

Open Council 25 March 2026 Website

MEETING
25 March 2026 10:00 GMT

PUBLISHED
24 March 2026

Meeting of the Council

To be held in person at 10:00 on Wednesday 25 March 2026 at
23 Portland Place, London WB1 1PZ

Agenda

Ron Barclay-Smith
Chair of the Council

Jacqueline Maunder
Council Secretary

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|----------|--|------------|--------------|
| 1 | Welcome and Chair's opening remarks | NMC/26/138 | 10:00 |
| 2 | Apologies for absence | NMC/26/139 | |
| 3 | Declarations of interest | NMC/26/140 | |
| 4 | Minutes of the previous meeting
Chair of the Council | NMC/26/141 | |
| 5 | Summary of actions
Secretary | NMC/26/142 | |

Matters for discussion

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|----------|---|------------|--|
| 6 | Executive report
Chief Executive and Registrar/Executive | NMC/26/143 | 10:05-10:20
<i>(15 mins)</i> |
| 7 | Midwifery quarterly report
Acting Executive Director, Professional Practice | NMC/26/144 | 10:20-10:50
<i>(30 mins)</i> |

Matters for decision

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| 8 | Draft Budget 2026-2027
Executive Director, Finance | NMC/26/145 | 10:50-11:20
<i>(30 mins)</i> |
| 9 | Pay Gap report
Executive Director, People and Culture | NMC/26/146 | 11:20-11:30
<i>(10 mins)</i> |

Refreshment Break (15 mins)

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| 10 | Quarterly Safeguarding update (Q3) and Safeguarding Policy
Acting Executive Director, Professional Practice | NMC/26/147 | 11:45-12:05
<i>(20 mins)</i> |
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Matters for discussion

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| 11 | Review of the Code and revalidation
Executive Director, Strategy and Insight | NMC/26/148 | 12:05-12:50
(45 mins) |
| 12 | Education Quality Assurance activity report
Acting Executive Director, Professional Practice | NMC/26/149 | 12:50-13:05
(15 mins) |

Matter for decision

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| 13 | Panel member and legal assessor reappointments, removals and transfers
Chief of Staff | NMC/26/150 | 13:05-13:10
(5 mins) |
| 14 | Council cycle of business 2026-2027
Secretary to the Council | NMC/26/151 | 13:10-13:15
(5 mins) |

Matter for discussion

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| 15 | Questions from observers (Oral)
Chair | NMC/26/152 | 13:15-13:30
(15 mins) |
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Matters for information *

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| 16 | Finance and Resources Committee report
Chair of the Committee | NMC/26/153 | |
| 17 | People and Culture Committee report Chair of the Committee | NMC/26/154 | |
| 18 | Chair's actions taken since the last meeting
Chair | NMC/26/155 | |

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

CLOSE

13:30

Meeting of the Council
Held on Thursday 29 January 2026 online via Microsoft Teams

Minutes

Ron Barclay-Smith	Chair
Anna Walker	Member
Eileen McEneaney	Member
Hussein Khatib	Member
Julia Mundy	Member
Rhiannon Beaumont-Wood	Member
Deborah Harris-Ugbomah	Member
Margaret McGuire	Member
Nadine Pemberton Jn Baptiste	Member

NMC Officers

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

For item 10:

Melaine Coward	Assistant Director, Professional Practice
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A list of observers is at Annexe A.

Minutes

NMC/26/125

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 Richard Cartland, who was attending his first Open Council meeting in his new role as the recently appointed Interim Executive Director of Transformation and Technology Services.
- 3 The Chair congratulated Ravi Chand, Executive Director of People and Culture, who had recently been admitted as a liveryman into the worshipful company of needle makers and as a freeman of the City of London.
- 4 The Chair commended Donna O'Boyle, Executive Director of Professional Practice, on collecting her MBE at the Palace of Holyrood House in Edinburgh in recognition to her services to improving patient safety.
- 5 The meeting was being recorded for administrative purposes.

NMC/26/126

Apologies for absence

- 1 Apologies were received from Lindsay Foyster, Council member, Flo Panel-Coates, Council member, and Lynne Wiggins, Council member.

NMC/26/127

Declarations of interest

- 1 No declarations of interest were raised.

NMC/26/128

Minutes of the previous meeting

- 1 **4.1 Minutes of meeting on Wednesday 26 November 2025**
The minutes of the meeting on 26 November 2025 were received and agreed as an accurate record of the meeting, subject to the following amendments:
- a) Relating to **NMC/25/107: Apologies for absence** – clarification that Peter Herbert, Independent Council Adviser, attended the meeting albeit briefly due to a prior engagement and some connection issues.
 - b) Relating to **NMC/25/116: EDI Workshop plan for Council** – clarification would be made with the Secretary to the Council, offline, to include some further detail.
- 2 The draft minutes would be amended accordingly and submitted to the Chair for signature.

NMC/26/129

Summary of actions

- 1 The Council received the summary of actions and noted progress on the actions arising from previous meetings and agreed to close the actions categorised as completed.
- 2 Under matters arising the following items were discussed:
- Arising from **NMC/25/90: Quarterly corporate performance report**, specifically regarding the scheduling of the NMC's in depth discussion at Seminar about the development of a strategy for clinical practice, a brief update was provided in the interim. The Executive Director, Professional Practice confirmed that the first Programme Board meeting for the Fitness to Practise (FtP) improvement work took place recently and the Board agreed to rename 'Clinical Voice' to 'Clinical Expertise' to recognise that it included the whole end to end process of FtP and beyond as opposed to only certain parts of it. A Council Seminar between May and July 2026 would include discussion on the development of the optimum clinical advice model.
- 3 Arising from **NMC/25/89: Executive Report**, it was noted that engaging with the relevant ministers and political parties, especially those in the devolved nations, should be a particular priority and the Executive Director, Communications and Engagement would consider how best to manage this whilst remaining politically neutral.
- 4 Arising from **NMC/25/94: Review of Finance and Resource Committee Terms of Reference**, it was requested that the Governance team be able to commit to a thorough review of Committee Terms of Reference before they were presented to Council for approval.
- 5 Arising from **NMC/25/116 (b): EDI Workshop plan for Council**, an action which had been completed, members discussed the need for the Council to consider EDI development and psychological safety in future discussions for Council member development.

NMC/26/130

Executive Report

- 1 The Executive report was received and the Chief Executive and Registrar introduced the Executive Report and the following points were highlighted:
- a) Fitness to Practice (FtP) performance had continued to improve with the latest figures showing that 73% of cases had been resolved within 15 months, the best figure in the last five years and an increase from 65.9% a year ago. The main reason for the progress in timeliness was due to the substantial improvements made at the screening stage.

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- b) Improvements in FtP performance were occurring despite the number of referrals continuing to increase, from around 450 per month in April 2024 to 590 in January 2026.
 - c) The Chief Executive and Registrar continued to meet regularly with key stakeholders, which included:
 - Charity Commission colleagues on 11 December 2025 with Council colleagues. An update was provided on progress since the publication of the Independent Culture Review (ICR) report, and they in turn expressed confidence in the NMC's plans going forward
 - Lord Mann on 11 December 2025, who had been commissioned by the Secretary of State for Health and Social Care to review how healthcare regulators tackled anti-Semitism and racism. An overview was given by the NMC of its work on tackling anti-Jewish hatred, anti-Muslim hatred and racism,
 - Baroness Watkins on 7 January 2026, who had suggested that the NMC should be moving towards engaging more proactively with MPs and peers,
 - Nottinghamshire MPs to discuss the longstanding failings in Nottingham Maternity Services and the NMC's work with Donna Ockenden's Nottingham Maternity Review and with affected families; and
 - Chief Nursing Officers (CNO's) for England, Scotland and Wales to discuss the building of the new NMC and its ongoing improvements.
 - d) The Independent Oversight Group (IOG) met on 12 January 2026, and was chaired by the Professional Standards Authority (PSA). The Group had originally been established in the aftermath of the ICR and comprised of representatives from across the sector. In recognition of the progress that had been made since the Review's publication, it had been agreed to reduce the frequency of meetings from eight per year to six per year with immediate effect.
 - e) The NMC had been rolling out webinars for staff on anti-Jewish hatred and anti-Muslim hatred. Further detailed webinars on these topics would be taking place for decision makers within FtP teams over the next few months.
 - f) A series of measures were to be introduced to eliminate disparities from FtP hearings based on ethnicity and gender.

These measures had been informed by a meeting with trade unions and senior registrants who had lived experience of this. The measures would be implemented in the first quarter of 2026.

- g) Encouragingly, other healthcare regulators had increasingly been in contact with the NMC seeking advice on how to promote equity, diversity and inclusion and how to tackle racism, anti-Jewish hatred and anti-Muslim hatred.
- h) The fourth round of Town Hall staff meeting took place in January 2026, with a strong turnout of around 700 attendees overall. Discussions on the NMC's new values and behaviours, including the NMC's zero tolerance approach towards bullying and racism, took place. The NMC had been exiting staff who had bullied others or who were racist, with 12 staff having been exited in the past 18 months.
- i) The NMC's new behaviour guide had been shared amongst staff, which set out which behaviours should be seen against the values and which should not be seen.
- j) It was recognised that it had been a challenging few months for staff following the efficiencies programme as a result of financial headwinds.
- k) Progress continued with the NMC's Midwifery Action Plan, which was published in November 2025. A progress report was due to be published on the website in due course.
- l) A number of key data and insight reports had been published, such as the midyear registration data report, published on 5 December 2025, which showed the UK nursing and midwifery register to be at a record high with 860,801 registrants, but with workforce growth slowing due to fewer internationally educated professionals joining. Alongside this, the FtP insight report showcased how evidence and insight enabled faster, fairer regulatory processes, and the forthcoming spotlight report included findings from the NMC's first ever annual survey of professionals sharing insights into the reality of their practice. Findings included that over half of respondents were satisfied in their work, however there were warning signs around burnout, discrimination and patient safety.

In discussion, the following points were noted:

- a) It was confirmed that the intention would be to hold webinars focusing on other protected characteristics in addition to those which had already taken place.
- b) There were a variety of ways the NMC had been continuing to engage with and gain insights from different people including the public advisory group; multiple numbers of stakeholder engagement methodologies which included members of the public; data and intelligence from other sources such as the Complaints team; and feedback from education partners; focus groups.
- c) The Assistant Director of Midwifery had been engaging with the Chair of the Independent Oversight Panel in Wales and ensuring that the NMC's Midwifery Action Plan would be dovetailed with this.
- d) Relevant formal correspondence between the NMC and its stakeholders would be uploaded to the Council's secure online platform for information.
- e) It was confirmed that the action NMC/25/111F, on the issue of whether registrants should self-refer in any cases where a death occurred within the first two weeks of a baby's life, be that the mother or the child, was under active consideration and would be taken to the Council meeting in March.
- f) It was clarified in relation to paragraph 10 of the Executive Report that rather than awaiting the findings of Baroness Amos' Independent Investigation into Maternity and Neonatal Services in England, the NMC had already been doing a great deal of work in this area and the findings would help to refine the Midwifery Action Plan.
- g) The EDI Target Reference Group had been set up and would be mostly looking at the bias within FtP, including bias from employers making referrals. The next stage would involve drawing up actions for education institutions.

Action: Any formal correspondence between the NMC and its stakeholders relating to inquiries to be shared securely with Council on the Board Intelligence (BI) system.

For: Chief of Staff / Secretary to the Council

By: 24 February 2026

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Quarterly corporate performance report (Q3)

7.1 Quarterly corporate performance report – Q3 performance

The Quarterly corporate performance report for Q3 was received and the Chief of Staff introduced the quarterly corporate performance report for Q3. The following points were highlighted:

- a) The continued focus on embedding EDI into day-to-day operations within the organisation was highlighted, including the development of clear EDI objectives and measurable targets, work to de-bias its processes, and the strengthening of staff networks and improvement of their effectiveness.
- b) The organisation had continued to provide robust support in its management of multiple public reviews and inquiries in relation to the provision of evidence.
- c) The number of FtP referrals had continued to increase, although unprecedentedly high numbers of decisions were being made, demonstrating that the FtP plan was effective.
- d) The code and revalidation survey had received a very strong response with over 13,000 responses. Work was ongoing to analyse findings alongside the feedback from advisory groups and an update will be provided to the Council meeting in March with a consolidated set of insights and next steps.
- e) There had been positive steps in implementing improved safeguarding processes and training. There had been a rise in safeguarding concerns, partly reflecting increased awareness. There had also been a rise in wellbeing-related concerns which highlighted the need for professionals to feel supported throughout the NMC’s processes. In response, wellbeing checkpoints and reminders had been introduced for staff.
- f) An updated corporate plan and budget would be brought forward to the Council meeting in March and would be discussed in detail at the forthcoming Finance and Resources Committee (FRC) meeting on 11 February 2026.

2

In discussion, the following points were noted:

- g) In terms of foreseeing any challenges in meeting the organisation’s intended outcomes, it was acknowledged that, following the recent efficiencies programme, staff morale would need to be built up. Additionally, financial pressures were ongoing and there had been some challenges in terms of delivery but the refreshed executive team would have the commitment and drive to help work through these.

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- h) FtP data reports were shared with CNOs and it was agreed that the Council would also receive a report on this at a future Council meeting which would provide insight on any noticeable trends.
- i) There would be a campaign to change behaviour around inappropriate referrals which would involve significant stakeholder engagement. 70% of public referrals were screened out at screening stage so this would seek to address this issue by reducing the number of referrals received whilst increasing the quality of referrals made. The first stage of the campaign would be more employer-focussed rather than public-focussed due to the NMC's links to employers.
- j) In terms of aged FtP processes, there would be a new governance process implemented whereby the senior team would be working with relevant Heads of Departments to go through aged cases on a case by case basis to confirm that they were genuinely blocked. Many of the older cases were subject to a third party investigation or had been listed for a hearing in the future.
- k) There would be more support introduced for the Investigations caseload and ways of working in that area. A procurement exercise was underway to assist with this.
- l) With hearings being incredibly costly, colleagues would be looking at ways of resolving cases where appropriate and improving the quality of hearings.
- m) The timetable for regulatory reform had changed numerous times over the years but assurances from the Department of Health and Social Care had been received that it would be going ahead in the coming months, with an indication that this work would begin in spring.
- n) There were 36 recommendations arising from the ICR , though one of these had been split into two so the NMC considered there to be 37 recommendations. 25 of the 37 recommendations had been implemented and there would be a further measure of whether these had actually led to culture change. The terminology used should refer to 'implementation' rather than 'completion' at this stage. The People and Culture Committee (PCC) had recently discussed this and expressed the need to see how far along each recommendation was in terms of its implementation. A thorough deep dive would go to the relevant Committees over the following six weeks. There was a need for the Council to have clarity on how each recommendation had progressed in terms of implementation.

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- o) Work will be undertaken to make FtP targets more transparent and to bring a fuller picture to the FtP dashboard shared with the Council.

NMC/26/132

Quarterly strategic risk exposure report (Q3)

1

The Quarterly strategic risk exposure report Q3 was received and the Chief of Staff introduced the report and provided an overview of score movements across the principal risks, highlighting that:

- a) **Strategic risk STR18/01 – failure to meet internal and external expectations** had reduced, reflecting improved performance and controls.
- b) **Strategic risk PEO24/04 – People’s trust and confidence in the NMC** had been escalated from an operational to a strategic risk. While the score had reduced, the escalation recognised the breadth and organisational impact of this risk rather than a deterioration in position.
- c) **Strategic risk REG22/04 – Education Quality Assurance** had increased, reflecting greater scrutiny and a clearer understanding of the risk profile.
- d) **Strategic risk REG24/01 – Safeguarding** had decreased, reflecting progress against mitigations and assurance.
- e) There had been a live issue relating to meeting demands of multiple public reviews and inquiries, and this was being actively managed with appropriate mitigations in place.
- f) Significant work was underway in terms of finances and budgeting, looking not just at the current financial year but over the medium to longer term, to ensure the NMC remained sufficiently able to protect the public.
- g) Overall, the direction of travel was considered to be positive and there had been a reduction in the volume of red risks over the past three quarters which reflected a maturing approach to risk management across the organisation.

2

In discussion, the following points were mentioned:

- a) The Audit and Risk Committee (ARC) had not yet had an opportunity to discuss the risks and the changes. It was suggested that the Council should have an opportunity to discuss risks at with Executive Board colleagues

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The Council agreed to **note** the report.

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Financial performance

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The Financial performance report was received and the Executive Director, Finance introduced the report which covered nine months of performance to the end of December 2025. It was highlighted that:

- a) The level of spend and income was currently largely on budget, although a deficit of £25 million had been projected.
- b) Reserves were at £58 million but this had been a significant decrease of £25 million. It had been forecasted that reserves would be at £46 million by the end of March 2026.
- c) Income had been reported as slightly below budget due to the less than expected number of applications from overseas professionals to the register.
- d) The Professional Regulation directorate was £1.7 million over budget because of its materiality in terms of cost percentage to the total costs for the organisation. Structural changes as a result of the efficiencies programme had not been adopted into this, but would be in the new financial year.
- e) The value of the organisation's stock market investments was such that in order to liquidate those investments to access the cash at short notice, there would be an actual gain of just over £1 million.
- f) The organisation had continued to operate within a challenging context and the financial forecast at the financial year end would be closely monitored in the context of building the budget for 2026-2027.
- g) The net deficit had been forecasted as £25 million for the full year, resulting in a reserves level of £45.8 million.

2

In discussion, the following points were noted:

- a) The process of building the budget for the next year was very much underway, including a great deal of scenario planning with a clear view on the projection of reserves under various best and worst case scenarios.
- b) The focus had also been on assuring the external auditors in terms of the going concern – they would be looking forward from the date of signing the organisations financial accounts with at least a 12 month horizon.
- c) The budget numbers were being shared on a weekly basis with the Executive Board but would not yet be brought to the Council due to the numbers still moving.

- d) The ARC would need to commit to testing on the going concern activity.

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The Council agreed to **note** the report.

NMC/26/134

Education Quality Assurance (EdQA) Quarterly Report (Q1)

1

The Education Quality Assurance (EdQA) report was received and the Acting Executive Director, Professional Practice introduced this item which examined the EdQA activity undertaken and the key themes and risks that emerged in Q1 of 2025. The following points were highlighted:

- a) The report detailed the wider university sector activity and, whilst activity may have decreased, there was a huge workload related to the complexity of the issues that the team were dealing with, some of which were detailed in the paper.
- b) An EdQA improvement plan had been developed, which incorporated both of the recommendations from the internal audit exercise undertaken the previous year and the PSA recommendations.
- c) EdQA had been incorporated into the Professional Practice roadmap to ensure effective oversight governance in order to perform the required actions.
- d) With the support of the Executive Director, Transformation and Technology Services and team, a deep dive had been undertaken into QA provision and service level and the requirements needed in order to ensure that the service was fit for future.

2

In discussion, the following points were mentioned:

- a) In relation to **Strategic risk REG22/04 – Education Quality Assurance**, it was clarified that the risk rating had increased in view of both current challenges with NQA data systems as well as challenges foreseen as part of horizon scanning. Should the potentially impending regulation of Nursing Associates in Wales go through, the team would possibly be asked to approve further education institutions in order to deliver the relevant undergraduate programmes. In addition, there would be potential impact from the ongoing Professional Practice roadmap activity related to the practise learning review, with the consultation due to launch later in February. Therefore the increase in the risk rating would reflect that emerging risk and acknowledgement of the PSA internal audit reports and the plan to mitigate some of the challenges.

- b) In relation to how the quality assurance service provider contract was being delivered in line with KPIs, it was noted that this is linked to the productivity of the Quality Assurance Agency and how regulatory decisions were made based on the Agency's recommendations and the timeliness of their reports. By putting additional training in place and tightening the jointly produced guidance, there was greater clarity from both parties on where responsibilities lie. There would be a paper at the upcoming Confidential Council meeting to give assurance that KPIs were being monitored and to highlight any actions taken in any areas of concern.
- c) Many Approved Education Institutions (AEIs) had undergone large restructuring processes and ,due to this, activity had decreased. Despite this, the portal showed an increasing number of requests for the following years up to 2028 as universities were planning their future programmes.
- d) It was agreed that going forward the quarterly EdQA report would not only cover the activities of external contractors, but also any internal matters worth noting. It should enable the Council to concentrate on how they would be required to help in this area.
- e) There had been an issue relating to no-fault incorrect entries to the register which had emerged during the pandemic when many universities switched from paper Practise Assessment Documents (PADs) to electronic. Work had been underway with the electronic PAD providers to fix this matter, as well as with the universities to understand what had been happening. Learning had been shared across the sector which had prompted some AEIs to check their systems.
- f) All of the University of Bradford Nursing Associates were expected to be able to join the register and safely remain on the register.
- g) AEIs had been through a significant period of turmoil but now it looked as if there would be changes in policy direction from each of the four nations who all fund their undergraduate studies differently. Effective horizon scanning and planning were crucial in leading to the necessary improvements.

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The Council **noted** the report.

Action:

The quarterly EdQA report to be updated to include the activities of external contractors, and any internal matters worth noting. It should aim to highlight what help this area of the organisation needs from the Council.

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For: Executive Director, Professional Practice
By: 25 March 2026

NMC/26/135 Questions from observers

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

NMC/26/136 People and Culture Committee report

1 The update report from the extraordinary PCC meeting held on 20 January 2026 was received. Members discussed the ICR Recommendations, and noted:

- a) that 24 of the 37 Recommendations had been implemented. The Committee would be working on the outcome measures for cultural transformation, which would then be brought to Council.
- b) That the PCC had received a report outlining progress and had interrogated the information and provided critical challenge to the evidence supporting the implementation of the recommendations. It was determined that the evidence was thorough and that further consideration needed to be given to the outcomes.
- c) The PCC had asked for more detailed evidence which had been provided for its extraordinary meeting in January 2026.
- d) The PCC agreed to share the evidence with the ARC and a meeting would be arranged for the two Committee Chairs to go through this.

2 The Council **noted** the People and Culture Committee report.

Action: A meeting to be arranged for the Chair of the PCC and the Chair of ARC to discuss the evidence in place to support assessing the progress of implementing the ICR recommendations.

For: Executive Director, People and Culture/Secretary to the Council
By: 12 February 2026

NMC/26/137 Chair’s actions taken since the last meeting

1 The Chairs actions report was received and members noted there had been one Chair’s action undertaken since the last meeting:

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- Approval of the Annual Returns 2024-2025 to the Charity Commission and the OSCR.

2 The Council **noted** the report and ratified the Chairs action.

Closing remarks

The Chair thanked all attendees and observers for joining the meeting, noting that the next scheduled Open Council meeting would be held in person at 23 Portland Place, London on 25 March 2026.

Confirmed by the Council as a correct record:

SIGNATURE:

DATE:

DRAFT

B. Council Meeting 29 January Observers

External Observers

Gail Adams	Head of Professional Services UNISON
Oluwatosin Adedoyin	Specialist Nurse, NHS Foundation Trust Newcastle Hospitals
Eniola Adeyemi	Newly qualified Mental Health Nurse
Felicia Abkubue	Group CQC Compliance and Improvement Officer, Royal Free NHS Foundation Trust
Helen Ayo-Ajayi	Head of Placements and Work-Based Learning, Buckinghamshire New University
Sarah Balogun	Clinical Team Leader, MSI reproductive choices
Peter Bates	Director, NMCWatch: Registrant Care CIC
Zara Bishop	Clinical Tutor for Midwifery, University of Bedfordshire
Juliet Borwell	Senior Specialist, NHSE
Obedience Brobbey	Nurse, Guys and St Thomas Hospital
Rebecca Burgess-Dawson	Specialist Education Advisor (Mental Health Nurse), NHS England
Natalia Campbell	Practice Development Nurse, East London NHS Foundation Trust
Nicky Court	Lead Midwife for Education, Swansea University
Lisa Daniels	Nurse, GSTT
Sarah Dunning	Lecturer, University of Sunderland
Sarah Fox	Scrutiny Manager, Professional Standards Authority
Moorene Gilding	Clinical Nurse Specialist, South London and Maudsley NHS
Linda Girolami	Not in work, MOP
LeaSuwanna Griffith	Nursing Assistant, NHS
Helen Griffiths	Corporate Head of Nursing, Swansea Bay University Health Board
Louie Horne	National Nursing Officer, UNISON
Stella Isaac	Staff Nurse, Barts Health Trust
Holly Jenkins	Midwife, Edinburgh Napier University
Fiona Kavnagh	Nurse/Midwife, GSTT
Anand Kukadia	Staff Nurse, Moorfields Eye Hospital
Zahir Khan	Unemployed
Geeta Lamichhane	Head of Nursing, Buckinghamshire New University
Michelle Lyne	Professional Advisor Education, Royal College of Midwives
Sonsue Makpu-Felix	Midwife, Birmingham Women's Hospital
Mosireletsi Matshabe	RMN, Lancashire & South Cumbria NHS Foundation Trust
Rhys McCarthy	Scrutiny Officer, Professional Standards Authority
Paul McCreary	Senior Lecturer – Mental Health Nursing, College of Nursing and Midwifery, Buckinghamshire New University
Suzanne Miller	Regional Officer, RCM
Beyonce Morris	Student Nurse, UWL
David Munday	Lead Professional Officer, Unite the Union
Awa Njie	Mental Health Nurse, Midlands Partnership Trust
Josephine Oamen	Maternity Site Manager, University College London Hospital
Nasra Omar	Student Nurse, Independent

Carol O'Neill	Head of Nursing & Governance, Corporate Operations, The Rotherham NHS Foundation Trust
Claire Roberts	Interim Head of NMC Services Delivery, QAA
Josephine Rooney	Complex Care Nurse, Hamill Homecare
Daphne Sawyerr	Staff Nurse, Guys and St Thomas Hospital Community Site
Sharon Smith	Education Lead, NHS Professionals (NHSP)
Olabisi Sosanya	Care Coordinator, SLAM
Tina Speed	Community Health Nurse, GSTT
Wilfredo Vitao	Practice Educator, George Eliot Hospital NHS Trust
Jenny Wood	Partner, Capsticks LLP
Hannah Wordsworth	Senior Community Nurse

Press

Madeleine Anderson	News and features writer, Nursing in Practice
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NMC staff observing

Olu Adesanya	Assessment Officer
Abi Burtenshaw	Governance Manager
Holly Bontoft	Senior Policy Lawyer
Renée Caffyn	Executive Assistant
Sharon Clement-Thomas	Regulation Adviser
Sarah Creegan	Clinical Adviser
Jen Daniel	Governance Officer and Assistant to the Chair
Claire Davidson	Senior Executive Business Manager
Rebecca Desmond	Head of Corporate Planning Performance and Risk
Sana Din	ELS Adviser
Temitope Fadoju	Contact Centre Advisor
Shahneela Grygiel	Assistant Director, Professional Regulation
Clare Minchington	Partner member, Audit and Risk Committee
Tracey MacCormack	Assistant Director for Midwifery
Funke Nana	Senior Finance Business Partner
Dan Racher	Strategy
Sarah Rayner-Royall	Clinical Adviser
Evie Ugen	Events Officer
Jacqui Williams	Senior Midwifery Advisor (Education)

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Annexe B: Observer questions

1.Question: *How could the future of the NMC be impacted if the fee isn't introduced?* Madeleine Anderson, News and features writer, Nursing in Practice

Response: We are currently building a budget for the year 2026-2027 financial year, which excludes the proposed fee increase. This is because no firm assumptions on the fee increase can be made at this point. This, of course, will negatively impact our reserves during that financial year. The latest medium term forecast view is that some reserves can be maintained throughout the subsequent financial year, which ends in March 2028, albeit at a reduced level.

