment Committee risk register

- 8 The Committee noted the risk register. The risk scores and ratings in totality ensure that the controls reflect the wider changes being introduced such as the cost improvement programme and efficiencies.

Key decisions

- 9 The Committee approved Cazenove instructing Sarasin to liquidate equity funds.

Council

Chair's actions taken since the last meeting of the Council

Action requested:	Reports action taken by the Chair of the Council The Council is asked to note the report.
Key background and decision trail:	This paper reports action taken by the Chair of the Council since 23 July 2025 under delegated powers in accordance with Standing Orders. There has been one Chair's action: Approval for Surinder Birdi to be appointed as a Pensions Trustee (07-2025)
Key questions:	What action on minor, non-contentious or urgent matters falling under the authority of the Council (Scheme of Delegation, paragraph 4.6) has the Chair taken on behalf of the Council since the last meeting?
Annexes:	The following annexe is attached to this paper: Annexe 1: Chair's action 07-2025
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. Secretary: Jacqueline Maunder Phone: 020 7681 5988 jacqueline.maunder@nmc-uk.org

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Chair's Action 07/2025

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

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

Requested by:	Date:
Secretary to the Council	16 September 2025

Approval for Surinder Birdi to be appointed as a Pensions Trustee

The Chair is asked to:

- give approval for Surinder Birdi to be appointed as a Pensions Trustee on behalf of Council members as trustees of the NMC.

Signed



Date: 16 September 2025

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Approval for Surinder Birdi to be appointed as a Pensions Trustee

Purpose

- 1 Seeks approval for Surinder Birdi to be appointed as a Pensions Trustee on behalf of Council members as trustees of the NMC.

Background

- 2 Until 30 June 2021, the NMC had two active pension schemes: a defined benefit (DB) pension scheme and a defined contribution scheme. Employees who joined the NMC before November 2013 were able to join the defined benefit pension scheme. The scheme was closed to employees joining the NMC after 1 November 2013. On 23 March 2021, following a consultation, the Council approved closure of the defined benefit scheme to future accrual of benefits with effect from 1 July 2021.
- 3 NMC existing and former staff are the largest number of DB scheme members. The other employer is DHSC (legacy) with a small number of pensioner members.
- 4 Under the Trust Deeds, the NMC nominates two employer representatives to the Board of Trustees of the NMC and allied employers Defined Benefit Pension (DB) Scheme. These are Council appointments.

Discussion

Vacancy for an employer representative

- 5 There is currently a vacancy for an employer nominated representative due to the previous incumbent, John Halladay (who chaired the Board of Trustees) having to step away.
- 6 The other trustee nominated by the NMC is Phil Hall, who now chairs the Board of Trustees. Phil's first five year term ended on 30 April 2024. In March 2024, the Council confirmed Phil's reappointment for a second term from 1 May 2024 to 30 April 2029.
- 7 The Trust Deeds and Rules do not specify how long a Trustee can serve, but do say that provisions governing the selection and procedure for the appointment and removal of trustees are contained in regulations made by the trustees and agreed by the Employers from time to time. The Trust and Deeds is the only governance document that we are aware of. We therefore recommend a five year appointment term.

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Surinder Birdi

- 8 Surinder Birdi is currently the Chair of the NMC's Appointments Board. The Appointments Board is made up entirely of non-Council members and has a specific remit relating to fitness to practise panel members and Legal Assessors. Fitness to Practise Panel Members and Legal Assessors are not members of the defined benefit pension scheme.
- 9 Surinder Birdi is suitable to be appointed as a Pensions Trustee and potential conflicts of interest have been considered and are either not significant or are manageable.
- 10 The appointment would also provide greater resilience as the Trustees are currently only just quorate at meetings.

Next Steps

- 11 If approved, the Governance team will implement the appointment.