2.Question:

a) A successful recent appeal (Nurrish v NMC) raised a number of concerns about the handling of cases involving dishonesty, but also about the poor quality of the automatic transcription of virtual hearings made using Microsoft Teams (following the removal of human transcribers). A year ago, NMC stated "we'll soon be introducing audio recording alongside transcription for virtual hearings". How can Council be assured that lessons will be learnt from Nurrish, and improvements made for the long term?

b) What is the current situation on backup audio recordings for virtual hearings? What is the current situation on backup audio recordings for virtual hearings? Peter Bates, NMC Watch, Registered Care Community Interest Company.

Response:

a) We review every decision in the courts to identify learning. If a court makes a decision that criticises our case handling, it's reviewed as part of our legal knowledge management process. Colleagues come together to discuss the learning and put in plans to address any issues raised - that's done in conjunction with our general counsel team.

b) Since that appeal in January 2025, we have implemented recording of all the virtual hearings to bolster the resilience of our transcription process for virtual hearings. In the autumn of 2025, we extended that also to physical hearings. There are further improvements to our recording systems and resilience planned as part of our Fitness to Practise improvement plan, and there's some procurement underway in respect of that.

3.Question:

a) There have been a number of mentions about the progress that has been made for fitness to practise during this Council meeting. There hasn't been any mention of the staff that are being made redundant in the Professional Regulation Directorate, nor the fact that this fitness to practise success has come at an increase in costs of 15.8 million or 29.7% in just one year. Are the Council assured that the progress will be maintained following these staffing cuts? Will this progress be maintained when this

69 million pound budget must be impossible to maintain? Dave Mundy from the Unite the Union

Response: It is correct that unfortunately we had to put forward proposals to remove a number of roles from our headcount. It was up to 10% of roles. That was because of the financial position that the NMC finds itself in. That was a tough situation for colleagues across the NMC, but clearly particularly by those people directly affected by the efficiencies programme, some of whom were in the Professional Regulation Directorate. We're grateful to all of those colleagues in Professional Regulation and beyond for all the great work that they have done for the NMC and their time with the organisation. In terms of moving forward, at the same time that we took the tough decision to reduce the number of roles, we also restructured the organisation to make sure that we were fit for the future. We now have the new Transformation and Technology Services Directorate, which will be driving change and innovation within FTP, working hand in hand with the Professional Regulation Directorate. They will be rolling out innovations both by working with colleagues internally and, where necessary, with third party providers. With this new model, we're confident that we will be able to continue to sustain the improvements in FTP.

We've seen a substantial increase in the timeliness rate as has been discussed today, up to 73.3% of cases being resolved within 15 months, up from 65.9% a year ago, up from 60.8% in the summer of 2023. That's down to the hard work of a lot of people and I'm grateful to all of them. With the new restructured teams, we feel confident that we'll be able to maintain this progress. And despite the fact that obviously the NMC still has some financial challenges, we believe the improvements will continue to be rolled out.

4. Questions: *In the financial performance report, there was a discussion about the reduction in reserves. Didn't the NMC Council agree to this change in reserves policy in March 2025, saying that this was a 'positive change and a shift away from the current more cautious approach'?* Dave Mundy from the Unite the Union

Response: No organisation such as the NMC wants to sort of build up large reserves when it could be spent on delivering public protection measures.. However, at the same time, it's vital that any organisation has sufficient reserves in order to remain sustainable and that those reserves are at safe levels.

The conundrum we face currently is that we are at risk of falling below safe levels and that's why there is a robust policy to stress test any budget that we would put forward to the Council in March to make sure that it does ensure that we are in the most sustainable position possible despite the financial headwinds.

The reserves policy will be part of the presentation to the Council in the budget presentation for March, and it will go through the various committees beforehand.

5. Question: *With regards to the 34 Bradford Nursing Associates who registered after completing their apprenticeship programme but had not completed the second part of their practise assessment document, were they still practising in the meanwhile and were they considered fit to practice?* Shruti Sheth Trivedi, senior journalist, Nursing Standard/RCNi

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Response: They were practising during that time. It was a look back exercise that we undertook to ask universities to make sure they were they were using the correct paperwork. Some of it was digital but a lot was not, and that's where the issue arose for these individuals. We are assured by working with both their employers and by looking at our fitness practise data that there were no fitness practise referrals, nor indeed any concerns with their practise during the time. They had been taught what they needed to be taught, but they had used the wrong paperwork.

6.Question:

a) Referrals, as these have historically been in the region of 500 to 600 for a number of years. Why has no plan slash resources been put in place to deal with them in order to prevent a back?

b) ELS RAs were instrumental in reducing inappropriate referrals and educating stakeholders, why was there a reduction in RAs? Member of the public

Response:

a) The number of referrals hasn't been 500 to 600 for a number of years. Actually, the number of referrals has been increasing exponentially. And back in April 2024, the average number of referrals per month was approximately 450. That's been growing pretty much month to month to over 600. If we keep going at the same rate, we'll be up to 900 referrals a month by about 2030. It's due to the fitness to practise improvement plan that, despite that exponential growth in referrals, the timeliness rate has increased, to 73.3%, up from 60.8% in the summer of 2023. Obviously, moving forward, we hope to work more closely with stakeholders in an effort to reduce the referrals. There is a campaign being drawn up by colleagues, 'Right referrals, Right place'. Unfortunately, the increase in referrals is something that all healthcare regulators are facing and it's a systemic problem.

b) In any organisation, it's important to look at the efficiencies within departments. Looking at the different demographics of patterns of referral, we have invested in six posts directly to support health and social care environment rather than focusing solely on NHS trusts and boards across the NHS provision of care. All four countries of the UK are looking at shifting that balance of care to the community. If we invested in those six new posts, and then maybe looked at the efficiencies across the service in relation to the NHS provision delivered through the RAs, we could see opportunities to realign geographical support and to take a different approach to providing electronic information online as well. The success of the RA programme is that NHS boards and trusts are able understand, in the main, how to refer but we're shifting our focus to the community care aspect and social care aspect of health and social care delivery.

7.Question: *The Unison survey of over 3000 registrants shows 37% would reconsider renewing their registration and 6% say they would definitely leave if this increase goes ahead. How has the Council assessed the workforce and patient safety*

risk of this decision, particularly at a time of acknowledged shortages? Louis Horn,
Unison National Nursing Officer

Response: Any organisation has to ensure that it is financially sustainable and the NMC has seen substantial deficits over the last couple of years. Last year, the deficit was about £90 million. This year, the deficit will be approximately £24 million. Two years ago, the deficit before unrealized gains and investments was about £1.1 million. So there's a clear trajectory here and that's based on the fact the NMC has not increased the registration fee for 10 years. This means that the NMC has seen a contraction in its income base of 28% and by the end of March 2026 it will have foregone £180 million in income that it would have had if it had kept the registration fee in line with inflation. So the NMC does face very real financial challenges. Clearly, it's incumbent upon us to be prudent, and so that's why we took the very difficult decision to remove up to 10% of posts from our headcount. We have launched a consultation regarding an increase in the fee by £1.92 per month. Once we look at the consultation feedback, then of course, Council can take all the issues in the round to look at the question that's being asked of them in terms of the registration fee.

The consultation has now closed. Thanks to Unison, other representative bodies and all the many individuals as well who got in touch with us. We're collating all the information and the Council will receive the feedback first before it makes any decisions. That's really important. The Council will be hyper vigilant about the impact on our registrants, as well as the impact on the NMC. Ultimately, the Council is responsible for making sure we have sufficient income to do the work that we do, but there'll be a fully rounded report to the Council, firstly with the feedback we got from those who took the time to respond and then the Council will make the rules, if they decide to do so, and lay them before Privy Council.

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Council

Summary of actions

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

Council Action Log For Meeting 25 March 2026

Minute Ref	Minute Ref and Action	Owner	Due date	Progress	Status
26 March 2025					
NMC/25/23 (26 March 2025) And NMC/25/56 (2 July 2025)	Safeguarding update Action: Provide a report setting out the approach to Council member champion and lead roles. NMC/25/56 Summary of actions Action: At the meeting on 2 July 2025, it was agreed that Council members would have an opportunity to input to the report, before it was submitted to Open Council in September 2025.	Secretary to the Council	29 April 2026	10.03.2026 – Not yet due. A report setting out the approach to the roles will be submitted to the Open Council meeting on 29 April, coinciding with the report on the outcomes of the Council effectiveness review. There will be opportunities for Council members to provide feedback and have input into the report in April 2026.	IN PROGRESS
NMC/25/27	Pay Gap and Workforce Race Equality Standard (WRES) Report Action: In future Pay Gap and WRES reports to	Executive Director, People and Culture	25 March 2026	10.03.2026 – this on the agenda for discussion.	IN PROGRESS

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Minute Ref	Minute Ref and Action	Owner	Due date	Progress	Status
	include data about the overall demographic among the local population.				
2 July 2025					
NMC/25/60	Draft Annual Fitness to Practise Report 2024-2025 Action: Provide numbers as well as percentages for FtP caseload figures in future reports.	Executive Director, Professional Regulation	1 July 2026	10.03.2026 - Not yet due.	IN PROGRESS
NMC/25/60	Draft Annual Fitness to Practise Report 2024-2025 Action: Arrange a Council Seminar to present the different processes and stages of the FtP and the support mechanisms available.	Secretary to the Council/Executive Director, Professional Regulation	June 2026	10.03.206 - Not yet due. A Council Seminar session on the different processes and stages of FtP and the support mechanisms available is scheduled for June 2026	IN PROGRESS
23 July 2025					
NMC/25/74	Quarterly corporate performance report Action: 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	24 February 2026	10.03.2026 – this was an agenda item at the Council Seminar 24 February 2026. Action completed.	COMPLETED

Minute Ref	Minute Ref and Action	Owner	Due date	Progress	Status
<p>NMC/25/74</p> <p>And</p> <p>NMC/25/86</p>	<p>Quarterly corporate performance report</p> <p>Action: Following the Health Foundations review, consider whether to review the factors relating to the increase in the number of internationally educated professionals providing supporting information from employers as part of their application to join the register for the first time.</p>	<p>Executive Director, Strategy and Insight</p>	<p>September 2026</p>	<p>10.03.26 – Not yet due. The NMC decided to commission some further evaluation work ourselves to understand the drivers for using SIFE (Supporting Information from Employers) via the research team as part of next year’s business plan. This will incorporate any relevant learning from the Health Foundation review. We continue to monitor our FtP referrals but do not have any evidence at the moment to suggest that the use of SIFE (Supporting Information from Employers) is having a negative impact on public protection.</p> <p>Research commission to be agreed in Q1 and provisionally delivered in Q2.</p>	<p>IN PROGRESS</p>

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Minute Ref	Minute Ref and Action	Owner	Due date	Progress	Status
NMC/25/78 And NMC/25/86	Employer Link Service summary activity 2024-2025 Action: Include more information on outcomes in future iterations of the report.	Acting Executive Director, Professional Practice	July 2026	10.03.2026 - Not yet due.	IN PROGRESS
24 September 2025					
NMC/25/87	Summary of actions: Equality, Diversity and Inclusion (EDI) Strategic Objectives and 2025-2026 Year 1 actions Action: Present a paper to the Council setting out the planned interventions to mitigate against bias in early decision makers as well as related outcome measures. <i>Linked to NMC/25/111 (c)</i>	Executive Director, People and Culture	29 January 2026	10.03.2026 – this was and agenda item at the Council Confidential meeting on 29 January 2026. Action Completed.	COMPLETED
NMC/25/89	Executive Report Action: Include in the Executive Report details related to the NMC's work to engage with health and social care ministers, and shadow ministers in the coming months, as elections in both Wales and Scotland approach.	Executive Director, Communications and Engagement	25 March 2026	17.03.2026 – Details related to the NMC's work to engage with Ministers / Cabinet Secretaries of Health and Social Care and shadow Ministers, as elections in both Wales and Scotland approach, is included in the Executive Report. Action	COMPLETED

Minute Ref	Minute Ref and Action	Owner	Due date	Progress	Status
				completed.	
NMC/25/90	Quarterly corporate performance report Action: Include quality measures in future updates relating to FtP casework.	Executive Director, Professional Regulation	29 January 2026	10.03.2026 – this was on the agenda at the 29 January 2026 Council meeting. Action completed.	COMPLETED
NMC/25/90	Quarterly corporate performance report Action: Schedule an in-depth discussion at a Seminar session regarding the development of a strategy for clinical advice in casework.	Secretary to the Council / Action Executive Director, Professional Practice	June 2026	10.03.2026 – Not yet due. A Council Seminar session is to be scheduled in 2026/2027	IN PROGRESS
NMC/25/90	Quarterly corporate performance report Action: Present updates about log and learn rates of engagement and trends to both Confidential Council and the Audit and Risk Committee from the end of Q3 2025-2026.	Acting Executive Director, Resources and Technology Services	29 April 2026	10.03.2026 - Not yet due.	IN PROGRESS
NMC/25/90	Quarterly corporate performance report Action: Relating to the EDI learning suite, involve the	Secretary to the Council	25 March 2026	10.03.2026 – A joint Council Member and Executive Board member away day was held on 5 March 2026.	COMPLETED

Minute Ref	Minute Ref and Action	Owner	Due date	Progress	Status
	Council and incorporate EDI into its learning and development plan, as well as to consider ways the Council could promote and role model this work.			Action completed.	
NMC/25/94	<p>Finance and Resources Committee: Terms of Reference</p> <p>Action: Consider incorporating quality to the Terms of Reference for the Finance and Resources Committee.</p>	Secretary to the Council	29 April 2026	10.03.26 – A governance review paper has been shared with Council members for comment and there is a recommendation to incorporate quality into the Terms of Reference (ToR) for a separate Committee. This action has now been superseded and is being addressed via the governance review. Action completed.	COMPLETED
NMC/25/95	<p>Culture Transformation Plan / Independent Culture Review: Maturity Model</p> <p>Action: Consider incorporating the feedback provided to the next iteration of the Maturity Model, including whether:</p>	Executive Director, People and Culture	20 May 2026	17.03.2026 - The Maturity Model will be presented at future Council meetings, at sequenced intervals. It is on the forward plan for the Open Council 20 May 2026. We are launching the procurement of our	IN PROGRESS

Minute Ref	Minute Ref and Action	Owner	Due date	Progress	Status
	<ul style="list-style-type: none"> reference to psychological safety in the Model appropriately encompassed the NMC's 'speak up' culture. whether EDI should be treated separately to avoid duplication. 			years 2 and 3 psychological safety offer in March, triangulating the data from the psychological safety index (an output from year 1 coaching), speak up Guardian data, self-assessments	
21 October 2025					
NMC/25/104	Independent reviews Action: Provide a report to the Council in six months on progress with actions resulting from the reviews, including the work to enhance the governance processes related to the FtP guidance and improving the ways in which colleagues can raise concerns about cases and thematic issues.	Executive Director, Strategy and Insight Executive Director, Strategy and Insight	20 May 2026	10.03.2026 - Not yet due.	IN PROGRESS
26 November 2025					
NMC/25/111 (a)	Executive Report Action: Future Executive Reports to capture the impact and outcomes of stakeholder engagement	Chief Executive and Registrar / Executive Director, Communications and Engagement	29 January 2026	10.03.2026 – the Executive report presented to the 29 January 2026 Council meeting reflected the additional information.	COMPLETED

Minute Ref	Minute Ref and Action	Owner	Due date	Progress	Status
	rather than just listing activities, including in each of the four UK nations.			Action completed.	
NMC/25/111 (b)	Action: Provide the Council with an update regarding the regulation of Nursing Associates in Wales in the new year	Executive Director, Strategy and Insight	May 2026	10.03.2026 – Not yet due.	IN PROGRESS
NMC/25/111 (c)	Action: Plans to eliminate unconscious bias in the FtP process would be brought to the Council early in 2026. <i>Linked to NMC/25/87</i>	Executive Director, People and Culture	29 January 2026	10.03.2026 – this was an agenda item at the Confidential Council meeting 29 January 2026. Action completed.	COMPLETED
NMC/25/111 (d)	Action: The Council member with midwifery expertise, Acting Executive Director, Professional Practice, and Assistant Director, Midwifery to meet to develop reporting between MSAG and the Council, to cover updates on the Midwifery Action Plan.	Acting Executive Director, Professional Practice	29 January 2026	10.03.2026 – this was an agenda item at the Confidential Council meeting 29 January 2026. Action completed. Further quarterly reports will be presented to the Council in July and November 2026.	COMPLETED
NMC/25/111 (e)	Action: Relating to the joint campaign with the GMC, "Good Teamwork Means Better Maternity Care", efforts would be made to	Acting Executive Director, Professional Practice	25 March 2026	10.03.2026 – On the agenda item 7 for this meeting.	IN PROGRESS

Minute Ref	Minute Ref and Action	Owner	Due date	Progress	Status
	work more closely with the Royal College of Obstetrics and Gynaecology				
NMC/25/111 (f)	Action: The possibility of making self-referral mandatory for midwives in cases of mortality in birth or within two weeks of birth would be considered and brought back to the Council.	Acting Executive Director, Professional Practice	9 June 2026	10.03.2026 – not yet due.	IN PROGRESS
NMC/25/111 (g)	Action: A Council Seminar session on updates relating to Regulatory Reform would be scheduled for February 2026.	Secretary to the Council / Executive Director, Strategy and Insight	24 February 2025	10.03.2026 – this was an agenda item at the Council Seminar held on 24 February 2026. Action completed.	COMPLETED
NMC/25/112 (a)	Quarterly corporate performance report Action: A paper with the first findings from the new Log and Learn system would be presented to the Council in early 2026. <i>Linked to action NMC/25/90.</i>	Chief of Staff	June 2026	10.03.2026 - Not yet due.	IN PROGRESS
NMC/25/112 (b)	Action: Share the refreshed FtP plan with the Council in January 2026	Executive Director, Professional Regulation	24 February 2026	10.03.2026 – this was an agenda item at the Council Seminar held on 24 February 2026. Action completed.	COMPLETED

Minute Ref	Minute Ref and Action	Owner	Due date	Progress	Status
NMC/25/112 (c)	Action: Present work relating to the review of the quality framework for the FtP process to the Council in May 2026.	Executive Director, Professional Regulation	20 May 2026	10.03.2026 - Not yet due.	IN PROGRESS
NMC/25/112 (d)	Action: A broader dashboard of information on education QA, including markers and student views, to be provided to the Council to help identify potential problems early.	Acting Executive Director, Professional Practice	25 March 2026	10.03.2026 – on the agenda item 11 for this meeting. Action completed.	COMPLETED
NMC/25/112 (e)	Action: A Council Seminar was planned for March 2026 to look at risk across the NMC, including how to refresh the NMC’s risk register and its approach to risk appetite and tolerance.	Chief of Staff	24 March 2026	10.03.2026 – this is an agenda item for the Council Seminar 24 March 2026. Action completed.	COMPLETED
NMC/25/116 (a)	EDI Workshop plan for Council Action: Review the aims and proposals for previous Council EDI development sessions in April/July 2025, as well as the comments raised at the meeting, to	Executive Director, People and Culture	29 January 2026	10.03.2026 – A joint Council Member and Executive Board member away day was held on 5 March 2026. Action completed.	COMPLETED

Minute Ref	Minute Ref and Action	Owner	Due date	Progress	Status
	inform the further development of the next Council EDI workshop.				
NMC/25/116 (c)	Action: Hold a further discussion with the Council regarding the development of the Council EDI workshop at the informal Council meeting on 15 December 2025.	Executive Director, People and Culture	5 March 2026	10.03.2026 – A joint Council Member and Executive Board member away day was held on 5 March 2026. Action completed.	COMPLETED
29 January 2026					
NMC/26/130	Executive report Action: Any formal correspondence between the NMC and its stakeholders relating to inquiries to be shared securely with Council on the Board Intelligence (BI) system.	Chief of Staff/Secretary to Council	February 2026	10.03.2026 - All relevant correspondence available to view on Board Intelligence. Action completed.	COMPLETED
NMC/26/134	Education Quality Assurance (EdQA) Quarterly Report (Q1) Action: The quarterly EdQA report to be updated to include the activities of external contractors, and any internal matters worth noting. It should aim to highlight what help this area	Executive Director, Professional Practice	25 March 2026	10.03.2026 Agenda item 11 at this meeting	IN PROGRESS

Minute Ref	Minute Ref and Action	Owner	Due date	Progress	Status
	of the organisation needs from the Council.				
NMC/26/136	<p>People and Culture Committee report</p> <p>Action: The evidence supporting the implementation of the ICR Recommendations to be shared with the Audit and Risk Committee. The Chair of Audit and Risk Committee to meet with the Council member who chaired the People and Culture Committee (PCC) on behalf of the PCC Chair at the extraordinary meeting on 20 January 2026.</p>	Executive Director, People and Culture / Secretary to the Council	24 February 2026	10.03.2026 evidence supporting the implementation of the ICR Recommendations was shared with the Audit and Risk Committee via Board Intelligence 23.02.2026. Meeting with ARC Chair and PCC members held 18 February 2026. Action completed.	COMPLETED

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

Council

Executive report

Action requested:	The Council is asked to discuss the Executive’s report on key developments during 2025-2026, up to 25 March 2026. 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 information on key developments and updates since the last Council meeting on 29 January 2026. 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. <table border="1" data-bbox="379 1435 1394 1662"> <tr> <td data-bbox="379 1435 858 1662"> Author: Orfhlaith Kearney Strategic Programme Manager Orfhlaith.Kearney@nmc-uk.org </td> <td data-bbox="858 1435 1394 1662"> Executive Director, Communications and Engagement: Julia Corkey Julia.Corkey@nmc-uk.org </td> </tr> </table>		Author: Orfhlaith Kearney Strategic Programme Manager Orfhlaith.Kearney@nmc-uk.org	Executive Director, Communications and Engagement: Julia Corkey Julia.Corkey@nmc-uk.org
Author: Orfhlaith Kearney Strategic Programme Manager Orfhlaith.Kearney@nmc-uk.org	Executive Director, Communications and Engagement: Julia Corkey Julia.Corkey@nmc-uk.org			

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Executive Report

Discussion

Key stakeholder engagement moments

Key stakeholder meetings

1. We continue to engage proactively with key stakeholders across the UK including the Charity Commission, the Department for Health and Social Care (DHSC), the Chief Nursing and Midwifery Officers (CNOs and CMidOs), unions including the Royal College of Nursing (RCN), Royal College of Midwives (RCM), UNISON, and Unite, regulatory counterparts including the General Medical Council (GMC), the independent regulatory oversight body, and the Professional Standards Authority (PSA).
2. Notably, our Chief Executive and Registrar, Paul Rees MBE, and Acting Executive Director for Professional Practice, Professor Donna O’Boyle MBE, met with Jenni Minto MSP (Member of Scottish Parliament), Minister for Public Health and Women’s Health on 25 February to discuss how we can contribute to the Scottish Maternity and Neonatal Taskforce, setting out the work we are doing in the midwifery space. Following the meeting, we have committed to providing further Register data and to convene a separate meeting with Scottish Government policy colleagues as part of our continuous engagement.
3. We also attended the RCM’s manifesto launch in Scotland, attended by Brian Whittle MSP, Deputy Party Spokesperson on Social Care, and Carol Mochan MSP, Deputy Party Spokesperson on Women’s Health. While proposals – including guaranteed graduate posts for newly trained midwives, a national midwifery workforce plan, and statutory recognition of the CMidO role – do not have immediate implications for the NMC, it was an important opportunity to understand emerging issues and priorities.
4. On 19 February 2025, ahead of the elections in Wales and Scotland, the Chair of our governing Council, Ron Barclay-Smith, and Chief Executive and Registrar, Paul Rees MBE, met with Neil Gray MSP, Cabinet Secretary for Health and Social Care. This final pre-election engagement secured ministerial backing for our 2026 priorities as we work to deliver our strategic objectives for the year ahead. We will shortly send briefings to candidates in Scotland and Wales, outlining who we are, our role, and the work we are undertaking in each country to support professionals.
5. On 5 February 2026, the Chief Executive and Registrar, Paul Rees MBE, met with Charlie Massey, Chief Executive of the GMC and Arun Chopra, Interim Chief Executive of the Care Quality Commission (CQC) to discuss how regulators are supporting Lord Mann’s review into antisemitism and racism within the NHS, latest action on EDI, and engagement around the Nottingham maternity review. It was an opportunity to share our insights on emerging issues and help maintain a coordinated approach to matters affecting public protection and professional standards.

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6. Executive Director of Strategy & Insight, Emma Westcott, met with Ed Hughes, Chief Executive of the Council of Deans of Health, to explore opportunities for us to contribute to their new leadership development programmes for aspiring Deans. This is key to strengthening our strategic engagement with the next generation of leaders in nursing and midwifery education – to support the development of a workforce equipped to meet future regulatory, professional, and health system challenges.

Legislative Change

7. We continue to engage with DHSC, the GMC and the Health and Care Profession's Council on policy and legal drafting for regulatory reform, as DHSC prepares to consult on new legislation for the GMC. This consultation is scheduled to launch in spring and the core part of this legislation will apply to subsequent regulators in DHSC's programme of regulatory reform, including the NMC. Maintaining active engagement ensures we can shape emerging legislation, proactively manage its implementation, and safeguard its strategic and regulatory priorities.

Engagement on equality, diversity and inclusion

8. We have relaunched our Diaspora Registrant Associations Forum (DRAF) – a strategic forum made up of senior representatives from diaspora registrant associations across the UK. It provides a dedicated space for us to learn from diaspora professionals' experiences of working in UK health and care, so that regulation supports them to thrive.
9. Under its refreshed membership, the forum will contribute to our equality, diversity, and inclusion (EDI) strategy, ensuring regulatory processes are inclusive and responsive to people's diverse experiences. Working collaboratively with the forum will also help us to identify emerging issues earlier and act on them in a timely way, so that its regulatory approach supports safe and effective care for the public. The refreshed forum met for the first time on 11 January to discuss some of our top strategic priorities, including Fitness to Practise (FtP) improvements and our reviews of the Code and revalidation process.
10. We also continue to engage internally – educating our staff on the importance of EDI to fair, effective and proportionate regulation. This includes – in response to the documented rise in hate crime across the UK – upcoming training about anti-Jewish and anti-Muslim hatred so that colleagues are equipped to recognise and address these issues if and when they arise. This sits alongside awareness webinars, exploring how hate manifests within, and impacts on, individuals and communities. Together, these initiatives support our aims to strengthen organisational competence, eliminate bias, and embed a culture of informed, culturally-aware regulation for the benefit of the public and the professionals who care for them.

11. Alongside this, we're rolling out practical training for lawyers and key decision makers across the FtP process. The training aims to deepen the understanding of Jewish and Muslim communities for colleagues working in FtP, and how racism and discrimination may present in concerns we receive. It will explore the effects of implicit bias on decision making – to help ensure the right decisions are made from the earliest stages of FtP.

12. Chief Executive and Registrar, Paul Rees MBE, also recently attended and spoke at the British Indian Nurses Association Annual Conference 2026, and Filipino Senior Nurses Alliance UK General Assembly 2026 – promoting our continued efforts to build a new NMC with equity, fairness, and inclusion at its heart. We remain dedicated to supporting registrants from Black and Minority Ethnic backgrounds – for those on our Register, the people they care for and our colleagues throughout the NMC.

Key developments in the wider landscape

Maternity care

All-Wales Maternity and Neonatal Assurance Assessment report

13. On 25 February 2026, the Welsh Government published the All-Wales Maternity and Neonatal Assurance Assessment Report, following an independent review of maternity and neonatal services across Wales. The report identifies important safety, workforce and governance challenges, with a three-year national improvement programme established to strengthen oversight and improve outcomes for women, babies and families.

14. We are carefully reviewing the report's findings and recommendations to assess the implications for our regulatory work, and what engagement we need to carry out in response, so that we can support and contribute to the strengthening of safety, leadership and care across maternity and neonatal services in Wales.

National Maternity and Neonatal Investigation Call for Evidence

15. We continue to closely follow the events of the national maternity and neonatal investigation, chaired by Baroness Amos. This includes the recent call by the Health and Social Care Secretary of State, Wes Streeting MP, for the investigation to provide truth to affected families and drive urgent improvements in patient care and safety, following a series of meetings between the Secretary of State and bereaved families.

16. Women and families across England have been asked to share their experiences of maternity and neonatal care through a public call for evidence, open for eight weeks from 20 January until 17 March 2026. We will continue to monitor the progress of this investigation and engage transparently with stakeholders including DHSC on this matter – using our influence to help drive the meaningful, lasting improvements in maternity and neonatal services that women, babies and families have the right to expect.

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17. On 26 February, Baroness Amos published her interim report of the Independent Investigation into Maternity and Neonatal Services in England, setting out early findings based on extensive engagement with families, staff, and community organisations. While the NMC is not specifically mentioned in the report, it does indicate that organisations, such as the Royal Colleges and regulatory bodies will be invited to give evidence as part of the review – we will prepare to give evidence in the event we are called.

18. The findings will also inform our engagement with parliamentarians and several All-Party Parliamentary Groups in the coming months, ahead of the final report, and support next steps for our Midwifery Action Plan. We will also continue to monitor maternity reviews in Scotland and Wales for any relevant learning.

Political landscape

Nurses to benefit from boost to graduate pay and job progression

19. On 11 February, DHSC announced an agreement between the government and the RCN around nurse pay and conditions. Measures include prioritising increasing graduate pay, reviewing the roles and pay bands of every band 5 nurse, and establishing a single national nursing preceptorship to create a national framework to support newly qualified nurses.

20. We will closely monitor the implementation and impact of these measures on the future workforce, professional development for nurses and, ultimately, the quality and safety of patient care. For our part, we continue to emphasise the vital role of preceptorship in helping professionals integrate into their teams, build confidence, and apply the Code effectively in their day-to-day practice – with our [Principles of Preceptorship](#) setting clear expectations to ensure structured, tailored support that meets the needs of newly registered professionals.

Health and Social Care Committee (HSCC) publish First 1000 Days: a renewed focus

21. On 22 January 2026, HSCC published its fifth report of the session 2024-2026, *First 1000 Days: a renewed focus* – setting out the importance of the first 1000 days in life for a child, and the impact environmental factors and adverse experiences can have on their development.

22. The report highlights some key findings and recommendations related to health visitors – a role undertaken by registered nurses and midwives with a specialist community public health nurse qualification. These include the report's focus on the depletion of health visitors since 2015, the recommendation to recruit 1,000 additional health visitors immediately, and the recommended acceleration for health visitor-led vaccination delivery. Where any recommendations are taken forward, we will work with DHSC to ensure this is done safely and effectively, and that it feeds into wider discussions, particularly around any scope of practice implications.

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Practice learning review consultation

- 23. We will soon be launching a public consultation as part of our [review into nursing and midwifery practice learning](#). This follows research and engagement with students, educators, professionals, practice learning partners, and the public across the UK – finding that while many students benefit from positive practice placements, the quality of experiences can vary.
- 24. We will be inviting feedback on proposals that aim to strengthen students’ practice learning experiences and, in turn, the knowledge, skills, and behaviours they need to join the Register. We will continue to engage closely with stakeholders and subject matter experts from across the UK during the consultation – using the findings to inform next steps and ensure any potential changes are inclusive, equitable, and meet the needs of the public and people receiving care.

International Women’s Day

- 25. Throughout March, we ran an organisation-wide campaign under the theme *Give to Gain* – celebrating the power of support and reciprocity to inspire and uplift women. This campaign reinforced our commitment to equality, diversity and inclusion, and to fostering psychological safety and a strong sense of belonging within a new NMC. As well as celebrating the diversity and invaluable contributions of nursing and midwifery professionals on the Register, it demonstrates how supporting women strengthens services, organisations and communities—fully aligned with our public protection role.
- 26. Key activity included a series of webinars for our colleagues featuring external guest speakers, alongside “Coffee and Cake” events that created open, informal and supportive spaces for staff to share their career journeys and lived experiences. Chief Executive and Registrar, Paul Rees MBE, also visited a community-based women’s health service focused on perinatal mental health and wellbeing – strengthening our insight into frontline practice and reinforcing our commitment to supporting high-quality, person-centred care for women and families.

Next Steps

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

Implications

The following were considered when preparing this paper:

Implication:	Yes/No/NA	Location if in paper:	Content if not in paper:
Public protection/impact for people.	Yes	Captured throughout the paper.	

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The four country factors and considerations.	Yes	2,3,4,13,14,18	
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	2,3,13-18	
Equality, diversity, and inclusion.	Yes	8-12	
Stakeholder implications and any external stakeholders consulted.	Yes	Stakeholder engagement captured throughout the paper.	
Regulatory Reform.	Yes	7	

Council

Midwifery quarterly report

<p>Action requested</p>	<p>For noting</p> <p>In May 2024, the midwifery team provided an update to the Council, following the development of the midwifery workplan which outlined the ongoing midwifery work across the NMC. Following this, Council requested regular midwifery updates, to provide greater assurance that midwifery is being considered within our regulatory work and is aligned to the UK-wide maternity narrative. The next update was presented in May 2025. It has now been agreed that midwifery will be reported to Council on a quarterly basis. This report encompasses midwifery activity between May 2025- February 2026. A quarterly report will be presented thereafter as per the revised governance structure seen in table 2.</p> <p>The NMC Council is asked to note the progress set out in this quarterly update and to provide comment on areas where additional focus or acceleration may be required.</p>
<p>Key background and decision trail:</p>	<p>Following the announcement of the maternity investigation in England and maternity assessment in Wales in summer 2025, stakeholders raised some concerns regarding the standards of midwifery education. Northern Ireland had already produced a countrywide review where the standards were referenced, and Scotland is currently embarking on a nationwide taskforce. Though action was not requested of the NMC by any of these inquires, the midwifery team developed a suite of activities that would enable the NMC to provide oversight and understanding of how we regulate midwives in education and practice across the UK.</p> <p>The premise for this was that the Standards of proficiency for midwives are the minimum standards required by all midwives. Therefore, benchmarking against these standards would provide an understanding of their robustness whilst highlighting any areas to be revised or strengthened.</p>
<p>Key questions:</p>	<ul style="list-style-type: none"> • What actions is the NMC taking to protect the public regarding its role to regulate midwives across the UK? • Given the outcomes of the midwifery action plan, is the Council content that the proposed recommendations regarding midwifery education and practice will support kind, compassionate, safe, and effective care for all women and address health inequalities

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	<p>with respect to anti-racism, cultural competencies, and unconscious bias?</p> <ul style="list-style-type: none"> • What regulatory risks or gaps require action or oversight? 		
Annexes:	<p>Annexe 1-UK wide midwifery FtP data snapshot</p> <p>Annexe 2 -Report recommendations mapping findings.</p> <p>Annexe 3 -Curricula mapping findings.</p>		
Further information:	<p>If you require clarification about any point in the paper or would like further information, please contact the author or the director named below.</p> <table border="1" data-bbox="416 792 1402 1386"> <tr> <td data-bbox="416 792 928 1386"> <p>Authors:</p> <p>Tracey MacCormack Assistant Director for Midwifery tracey.maccormack@nmc-uk.org</p> <p>Jacqui Williams Senior Midwifery Advisor (Education) jacqui.williams@nmc-uk.org</p> <p>Verena Wallace Senior Midwifery Advisor (Policy) verena.wallace@nmc-uk.org</p> </td> <td data-bbox="928 792 1402 1386"> <p>Acting Executive Director: Donna O'Boyle Donna.oboyle@nmc-uk.org</p> </td> </tr> </table>	<p>Authors:</p> <p>Tracey MacCormack Assistant Director for Midwifery tracey.maccormack@nmc-uk.org</p> <p>Jacqui Williams Senior Midwifery Advisor (Education) jacqui.williams@nmc-uk.org</p> <p>Verena Wallace Senior Midwifery Advisor (Policy) verena.wallace@nmc-uk.org</p>	<p>Acting Executive Director: Donna O'Boyle Donna.oboyle@nmc-uk.org</p>
<p>Authors:</p> <p>Tracey MacCormack Assistant Director for Midwifery tracey.maccormack@nmc-uk.org</p> <p>Jacqui Williams Senior Midwifery Advisor (Education) jacqui.williams@nmc-uk.org</p> <p>Verena Wallace Senior Midwifery Advisor (Policy) verena.wallace@nmc-uk.org</p>	<p>Acting Executive Director: Donna O'Boyle Donna.oboyle@nmc-uk.org</p>		

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Midwifery quarterly report

Discussion

Highlights

As a result of the national challenges experienced in all four UK countries, the NMC [midwifery action plan](#) was developed which included the actions outlined below but also outlined other midwifery work such as the development of [the principles for supporting women's choices in maternity care](#) and our joint work with GMC '[Good teamwork means better maternity care](#)'

- 1 The midwifery team has made strong progress across all workstreams as part of our work to understand how our standards are supporting the delivery of education and practice. Key deliverables are:
 - A **Midwifery Data Dashboard** was developed to aid understanding of the midwifery registers progression through our FtP processes. The dashboard provides data across the FtP processes that enables the midwifery team to understand FtP trends for our midwives and to use this education to support external conversations regarding our standards. This has been developed and has been presented to key stakeholders including a presentation at the NMC Midwifery Strategic Advisory Group (MSAG) on 2 December 2025. All countries have received an initial data highlight report. Internal quality assurance (QA) is ongoing with an intention to publish the dashboard on the NMC website soon. See examples in Annex 1.
 - **Independent Standards Mapping** of the midwifery standards of proficiency against the recommendations arising from some of the most recent maternity reviews. The mapping exercise has been completed, and high-level feedback has been provided. The report in Annex 2 provides assurance that the recommendations that related to the work of midwives within the seven reviews identified by the NMC, can all be mapped to the Standards of proficiency for midwives (NMC 2019/2024) and relevant practice elements of the Part 3 Standards for pre-registration midwifery programmes (NMC 2019/2023). As the recommendations and standards are reflective of how education and practice is being delivered, we will consider how standards are being implemented following the completion of all exercises in this section.
 - **Curricula Mapping** to assess alignment of education programmes with our standards. The tool was shared with 64 Approved Education Institutions (AEI) via their Lead Midwives for Education (LMEs). 64 returns were received. The midwifery team reviewed the module specifications for 57 AEIs as 7 did not submit. The results were that all AEIs reflected the themes of the Standards of proficiency for midwives in their programmes. The review of the data submitted has not identified any concerns with the midwifery programmes across the UK and it demonstrated clearly how they are meeting the requirements of the NMC Standards of proficiency for midwives We found no

evidence that a normal birth ideology was being taught within pre-registration midwifery programmes. The midwifery team noted that whilst some AEIs had essential reading lists that suggested contemporary text, some still recommended text that used older midwifery terminology. The AEIs should ensure they are using the language of the standards of proficiency to avoid terminology being misunderstood. The complete findings of the exercise can be seen in the report in Annex 3. We will be writing to all Lead Midwives for Education and will share our findings following the report's approval at council on 25 March.

- **Standards of proficiency for midwives' gap analysis** – In 2024, the midwifery team presented Council with a tool to assess whether the Standards of proficiency had been embedded in practice. The tool was distributed to directors and heads of midwifery in early 2025, but there was a poor response rate. The midwifery team was still keen to understand how the Standards of proficiency for midwives are being used to ensure midwives are providing safe and effective evidence-based care. A roundtable with consultant midwives, directors and heads of midwifery was held in September 2025 and it was suggested that a gap analysis tool would be useful in providing a baseline for organisations. The seventeen key themes within the Standards of Proficiency for Midwives have been used to develop a gap analysis tool for completion across all UK maternity services. The Midwifery Standards Survey was open from 10 February 2026 to 4 March 2026. In total, 65 unique organisational responses have been received. The midwifery team will plan implementation sessions across the UK based on the gap analysis findings when finalised in April 2026
 - **Tackling health inequalities**–The most recent APPG Black maternal health, MBRRACE and Five X More reports continue to highlight disparities in outcomes for racially minoritised women. Discrimination, anti-racism, and cultural competence are considered throughout our work. However, there is a recognition that we need to strengthen the approach to explicitly include anti-racism, unconscious bias, and cultural competence in our work. To ensure we have standards of proficiency and programme standards that will consider anti-racism, unconscious bias, and discrimination in the education of student midwives and continuous professional development of midwives, the midwifery team is engaging with key stakeholders across the midwifery landscape to understand what is required for best practice. An exploratory round table of key sector-wide stakeholders was held on 12 March. Outcomes and next steps will be presented in the next quarterly report with a view to having principles in place from September 2026.
- 2 The Midwifery Strategic Advisory Group (MSAG) welcomed a new chair – Birte Harlev-Lam OBE. The first meeting of the refreshed group was held in July 2025. We have committed to using the expertise in the group to inform our midwifery regulation and have sought input from members when progressing our action plan.

We have also acknowledged and responded to feedback and suggestions made by our members and key stakeholders.

- 3 We have collaborated with partners to create new [the principles for supporting women's choices in maternity care](#) – this is especially important as more people are considering freebirth or care from unregulated people.
- 4 Following the launch of Principles for Supporting Women’s Choices in maternity care, a factsheet has been developed and there is ongoing work to support organisations to embed the principles.
- 5 The NMC Midwifery Team has continued to support the work of midwives and improve maternity care across the UK by talking and listening to midwives at festivals and conferences. We support them to understand how to use our Standards in their daily work. The key engagement themes for May 2025-February 2026 are below. The midwifery team has continued to support the Nottingham University Hospital review, attending quarterly family meetings and having regular meetings with the independent chair – Donna Ockenden. The team met with families to discuss midwifery education in November 2025 and held a listening session with student midwives from Nottingham University to understand their experiences of learning at Nottingham University Hospital.

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Table 1 – Midwifery Engagements

Engagement type	Count of Key themes
Awards Ceremony	2
Festival/Conference	4
Site visit	2
Speaker -multidisciplinary webinar	5
Speaker-Conference	10
Speaking engagement	15
Grand total	38

- 7 The Senior Midwifery Adviser (Education) leads the Midwifery aspects of the Practice Learning Review and ensures that the midwifery action plan is aligned and vice versa.
- 8 The Assistant Director for Midwifery assumed the chair position of the refreshed Diaspora Registrant Associations Forum (DRAF) and continued collaborating with other registrant forums to support UK wide diaspora registrants.
- 9 Understanding how service users perceived care will triangulate our findings from the Dom/HoM survey and mapping exercises. The midwifery team held a round table with service users to start development of a survey. The stakeholders have asked us to take a different approach as they have completed multiple surveys. A

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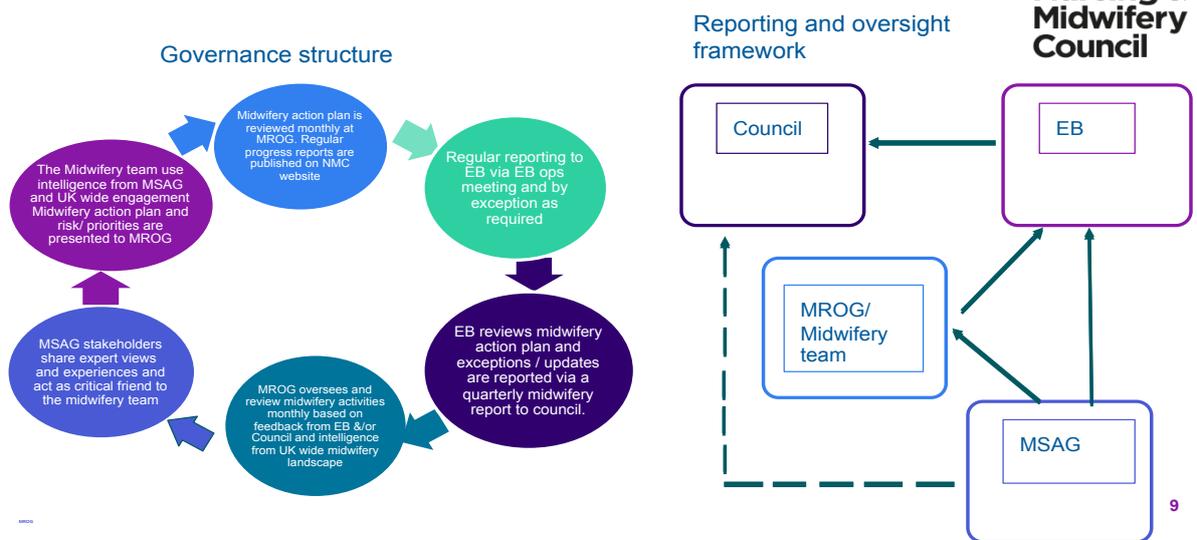
decision was reached to map the recommendations from service user surveys to the standards of proficiency instead. Work is ongoing to develop a tool to commence this work.

Governance

10 The Midwifery Regulatory Oversight Group (MROG) is the NMC’s internal midwifery group which has delegated authority to oversee all midwifery activity across the organisation. All internal midwifery work and external work with key UK wide stakeholders is discussed at these monthly meetings, attended by senior NM|C colleagues and chaired by the Acting Executive Director for Professional Practice. The governance structure below outlines how MROG interfaces with MSAG. Oversight of our work will be through ongoing quarterly updates to Executive Board and Council.

Table 2 – Midwifery governance and reporting structure

Midwifery governance and reporting structure



Next Steps

- 1 Following internal discussions and in view of the current complexities of the midwifery landscape, a midwifery framework is in development which will align with the NMCs corporate strategy and have clear outcomes based on a shared vision. The next steps following completion of our suite of exercises will inform the framework’s development. The framework will be presented to council in the Spring.
- 2 Publish all midwifery action plan outputs and continue working on outstanding actions as per the progress report [Midwives- The Nursing and Midwifery Council](#)

3 Maintain engagement with the work being undertaken across all four countries as they publish/quality assure/review midwifery services and work with them to identify opportunities for the provision of support. Offer support to all UK wide reviews and taskforces and remain agile to data and information requests.

4 Map the 17 key themes within the Standards of proficiency for midwives to the recommendations of recent service user surveys to complete the triangulation of information within the midwifery action plan.

Working at pace, with a key midwifery stakeholders and race equity maternity partners to ensure that all education providers, materials and xxx are geared towards the embedding of the principles of anti-racism, cultural competence, and unconscious bias.

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	N/A	—	No safeguarding issues identified.
The four country factors and considerations.	Yes	Throughout	—
Resource implications including information on the actual and expected costs involved.	Yes	Implicit in delivery timelines	Additional detail to follow as standards updates progress.
Risk implications associated with the work and the controls proposed/ in place.	Yes	Discussion	Regulatory risk increases if workstreams are delayed.
Legal considerations.	N/A	—	—
Midwives and/or nursing associates.	Yes	Entire report	—

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Equality, diversity, and inclusion and Welsh Language impact.	Yes	Throughout	—
Stakeholder implications and any external stakeholders consulted.	Yes	Throughout	—
Regulatory Reform.	Yes	Throughout	Aligns with wider NMC reform priorities.

UK wide data

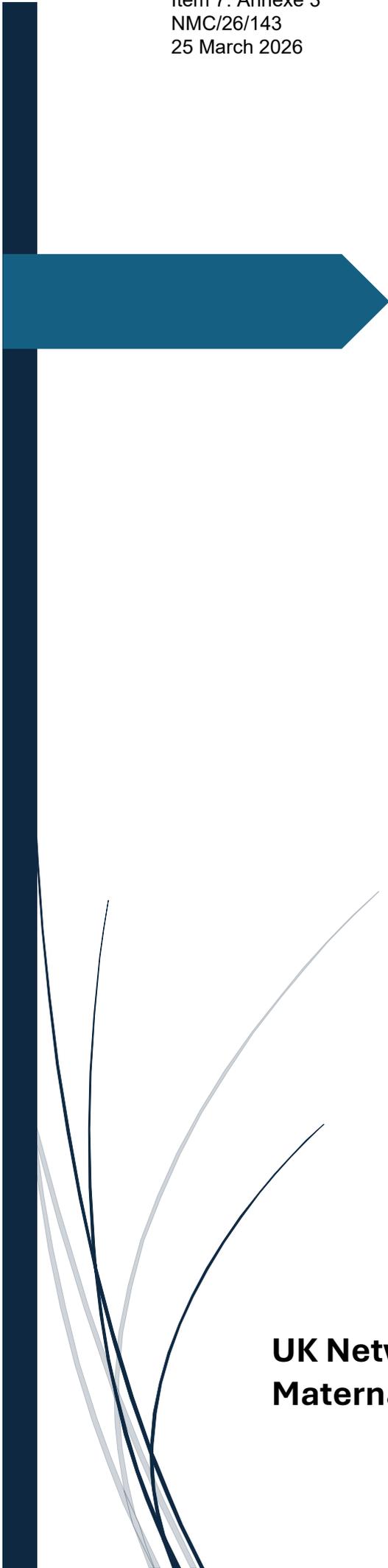
Midwifery FtP data for UK broken down by year	New concerns	Screening decisions No further action	Progress to investigation	Most common allegations	Hearing and meeting outcomes
2021-2022	263	180	55	Ineffective communication, Diagnosis, observation assessment, Patient or clinical records,	5(striking off order) 2(suspension order) 2 (caution order) 1(conditions of practice)
2022-23	228	194	59	Patient or clinical records, Diagnosis, observation assessment, Inappropriate delegation of patient care, other patient care issues	3(striking off order) 5(suspension order) 1 (caution order) 1(conditions of practice)
2023-24	278	199	72	Diagnosis, observation assessment, Patient or clinical records; Failing to escalate or respond appropriately to deterioration of woman or baby	7(striking off order) 4(suspension order) 0 (caution order) 1(conditions of practice)
2024-25(to date)	258	75	24	Employment related dishonesty	1(conditions of practice) 1(suspension order)

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Source of concerns raised -UK wide

Year	Anonymous	Blank	Colleague	Employer	Member of the public	NMC Article 22(6)	Other	Police	Self-Referral	Total number of concerns for year
2021-22	42	1	4	36	139	10	21	4	6	263
2022-23	16	3	14	36	127	14	2	2	14	228
2023-24	12	2	10	51	145	30	13	4	12	278
2024-25(to date)	24	5	17	52	89	28	18	7	8	258

- Midwifery specific fields were added in January 2023
- Due to our Ftp processes, new concerns and hearing outcomes and will not generally occur within the same year



Review and mapping of the Nursing & Midwifery Council (NMC) Standards of proficiency for midwives to recommendations from key UK maternity and neonatal reviews

Analysis and commentary report

17 February 2026

**UK Network of Professors in Midwifery and
Maternal and Newborn Health**

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Executive summary

This report summarises an independent review and mapping of the Standards of proficiency for midwives (NMC 2019¹/2024) and the relevant practice elements of Part 3 Standards for pre-registration midwifery programmes (NMC 2019/2023) against the recommendations arising from the most recent UK maternity and neonatal reviews. The Nursing & Midwifery Council (NMC) commissioned the [UK Network of Professors in Midwifery and Maternal and Newborn² Health](#) to undertake the review and mapping as part of their [Midwifery Action Plan](#) (NMC 2025) and in response to ongoing national reviews of maternity and neonatal services.

The project was completed at pace (Nov 2025-Jan 2026) by a project team with expertise in midwifery and maternity education, research, practice and policy drawn from across the four countries of the UK. Following an initial pilot mapping activity, the mapping process was agreed and five pairs of mappers independently mapped recommendations relevant for midwives' practice from the following seven recent reviews:

- [Emerging findings and recommendations from the independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust](#) (Ockenden 2020)
- [Ockenden report - final: Findings, conclusions and essential actions from the independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust](#) (Ockenden 2022)
- [‘Reading the signals’: maternity and neonatal service in East Kent – the report of the independent investigation](#) (Kirkup 2022)
- [Enabling safe quality midwifery services and care in Northern Ireland](#) (Renfrew 2024)
- [National review of maternity services in England 2022- 2024](#) (Care Quality Commission [CQC] 2024)
- [The independent review of maternity and neonatal services at Swansea Bay University Health Board](#) (Chaffer 2025)
- [Unannounced inspection report – maternity services and safe delivery of care inspection Ninewells hospital, NHS Tayside](#) (Healthcare Improvement Scotland) (HIS 2025)

The mapping exercise confirmed that recommendations from all seven reviews that relate to the work of midwives are all addressed within the Standards of proficiency for midwives (NMC 2019/2024) and relevant practice elements of Part 3 Standards for pre-registration midwifery programmes (NMC 2019/2023). The mapping identified all of the proficiencies that related to each recommendation. No gaps were found - i.e. relevant recommendations that were not addressed by the proficiencies.

Whilst there were no gaps or mismatches between recommendations relating to the work of midwives and proficiencies, the impact of wider contextual issues in maternity and neonatal care was apparent in the mapping and should be taken into consideration. For example, midwives' ability to be effective in their role was recognised as being contingent on factors such as effective functioning within multidisciplinary teams (MDTs), clinical acuity, adequate staffing levels and skill mix, and/or other institutional decisions; this context also limited midwives' ability to work to their full scope of practice (e.g. delivering continuity of care and carer).

In a 'reverse mapping' element, the activity identified numerous proficiencies not included in review recommendations. This could be expected given the remits and focus of each individual review, however it also indicates the breadth and depth of opportunity within the detailed, holistic and evidence based

¹ Originally published 18 Nov 2019. Updated standards were approved by NMC Council on 25 Jan 2023 and further updated on 29 July 2024 – for further information see [Standards for pre-registration midwifery programmes](#)

² <https://www.councilofdeans.org.uk/partnerships/uk-network-of-professors-in-midwifery-and-maternal-and-newborn-health/>

Standards of proficiency for midwives (NMC 2019/2024) to implement midwifery knowledge and skills to improve safety and quality for women, babies and families.

It is important to note that the data collection periods and publication dates of all the reviews mapped in this project were before full implementation of the Standards of proficiency for midwives (NMC 2019/2024). This exercise thus maps the preparation of the most recent and future cohorts of midwives, looking forward, not those who were in practice at the time many of the reviews were undertaken.

In conclusion, the findings of the mapping are reassuring; there were no gaps or mismatches between review recommendations and proficiencies. However, this analysis indicates an important missed opportunity to fully benefit from the knowledge and skills of midwives. The detailed, holistic and evidence based Standards of proficiency for midwives (NMC 2019/2024) include standards for care across the whole maternity journey that help to prevent complications and promote timely referral. Implementation of the full range of proficiencies is needed to improve safety and quality for all women, babies and families.

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Gender inclusive language statement

This report recognised that maternity and neonatal services are accessed by women, gender-diverse individuals and people whose gender identity does not align with their sex assigned at birth. Where the terms woman and women are used in this report (including text used in the reviews), they are intended to be inclusive and refer to all people who may become pregnant, give birth or access maternity and neonatal services, including birthing people and gender-diverse individuals.

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Introduction

The safety and quality of maternal and newborn care and services are major national concerns. The recommendations from several reviews conducted across the UK relate closely to the activity of midwives, working together with professional colleagues and services within wider systems of maternity and neonatal care.

As part of their [Midwifery Action Plan](#) (NMC 2025) and in response to ongoing national reviews of maternity and neonatal services ([National Maternity and Neonatal investigation 2025](#); [Welsh Government 2025](#); [Scottish Government 2025](#)), the Nursing & Midwifery Council (NMC) commissioned the [UK Network of Professors in Midwifery and Maternal and Newborn Health](#) to undertake an independent mapping of the Standards of proficiency for midwives (NMC 2019/2024) against the recommendations arising from the most recent maternity and neonatal reviews conducted in the UK.

This focused project (Nov 2025-Jan 2026) has been undertaken by a project team drawn from across the four countries of the UK. The project team has brought expertise in midwifery and maternity education, research, policy and practice. It comprised of a mapping team, a Steering Group drawn from the [UK Network of Professors in Midwifery and Maternal and Newborn Health](#) and critical readers.

The project team was tasked to review the alignment of the NMC Standards of proficiency for midwives (NMC 2019/2024) and the relevant practice elements of Part 3 Standards for pre-registration midwifery programmes (NMC 2019/2023) (i.e. in the 'Practice learning' section on p 11-12) with the recommendations of the seven review reports indicated below. A detailed mapping has been undertaken to meet the following objectives:

- *assess the alignment of the Standards of proficiency for midwives (NMC 2019a/2024) and relevant standards within Part 3 Standards for pre-registration midwifery programmes (NMC 2019b/2024) with the recommendations from the identified publications regarding the knowledge, understanding and skills that midwives must demonstrate at the point of qualification.*
- *identify any critical gaps and/or mismatches between recommendations and proficiencies that need to be addressed in order to deliver safe, effective, respectful, kind, compassionate, person-centred midwifery care.*

Focussing on recommendations that relate to the work of midwives, the mapping will identify:

- *all proficiencies that relate to each recommendation*
- *any gaps where recommendations are not addressed by the proficiencies*
- *proficiencies where there are no relevant recommendations, potentially indicating missed opportunities to implement midwifery knowledge and skills to improve safety and quality for women babies and families*
- *recommendations that run counter to proficiencies and where consideration is needed, to include evidence from robust research*

Methods and processes

Assembling the mapping team

The project mapping team comprised of five pairs of mappers, each pair included a midwife and all involved at least one senior researcher or educator. The mapping team engaged with the Project Lead and Steering Group to operationalise the project brief, with meetings conducted virtually and one hybrid (in person and virtual) event.

Data sources

Reports from the seven most recent maternity and neonatal reviews undertaken in the UK were selected by the NMC for inclusion in the project. A brief context and overview for each unique review,³ including the scope and number of recommendations, can be found in Appendices A to G. It is important to note that a range of terminology was used for the recommendations (or equivalents) arising from these highly individual reports (e.g. 'immediate and essential actions' and 'Key Action Areas'), and that the recommendations (or equivalents) often comprised of several constituent elements. As indicated on p 11, the language of 'recommendations and constituent elements' has been adopted for this report, to reflect the need for some recommendations to be disaggregated for mapping. The reviews included in the mapping were (in chronological order with a shortened name included):

[Emerging findings and recommendations from the independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust \(2020\)](#) (Ockenden report – interim) - referred to as the Shrewsbury and Telford review (interim)

[Ockenden report - final: Findings, conclusions and essential actions from the independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust](#) (2022) - referred to as the Shrewsbury and Telford review (final)

[‘Reading the signals’: maternity and neonatal service in East Kent – the report of the independent investigation](#) (2022) Dr Bill Kirkup - referred to as the East Kent review

[Enabling safe quality midwifery services and care in Northern Ireland](#) (2024) Prof Mary Renfrew - referred to as the Northern Ireland review

[National review of maternity services in England 2022- 2024](#) Care Quality Commission (CQC 2024) - referred to as the CQC review

[The independent review of maternity and neonatal services at Swansea Bay University Health Board](#) (Chaffer 2025) - referred to as the Swansea Bay review

[Unannounced inspection report – maternity services and safe delivery of care inspection Ninewells hospital, NHS Tayside \(Healthcare Improvement Scotland\)](#) (2025) - referred to as the Ninewells review

³ The term review is used throughout this document for consistency, noting however that the [East Kent Report](#) (Kirkup 2022) used the term investigation for its activity.

The Standards of proficiency for midwives (NMC 2019/2024) used for the mapping set out the knowledge, understanding, skills and attributes (stated as outcomes) that all midwives must achieve at the point of registration.⁴ These standards were approved by the NMC in October 2019 as part of their duty to periodically review professional standards of education and proficiency, to ensure they remain fit for purpose, contemporary and evidence based (Renfrew *et al* 2014). The Standards of proficiency for midwives (NMC 2019/2024) are operationalised by Approved Educational Institutions (AEIs) and their practice learning partners, aligned with the following standards education i.e.:

- Part 1: Standards framework for nursing and midwifery education (NMC 2018a/2023)
- Part 2: Standards for student supervision and assessment (NMC 20218b/2023)
- Part 3: Standards for pre-registration midwifery programmes (NMC 2019/2023)

Whilst the Standards of proficiency for midwives (NMC 2019/2024) are explicitly holistic in nature, they are grouped within six inter-related domains and comprise of 356 proficiencies.⁵ The Standards of proficiency for midwives (NMC 2019/2024) state what a newly qualified midwife can be expected to:

‘know, understand and be capable of doing safely and proficiently, at the start of their career. This approach aims to provide clarity to the public and the professions about the knowledge, understanding and skills they can expect every midwife to demonstrate’ (NMC 2019/2024 p 9).

Table 1 provides an overview of the six domains within the Standards of proficiency for midwives (NMC 2019/2024) and the number of individual proficiencies within each domain.

To ensure all relevant midwifery practice requirements were included in the mapping, in addition to the Standards of proficiency for midwives (NMC 2019/2024), 14 pertinent items were identified in the ‘Practice learning’ section of Part 3: Standards for pre-registration midwifery programmes (NMC 2019/2023 p 11-12) (see Appendix H). Hereafter in the report, for ease these are collectively referred to as the proficiencies.

⁴ They also provide a benchmark for midwives from overseas seeking to join the UK register and midwives returning to practice after a period of absence.

⁵ The outcomes that a midwife should be able to demonstrate at the point of registration are expressed in a range of formats within the Standards of proficiency for midwives (NMC 2019/2024) e.g. some as a single proficiency and others with main stems and a range of sub stems indicating further detail. The denominator of 356 proficiencies was reached by adding all single statement proficiencies and proficiencies within overarching stem statements. These totals were reviewed and checked by members of the project Steering Group.

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Table 1: Overview of the domains within the Standards of proficiency for midwives (NMC 2019/2024), including total number of proficiencies and number of individual proficiencies identified within each domain

<p>Description of domain (number of available proficiencies) (NMC 2019/2024) (Total number of proficiencies in all domains n = 356)</p>
<p>Domain 1: Being an accountable, autonomous, professional midwife (n = 29) <i>‘Midwives are fully accountable as the lead professional for the care and support of childbearing women and newborn infants, and partners and families. Respecting human rights, they work in partnership with women, enabling their views, preferences, and decisions, and helping to strengthen their capabilities. They promote safe and effective care, drawing on the best available evidence at all times. They communicate effectively and with kindness and compassion’ (p 12)</i></p>
<p>Domain 2: Safe and effective midwifery care: promoting and providing continuity of care and carer (n =12) <i>‘Midwives promote continuity of care, and work across the continuum from pre-pregnancy, pregnancy, labour and birth, postpartum, and the early weeks of newborn infants’ life. They work in the woman’s home, hospitals, the community, midwifery led units and all other environments where women require care by midwives. The midwife is responsible for creating an environment that is safe, respectful, kind, nurturing, and empowering, ensuring that the woman’s experience of care during her whole maternity journey is seamless’ (p 15)</i></p>
<p>Domain 3: Universal care for all women and newborn infants (n =36) <i>‘Midwives work in partnership with women to care for and support all childbearing women, newborn infants, and their families. They make an important contribution to population health, promoting psychological and physical health and wellbeing. Midwives optimise normal physiological processes, and support safe psychological, social, cultural and spiritual situations, working to promote positive outcomes and to anticipate and prevent complications’ (p 17)</i></p> <ul style="list-style-type: none"> 3A. The midwife’s role in public health, health promotion and health protection 3B. The midwife’s role in assessment, screening and care planning 3C. The midwife’s role in optimising normal physiological processes and working to promote positive outcomes and prevent complications
<p>Domain 4: Additional care for women and newborn infants with complications (n =15) <i>‘Midwives are ideally placed to recognise any changes that may lead to complications. The midwife is responsible for immediate emergency response and first line management and in ensuring timely collaboration with and referral to interdisciplinary and multiagency colleagues. The midwife has specific responsibility for continuity and coordination of care, providing ongoing midwifery care as part of the interdisciplinary team, and acting as an advocate for women and newborn infants to ensure that they are always the focus of care’ (p21)</i></p> <ul style="list-style-type: none"> 4A. The midwife’s role in first line assessment and management of complications and additional care needs 4B. The midwife’s role in caring for and supporting women and newborn infants requiring medical, obstetric, neonatal, mental health, social care, and other services

Domain 5: Promoting excellence: the midwife as colleague, scholar and leader (n =26)

‘Midwives make a critically important contribution to the quality and safety of maternity care, avoiding harm and promoting positive outcomes and experiences. They play a leading role in enabling effective team working, and promoting continuous improvement. Midwives recognise their own strengths, as well as the strengths of others. They take responsibility for engaging in continuing professional development and know how they can support and supervise others, including students and colleagues. They recognise that their careers may develop in practice, education, research, management, leadership, and policy settings’ (p24)

5A. Working with others: the midwife as colleague

5B. Developing knowledge, positive role modelling and leadership: the midwife as scholar and leader

Domain 6: The midwife as skilled practitioner⁶ (n = 238) Note this Domain includes the detailed skills required to meet the standards in Domains 1-5.

‘Midwives make a critically important contribution to the quality and safety of maternity care, avoiding harm and promoting positive outcomes and experiences. They play a leading role in enabling effective team working, and promoting continuous improvement. Midwives recognise their own strengths, as well as the strengths of others. They take responsibility for engaging in continuing professional development and know how they can support and supervise others, including students and colleagues. They recognise that their careers may develop in practice, education, research, management, leadership, and policy settings’ (p 27)

- Communication, sharing information and relationship management skills: shared skills for **Domains 1, 2, 3, 4 and 5**
- Being an accountable, autonomous, professional midwife: skills for **Domain 1**
- Safe and effective midwifery care: promoting and providing continuity of care and carer: skills for **Domain 2**
- Assessment, screening, planning, care and support across the continuum: shared skills for **Domains 3 and 4**
- Evidence-based medicines administration and optimisation: shared skills for **Domains 3 and 4**
- Universal care for all women and newborn infants: skills for **Domain 3**
- Additional care for women and newborn infants with complications: skills for **Domain 4**
- Promoting excellence: the midwife as colleague, scholar and leader: skills for **Domain 5**

⁶ Domain 6 ‘proficiencies have all been mapped for assessment in clinical practice via the Midwifery Ongoing Record of Achievement (MORA) in England & Northern Ireland, the Scottish Midwifery Practice Assessment Document in Scotland and the Once for Wales Midwifery Practice Assessment Document (MPAD) in Wales (i.e. Applying Part 2 SSSA:2 Standards for student supervision and assessment (NMC 2018b/2023).

Data management

At the outset of the project all mapping team members conducted a detailed (re)familiarisation with the current versions of NMC Standards of proficiency for midwives (NMC 2019/2024) and the practice elements of Part 3 Standards for pre-registration midwifery programmes (NMC 2019/2023).

The NMC provided the project team with excel sheets, one each to map to recommendations from the individual reviews. An initial mapping team task was to review the excel sheets and agree the mapping process.

A pilot mapping exercise was undertaken where all mapping team members independently mapped one review (the CQC, 2024 review) to the proficiencies, using a copy of the excel sheet format provided by the NMC. A colour code of green (applicable i.e. proficiencies that could clearly map to recommendations), yellow (partially applicable i.e. where it was unclear or challenging to determine applicability) and red (not applicable i.e. proficiencies and recommendations that did not map) was used to map/reverse map the proficiencies to the review recommendations. Mapping team members then met online to share reflections and learning from this exercise. Key observations and discussions led to agreement of the following actions and processes to use for the mapping exercise:

1. **Observation:** Some review recommendations contained several constituent elements, which made it very challenging to accurately map the proficiencies. **Action:** Revisions were made to the excel sheet for each individual review to disaggregate multi-constituent recommendations to enable accurate mapping. This was undertaken using the original wording within the recommendation to meaningfully separate out its constituent elements. Single element recommendations were unchanged. From an initial total of 98 individual recommendations within the seven reviews, 283 recommendations/constituent elements were identified for mapping (see Table 2). The terminology of 'recommendations/constituent elements' was adopted to capture this action and has been used for consistency throughout this report.
2. **Observation:** Some review recommendations were clearly not relevant for/directed at midwives' practice, e.g. being the responsibility of non-clinicians, organisations or institutions and were therefore not relevant for mapping according to the project brief. **Action:** Two project team members independently reviewed the target population/group for action and/or the responsibility of all recommendations/constituent elements to determine the relevance to midwives' practice and thereafter met to discuss, agree and record decisions. Recommendations/constituent elements deemed not to be relevant to midwives' practice were then greyed out in the excel sheets (i.e. not to be mapped), leaving only recommendations/constituent elements relevant to midwives' practice and thus to be mapped to the proficiencies.
3. **Observation:** In some instances, it was challenging to decide whether a proficiency was applicable to review recommendations/constituent elements and therefore to assign a colour code in the excel sheet. **Action:** It was anticipated that actions for 1 and 2 above

would significantly reduce this challenge, however mappers also agreed to (where possible) limit the use of ‘partially applicable’ when undertaking the final mapping (i.e. to map as ‘partially applicable’ by exception), to maximise the utility of the mapping findings.

A mapping pair was then allocated to each review⁷ and two pairs were required to map two reviews. Mapping pairs were selected to ensure no conflict of interest (e.g. no links to former or current reviews or clinical sites being reviewed). Each pair was given the agreed remit⁸ and mapping instructions as follows:

- Familiarise themselves with their review report.
- Independently map the review recommendations/constituent elements identified as relevant for midwives’ practice (checking and challenging any relevant decisions as necessary) to the proficiencies, using the updated excel sheets provided.
- Use the agreed colour coding to indicate mapping and reverse mapping decisions.
- Thereafter come together as a mapping pair to discuss/agree and record mapping consensus (i.e. complete a jointly agreed excel sheet), record observations and reflections on the mapping of the review recommendations/constituent elements to the proficiencies and identify any areas where further resolution was needed beyond the pair to complete the review mapping.
- Provide a brief written summary of the review (e.g. its inception, remit and the number and focus of recommendations/constituent elements) and findings from mapping to the proficiencies.

During the mapping period, online meetings were held and asynchronous communications used to discuss and share any key/overarching observations and to resolve any issues arising between pairs. Following completion of the mapping, a hybrid meeting was held for mapping teams and steering group members to discuss findings and consensus from the mapping of each individual review, and to consider findings and analysis across the mapping of all reviews according to the project brief.

⁷ When preparing/checking the excel sheet provided for mapping [‘Reading the signals’: maternity and neonatal service in East Kent – the report of the independent investigation](#) (Kirkup 2022) it was noted that ‘Key areas for action 1-5’ and elements within them presented in Chapter 1 were included in the excel sheet. However, further actions and recommendations were also in ‘Chapter 6: Areas for action’. Following consultation with the NMC these were added for inclusion in the mapping exercise to ensure completeness.

⁸ The reviews included in this mapping project were conducted for a range of key, stated purposes, with common drivers of seeking to enhance the quality, safety and effectiveness of kind, compassionate and person-centred maternity and neonatal care. In addition to recommendations for action, some reviews also included strengths, such as improvements noted in the Swansea Bay review (Chaffer 2025) and areas of good practice identified in the Ninewells review (Healthcare Improvement Scotland 2025). It is noted that it was beyond the project to map to these positive elements to the midwifery proficiencies.

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Findings and discussion

Table 2 summarises the mapping of all seven reviews to the proficiencies. Summary commentaries for each review, including observations on their individual mapping, are provided in appendices A to G. All pairs reached consensus within their mapping without the need to seek further resolution beyond the pair. It was observed that each review required different lengths/depths of discussion to reach agreement, depending on how challenging they were to map (i.e. some straightforward - others more nuanced).

When mapping the recommendations/constituent elements for each review in context, pairs concurred with the initial decisions made to exclude those recommendations/constituent elements deemed as not being relevant to midwifery practice (see Action 2 on p 11) for six of the seven reviews. The mapping pair for the East Kent review identified a further two recommendations/constituent elements which fitted this category, which were therefore deemed not relevant to map to the proficiencies (please see Appendix C for further details and rationale). The entry for the East Kent review in Table 2 was updated to reflect this.

The seven highly individual reports yielded a total of 283 recommendations/constituent elements following the disaggregation (where needed) of the 98 recommendations (see Action 2 on p 9). Following exclusion of the 176 recommendations/constituent elements deemed as being the responsibility of non-clinicians, organisations or institutions etc (see Action 2 on p 11 and above), the 107 recommendations/constituent elements identified as relevant for midwives' practice were mapped to the proficiencies.

Across the reviews all 107 recommendations/constituent elements were mapped to relevant proficiencies.⁹ There were no recommendations/constituent elements that were relevant for midwifery practice which could not be mapped to the proficiencies. **The mapping activity thus confirmed that for all seven reviews all recommendations/constituent elements that were relevant to midwives' practice, were addressed within the proficiencies.**

The mapping summaries (Appendices A to G) include a table for each review which describes:

- domain(s) within the Standards of proficiency for midwives (NMC 2019/2024) which each relevant recommendation/constituent element mapped to, the number of proficiencies mapped within each domain and the total number of proficiencies mapped to each relevant recommendation/constituent element;
- mapping to the practice elements of the Part 3 Standards for pre-registration midwifery programmes (NMC 2019/2023), indicating the total number of elements mapped to each relevant recommendation/constituent element.

Tables 3 to 9 in the mapping summaries for each report (Appendices A to G) provide more granular detail than the summary Table 2. The detailed mapping showed considerable variation in the number of proficiencies mapped to each individual recommendation/constituent

⁹ As noted in Action 3 on p 11-12, mapping as 'partially applicable' was avoided by mappers wherever possible. Proficiencies mapped as 'partially applicable' have therefore not been included in Table 2 or the individual tables (Tables 3-9) for each review in appendices A-G.

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Table 2: Summary of recommendations/constituent elements mapped to midwifery proficiencies by report and totals for all reviews

Review	Total number of recommendations in each review (disaggregated number of recommendations and constituent elements in each report) †	Number of review recommendations/constituent elements aimed at non-midwifery clinicians and/or organisations or institutions (e.g. NHS Trust boards or management, Local Maternity and Neonatal Services (LMNSs), national bodies) and thus not relevant to map to the proficiencies	Number of review recommendations/constituent elements directly relevant for midwifery practice which were mapped to the proficiencies	Number of review recommendations/constituent elements relevant for midwifery practice which could not be mapped to the proficiencies
Shrewsbury and Telford review (interim) 2020	7(25)	9	6	0
Shrewsbury and Telford review (final) (2022)	15 (92)	65	27	0
East Kent review (2022)	5 (53)	25	28	0
Northern Ireland review (2024)	32 (50)	26	24	0
CQC review (2024)	6 (13)	10	3	0
Swansea Bay review (2025)	10(27)	21	6	0
Ninewells review (2025)	23 (23)	10	13	0
Totals for all reports combined	98 (283)	176	107	0

† see rationale on p 11 for terminology use of recommendations/constituent elements

element, which ranged between 1-226 proficiencies. This appears to reflect the unique nature and purpose of each review, its report and recommendations, noting that no review exclusively focused on the work and role of midwives as a profession in isolation.

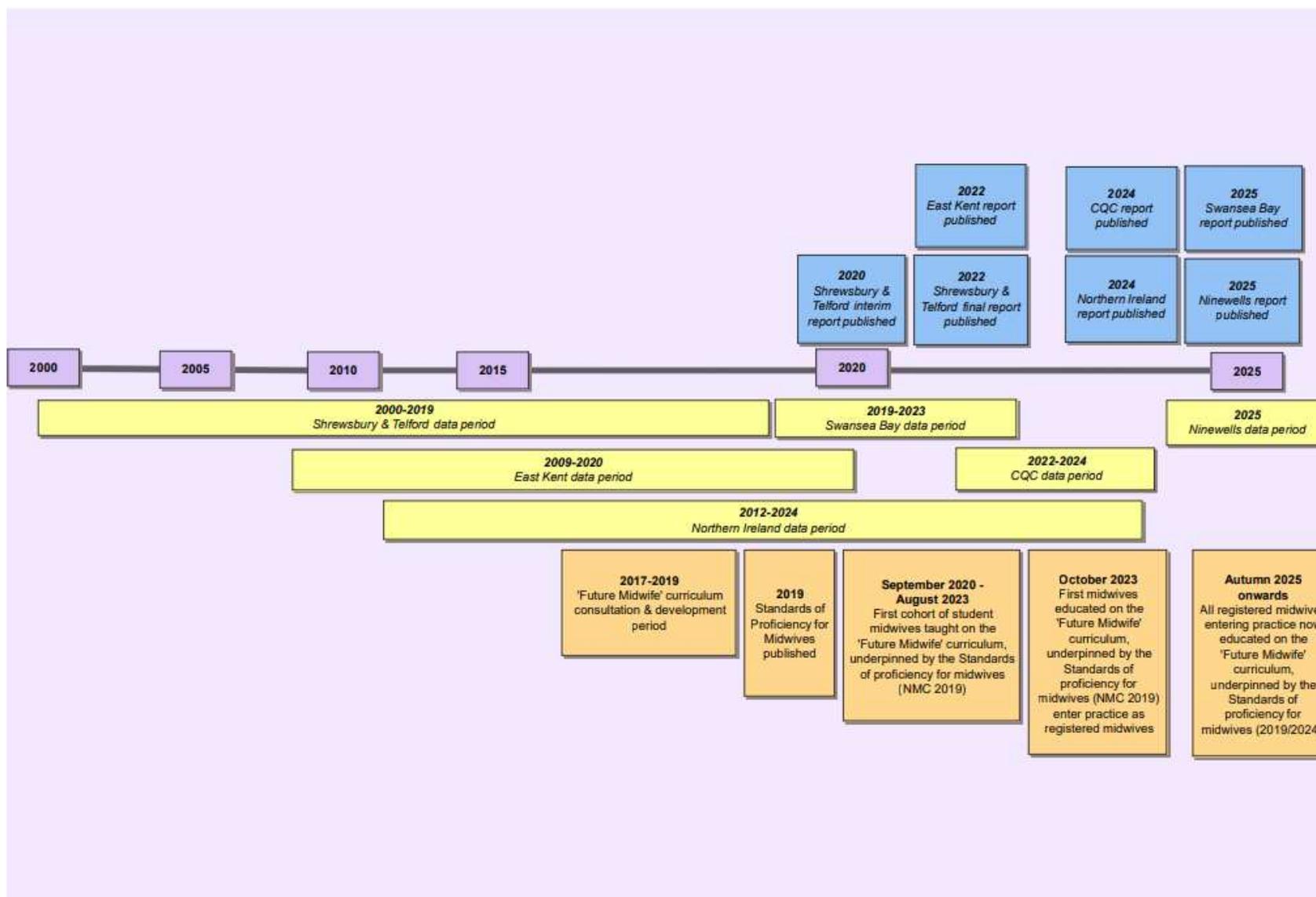
This mapping exercise provides assurance that the knowledge, understanding and skills that midwives must demonstrate at the point of qualification contained within the Standards of proficiency for midwives (NMC 2019/2024) and the relevant practice elements of the Part 3 Standards for pre-registration midwifery programmes (NMC 2019/2023) address all relevant recommendation/constituent elements within the seven reviews mapped. There were no gaps and/or mismatches between recommendations/constituent elements and the proficiencies indicating that no additional proficiencies are required to meet the recommendations of the reviews included in the project.

During the mapping it was observed that wider contextual issues in maternity and neonatal care could lead to review recommendations which limited midwives' ability to work to their full scope of practice, e.g. delivering continuity of care and carer (Domain 2 of the Standards for pre-registration midwifery programmes NMC 2019/2023) within the Shrewsbury and Telford interim report (see Appendix A). The mappers observed that many report recommendations/constituent elements that could be mapped to the midwifery proficiencies needed to be viewed contextually, i.e. where the effectiveness of midwives was often contingent on factors such as functioning within effective and supportive multidisciplinary teams (MDT), clinical acuity, adequate staffing levels and skill mix and/or institutional decisions. Similarly, across many of the reviews, midwives could contribute to improvements, but many recommendations/constituent elements required organisational commitment and action, e.g. to set up specific services or governance pathways. A further example is that some recommendations/constituent elements within the midwife's remit were contingent on the wider MDT and organisational structures. For example, in the Swansea Bay report, several recommendations such as optimising care in triage, midwives using Maternity Early Warning Score (MEWS) charts and escalation were all within the midwife's remit, however, safe and effective care was contingent on factors such as robust systems and processes, sufficient staffing, appropriate skill mix and adequate resourcing with timely attendance by the wider MDT. These findings align to UK Network of Professors in Midwifery and Maternal and Newborn Health policy briefing (2025) [Safe, effective, equitable, compassionate and respectful maternity and newborn care for all](#) – i.e. recognising midwives' contributions to maternity and neonatal services within system-wide, solutions-based, collaborative, evidence-informed approaches.

It is important to note that individual review recommendations were produced in response to each unique review remit, that is, to focus on specific failings and to make recommendations for practice and service improvement and not for the purpose of an exclusive focus on midwives' practice. Aspects of care that were functioning well were not always included in the review recommendations. When undertaking the reverse mapping (identifying proficiencies not relating to recommendations/constituent elements) the mapping team were unsurprised to note numerous individual proficiencies which remained unmapped to the review recommendations/constituent elements. These unmapped proficiencies detail a wealth of knowledge, understanding and skills that midwives must demonstrate at the point of registration which were not captured in the recommendations of the seven reviews.

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Figure 1: Timeline of review data collection periods/publications and implementation of Standards of proficiency for midwives (NMC 2019/2024)



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Figure 1 indicates the development, approval and operationalisation of the Standards of proficiency for midwives (NMC 2019/2024) together with the NMC education standards for midwives (see p 9) alongside the data collection periods and publication of the reviews mapped in this project. It is noted that the data collection periods and publication dates of all the reports mapped in this project were before full implementation of Standards of proficiency for midwives (NMC 2019/2024) - i.e. all newly qualified midwives graduating on the Standards of proficiency for midwives (NMC 2019/2024). The first cohort of registered midwives educated on curricula approved to meet the Standards of proficiency for midwives (NMC 2019/2024) graduated in autumn 2023, entering practice for a period of preceptorship (NMC 2020; Royal College of Midwives 2022) as Band 5 midwives, before seeking Band 6 posts. It is only since Autumn 2025 that all UK graduate midwives now register having met the Standards of proficiency for midwives (NMC 2019/2024). It is therefore anticipated that going forward, the full potential of the Standards of proficiency for midwives (NMC 2019/2024) can be realised in terms of midwifery knowledge, understanding and skills, contributing to improved safety and quality of care for women, babies and families.

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Conclusion

The aim of this project was to map the Standards of proficiency for midwives (NMC 2019/2024) against recommendations arising from seven of the most recent reviews of maternity and neonatal services. Many of the recommendations were complex and multi-level. These required to be disaggregated before mapping could take place, resulting in 283 recommendations and disaggregated constituent elements overall. Many of these were not related to the work of midwives and were therefore removed from mapping, leaving a total of 107 recommendations/constituent elements to be mapped to the proficiencies. **The results clearly indicated that all recommendations across the seven reviews were addressed by the Standards of proficiency for midwives (NMC 2019/2024).**

Focussing on recommendations that related to the work of midwives within the seven reviews identified by the NMC, this project thus provides assurance that these can all be mapped to the Standards of proficiency for midwives (NMC 2019/2024) and relevant practice elements of the Part 3 Standards for pre-registration midwifery programmes (NMC 2019/2023). The mapping also highlighted that a wealth of proficiencies were not captured in the review recommendations/constituent elements. Collectively these holistic, evidence-based Standards of proficiency for midwives (NMC 2019/2024) which all newly qualified midwives are required to demonstrate at the point of registration provide a firm foundation to improve the safety and quality of maternity and neonatal care. As indicated in the timeline in Figure 1, educational programmes need the time to be delivered and embedded to fully realise their impact on clinical care. Further, midwives qualifying now will take time, and opportunities for post-registration education and experience, to develop and reach the leadership and specialist roles that are essential in delivering the highest levels of maternity and neonatal care.

The project remit was to focus on the work of midwives, however project mapping confirmed the multiprofessional nature of maternity and neonatal care and the need for strong and effective organisational actions and governance to deliver safe and high quality care – thus echoing many of the review recommendations. This project concludes that midwives cannot enact relevant recommendations from reviews in isolation, and that systemic approaches are required that recognise the key, integral role of midwifery within maternity and neonatal services and support effective implementation of the knowledge and skills of midwives. The mapping serves as a reminder that midwives work collaboratively within MDTs and organisations, and their role is contingent on working in appropriately resourced enabling environments, which maximise the full scope of midwifery practice, as articulated in the Standards of proficiency for midwives (NMC 2019/2024). These include standards for care across the whole maternal and neonatal journey that aim to promote positive outcomes and anticipate and prevent complications. Implementation of the full range of midwifery proficiencies is needed to improve safety and quality for all women, babies and families.

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Appendix A: The Shrewsbury and Telford review (interim)

[Emerging findings and recommendations from the independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust \(2020\) \(Ockenden 2020\)](#)

Review summary: The Independent Review of Maternity Services at the Shrewsbury and Telford Hospital NHS Trust commenced in the summer of 2017. It was originally requested by the then Secretary of State for Health and Social Care and commissioned by NHS Improvement (NHSI), to examine 23 cases of concern collated by two of the bereaved the parents, whose babies both died after birth at the NHS Trust in 2009 and 2016 respectively. Since its commission, the review grew considerably. The independent and multi-professional team of midwives and doctors reviewed the maternity care of 1,486 families, the majority of which were patients at the Trust between the years 2000 and 2019.

In line with the terms of reference, the review examined the Trust's internal investigations where they occurred. In addition, the review team considered external reports into the Trust's maternity services over these years (national regulatory reports and locally commissioned reports) and examined local clinical governance processes, policies and procedures, as well as ombudsman and coroner reports. The review considered all aspects of maternity care at Shrewsbury and Telford Hospital NHS Trust and as a result made a significant number of recommendations for improvement of care across each of the maternity disciplines. In total more than 60 'Local Actions for Learning' were identified specifically for the Trust.

It was also recognised that many of the issues highlighted in the review were not unique to Shrewsbury and Telford Hospitals NHS Trust and have been highlighted in other local and national reports into maternity services in recent years. As such, the review team also identified 15 areas as 'immediate and essential actions' which were expected to be considered by all NHS trusts in England providing maternity services. Some of these include: the need for significant investment in the maternity workforce and multi-professional training; suspension of the Midwifery Continuity of Carer model until, and unless, safe staffing is shown to be present; strengthened accountability for improvements in care amongst senior maternity staff, with timely implementation of changes in practice and improved investigations involving families.

The review commented that there was an urgent need for a robust and funded maternity-wide workforce plan, starting immediately, without delay and continuing over multiple years. The team also highlighted that it was essential to address the present and future requirements for midwives, obstetricians, anaesthetists, neonatal teams and associated staff working in maternity services, and that without this, maternity services will not be able to provide safe and effective care for women and babies. Additionally, any workforce plan must also focus on significantly reducing the attrition of midwives and doctors, as only with a robustly funded, well-staffed and trained workforce will the NHS be able to ensure delivery of safe, and compassionate, maternity care locally and across England. The review team published their interim report in 2020. A summary and observations from mapping for the final report, published in 2022, can be found in Appendix B.

Observations from mapping: The Shrewsbury and Telford review (interim) comprised seven overarching recommendations, called 'Immediate and essential actions', which were broken

down to 25 constituent elements for mapping (hereafter referred to as recommendations/ constituent elements). Of these 25 recommendations/ constituent elements, 19 were specifically the responsibility of the Trust and/or wider commissioners to implement. This is important to emphasise as clinicians, midwives included, typically do not have the power or responsibility to implement actions such as ‘*employing a lead midwife and lead obstetrician to champion fetal wellbeing*’ or the ‘*development of a tertiary level Maternal Medicine Centre*’ etc. Therefore, it is vital to view the mapping within this context.

Six recommendations/constituent elements related directly to midwifery practice, and all were mapped against the proficiencies. There was largely an even spread of proficiencies across all six domains that mapped to each recommendation/constituent element. Therefore, the mapping appears to indicate that the current scope of the midwifery practice (as articulated in the proficiencies) is appropriate and offers a vital contribution to addressing the review’s recommendations/constituent elements. However, it must be noted that for midwives to practice to their full-scope of practice as per the Code (NMC 2018), they must work in enabling environments to maximise their effectiveness - this is the role and responsibility of NHS Trusts. In this context, we found most of Domain 2 (‘Safe and effective midwifery care: promoting and providing continuity of care and carer’) if not directly applicable, was indirectly applicable to all six recommendations/constituent elements. Therefore, from a midwifery perspective and to improve care outcomes, we suggest that were continuity of care (Domain 2) fully implemented, it would address all six of the review’s recommendations/ constituent elements to a higher standard, as this would ensure greater oversight, accountability and responsibility for individual women’s care journeys throughout the childbearing continuum. Securing continuity of care model implementation would contribute significantly to enabling midwives to realise their full professional remit.

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Table 3: Number of proficiencies mapped for each recommendation/constituent element per domain and total - Shrewsbury and Telford review (interim)

Shrewsbury and Telford review (interim) Recommendations/constituent elements that directly relate to midwifery practice (n=6)	Domain 1 (n=29)	Domain 2 (n=12)	Domain 3 (n=36)	Domain 4 (n=15)	Domain 5 (n=26)	Domain 6 (n=238)	Practice learning element (n=14)	Total
1.Where a complex pregnancy is identified, there must be early specialist involvement and management plans agreed between the woman and the team.	19	4	8	12	11	71	6	131
2.All women must be formally risk assessed at every antenatal contact so that they have continued access to care provision by the most appropriately trained professional.	23	4	11	7	8	73	12	138
3.Risk assessment must include ongoing review of the intended place of birth, based on the developing clinical picture.	23	3	10	8	7	69	4	124
4.All maternity services must ensure the provision to women of accurate and contemporaneous evidence-based information as per national guidance. This must include all aspects of maternity care throughout the antenatal, intrapartum and postnatal periods of care.	14	7	32	14	10	141	7	225
5.Women must be enabled to participate equally in all decision making processes and to make informed choices about their care.	23	0	15	1	4	89	3	135
6.Women's choices following a shared and informed decision-making process must be respected.	23	0	15	1	4	89	3	135

Appendix B: The Shrewsbury and Telford review (final)

[Ockenden report - final: Findings, conclusions and essential actions from the independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust](#) (Ockenden 2022)

Review summary: This is the Final Report of the Review of the Maternity Services at Shrewsbury and Telford Hospital NHS Trust described in appendix A. The 15 areas of ‘immediate and essential actions’ were identified and broken down into 92 recommendations/constituent elements. Of these 92, 65 were identified as being aimed at non-midwifery clinicians and/or NHS Trust board/management level/LMNS. However, 27 were found to be directly relatable to the role of the midwife (in collaboration with other non-midwifery clinicians). Only one was exclusively applicable to midwifery.

Observations from mapping: During the mapping exercise all the 27 recommendations/constituent elements relevant for midwifery practice were mappable to many of the proficiencies. Several recommendations/constituent elements related to midwives working collaboratively within organisations to design and implement changes to policies/procedures and practice. These were able to be mapped to the proficiencies in two ways: those proficiencies which require midwives to undertake quality improvement and change management (e.g. including appraisal of evidence, implementing evidence-based practice, working with midwifery colleagues, multidisciplinary teams (MDT), outside agencies and stakeholders), and those proficiencies which require the midwives to carry out the changes to their individual clinical practice (e.g. undertaking of assessments, communication, documentation) as well as the knowledge and skills required for these across the antenatal, postnatal intrapartum and neonatal continuum.

Most recommendations/constituent elements were also mappable to the more generic elements of Domain 1 of the Standards of proficiency (NMC 2018/2024) e.g. 1.1 ‘understand and act in accordance with the Code’ (NMC 2018), 1.3 via the protection of human rights of women and newborns, 1.14 acting in their interests at all times, 1.7 ‘demonstrate knowledge and understanding of the role and scope of the midwife in the 21st Century’ and 1.25 ‘act as an ambassador, uphold public trust and promote confidence in midwifery and health and care services.’

During the initial part of the mapping where both team members mapped independently, some proficiencies (n = 80 across all 27 recommendations/constituent elements) were identified as partially applicable. However, during the consensus meeting firm decisions were made as to whether these were or were not applicable. Upon discussion, we found that it could be difficult to pinpoint the focus of some disaggregated recommendations which initially made it challenging to map them absolutely to specific proficiencies. For example, postnatal readmission reviews (recommendation 23 in Table 4 below). The specific focus is on the procedural timeframe of the review taking place (within 14 hours). However, it was also easy to link this (and similar) actions to the proficiencies a midwife needs to be able to undertake the full clinical assessment and ensure the review takes place.

Overall, we observed that many of the ‘immediate and essential actions’ could have been written in more specific, measurable, achievable and timebound ways to make them less open

to interpretation and nuance. It would also be helpful if the actions were broken down by the review authors into the specific groups (of clinicians, NHS Trust Boards, NHS policy makers or the government etc.) who would be responsible for implementing them.

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Table 4: Number of proficiencies mapped for each recommendation/constituent element per domain and total - The Shrewsbury and Telford review (final)

Shrewsbury and Telford review (final) (Recommendations/constituent elements that directly relate to midwifery practice (n = 27))	Domain 1 (n=29)	Domain 2 (n=12)	Domain 3 (n=36)	Domain 4 (n=15)	Domain 5 (n=26)	Domain 6 (n=238)	Practice learning element (n=14)	Total
1. When agreed staffing levels across maternity services are not achieved on a day-to-day basis this should be escalated to the services' senior management team, obstetric leads, the chief nurse, medical director, and patient safety champion and LMS.	10	4	2	0	10	12	1	39
2. All trusts must develop strategies to maintain bi-directional robust pathways between midwifery staff in the community setting and those based in the hospital setting, to ensure high quality care and communication.	14	8	2	4	8	34	2	72
3. All trusts must develop and maintain a conflict of clinical opinion policy to support staff members in being able to escalate their clinical concerns regarding a woman's care in case of disagreement between healthcare professionals.	14	2	1	2	20	41	2	82
4. Lessons from clinical incidents must inform delivery of the local multidisciplinary training plan.	7	3	0	2	12	17	2	43
5. All maternity services must involve service users (ideally via their MVP) in developing complaints response processes that are caring and transparent.	5	0	1	0	6	8	1	21
6. All members of the multidisciplinary team working within maternity should attend regular joint training, governance and audit events. Staff should have allocated time in job plans to ensure attendance, which must be monitored.	6	0	0	1	11	18	2	38
7. Multidisciplinary training must integrate the local handover tools (such as SBAR) into the teaching programme at all trusts.	5	2	1	1	7	21	1	38
8. All trusts must mandate annual human factor training for all staff working in a maternity setting; this should include the principles of psychological safety and upholding civility in the workplace, ensuring staff are enabled to escalate clinical concerns. The content of human factor training must be agreed with the LMS.	10	1	0	0	17	69	0	97

9. There must be regular multidisciplinary skills drills and on-site training for the management of common obstetric emergencies including haemorrhage, hypertension and cardiac arrest and the deteriorating patient.	4	0	4	12	2	46	5	73
10. There must be mechanisms in place to support the emotional and psychological needs of staff, at both an individual and team level, recognising that well supported staff teams are better able to consistently deliver kind and compassionate care.	4	1	0	2	12	12	1	32
11. Systems must be in place in all trusts to ensure that all staff are trained and up to date in CTG and emergency skills.	7	1	6	6	5	31	7	63
12. Clinicians must not work on labour wards or provide intrapartum care in any location without appropriate regular CTG training and emergency skills training. This must be mandatory.	9	2	5	6	5	30	7	64
13. Women with pre-existing medical disorders, including cardiac disease, epilepsy, diabetes and chronic hypertension, must have access to preconception care with a specialist familiar in managing that disorder and who understands the impact that pregnancy may have.	8	3	17	5	0	14	2	49
14. NICE Diabetes and Pregnancy Guidance 2020 should be followed when managing all pregnant women with pre-existing diabetes and gestational diabetes.	8	1	23	12	1	67	3	115
15. When considering and planning delivery for women with diabetes, clinicians should present women with evidence-based advice as well as relevant national recommendations. Documentation of these joint discussions must be made in the woman's maternity records.	14	0	19	11	1	56	2	103
16. Women and their partners must receive expert advice about the most appropriate fetal monitoring that should be undertaken dependent on the gestation of their pregnancies and what mode of delivery should be considered.	12	2	11	9	0	49	0	83
17. Discussions must involve the local and tertiary neonatal teams so parents understand the chances of neonatal survival and are aware of the risks of possible associated disability.	13	2	10	6	0	51	3	84
18. All women must undergo a full clinical assessment when presenting in early or established labour. This must include a review of any risk factors and consideration of whether any	18	5	15	5	2	118	9	172

complicating factors have arisen which might change recommendations about place of birth. These must be shared with women to enable an informed decision re place of birth to be made.									
19.Midwifery-led units must complete yearly operational risk assessments.	9	0	0	0	7	3	0	19	
20.Midwifery-led units must undertake regular multidisciplinary team skill drills to correspond with the training needs analysis plan.	9	0	2	9	10	37	0	67	
21.It is mandatory that all women who choose birth outside a hospital setting are provided accurate and up to date written information about the transfer times to the consultant obstetric unit. Maternity services must prepare this information working together and in agreement with the local ambulance trust.	13	6	5	2	2	13	0	40	
22.Maternity units must have pathways for induction of labour, (IOL). Trusts need a mechanism to clearly describe safe pathways for IOL if delays occur due to high activity or short staffing.	8	2	0	0	5	7	0	22	
23.Postnatal readmissions must be seen within 14 hours of readmission or urgently if necessary.	6	0	2	2	1	3	1	15	
24.All trusts must develop a system to ensure that all families are offered follow-up appointments after perinatal loss or poor serious neonatal outcome.	14	4	2	4	0	26	0	50	
25.Compassionate, individualised, high quality bereavement care must be delivered for all families who have experienced a perinatal loss, with reference to guidance such as the National Bereavement Care Pathway.	16	2	2	2	0	48	4	74	
26.There must be robust mechanisms for the identification of psychological distress, and clear pathways for women and their families to access emotional support and specialist psychological support as appropriate.	11	2	4	5	0	29	1	51	
27.Access to timely emotional and psychological support should be without the need for formal mental health diagnosis, as psychological distress can be a normal reaction to adverse experiences.	10	1	4	5	0	27	0	47	

Appendix C: The East Kent review

[‘Reading the signals’: maternity and neonatal service in East Kent – the report of the independent investigation](#) (2022) Dr Bill Kirkup

Review summary: This independent investigation into maternity and neonatal care at East Kent Hospitals University NHS Foundation Trust took place between 2009 and 2020. The review was commissioned by the UK Government in February 2020. Undertaken by Dr Bill Kirkup, it reviewed two hospitals, the Queen Elizabeth The Queen Mother Hospital (QEQM) at Margate and the William Harvey Hospital (WHH) in Ashford, both of which fell under the East Kent Hospitals NHS Foundation Trust. The review was published in October 2022. The investigation revealed that the service provided suboptimal clinical care, resulting in significant harm. It highlighted systemic weaknesses in clinical standards, multidisciplinary teamworking, organisational culture, and governance processes, as well as missed opportunities for learning and intervention over more than a decade. The review concluded that meaningful improvement requires organisation-wide change and sets out four cross-cutting priorities: strengthening the ability to detect and respond to concerns, raising expectations of professional behaviour, rebuilding cohesive teamworking, and embedding transparency, accountability, and candour across maternity systems. The review set out four key areas for action, with five distinct recommendations. Within the four areas for action, these were split into 53 recommendations/constituent elements.

Observations from mapping: Of the 53 recommendations/constituent elements, 23 were excluded for mapping prior to beginning the exercise because they did not apply to midwifery practice at either the individual or organisational level and were noted to be of an NHS Trust strategic or institutional responsibility or at a regulatory level. This was agreed by external consensus before mapping commenced. A further two recommendations/constituent elements (1.155, 1.161) were noted independently by the mappers to relate to junior doctor training, belongingness, and reputation management at the trust level; therefore, these were excluded during the mapping process after a consensus discussion and 28 relevant recommendations/constituent elements were mapped.

After independent mapping of the 28 recommendations/constituent elements against the proficiencies, the mapping pair met to compare and correlate, and consensus was reached easily. All 28 recommendations/constituent elements could be mapped against relevant proficiencies.

Themes from the review recommendations/constituent element that were directly applicable to the mapping exercise, were:

- teamworking and interprofessional relationships
- professionalism and compassion
- communication
- listening to women and families
- openness and candour
- challenging behaviours and escalating concerns
- leadership
- culture and environment including bullying

- lack of shared philosophies of care
- supervision of trainees and students

The mappers found that a key issue identified early in the process was that all recommendations/ constituent elements were expressed at a broad organisational and strategic level rather than being targeted to specific clinical practices, pathways or interventions or indeed midwifery practice. Similarly, a few constituent elements overtly stated that they were explicitly intended for midwives, obstetricians or other professions. Where recommendations /constituent elements specified a profession, but related to teamwork, relationships and raising concerns, these were included and mapped to demonstrate applicability for future-proofing interdisciplinary teamwork. The distribution of mapped proficiencies aligned to recommendations/constituent elements bears this out as they appeared to be distributed towards domains 1, 5 and 6 of the proficiencies.

Where reference was made to a specific element of clinical care in the absence of a clear indication to whom the recommendation was aimed, i.e. vaginal birth after caesarean and telephone triage, these were mapped against the proficiencies explicitly recognising that midwives operate within multidisciplinary team and vice versa. The delivery of safe, high-quality maternity care cannot be disaggregated into individual professional compliance; it depends on providing the conditions through governance, leadership, workforce, and culture that enable midwives to operationalise their education and midwifery educational standards into evidence-based practice.

Some proficiencies (for example, 1.1 in Domain 1) were relevant to the majority of recommendations and constituent elements and were therefore mapped across multiple areas. When mapping the overarching proficiencies, the associated sub-proficiencies were identified as more directly relevant, particularly where they related to teamwork and interdisciplinary working. Sub-proficiencies were therefore mapped in preference to the broader stem proficiencies, which were left unmapped to maintain clarity and specificity in the mapping process

The mappers, both independently and together, returned to the original review to sense-check and contextualise some of the recommendations, ensuring that the mapping remained authentic and aligned with proficiencies where uncertainty existed. While many aligned with the roles and responsibilities of midwives, only a few could be directly linked, in part because the review’s recommendations were presented in a way that limited direct attribution. Similarly, many recommendations were repetitive. The mappers reached consensus quickly, without requiring third-party review or arbitration.

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Table 5: Number of proficiencies mapped for each recommendation/constituent element per domain and total - The East Kent review

East Kent review Recommendations/constituent elements that directly relate to midwifery practice (n=28)	Domain 1 (n=29)	Domain 2 (n=12)	Domain 3 (n=36)	Domain 4 (n=15)	Domain 5 (n=26)	Domain 6 (n=238)	Practice learning element (n=14)	Total
1.131 We have come to the view that something more reliable needs to be put in place, not only in East Kent but also elsewhere and nationally, to give early warning of problems before they cause significant harm. The aim must be for every trust to have the right mechanism in place to monitor the safety of its maternity and neonatal services, in real time; for the NHS to monitor the safety performance of every trust; and for neither the NHS nor trusts to be dependent on families themselves identifying the problems only after significant harm has been done over a period of years	6	0	0	7	8	11	3	35
1.133 In essence, it is clear that in East Kent the Trust too often treated the concerns expressed by families as “noise” when they were in fact an accurate signal of real problems. One example is how the family of baby Harry Richford was treated, particularly when they sought answers to legitimate questions. But that is not the only such example. The accounts we have heard from families show persuasively that the Trust’s mindset was too often to be defensive and to minimise problems; and that this mindset was itself a barrier to learning.	13	0	1	1	6	41	2	64
1.136 The frequent instances we have found of a distressing and harmful lack of professionalism and compassion are of great concern to us. Of course, we are aware that the majority of clinical staff do not behave like this; but, equally, it would be wrong to imagine that these behaviours are confined to East Kent’s maternity services.	14	0	0	1	2	22	2	41
1.137 This is not a finding of technical incompetence. But the experience shared vividly with us by families and often confirmed by staff accounts has demonstrated that technical competence is not enough. In any clinical situation, not least the stressful circumstances of giving birth, there is an equal need for staff to behave professionally and to show empathy. The evidence of staff	12	0	0	1	2	21	1	31

not showing kindness or compassion and not listening or being honest has been both harrowing and compelling.								
1.138 Part of a professional approach is explaining what is happening or has happened honestly and openly – at the time, whenever possible, and certainly afterwards. But what we have found is that, too often, the response has been based on personal and institutional defensiveness, on blame shifting and punishment.	11	0	0	0	3	25	2	41
1.139 We have found a worrying recurring tendency among midwives and doctors to disregard the views of women and other family members. In fact, in a significant number of cases, the Panel has found compelling evidence that women and their partners were simply not listened to when they expressed concern about their treatment in the days and hours leading up to the birth of their babies, when they questioned their care, and when they challenged the decisions that were made. Too often, their well-founded concerns were dismissed or ignored altogether.	14	2	0	3	4	31	2	56
1.140 A particular area of concern was the telephone advice given to mothers to stay at home if they were not adjudged to be in established labour. It is foolhardy to disregard the woman's voice, especially if she has experience of previous labour, and we saw evidence of distressing births before the mother's arrival in the maternity unit as a result. But it is dangerous when the caller has also reported other problems such as altered movements by the baby, and we saw examples of babies lost as a consequence of such advice.	11	2	9	14	5	57	8	106
1.141 We have also found a pattern of particularly stubborn and entrenched poor behaviours by some obstetric consultants, particularly at QEQM. We are clear that this has been damaging, not just to team relationships but also to the safety of women and their babies.	9	3	0	3	6	28	4	53
1.142 Some consultants did not attend when requested, although they were on call, and they did not attend scheduled labour ward rounds. They discouraged both junior staff and midwives from calling them at night, leading most staff to conclude that they just had to get on with it without the advice or presence of consultants	8	1	1	4	7	36	3	60

when those consultants were on call. These concerns were known to the Trust, having been clearly identified in the RCOG report of 2016 and confirmed subsequently by the Trust itself in an audit conducted in April and May 2016. The RCOG did not immediately offer to be involved in how these problems might be resolved, and was rebuffed by the Trust on offering to revisit six months later.								
1.145 There is a pressing need to understand better the gross lapses of professionalism, compassion and willingness to listen that these events illustrate, including their prevalence, the underlying causes, and – most importantly – how they can be changed. Unless we address the balance between the technical aspects and the human kindness needed to care for people compassionately, effectively and safely, the problems evident in East Kent will recur elsewhere.	14	2	0	1	10	24	4	55
1.146 We have found that teamworking in East Kent maternity services was dysfunctional. This was clear in the accounts we have heard from families and was consistently supported by the evidence of the staff interviews and available records. Many staff described “toxic”, “stressful” working environments. Arguments between staff were played out in front of families just at the time when truly effective teamwork was required and just when families needed to see that teamwork at work.	15	1	0	3	12	23	2	
1.147 Fundamentally, there were poor relationships both within and between professional groups. There were factions and divisions within midwifery. There was poor working in obstetrics, with a division between consultants and junior staff that left unsupported staff to deal with complex situations beyond their experience. The failure of obstetric staff and midwives to trust and, in some cases, respect each other added a further significant threat to patient safety.	13	1	0	3	2	33	5	57
1.148 In sometimes suggesting that the relationships between midwives and obstetricians and neonatologists were satisfactory, staff revealed the limitations in their concept of teamworking. This was, at most, a concept of each discipline doing its own job to an acceptable standard, but within rigidly demarcated and sometimes conflicting roles. In part, this resulted from an inflexible	19	1	0	3	1	34	5	63

interpretation of a wider maternity debate, positioning midwives as the defenders of women against intervention and obstetricians as the inflictors of over-medicalised models of care.								
1.149 This is no basis for effective teamworking in maternity services. Midwives and obstetricians each bring a unique set of skills and experience to maternity care. They should contribute to maternity care as equal and valued partners. But it is inconceivable that they might have objectives that differ. There is not a separate role to promote “normal” birth or to reduce caesarean sections, or to be the “guardians of normality”, any more than there is a separate role to promote safety. A team that does not share a common purpose is not a team.	19	1	0	3	3	34	5	65
1.150 We have not found any systematic policy in East Kent maternity services of inappropriately favouring either unassisted birth or assisted vaginal birth in circumstances where this would place women and babies at risk. Those we interviewed were careful to say that there was no such policy. We have found, however, that the way in which “normal birth” was spoken about and set out in material for mothers created an expectation that it was an ideal that staff and women should strive to achieve. On some occasions, this pressure of expectation seemed to contribute to staff decisions not to escalate concerns or to intervene, decisions that were otherwise inexplicable.	18	0	0	0	2	28	3	51
1.151 One particular example is the Vaginal Birth After Caesarean (VBAC) Clinic, which started at QEQM in 2005 and was operational across the Trust by 2007. The inherent expectation of the clinic was clearly the promotion of VBAC, and it certainly operated in that way. While VBAC is a welcome and appropriate plan for some women, the benefits must be weighed against the risks, particularly of uterine rupture, taking into account any adverse factors. There were clear examples of women who were at high risk from VBAC where we could find no evidence that these risks were discussed, or that a decision which placed a woman at high risk was communicated to her or flagged to inform her future care. Such decisions need to be taken carefully, free from inherent prejudice about the “best” method of delivery.	25	2	7	6	4	60	7	111

1.152 We believe that insufficient attention has been given nationally to the language that is used around “normality” and to the presentation of information, or to the expectations that both can create among both maternity staff and mothers. Language and information that are helpful in the majority of cases can have disastrous consequences when labour does not progress physiologically. We are aware that some recent steps have been taken to improve this, but these are insufficient in our view to remove the risk of misunderstanding and misinterpretation.	14	0	4	9	1	14	6	48
1.153 Trainees in all disciplines contribute significantly to the work of maternity teams, providing care while gaining experience. For this to be effective, they need to feel supported, both by their peers and by senior staff, and they also need to take part in supervised learning. We found that clinicians in training did not feel supported; they felt isolated, exposed and vulnerable, and they sometimes worked unsupervised in complex situations beyond their experience. This applied equally to midwives and obstetricians, as well as to paediatricians in some cases.	3	0	0	0	0	21	18	42
1.154 We found that bullying and harassment were frequently reported, working relationships with other disciplines did not feel comfortable, and more senior staff could be undermining and unhelpful. There were shortages of junior medical staff and posts often had to be filled by locums, further impeding the development of teamworking. New staff were made to feel unwelcome, were excluded from cliques, and were given challenging cases and expected to manage them without support.	14	3	0	0	11	28	2	58
1.156 A more longstanding difficulty is the separation of early training into different clinical disciplines, when staff’s future ability to work in teams in a mutually supportive way will be crucial. Staff who work together should train together from the outset, at least in part, and not just in rehearsing emergency drills (which is the most common form of joint training claimed).	3	1	1	2	4	16	2	29
1.157 We believe that there is a pressing need to understand the effects of the dynamics of training and education, and how changes made for good reasons have had unintended consequences. More generally, we believe that it is time to think about a better concept	1	1	0	3	7	29	2	43

of teamwork for maternity services – one that establishes a common purpose across, as well as within, each professional discipline.									
159 With families, this was evident in the way in which their concerns were dismissed. Where there were complaints, too often the Trust’s instinct was to manage those complaints rather than to consider what was being said as feedback and learning.	7	0	0	0	4	18	3	32	
6.19 Compassionate care lies at the heart of clinical practice for all healthcare staff. If some are able to lose sight of that, then it needs to be re-established and re-emphasised. Every interaction with a patient, mother and family must be based on kindness and respect. This will not be achieved through well-meaning exhortation in classrooms or by professional leaders, but through the attitudes and daily behaviour of clinicians themselves, at every level but most particularly those in more senior positions who are role models for less experienced staff	10	0	0	1	3	14	2	30	
6.20 Professional behaviour and compassionate care must be embedded as part of continuous professional development, at all levels. It must not be something learned during the earlier academic stages of training, only to be forgotten later	10	0	1	1	1	6	2	21	
6.21 There is a need for all staff to acknowledge and accept the authority of those in clinical leadership roles. These are not sinecures to be done for a couple of years on a rotating basis: they are integral to the effective and safe functioning of services. While some clinicians accept this, it is clear that many do not. Those in clinical leadership roles need to have the skills and time to carry them out effectively.	3	1	0	0	25	29	2	61	
6.23 The importance of listening to patients must be re-established as a vital part of clinical practice. This will require it to be embedded not only in continuous professional development, but also in the academic components of early training. The rapid rise in technical and diagnostic possibilities understandably puts pressure on academic curricula, but this must not be to the detriment of skills such as listening	9	0	2	1	1	34	4	51	
6.29 We need to find a stronger basis for teamworking in maternity and neonatal services, based on an integrated service and	10	5	4	9	9	21	2	60	

workforce with common goals, and a shared understanding of the individual and unique contribution of each team member in achieving them. Crucially, this must be based on an explicit understanding of the contribution of different care pathways and when and how they are best offered. National guidance on this must be the same for all staff involved, and not suggest that there are different objectives for obstetricians and midwives. Agree applicable to midwifery practice.								
6.30 Teams who train together work better together. The most frequent claim of joint training is that it is used in emergency drill training. This is very valuable, but it is not enough. There are opportunities at every stage of training – from undergraduate education onwards – not only to increase understanding of others’ roles and responsibilities, but also to become used to working with other disciplines and the contributions they make. Agree applicable to midwifery practice.	5	0	1	1	4	18	4	33

Appendix D: The Northern Ireland review

[Enabling safe quality midwifery services and care in Northern Ireland](#) (2024) Prof Mary Renfrew

Review summary: This review was commissioned by the Department of Health, Northern Ireland in May 2023 as part of a broader programme of work to provide assurance on the safety of maternity and neonatal services. The review was initiated following firstly a request from the coroner of Northern Ireland following the death of a baby which raised questions about the care in freestanding midwifery led units (MLUs) and secondly in response to other local and national reports concerning the safety of services. The review was led by Professor Mary Renfrew with the remit of:

- (1) providing a comprehensive review of the number of staff experience, training and policies required for freestanding MLUs
- (2) consider the need for further guidance to all HSC Trust in relation to the coroner’s findings regarding the management of Body Mass Index (BMI) and shoulder dystocia
- (3) further work to inform a consistent approach to the provision of midwifery services, including the integration across wider maternity services.

The full review was published on the 22nd October 2024 by the Department of Health, Northern Ireland. Overall, it found that maternity and newborn care across the region suffered from serious and systemic weaknesses: fragmented services, inconsistent standards, chronic midwife staffing shortages, high intervention rates (induction, caesarean), and poor post-natal support, all of which are a risk to the physical, psychological and cultural safety of women and babies. It proposed 32 evidence-informed, system-wide recommendations, including a new regional strategy, improved planning, funding and governance, reinvesting in community and midwife-led care (including homebirths), better data and accountability, and a cultural shift to supportive, interdisciplinary and learning-driven care. The review was accepted by the regional government, which has committed to developing an implementation plan.

Observations from mapping: Of the 32 evidence-informed, system-wide recommendations, to support the mapping exercise, these were broken down into 50 recommendations/constituent elements, of which 24 were found to be applicable to midwifery care and were thus included in the mapping. The 26 recommendations/constituent elements not included in the exercise were excluded mainly on the basis that they focused on commissioning and regional re-configuration of services rather than midwifery care.

Consensus was generally achieved without prolonged debate. Where differences arose, these were largely related to interpretation of how recommendations applied to clinical midwifery practice. This reflected the nature of the review, which predominantly focused on regional-level, organisational and governance issues. Also, the breaking down of the recommendations prior to the mapping whilst making them more specific meant some of them lost their context. In cases where this occurred, the mapping team considered the original complete recommendation to gain context prior to mapping the disaggregated recommendation.

Table 6: Number of proficiencies mapped for each recommendation/constituent element per domain and total - The Northern Ireland review

Northern Ireland review Recommendations/constituent elements that directly relate to midwifery practice (n=24)	Domain 1 (n=29)	Domain 2 (n=12)	Domain 3 (n=36)	Domain 4 (n=15)	Domain 5 (n=26)	Domain 6 (n=238)	Practice learning element (n=14)	Total
1.Services should ensure the support and care of women who have some elements of complexity and who may fall ‘outside of guidance’ but who would still like to discuss options for care in either an alongside midwifery unit, community midwifery hub, or at home. This should include women who have previous traumatic experiences and may wish to avoid the hospital environment. For the safety of women and babies, and the psychological wellbeing of midwives, women requesting care ‘outside of guidance’, or declining aspects of recommended care, must be given the option and support to plan birth in a labour ward, and where available a midwifery unit, as well as at home. Options for care should be strengthened in labour ward settings to improve care for women who wish care ‘outside of guidance’.	11	4	4	5	0	18	0	42
2.All care, services, systems and processes must enable and respect the human rights of women and of babies. This includes the right of women to make decisions, informed by evidence-based information, and the right of women and babies to be enabled to stay together.	7	1	0	0	0	8	0	18
3.All interdisciplinary staff must have the knowledge and skills to listen to and work in partnership with all women, to offer evidence-based information and to discuss evidence-based options for care, to strengthen women’s own capabilities, and to implement individualised assessment and planning.	2	0	0	0	0	19	0	21
4.They [all staff] must know how to implement cultural safety for all women and families	7	0	1	1	0	9	2	20

5. Fully funded evidence-based interdisciplinary regional standards for care and services should be developed and implemented. These should be used to inform commissioning, governance, policies and protocols, monitoring and review of services. These should be aligned with national/international standards where these exist and should be developed with participation and engagement of all professional groups and of advocacy and community groups. Regional standards should include behavioural and organisational factors as well as individual interventions.	1	0	0	0	5	2	0	8
6. Interdisciplinary education and training for emergencies should use effective educational approaches including team building, include human factors and training the trainers approaches, and be relevant to the context in which emergencies may occur	0	0	0	0	2	2	0	4
7. All hospital and community settings for maternal and newborn care should be supported to improve safety and quality. Regional and HSC Trust-based quality improvement work on maternity and neonatal safety must work to improve clinical, psychological, and cultural safety and equity for all women, babies, and families across the whole continuum of care and in all settings. The very high costs of litigation in maternity care should be addressed by investing in staff and in a regional evidence-based programme of quality improvement	0	0	0	0	6	9	0	15
8. Regional and HSC Trust-based quality improvement work on maternity and neonatal safety must work to improve clinical, psychological, and cultural safety and equity for all women, babies, and families across the whole continuum of care and in all settings	0	0	0	0	4	5	0	9
9. Important deficits in care for women and babies resulting in adverse outcomes must be addressed. They should be examined to understand the root causes, including system-wide barriers and assumptions.	1	0	0	0	4	1	0	6

10. Most notably, this includes • Antenatal education, preparation for birth, infant feeding, and parenting,	1	0	4	2	4	2	0	13
11. and provision of information and listening/discussion to enable women's decision-making: based on current best evidence and using appropriate language and methods of communication for all women	1	0	0	0	0	45	0	46
12. Care in late pregnancy, during induction of labour and in early labour; to reduce anxiety, minimise delays, and enable informed decision-making.	1	0	0	0	0	12	1	14
13. Immediate and ongoing care following birth for women and babies both in hospital and at home to provide care for women, adequate pain relief, help with infant feeding, and support for attachment and the transition to parenthood	1	1	12	3	0	44	0	61
14. Consistent evidence-based regional information should be provided to all woman and families about options for care and services in pregnancy, labour and birth, and following birth • aligned with regional standards, policies and guidelines for staff. • in appropriate language and format; face to face, written, and digital. • informed by current best evidence. • taking into account their individual clinical, psychological, social and cultural circumstances	5	0	0	0	0	24	0	29
15. Implementation of CoMC should be prioritised in recognition of the strength of the evidence of its impact for women, babies, and the maternity system. Barriers to its implementation should be identified and addressed at regional and HSC Trust levels. There should be effective support from HSC Trusts including senior leadership and interdisciplinary support. Implementation should be fully supported by adequate resource, interdisciplinary involvement, and appropriate oversight, and robust data collection and evaluation. Safe staffing levels and support for midwives providing CoMC is essential. A regional approach is needed to	0	4	0	0	1	0	2	7

address cross-boundary concerns. Continuity of midwifery care is especially important for women with perinatal mental health problems including anxiety and should be available for women who need it.								
16.All labour wards should promote a positive, calm, supportive environment for women and families to prevent anxiety and optimise outcomes and experiences, and to offer an option for women who wish care 'outside of guidance'.	1	0	2	0	0	8	2	13
17.Evidence-based practices including one-to-one care in labour, mobility in labour, delayed cord clamping, and skin-to-skin care at birth should be available for all women and babies – when feasible and safe to do so - regardless of complexity or mode of birth	0	0	6	0	0	7	1	14
18.A coordinated regional programme to promote and support the development of a psychologically safe, enabling environment for all staff and students in all HSC Trusts must be developed and implemented, drawing on evidence-based interventions for behaviour change, culture shift, and education. Timely de-briefing for staff following difficult and traumatic incidents should be available. This should include access to professional psychological support for all staff. Examples of strength and success should be celebrated	0	0	0	0	1	0	11	12
19.All midwifery students and NQMs must be enabled and supported to learn, consolidate, and practice the full scope of midwifery knowledge and skills as defined in the NMC Standards of Proficiency for Midwives, across the whole continuum of care and in all settings.	2	4	0	0	0	0	6	12
20.For safe, quality care for women and babies, midwives must have experience in the many ways in which women experience physiological labour and birth. Not enabling midwives to build their	0	0	3	0	0	3	1	7

knowledge and skills to the best possible standard would be a serious safety concern								
21. Midwives are the key professional group working with women and babies living in challenging circumstances. The importance of this work should be recognised, valued, and adequately resourced. The time needed for midwives to work with women with additional social complexities and for work in public health should be included in BirthratePlus® calculations.	0	0	0	0	1	0	0	1
22. Audit is an essential tool to alert the system to impact and unintended consequences of practices, and to inform and drive service improvement. All HSC Trusts should participate in and respond to regional and national audits of priority topics.	1	0	0	0	3	2	0	6
23. Core concept 'leadership' opportunities and development.	1	0	0	0	3	27	0	31
24. Key concepts of 'research' and clinical academic opportunities suggest that we include it has relevance to midwifery practice from early career onwards.	3	0	0	0	4	6	0	13

Appendix E: The CQC review

[National review of maternity services in England 2022- 2024](#) Care Quality Commission (CQC) (2024)

Review summary: This national review was instigated and undertaken by the CQC across England. The review was launched in August 2022 in response to ongoing concerns and national security following numerous maternity reviews (such as East Kent and Shrewsbury and Telford). The review involved inspections of 92 NHS trusts across 131 locations that had not been inspected since before March 2021, with the findings published in September 2024.

The inspection programme aimed to provide an up-to-date assessment of maternity care across England and to explore the lack of progress in some services. The objectives of the review were to characterise what good safety culture looks like in maternity services and the factors underpinning it, and to evaluate the national maternity inspection programme to maximise learning.

The review set out six overarching recommendations, each aimed at NHS Trusts, Integrated Care Boards, NHS England, the Department of Health and Social Care, the Royal College of Obstetricians and Gynaecologists and the Nursing and Midwifery Council. These six recommendations were broken down into 13 recommendations/constituent elements.

Observations from mapping: Of these 13 recommendations/constituent elements, 10 were excluded prior to mapping by consensus, as they fell outside of the scope of the professional midwifery standards, for example those recommendations which focussed on NHS capital investments and estates or national workforce planning. The remaining three recommendations/constituent elements came under the overarching recommendations of NHS Trusts, Integrated Care Boards (ICBs) or NHS England, but were applicable to the role of the midwife, and hence these were mapped to the proficiencies. It is noted that the CQC review did not set out any recommendations specifically, or only, for midwives.

After independent mapping of the three recommendations/constituent elements against the standards of proficiency, consensus was reached. The first recommendation/constituent element focused on the availability of birth reflection services to women postnatally and was applicable to 54 proficiencies. The second recommendation/constituent element focused on policies around data collection and its use and was applicable to 26 proficiencies. The third recommendation/constituent element, which centred on leadership and succession planning was applicable to 48 proficiencies.

Table 7: Number of proficiencies mapped for each recommendation/constituent element per domain and total - The CQC review

CQC review Recommendations/constituent elements that directly relate to midwifery practice (n=3)	Domain 1 (n=29)	Domain 2 (n=12)	Domain 3 (n=36)	Domain 4 (n=15)	Domain 5 (n=26)	Domain 6 (n=238)	Practice learning element (n=14)	Total
1. All women leave hospital with the information they need to be able to process their experience and have an opportunity to make arrangements to speak to a member of the multidisciplinary team about their birth within a realistic timeline.	10	3	8	6	0	24	3	54
2. Ensure that there are clear policies and procedures on the collection of demographic information and staff understand the importance of how this data can be used to improve outcomes for women.	12	0	1	1	4	7	1	26
3. Ensures trusts are proactively managing succession planning in midwifery services and, in line with recommendations from Leadership for a collaborative and inclusive future review, supports midwifery and obstetric staff to become effective future leaders. (core concept leadership training/development).	6	0	0	1	18	22	1	48

Appendix F: The Swansea Bay review

[The independent Review of Maternity and Neonatal Services at Swansea Bay University Health Board \(2025\)](#)

Review summary: This review was commissioned to examine the safety and quality of maternity and neonatal services at Swansea Bay University Health Board (SBUHB) between 2019 and 2023, particularly focussing on data reported during those years by the reports of Mothers and Babies – Reducing Risk through audits and enquiries across the UK (MBRRACE-UK). As a persistent outlier in terms of MBRRACE findings, coupled with family concerns and that other reviews had not led to improvements, this review sought to make key recommendations for improvement. Ten priority recommendations were developed which included an element of accountability e.g. the recommendations were subject to a rolling audit and were situated within the wider context of maternity care in Wales nationally with key government recommendations directed at the All-Wales pathways.

Observations from mapping: For the purposes of this mapping, the 10 overarching recommendations were broken down into 27 recommendations/constituent elements. Of these, 21 were primarily related to the role and responsibilities of the Health Board, with some aimed at other professional areas such as obstetrics and neonatology. This is important to emphasise as everyday clinicians do not have the power or responsibility to implement recommendations such as, *‘the Board must ensure that, where there is a clear trigger for independence or external review, this is actioned; examples would be a very serious incident, serious birth injury, maternal death, or mortality review’* or *‘review and revise all policies and procedures within the maternity and neonatal service to ensure consistent delivery of care.’* While clinicians can provide important contributions to many aspects to the 21 recommendations/constituent elements, the onus for most of these recommendations is on the Health Board to fund and implement them. For example, while clinicians can advise and support audit and equity of access to a debrief service, it is an organisational level responsibility to ensure the service is available, user friendly and enables effective midwifery engagement. Likewise, having a robust system in place to secure effective prioritisation of all women having an induction of labour is a managerial level remit. Lastly, whilst midwives can certainly contribute to reviews of clinical guidelines, it is incumbent upon the governance and midwifery managerial teams within a maternity Trust to ensure that clinical guidelines are in date, regularly reviewed, updated accordingly, and placed within ease of access to all clinicians.

For the six recommendations/constituent elements that were relevant for mapping to the proficiencies, there was a largely even spread across the six domains, thus reflecting the current scope of midwifery practice as appropriate and offering a vital contribution to addressing the issues raised in this review. However, it is important to note for midwives to be effective in role, they must work in enabling environments to maximise this effectiveness. For example, optimising care in triage (see the first recommendation/constituent element in the table below) requires effective systems and processes to be in place and relies upon the multidisciplinary team (MDT), sufficient staffing, appropriate skill mix and adequate resourcing. Equally, midwives do have a responsibility to use the MEWS (Maternity Early Warning Score) chart and escalate as required, but safe, effective care is contingent on those referrals being

attended to by the MDT in a timely manner. This is then contingent on issues such as staffing levels and acuity. Therefore, it is challenging to isolate the midwife's role as their effectiveness is context dependent. However, the core principles of compassionate, personalised, equitable and skilled clinical care (the responsibility of all maternity and neonatal staff) are clearly reflected within the Standards of proficiency for midwives (NMC 2019/2024), as demonstrated in Table 1.

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Table 8: Number of proficiencies mapped for each recommendation/constituent element per domain and total - The Swansea Bay review

Swansea Bay review Recommendations/constituent elements that directly relate to midwifery practice (n=6)	Domain 1 (n=29)	Domain 2 (n=12)	Domain 3 (n=36)	Domain 4 (n=15)	Domain 5 (n=26)	Domain 6 (n=238)	Practice learning element (n=14)	Total
1.This must include: improving the quality of calls and women’s experiences when contacting the service; increased senior medical input; increased midwifery staffing to ensure all women have an initial assessment within 15 minutes; improvements to the environment (ensuring privacy for triage calls); and monitoring and reporting of the service, including inviting feedback from women.	22	4	21	14	15	102	7	185
2. Maternity early warning scores should be used for all pregnant and recently pregnant women.	20	8	21	15	12	122	7	205
3. Far greater focus is required on the delivery of compassionate care for all.	21	10	20	16	14	134	11	226
4. Healthcare delivery must be culturally informed and culturally sensitive with an enhanced understanding of specific religious needs and cultural practices.	21	10	20	16	14	134	11	226
5. Timely access to psychological support for women must be available, and all care should be based on trauma-informed principles.	21	10	20	16	14	125	11	217
6. Attendance for all maternity staff for fetal monitoring training.	7	1	2	8	5	19	5	47

Appendix G: The Ninewells review

[Unannounced inspection report – maternity services and safe delivery of care inspection Ninewells hospital, NHS Tayside \(Healthcare Improvement Scotland\) \(2025\)](#)

Review summary: This review arose from an unannounced inspection of maternity services at Ninewells Hospital in NHS Tayside, as part of NHS Scotland’s programme of inspections to assess the safety of care in acute hospitals. Maternity services were investigated through an unannounced inspection visit in January 2025, followed by an unannounced revisit in February 2025, and discussion sessions with key members of staff in February and March 2025, with the review published May 2025. Items to action were presented as either:

- A. Requirements, meaning *‘the hospital or service has not met the required standards and the inspection team are concerned about the impact this has on women, birthing people and families using the hospital or service’*. These were expected to be addressed, with action taken to make improvements.
- B. Recommendations, relating to *‘best practice which Healthcare Improvement Scotland believe the NHS board should follow to improve standards of care.’*

Observations from mapping: The target audience for this review was NHS Tayside, and particularly their Executive Board. There were 23 recommendations/constituent elements within the ‘items to action’ in total (three recommendations and 20 requirements). Ten recommendations/constituent elements were deemed to be not relevant to midwifery (e.g. relevant for estates or senior Trust management) and therefore these were not mapped. The remaining 13 recommendations/constituent elements were mapped, four of which were identified as directly relevant to midwifery care and nine identified as related to systems, processes and/or oversight, where midwifery could support these actions. All 13 recommendations/constituent elements were mapped to at least one proficiency.

Several recommendations/constituent elements were very specific and only mapped to a small number of proficiencies e.g. in relation to interpretation services, organisation of triage, safe storage and access to medications, infection control, oversight of data collection and staffing/staff training. Where recommendations/constituent elements mapped to more proficiencies, these were typically in domain 6. Few proficiencies mapped to more than one recommendations/constituent elements.

The nature of this review, as the results of an unannounced inspection visit, meant that all recommendations/constituent elements were directed to NHS Tayside with almost all relating to systems and processes. The proficiency which mapped to most recommendations (n=3) was 1.19 *“understand and apply the principles of courage, integrity, transparency, and the professional duty of candour, recognising and reporting any situations, behaviours, or errors that could result in sub-standard care, dysfunctional attitudes and behaviour, ineffective team working, or adverse outcomes”*. This reflects the nature of the review, e.g. where problems arose due to systems and/or processes, one of the few actions within a midwife’s control is to highlight the issues and collaborate with senior staff to improve them.

Table 9: Number of proficiencies mapped for each recommendation/constituent element per domain and total - The Ninewells review

Ninewells review Recommendations/constituent elements that directly relate to midwifery practice (n=13)	Domain 1 (n=29)	Domain 2 (n=12)	Domain 3 (n=36)	Domain 4 (n=15)	Domain 5 (n=26)	Domain 6 (n=238)	Practice learning element (n=14)	Total
1.NHS Tayside should ensure improvement in their assurance of staff bereavement training.	0	0	0	1	0	18	0	19
2.NHS Tayside should ensure processes are in place to support mothers and babies to have access to family centred care with extended family members actively encouraged to engage in maternal and newborn care.	3	2	1	1	0	9	0	16
3.NHS Tayside should consider ways to improve oversight and staff feedback of interpretation services, to ensure any areas for improvement can be identified and addressed.	1	0	0	0	0	1	0	2
4.NHS Tayside must ensure a system is in place to monitor women requested to attend for review following telephone triage and should inform women of the urgency and timeframe for attendance. [This will support compliance with: Health and Social Care Standards (2017) 3.21]	0	0	0	0	2	1	0	3
5.NHS Tayside must ensure effective oversight of guidance and process within maternity triage to support safe delivery of care. [This will support compliance with: Healthcare Improvement Scotland Quality Framework (2018) and Quality Assurance Framework (2022) Criteria 2.5 and 2.6]	0	2	0	0	1	0	0	3
6.NHS Tayside must ensure medication required for emergency treatment is accessible to staff with effective oversight and assurance of staff knowledge of process. [This will support compliance with: Healthcare Improvement Scotland Quality Framework (2018) and Quality Assurance Framework (2022) Criteria 2.4 and 2.6].	0	0	0	0	0	2	0	2

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7.NHS Tayside must ensure effective oversight to ensure essential patient equipment is in working order and ready for use. This includes, but is not limited to, fetal monitoring equipment. [This will support compliance with: Health and Social Care Standards (2017) criteria 4.14 and Healthcare Improvement Scotland Quality Assurance Framework (2022) criteria 2.6]	1	0	0	0	0	0	0	0	1
8.NHS Tayside must ensure improvement in governance and oversight of ethnicity completeness data for all women and birthing people booking for perinatal care. [This will support compliance with: Healthcare Improvement Scotland Quality Framework (2018) and Quality Assurance Framework (2022) Criteria 2.4 and 2.6]	1	0	0	0	1	0	0	0	2
9.NHS Tayside must ensure venous thromboembolism guidance and risk assessments in place are aligned to support staff during the risk assessment of venous thromboembolism. [This will support compliance with Quality Assurance Framework (2022) Criteria 2.6].	0	0	1	0	0	1	0	0	2
10.NHS Tayside must ensure compliance with SICPS. This includes, but is not limited to: a. hand hygiene b. linen management c. sharps management. [This will support compliance with: National Infection Prevention and Control Standards (2022).]	1	0	1	0	0	4	0	0	6
11.NHS Tayside must ensure the appropriate management and monitoring is in place to ensure the safe storage of medicines. [This will support compliance with: Royal Pharmaceutical Society on the Administration and storage of Medicines in Healthcare Settings (2019) and Nursing and Midwifery council (NMC) The code (2018)].	0	0	0	0	0	2	0	0	2
12.NHS Tayside must ensure that clear and robust systems and processes are in place to allow consistent assessment and capture of real time staffing risk across all clinical professional groups within maternity services, to support consistent management of any identified staffing risks. This must include feedback to staff regarding decisions undertaken. [This will support compliance with: Health and Care (Staffing) (Scotland) Act 2019].	0	0	0	0	1	0	0	0	1
									13
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<p>13.NHS Tayside must ensure they are complying with the duty imposed by section 12II, ensuring that its employees receive time and resources to undertake such training essential to their role. [This will support compliance with: Health and Care (Staffing) (Scotland) Act 2019].</p>	0	0	0	0	0	2	0	2
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Appendix H: 14 pertinent items in the ‘Practice learning’ section of Part 3: Standards for pre-registration midwifery programmes (NMC 2019/2023 p 11-12) included in mapping

The three items in brackets below were deemed N/A to the mapping remit of the project

‘Approved education institutions, together with practice learning partners, must:

(3.1 provide practice learning opportunities that enable students to develop and meet the NMC Standards of proficiency for midwives)

3.2 ensure students experience the role and scope of the midwife, enabling them to provide holistic care to women, newborn infants, partners and families

3.3 provide students with learning opportunities to enable them to achieve the proficiencies related to interdisciplinary and multiagency team working

3.4 provide students with learning opportunities to enable them to achieve the proficiencies related to continuity of midwifery carer across the whole continuum of care for all women and newborn infants

3.5 provide learning opportunities, across the whole continuum of care, that enables students to gain experience to:

- 3.5.1 support and care for women during pregnancy, undertaking no less than 100 antenatal examinations

- 3.5.2 support and care for no less than 40 women in labour and conduct the birth. Where 40 births cannot be reached owing to the lack of available women giving birth, it may be reduced to a minimum of 30, provided that the student is given the opportunity to assist with caring for an additional 20 women giving birth

- 3.5.3 participate in the support and care of women in labour and conduct a breech birth. Where there are no opportunities in practice to gain experience of breech births, proficiency may be gained by simulated learning

- 3.5.4 support and care for no less than 100 women postnatally and 100 healthy newborn infants

- 3.5.5 develop the required knowledge, skills and behaviours needed to support and care for no less than 40 women who have additional care needs or develop complications including those related to physical, psychological, social, cultural and spiritual factors

- 3.5.6 care for newborn infants requiring additional care or have complications, including in a neonatal unit and

- 3.5.7 care for women across the life course with additional sexual and reproductive health needs

3.6 ensure students gain experience of leadership and team working with different maternity providers

3.7 provide students with learning opportunities to experience midwifery care for a diverse population across a range of settings, including midwifery led services

3.8 provide learning opportunities that enable students to develop the required knowledge, skills and behaviours needed when caring for women and newborn infants when complication and additional care needs arise, including as they relate to physical, psychological, social, cultural and spiritual factors

(3.9 take account of students’ individual needs and personal circumstances when allocating their practice learning opportunities, including making reasonable adjustments for students with disabilities)

3.10 ensure students experience the range of hours expected of practising midwives, and
(**3.11** ensure students are supernumerary.)'

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REPORT FOLLOWING REVIEW OF THE UK AEI'S CURRICULA DELIVERING MIDWIFERY PROGRAMMES

It is widely known that maternity care is under scrutiny across the UK. Additionally, midwifery education has been spotlighted with reports suggesting that student midwives do not have the required knowledge of midwifery practice at the point of initial registration. Additionally, there has been an ongoing debate within the Media suggesting that student midwives are being taught a 'normality ideology' and linking this with poor outcomes for women and babies.

All approved midwifery programmes must meet and continue to meet our standards, but the NMC does not stipulate what is taught within the curricula; this is locally determined to meet the needs of the local population.

In order to understand the potential sources of misinterpretation articulated within the Media the Education Quality Assurance (EdQA) team and the Midwifery Team carried out a mapping exercise. The aim was to seek additional assurance whether all midwifery programmes reflect the content of the curricula and the themes of the [Standards of proficiency for midwives](#), the Lancet framework and identify if there are any areas of concern that may require strengthening or review.

This activity was carried out by the Lead Midwives for Education of all the AEIs supported by the Assistant Director of EdQA, the Assistant Director for Midwifery and the Senior Midwifery Advisor (Education).

APPROACH TAKEN

1. Using the tool developed by the Directorate of Professional Practice of the Nursing and Midwifery Council, the LMEs for all AEIs that are approved to deliver midwifery programmes were asked to map the key themes of the Standards of Proficiency for Midwives (2019) to their curricula.
2. Following mapping of their curricula the LMEs were asked to submit the document with their module specifications to the NMC.
3. Following review of the submissions a summary document was developed by the NMC.
4. The findings of the work remain the intellectual property of the NMC and any subsequent publications.

5. All data will remain anonymous.

TIMEFRAME

The data was submitted to the NMC by 26 November 2025 and the data analysed by the end of December 2025.

The report will be made available to Midwifery Strategic Advisory Group (MSAG), NMC Executive Board (EB), NMC Council and will be available on the NMC website.

GOVERNANCE

During the collection of the data any queries were directed to the Assistant Director for Midwifery and the Senior Midwifery Advisor (Education).

RESULTS OF THE MAPPING EXERCISE

All 64 AEs submitted the spreadsheet which demonstrated how the themes of the Standards of proficiency for midwives were demonstrated across their curricula. Seven AEs did not submit their module specifications so their curricula could not be directly reviewed.

REVIEW OF THE THEMES

All midwifery programmes reflected the themes of the Standards of proficiency for midwives. The themes were demonstrated at different points across the individual curricula and at different points in the midwifery programmes, but all were reflected in the programme and prior to the point of registration.

REVIEW OF THE MODULE SPECIFICATIONS

The content of the programmes is being taught progressively throughout the 3/4 years commencing with normal anatomy and physiology related to pregnancy, labour and birth, and postnatally with complexity and additional needs being introduced and becoming more evident in the second year. This is appropriate for the programme curricula as student midwives will observe variations across the maternity care spectrum throughout their education and training.

The word '*normal*' and '*normality*' have been questioned within the media as whether this appropriate to be taught in undergraduate programmes. It was found that these words were sometimes used but this was appropriate as it fitted the context and did not imply any ideology. Midwifery confidence depends on a deep knowledge of

normal physiology, early recognition of deviation and timely escalation within multidisciplinary care. Abnormality cannot be recognised without a confident understanding of normal physiology. The programmes reflected the language of the NMC Standards and in keeping with the programme content and/or learning outcomes. The word ‘*normal*’ is used widely in health care therefore, the use of it across midwifery programmes is appropriate. There was however variation amongst AEs in how much the word ‘normal’ was used, with some choosing to adopt alternative language or omit the word throughout.

There were many examples of good practice noted across the midwifery programmes where the language of the NMC standards of proficiency for midwives was used and the role of the midwife clearly stated. For example:

‘Apply their detailed knowledge of normal physiology to develop strategies to promote physiological childbearing and mitigate that factors in the care environment that can negatively impact these processes.’

‘Optimise normal physiological processes in a variety of contexts even where there may be additional care needs for the mother, fetus and or newborn infant.’

‘...how the midwife can optimise normal physiology and developing pathology, utilising the best available evidence.’

‘Identify how factors in the care environment can impact on normal physiological processes and how the midwife can work to promote and protect a positive environment both physical and emotional.’

The importance of the midwife recognising where additional care from the multidisciplinary team would be needed was also evident. For example:

‘...recognise actual and potential additional care needs.’

‘Apply in-depth understanding of the physiological basis of why and how to initiate first line management.’

The themes of the Standards of proficiency for midwives were also evident in the programme modules. For example:

‘... a focus on human rights taking into account physical, psychological, emotional, spiritual, cultural safety in the delivery of quality person-centred care.’

‘Prioritise a partnership model of midwifery care where individual needs of women, their views, preferences & deviations can be sought out, facilitated and preserved.’

‘Explore the contribution of multi-agency and interdisciplinary team in optimising the health and wellbeing of women and families.’

AREAS FOR CONSIDERATION

There were also examples of where language was used which if taken out of context or without sufficient detail could be misinterpreted by the untrained eye. For example.

'Normal vaginal births'

'Normal physiology of labour'

'Normal progress'

'Normal midwifery practice including care planning.'

'Normal processes, normal midwifery practice, and normal adaptive processes'

There were also instances where the phrase was not linked to the role of the midwife in recognising deviation from normal and the need to escalate but remained appropriate to use. For example,

'It [the module] will provide and promote childbirth as a normal physiological process.'

The use of language in the examples above demonstrates how some lay readers may assume that *'normal birth'* is being taught over all other types or suggests a specific ideological approach.

In some programmes the language from the International Confederation of Midwives (ICM), World Health Organisation (WHO) and FIGO (International Federation of Obstetrics and Gynaecologists) had been cited as *'promoting normal birth.'* However, following review of the ICM, WHO and FIGO documents *'promoting normal birth'* was used in the context of recognition of deviations from normal and escalating to the multidisciplinary team when abnormalities are detected.

REVIEW OF READING LISTS

Some AElS submitted information additional to what was requested and these included reading lists; of those submitted they were included in the review.

It was noted that a couple of books with *'normal childbirth'* in their titles were widely used across the midwifery programmes in the reading lists but it is acknowledged that these books, although they remain contemporary, were all written before the normal birth debate started and their titles have the potential to be misinterpreted by a lay person. It is also important to note that the content of the books is relevant in

understanding normal physiological processes, the evidence, and the debate; there is no suggestion that they support a ‘normal birth ideology.’

Equality, diversity and inclusion (EDI), human rights and complexity are referenced in all programmes but are less explicit in a lot of them. It would be beneficial to include more explicit information on the websites or in module specifications to assure the NMC regarding learning in these areas. We will consider how this assurance will be gained going forward.

Whilst some AEs use older ‘normal birth’ texts, there are programmes that have opted for more contemporary literature. Whilst AEs cannot fully prescribe the material students read, it may be helpful to choose more contemporary text for essential reading lists.

CONCLUSIONS

The review of the data submitted has not identified any concerns with the midwifery programmes across the UK and it demonstrated clearly how they are meeting the requirements of the NMC Standards of proficiency for midwives. We found no evidence that a normal birth ideology was being taught within pre-registration midwifery programmes.

The term ‘*normal*’ is used widely throughout healthcare and enables clinicians to determine whether an individual requires any intervention. It would not be in line with current practice if the word did not feature within our standards. However, the word ‘normal’ does need to be contextualised so that its meaning is not misunderstood.

In the current climate of concern about maternity services, it would be prudent for all programmes to consider some of the language expressed to ensure that it directly reflects that used in the NMC Standards of proficiency for midwives and the Standards of pre-registration midwifery programmes.

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Council

Annual Budget 2026-2027

<p>Action requested:</p>	<p>This paper seeks agreement to the annual budget for 2026-2027. It also seeks agreement to some key elements of this, relating to our financial reserves, the annual fee for the professionals on our register and key pay assumptions for our own people.</p> <p>For decision</p> <p>The Council is recommended to approve:</p> <ol style="list-style-type: none"> 1. that the values for the lower and upper limits of the target range of reserves represented by our cash and liquid investments are set at £15 million and £60 million respectively (paragraph 14) 2. that the annual registration fee for all professionals on our register should remain at the current level of £120 for 2026-2027 for the purpose of setting the budget at this stage. Following completion of Council’s review of the outcome of the consultation on a fee rise, Council is due to make a decision in spring 2026 which could lead to a change in the fee during 2026-2027 (paragraph 18). 3. the £1.85 million envelope for pay assumptions included in the budget under discussion (paragraph 22) 4. the budget for 2026–2027 as set out in table 1 (paragraph 33). We plan to revisit this budget during 2026, alongside our consideration of our longer-term financial strategy. For this year, any future decision around whether a fee rise will be implemented is likely to be a key driver informing a review of the budget and strategy proposed. <p>We also recommend that Council notes the planned contracts and commitments with a lifetime value of over £0.6 million (paragraph 37).</p>
<p>Key background and decision trail:</p>	<p>We prepare a budget each year in the context of our developing internal and external environment, allocating resources to support our corporate plan which is presented separately.</p> <p>This paper provides an overview of our budget for approval by the Council.</p> <p>We have a separate financial strategy that sets additional financial parameters within which we operate. The current financial strategy was approved by Council in March 2025 and is under review with</p>

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	<p>the expectation that an updated version will be brought to Council during 2026-2027.</p> <p>Particularly relevant to this paper is that the financial strategy advocates that:</p> <ul style="list-style-type: none"> • each year we should review the lower and upper limits of our target range of reserves. These are re-examined as part of this paper. • we can set deficit budgets and accept negative cash flows over three consecutive years. We achieved a surplus in 2023-2024 and set deficit budgets for 2024-2025, 2025-2026 and we propose to do the same this year. • we should provide indicative budgets for later years. Decisions that are yet to be taken with respect to the outcome of the recent consultation on a potential increase in registrant fees, may require a revisit of the corporate plan and budget later in 2026-2027 and, therefore, we have decided not to provide at this stage indicative budgets for years beyond 2026-2027 as we usually do. 				
<p>Key questions:</p>	<ul style="list-style-type: none"> • What is the overall budget we are setting for this year and what are the key elements of it? 				
<p>Annexes:</p>	<p>The following annexes are attached to this paper:</p> <ul style="list-style-type: none"> • Annexe 1: Further detail on the proposed budget for 2026–2027 • Annexe 2: Contracts over £0.6 million we expect to sign in 2026-2027 				
<p>Further information:</p>	<p>If you require clarification about any point in the paper or would like further information, please contact the author or the director named below.</p> <table border="1" data-bbox="416 1621 1401 2022"> <tr> <td data-bbox="416 1621 890 1845"> <p>Authors: Richard Wilkinson, Assistant Director, Finance and Audit Richard.Wilkinson@nmc-uk.org</p> </td> <td data-bbox="890 1621 1401 2022"> <p>Executive Director, Finance Christopher Kinsella Christopher.Kinsella@nmc-uk.org</p> </td> </tr> <tr> <td data-bbox="416 1845 890 2022"> <p>Sevinj Essien, Head of Financial Planning and Analysis Sevinj.Essien@nmc-uk.org</p> </td> <td></td> </tr> </table>	<p>Authors: Richard Wilkinson, Assistant Director, Finance and Audit Richard.Wilkinson@nmc-uk.org</p>	<p>Executive Director, Finance Christopher Kinsella Christopher.Kinsella@nmc-uk.org</p>	<p>Sevinj Essien, Head of Financial Planning and Analysis Sevinj.Essien@nmc-uk.org</p>	
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<p>Sevinj Essien, Head of Financial Planning and Analysis Sevinj.Essien@nmc-uk.org</p>					

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Annual Budget 2026-2027

Discussion

Budget 2026–2027

- 1 This paper provides an overview of the proposed budget as well as key assumptions and specific elements for approval.

Budget overview

- 2 The budget proposed for 2026-2027 is set out at **table 1** below and in more detail at **Annexe 1**. The budget is designed to support the delivery of our corporate plan and reflects our continuing plans for significant investment in improving our service and efficiency. It makes no assumption as to any rise in the registrant fee which has been consulted on and is subject to any future decision by Council.
- 3 As Council is aware, our financial position is increasingly stressed as we are facing significant financial pressures. As set out in November 2025 in our consultation on proposals to increase our registration fees we have not raised our fees for over ten years. As a consequence, the value of our fee income has declined by over 28 percent in real terms at a time when our work has increased in volume and complexity, and our own costs have risen. Had we increased the main fee in line with inflation over this period it would, as we set out in the consultation, now be more than £166 and had we increased all our fees in line with inflation we would have benefitted from additional income of some £180 million in the ten years up to the end of March 2026.
- 4 The proposed budget for 2026-2027 makes no assumption as to a fee increase since, whilst our consultation closed on 26 January 2026, we are still considering the responses we received to it. As a result, our proposed budget shows a further significant deficit. We expect our total reserves, as measured by cash and investments, to reduce from about a forecast £46 million at the end of March 2026 to at least £15 million at the end of March 2027.
- 5 There are several significant drivers for the level of deficit and reduced reserves over the next year. The key ones are:
 - 5.1 non-recurrent drivers including: the investment in short-term projects such as those associated with improving FtP both in terms of quality and efficiency of process. These projects include the replacement case management system (CMS) due to be implemented as part of the wider Modernisation of Technology (MOTS) programme
 - 5.2 recurrent cost drivers including: the continuing inflationary pressures on our costs in the context of real-terms reduction in the value of our registration fees; the potential impact of some of our contractors being regarded as 'workers' entitled to holiday pay and pensions in addition to their existing fees; the further increase in the Professional Standards Authority's annual fee taking it to £2.4 million next year.
- 6 In the past, these pressures would, to a degree, have been offset by expectations of increased income, reflecting the increasing numbers of professionals on our register.

However, our income expectation is now relatively flat due to the steady reduction in the applications volume from internationally educated professionals and the reduction in income from our cash deposits and other investments as these are used to fund our corporate plan.

7 The Executive Board has considered our position carefully and is of the view that, at this stage, a deficit budget next year is appropriate and acceptable since:

- 7.1 our reserves, as represented by our cash and investment balances, are expected to be at least £15 million at the end of March 2027, providing adequate liquidity albeit below the preferred minimum level set for 2025-26.
- 7.2 we plan to retain £1.2 million as a general contingency next year which provides room to absorb unexpected demands.
- 7.3 we continue to have strong budgetary controls in the form of detailed monthly monitoring, quarterly financial and delivery reporting to Council, and Council and Executive controlled gateways for major programme decisions, which enable us to adjust spend in good time if needed.
- 7.4 we have recently further strengthened budgetary controls for instance through: increased scrutiny of all project costs; recruitment controls that scrutinise and challenge the filling of every vacant post; the establishment of a Finance and Resource Committee as a sub-committee of the Council with a focus on financial management; the establishment of bi-monthly scrutiny meetings led by the Chief Executive with each Executive Director; the establishment of a Finance Directorate to bring greater focus to financial management.
- 7.5 we will be making savings from the beginning of the financial year as a result of non-pay savings identified and the programme of post reductions consulted on during autumn 2025 and implemented from December 2025.

Reserves policy: annual review of target range of reserves

- 8 Our reserves policy, as set out in our financial strategy, is to maintain reserves within a target range. The target range of reserves balances is reviewed at least annually by the Council.
- 9 This year, as last, we plan to express our reserves range in the form of total cash and investments rather than as the more accounting-based 'free reserves' we have used in earlier years.
- 10 The target minimum level of reserves is set to ensure our financial sustainability, taking account of the security of our income stream, our cash and investment balances, and an assessment of the potential financial impact of risks faced by the NMC. In particular, it should be noted that we have a very predictable and reliable income in the form of fees payable by the professionals on our register.
- 11 The target maximum level of reserves is set to ensure our resources are applied effectively, balancing the interests of registrants who finance us through the fees that they pay, and the public who benefit from our work.

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- 12 In the opinion of the Executive, following the annual review of the target range of reserves, the target range for reserves as measured by cash and investments should be between £15 million and £60 million in 2026-2027.
- 13 Although the lower range is below the £30 million agreed last year and is below the level the Executive Board believes is strictly desirable, this still provides a significant spend cushion in the context of strong spend controls and predictable income. It also allows us in significant one-off projects during 2026-2027 that will significantly improve our efficiency and delivery.
- 14 **Recommendation: we recommend Council approves that the values for the lower and upper limits of the target range of reserves, represented by our cash and liquid investments, should be set at £15 million and £60 million respectively.**

Annual registration fee

- 15 In line with our financial strategy, the Council reviews the registration fee each year as part of the budget setting process with any increase subject to consultation.
- 16 The fee is effectively our only regular source of income – we do not receive government funding for our core work. The fee also keeps us independent so we can protect the public by supporting the professionals on our register. In line with our financial strategy the fee needs to provide sufficient funding to enable us to operate effectively.
- 17 For reasons referred to above and set out in detail in the fees consultation we published in November 2025 (See [Consultation on proposals to increase our registration fees](#)), we have consulted on a potential raising of the registration and other fees during 2026-2027. Until such time as Council has carefully considered the responses to the consultation, takes a decision in the light of the responses to it, and receives the appropriate Privy Council and parliamentary approval, we need to hold the registration fee at its current level of £120.
- 18 **Recommendation: Council is recommended to approve that the annual registration fee for all professionals on our register should remain at the current level of £120 for 2026-2027 for the purpose of setting the budget at this stage. Following completion of Council’s review of the outcome of the consultation on a fee rise, Council is due to make a decision in spring 2026 which could lead to a change in the fee during 2026-2027.**

Pay Costs

- 19 Detailed consideration of the annual pay review has been carried out by the Executive Board. Its proposals of a pay award reflect the best balance between a pay award and containing costs. We have maintained the position that the lowest paid colleagues receive the greatest percentage increase. The increase is within the envelope and aimed at providing fairness that is linked to our Ambitious Appraisals.
- 20 This has been reviewed by the People and Culture Committee in January 2026 and is supported by them. An engagement exercise with our Employee Forum and our recognised trade union, UNISON started in January.

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21 Budgetary assumptions reflect these discussions. We have set an envelope for 2026-2027 of £1.85 million which equates to around 2.5 percent of the pay budget.

22 **Recommendation: We recommend Council agrees the £1.85 million envelope for pay assumptions included in the budget under discussion.**

Income

23 Total income in 2026–2027 is budgeted at £109 million, broadly the same as our expected 2025-26 outturn. This reflects recent actual trends with significant falls in the number of applications by overseas professionals resulting in a fall in ‘other income’ that offsets continued overall registrant number increases. These increases are expected to be at a slower rate than in recent years.

24 The assumed overall increase in professionals on our register during 2026-2027 reflects recent continued increases as well as the trend over several years that has seen the numbers of people on our permanent register increase from 689,738 in September 2017 to 841,367 in September 2024 and 860,801 in September 2025. Nevertheless, there remain uncertainties around the numbers of professionals who may be considering leaving the register or joining it, so our income budget for the coming year, whilst broadly predictable, contains a degree of uncertainty.

25 Nearly all our investments are now held in instant or one-day notice accounts to ensure liquidity and low risk. We no longer hold long-term investments seeking capital growth. Planning assumptions for investment income are based on interest paid on cash deposits or similar earnings between three and four percent a year in 2026-2027. In the current economic and international political environment these rates are unpredictable, with the recent expectation that interest rates will continue to fall under question.

Contingency fund

26 In 2024-25, we introduced a small contingency since we have managed to spend closer to budget than previously and face a range of uncertainties. We expect to use most of this in full this year reflecting the need to spend on a number of areas.

27 We continue to face a range of uncertainties including risks such as income levels, the currently uncertain impacts of inflation, the costs of implementing change as a result of our people and culture investigation. In this context, a small contingency of £1.2 million (about 1 percent of total spend), managed by the Executive Board, seems sensible to manage the risk of overspends. We also continue to maintain a range of other options to meet unpredicted financial demands.

Efficiency and Value for Money

28 We have a responsibility to the professionals on our register to make the best possible use of their fees.

29 We continue to expect significant levels of cash-releasing efficiency savings in future years, building on those already achieved. In particular, we expect technology-enabled changes to the FtP case management system and other process improvements to deliver savings. We have not factored any of these into our budget for 2026-2027 since their scale and timing remains uncertain. We will also need to

make choices, as efficiencies are achieved, as to how we balance the need for savings against the need to use efficiencies to improve quality and speed of delivery.

Pension costs and liabilities

- 30 We provide a Defined Contribution (DC) pension scheme operated by Aviva. The NMC's employer contribution is eight percent if employees contribute the minimum one percent. As in recent years we continue to match additional employee contributions up to a maximum employer contribution of 14 percent of salary.
- 31 Our legacy Defined Benefit pension scheme, which was closed to future accrual in 2021, remains an area of risk, even though it no longer has any active members. While the most triennial actuarial revaluation of the pension scheme as at 31 March 2022 showed it to be in surplus, it could go into deficit in the future, so requiring additional funding by the NMC. The valuation of pension schemes does generally fluctuate, reflecting changing actuarial assumptions on a range of factors. If a surplus is identified at any point, it is normally retained by the pension scheme. The triennial review as at 31 March 2025 is still being completed but early indications are that the scheme will remain in surplus, so we have made no provision for additional employer contributions.

Budget summary and conclusion

- 32 Our overall budget summary, reflecting these key assumptions, is in table 1 below. More detail is at **Annexe 1**, including a high-level cash flow forecast and balance sheet.
- 33 **Recommendation: We recommend Council approves the budget for 2026-2027 as set out in table 1 below.**

Table 1: 2026 – 2027 budget summary

£'m	Forecast 2025-26	Budget 2026-27
Total Income	108.6	109.3
Total Spend - Core business and corporate	132.1	129.3
Total Spend - Programmes	8.7	14.4
less Capital expenditure	(7.0)	(5.0)
Net Surplus/(Deficit)	(25.2)	(29.4)
Reserves being year end cash & investments	45.8	15.9

Planned contracts and financial commitments over £0.6 million

- 34 **Annexe 2** provides details of new or revised contracts with an estimated lifetime value greater than £0.6 million, including VAT, that we expect to enter during the coming year.
- 35 As set out in our Financial Regulations, contracts included on this list with an expected lifetime value of less than £2.5 million including VAT may be approved by the Chief Executive and Registrar. Contracts with an expected lifetime value greater

than £2.5 million, and any contract with an expected value greater than £0.6 million that was not included on the list, will require the approval of the Council.

36 These contracts and commitments are across all areas of the business and will support a mixture of 'core business' activities and priority programmes, such as the modernisation of our technology. All items support improved and more efficient delivery of our services to the public and to the professionals on our register.

37 **Recommendation: Council is recommended to note the planned contracts and commitments with a lifetime value of over £0.6 million set out at Annexe 2.**

Next Steps

Subject to Council's comments and decisions we will take forward delivery of our business plan in line with the budget and budget constraints set out above.

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		Public protection is supported by everything we do funded through the proposed budget.
Safeguarding considerations	Yes		The proposed budget will enable us to support our delivery of safeguarding.
The four country factors and considerations.	Not Applicable		
Resource implications including information on the actual and expected costs involved.	Yes		These form the purpose of the paper.
Risk implications associated with the work and the controls proposed/ in place.	Yes		Key risks to the budget are set out in the paper.
Legal considerations.	Not Applicable		

Midwives and/or nursing associates.	Not Applicable		
Equality, diversity, and inclusion and Welsh Language impact.	Yes		The proposed budget will enable us to meet our commitments and obligations with respect to EDI and the Welsh Language.
Stakeholder implications and any external stakeholders consulted.	Not Applicable		
Regulatory Reform.	Yes		The proposed budget will enable us to take forward work on Regulatory Reform in line with our corporate plan.

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Draft Budget 2026-2027

£'m	Forecast Full-Year 2025-2026	Budget Full-Year 2026-2027
Total Income	108.6	109.3
Core business spend	122.6	117.7
Corporate spend	9.5	11.6
Project spend	8.7	14.4
/less Capital expenditure in above	(7.0)	(5.0)
Net Surplus/(Deficit)	(25.2)	(29.4)
Reserves (Cash & Investments)	45.8	15.9

NB: figures are subject to rounding

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Draft Core Business Budgets

Directorates - <u>Core Activities Only</u>	2025-2026	2026-2027
	Forecast	Budget
Professional Regulation (see note 2 below)	69.0	65.4
<i>FTP Operations</i>	58.5	55.5
<i>Registration & Revalidation (R&R)</i>	6.3	6.0
<i>Other</i>	4.2	3.9
Resources & Technology Services	26.5	26.5
People & Culture	5.1	4.4
Professional Practice	8.2	8.4
Office of the Chair and Chief Executive	6.2	5.5
Strategy & Insight	4.1	4.2
Communications & Engagement	3.5	3.2
Directorates Total	122.6	117.7

Figures are subject to rounding

Notes:

1. Directorates shown above reflect structure in place during 2025. Budgets will be allocated to new directorate structure from April 2026
2. Professional Regulation contains Fitness to Practise (FTP) and represents direct costs only. Costs for FtP and other functions are also sometimes disclosed (for instance in our annual accounts and our recent fees consultation) including allocated overheads (e.g. IT and accommodation) and related support functions (e.g. Panellist Support) that are managed by other directorates. The split of Professional Regulation shown above between functions is high level based on 2025-2026 forecast. The budget split for 2026-2027 is still to be finalised. The “Other” category includes central directorate teams and senior management.

Draft Corporate Budgets

Corporate £'m	2025-2026	2026-2027
	Forecast	Budget
Depreciation	3.7	3.7
PSA fee	2.4	2.5
Apprenticeship Levy	0.3	0.3
Corporate Contingency	1.3	1.2
Pay Savings – reduced (post OD)	0.6	0.6
Other	1.2	3.3
Corporate Total	9.5	11.6

NB: figures are subject to rounding

*'Other' includes central provision for some uncertain costs and some targeted savings. Costs include those relating to panel and other holiday pay provisions, and additional provision for non-pay inflation.

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Draft Project Budgets



£'m	2025-2026	2026-2027
	Forecast	Budget
Modernisation of Technology Services (FTP case management system)*	4.0	1.7
NMC Online*	2.1	-
D365 Implementation*	0.3	0.3
Technology Improvements*	0.6	0.4
Legislative Change **	0.7	2.6
Functional master & data project***	0.3	0.1
People & Culture change staff only	0.2	0.2
Ed QA Recovery Plan - strengthening the function (incremental cost)	-	1.2
FTP Improvement/Transformation	0.5	5.6
Additional Capital Expenditure fund *	-	2.3
Programme/Projects Total	8.7	14.4

NB: figures are subject to rounding

* Capital Investment totals £7m/£5m

** Legislative Change including Regulatory Reform strengthening, public consultation, implementation, introduction of legally qualified chairs for FtP

*** Including caseload improvement (staff costs)

The 'Additional Capital Expenditure fund' covers a range of potential projects including accommodation infrastructure.

Balance Sheet

£'m	Forecast as at March 2026	Forecast as at March 2027
Non-current assets		
Tangible and Intangible Fixed Assets	43.7	45.0
Total non-current assets	43.7	45.0
Current Assets		
Cash and Short-Term Investments	45.8	15.9
Debtors	4.6	4.6
Total current Assets	50.4	20.5
Total Assets	94.1	65.5
Liabilities		
Deferred Income	(56.9)	(57.5)
Other creditors, accruals, provisions	(1.7)	(1.7)
Total Liabilities	(58.6)	(59.2)
Net Assets	35.5	6.3
Reserves (Cash + Investments)	45.8	15.9

NB: figures are subject to rounding

Cashflow

£'m	Forecast year to March 2026	Forecast year to March 2027
Cashflow from operating activities		
Surplus/(deficit)	(25.2)	(29.4)
Adjustment for non-cash transactions	3.7	3.7
Unrealised (Gains)/Losses from Stock Market Investments	1.1	1.1
Interest/Dividend income from Stock Market Investments	(0.9)	(0.4)
(Increase)/decrease in current assets	0.1	0.1
Increase/(decrease) in liabilities	(10.2)	(10.2)
Net cash inflow/(outflow) from operating activities	(31.4)	(25.4)
Cashflow from investing activities		
Capital expenditure	(7.0)	(5.0)
Net cash inflow/(outflow) from investing activities	(7.0)	(5.0)
Cashflow from financing activities		
	0.9	0.4
Net cash inflow/(outflow) from financing activities	0.9	0.4
Net increase/(decrease) in cash & cash equivalent for the year	(37.4)	(30.0)
Cash & cash equivalent at the beginning of the year	83.3	45.8
Cash & cash equivalent at the end of the year	45.8	15.9

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Budgeted staff full-time equivalent (FTE) 2026-2027



Directorate	FTE
Professional Regulation	795.2
Resources & Technology Services	197.1
People & Culture	40.7
Professional Practice	67.1
Office of the Chair and Chief Executive	55.5
Strategy & Insight	51.0
Communications & Engagement	34.0
Directorates Total	1,240.6

Note:

Directorates shown above reflect previous structure. Posts will be allocated to new structure from April 2026

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Annexe 2: Contracts over £0.6 million expected to be signed in 2026–2027

Included are contracts, extensions or variations estimated at over £600k (including VAT) we expect to require approval and signing in the coming financial year. Council may delegate this responsibility for those valued below £2.5m (inc VAT) to the Chief Executive and Registrar.

Contracts that have an expected lifetime value greater than £2.5m (including VAT) and any contracts with a value above £600k (including VAT) not included below will require Council approval.

No.	Directorate / team	Title and description	Retender / new requirement / Extension	Incumbent supplier?	Contract duration	Forecast contract award (FY quarter)	In-sourcing comments
1	Professional Regulation (PR), IT	<u>Partner agreements for FtP Improvement programme</u> Includes agreements for Casework Support, Technology and Data workstream and Operational Excellence workstream.	New requirement	No	Contracts will vary from 6-12 month duration	Q1,2,3	Careful consideration has been given to which elements of FtP improvement the NMC can deliver by pivoting internal resource and where the scale, expertise, and experience of a partner or technical expert is required.
2	PR	<u>Computer based testing (CBT) for Test of competence</u> This contract was further extended in 2025 and is now due to expire in January 2027. A new procurement process will be required. *Note – this is a concessions contract which is procured under the Concessions Contracts Regulations 2016. Meaning the contract value is calculated based on the total value of test fees directly collected by the supplier. The NMC contracts with the supplier but does not pay for the services.	Retender	Yes – Pearson Vue	4 years	Q1	At present as a requirement of the contract, Pearson Vue operates test centres across the world, and IT systems are also required – NMC does not have the means or infrastructure to in-source this.
3	PR	<u>Legal services to support case progression</u> The existing contracts are set to expire in January 2027 with no further extension options available. Council will be provided with a paper setting out the options and recommended approach.	Retender	Yes - Capsticks LLP & Weightmans	3 year initial term (followed by 2 years extension options)	Q4	Partially already in-house – external legal expertise always expected to be required.
4	PR	<u>OSCE Test of Competence Delivery Services</u> We have four suppliers who run our OSCE test centres across the UK. *Note – this is a concessions contract which is procured under the Concessions Contracts Regulations 2016. Meaning the contract value is calculated based on the total value of test fees directly collected by the suppliers. The NMC contracts with the suppliers but does not pay for the services. These contracts started in 2022 for an initial term of three years. Following two 12 months extensions, they are now set to expire in February 2027 with no further extension options available.	Retender	Yes – University of Northampton University of Ulster, Oxford Brookes University, Leeds Teaching Hospitals Trust	3 year initial term (followed by up to 2 years extension options)	Q4	This is currently contracted to outsourced providers but will be reviewed before it is retendered.

Key:

Grey fill = contract value expected to be less than £2.5m and approval to award will be sought from CE&R

Blue fill = contract value expected to be over £2.5m and approval to award to be sought from Council

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Annexe 2: Contracts over £0.6 million expected to be signed in 2026-2027

No.	Directorate / team	Title and description	Retender / new requirement / Extension	Incumbent supplier?	Contract duration	Forecast contract award (FY quarter)	In-sourcing comments
5	IT	<p><u>IT managed services provider contract (Telefonica Tech)</u></p> <p>The existing contract with Telefonica Tech was extended following Council approval in 2023.</p> <p>A further two year extension is permissible in the contract. As done so previously, Council will be provided with a paper setting out the options and recommended approach.</p>	Extension	Yes - Telefonica Tech	2 years	Q1	Specialist IT services we do not have in-house, but aspects will be considered as part of review.
6	HR	<p><u>Temporary agency contract (Hays)</u></p> <p>This contract is due to expire in March 2027 with no further extension options available. Council will be provided with a paper setting out the options and recommended approach.</p>	Retender	Yes - Hays	3 years	Q2	Our recruitment is already mostly in-house, but external agencies will always be necessary as outlined in description field aside.
7	IT	<p><u>Partner agreements for MoTS</u></p> <p>Partner agreements to be procured for the next phase of the MoTS programme.</p>	New requirement	Yes - Cloudsource	2 years	Q1	NMC does not have the capability to manage a development capability of this scale, it does not need this scale of capability post programme, and we do pay competitive salaries for these types of skills. Insourcing would cost more over the lifetime of the programme and would introduce significant risk.
8	IT	<p><u>IT Systems Integrator</u></p> <p>To procure a new partner to compliment and support the new NMC in-house architecture and development functions and deliver and manage the ongoing portfolio of digital work for the NMC.</p>	New requirement	No	18 months	Q3	Potential requirement to deliver long term changes for the EdQA Assurance system. This work is expected to be greater than the in house team can deliver alongside BAU digital maintenance therefore may require a systems integrator to deliver longer term changes.
9	Estates	<p><u>Plant/mechanical/electrical systems replacement at 23PP</u></p> <p>Possible replacement of items related to main infrastructure that are currently at the end of serviceable life.</p>	New requirement	No	6/8 months	Q3,4	Not suitable – specialist external expertise required.
10	Finance	<p><u>Payment acceptance services</u></p> <p>The service facilitates the processing of card payments, including card acquiring, gateway services, and alternative payment methods. A comprehensive review of all payment routes is scheduled for 2027/2028 to explore more efficient and streamlined payment technologies.</p>	Extension	Yes - Barclaycard	1 year	Q4	Not suitable – specialist external expertise required.

Key:

Grey fill = contract value expected to be less than £2.5m and approval to award will be sought from CE&R

Blue fill = contract value expected to be over £2.5m and approval to award to be sought from Council

Annexe 2: Contracts over £0.6 million expected to be signed in 2026-2027

No.	Directorate / team	Title and description	Retender / new requirement / Extension	Incumbent supplier?	Contract duration	Forecast contract award (FY quarter)	In-sourcing comments
11	Strategy & Insight	<p>External Research Providers</p> <p>We intend to create an approved list of suppliers for research and consultation services to ensure we are meeting regulatory and statutory obligations.</p> <p>*Although a new contract expected to be finalised in February or March 2026, we will reassess the situation as we approach March Council and remove this entry if a contract is signed in FY2025/26.</p>	Retender	Yes - CM Monitor Ltd (Britain Thinks)	3-4 years	Q1	Not suitable – specialist external expertise required.

Key:

Grey fill = contract value expected to be less than £2.5m and approval to award will be sought from CE&R

Blue fill = contract value expected to be over £2.5m and approval to award to be sought from Council

Council

Pay Gaps report

Action requested:	<p>This paper updates you on the draft report on the NMC’s Gender, Ethnicity and Disability 2025 pay gaps.</p> <p>For decision</p> <p>Recommendation</p> <p>The Council is recommended to approve the report in advance of submission of the data to the government portal and publication of the full report on the NMC website which is due on 30 March 2026.</p>	
Key background and decision trail:	<p>This report focuses on the period ending 31 March 2025. It incorporates progress made since the Independent Culture Review (ICR) and highlights work carried out by the People and EDI teams to align our reporting with the Culture Transformation Plan.</p> <p>This paper is an annual publication.</p>	
Key questions:	<p>What are your reflections on the report and views on interventions in place for 2026/27, like the new targets, new recruitment processes, etc.</p>	
Annexes:	<p>The following annexe is attached to this paper:</p> <ul style="list-style-type: none"> Annexe 1: Pay Gap Report 	
Further information:	<p>If you require clarification about any point in the paper or would like further information, please contact the author or the director named below.</p>	
	<p>Author: Dee Sakar Dee.Sakar@nmc-uk.org Jo Sheppard Jo.Sheppard@nmc-uk.org</p>	<p>Executive Director: Ravi Chand Ravi.Chand@nmc-uk.org</p>

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Pay Gaps Reporting

Discussion

Context and background:

- 1 The NMC has published gender pay gap data for eight years and voluntarily reported ethnicity and disability gaps since 2020.
- 2 Following recommendations to streamline our reporting, we have moved toward a single, integrated annual report that combines Pay Gaps and the Your Voice Survey which integrates the WRES questions. This ensures that our equality indicators are directly linked to our wider Culture Transformation Plan and the 37 recommendations of the Independent Culture Review.

What the data tells us:

- 3 The data in this report shows our pay gaps as of 31 March 2025. This report integrates findings from our annual workforce analysis to provide a comprehensive view of our progress. While the data shows strengths we can build upon, our overarching commitment remains to go further in reducing these gaps.
- 4 The key headlines on pay gaps (March 2025) are:
 - a) Gender: We have seen a continued decrease in our mean and median gender pay gaps. This was driven by an increase in female colleagues in the upper and upper-middle quartiles (up 1.4% and 3.2% respectively) and an increase in male colleagues in the lower and lower-middle quartiles (up 2.2% and 1.0%).
 - b) Ethnicity: We have seen a decrease in our mean ethnicity pay gap, but an increase in our median ethnicity pay gap.
 - c) Disability: We have seen a decrease in our mean and median disability pay gaps. The NMC continues to have a negative disability pay gap (meaning average pay for disabled colleagues is higher than for non-disabled colleagues), and this gap has widened in favour of disabled colleagues.
- 5 While we welcome the improvements in gender, disability, and the mean ethnicity gap, the increase in the median ethnicity gap highlights areas for further action.
- 6 Overall, the representation of Black, Asian, and ethnic minority colleagues at the NMC increased by 86 people, reaching 42.9% of the total workforce. We observed an increase in minority ethnic representation across all quartiles.
- 7 The increase in the median ethnicity pay gap was primarily influenced by a 2.2% reduction of white colleagues in the lower quartile and a 1.3% increase in colleagues not declaring their ethnicity.

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- 8 The disability pay gap widened in favour of disabled staff largely due to a 2.7% increase in colleagues declaring a disability, with the highest growth occurring in our upper and upper-middle quartiles.
- 9 The report sets out our ongoing actions to tackle these gaps, focusing on the 2025/26 period. Key initiatives include the Culture Transformation Plan, ambitious EDI targets with underpinning action plans, leadership coaching for managers including new EDI learning and coaching, and our commitment to the UNISON Anti-Racism Charter.
- 10 It also highlights that while we have made good progress at diversifying our most senior grades, diversity at our most junior grades improves at a faster pace, having our largest office in one of the nation’s most diverse communities helps explain this.
- 11 The key headlines on workforce representation and progression (2025) are:
 - a) Career Progression: 48% of all promotions in 2025 went to Black, Asian, and ethnic minority colleagues (up from 45% the previous year).
 - b) Leadership Pipeline: Representation of minority ethnic colleagues in Grades 8 and above increased from 18.7% to 19.4%.
 - c) Management Diversity: The number of minority ethnic line managers grew from 59 in 2024 to 73 in 2025.
 - d) Inclusion Efforts: Tangible progress is being made through the Rising Together mentoring initiative and our work toward achieving Disability Confident Level 2 status.

What are we doing to address the issues?

- 12 48% of promotions in 2025 were awarded to minority ethnic colleagues. Expansion of the Rising Together mentoring programme, with an 80% participation target for minority ethnic staff.
- 13 We have brought in additional positive action steps that are embedding, including diverse shortlists for senior roles, better training for panels, and supportive guidance on how to decide on tie breaker situations that enable positive action.
- 14 Implementation of the Culture Maturity Model to track how values are embedded at the directorate level. Rollout of foundational EDI learning to over 1,000 colleagues in 2025.
- 15 Alignment with UNISON’s Anti-Racism Charter and appointment of specialised and experienced Heads of Department for Workforce EDI and Regulatory EDI.
- 16 Pay gaps will continue to be a key indicator that the measures and changes we are making to improve culture are having the desired impact.

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Next Steps

- 1 Submit the data to the government portal and publish the full report on the NMC website by the end of **March 2026**.
- 2 Publicise more of the internal interventions to raise awareness of them with colleagues.

Implications

The following were considered when preparing this paper:

Implication:		Location if in paper:	Content if not in paper:
Public protection/impact for people.	Not Applicable	N/A	N/A
Safeguarding considerations	Not Applicable	N/A	N/A
The four country factors and considerations.	Not Applicable	N/A	N/A
Resource implications including information on the actual and expected costs involved.	Yes	N/A	Priorities are currently resourced within People and EDI budgets; however, long-term success requires sustained engagement across all directorates.
Risk implications associated with the work and the controls proposed/ in place.	Yes	N/A	Failure to address the ethnicity median pay gap or WRES findings risks undermining the Culture Transformation Plan and may impact staff retention and organizational reputation.

Legal considerations.	Yes		While the NMC meets equal pay requirements (like-for-like pay), narrowing the representation gap is essential to fulfilling our broader equality duties.
Midwives and/or nursing associates.	Not Applicable	N/A	N/A
Equality, diversity, and inclusion and Welsh Language impact.	Yes/Not Applicable		The pay gap and WRES reports relate directly to our equality responsibilities as an employer and seek to implement actions which will help us to reduce discrimination, implement positive action and advance equality of opportunity for colleagues. Publication of the report will be in Welsh if applicable
Stakeholder implications and any external stakeholders consulted.	Yes	N/A	Although internal facing this report may attract some attention in the context of wider attention on our effectiveness and leadership on EDI
Regulatory Reform.	Not Applicable	N/A	N/A

Draft Pay Gaps Report 2025 Gender, Ethnicity and Disability Pay Gaps at the NMC

What are pay gaps?

Pay gaps are an equality measure that show the difference in average and median earnings for different groups of people in an organisation. At the NMC we publish our gender, ethnicity and disability pay gaps each year. Publishing our gender pay gap is a legal requirement, and we voluntarily publish our ethnicity and disability pay gaps as part of our commitment to transparency and improvement in these areas.

We don't award bonuses at the NMC, so we don't report a bonus gap.

Gender pay gap

As an employer with more than 250 employees, we have had a legal duty since 2017 to publish our gender pay gap data and a written statement on our website. We report our data to the online government pay gap reporting service. The gender pay gap measures the gap between the average pay for women against the average pay for men.

Ethnicity pay gap

The ethnicity pay gap measures the difference between the average pay for Black, Asian, and ethnic minority colleagues, and the average pay for white colleagues. We choose to publish our ethnicity pay gap using the same methodology as the gender pay gap, as recommended by CIPD (Chartered Institute of Personnel and Development). We do this to be transparent and to help us set actions to tackle race inequality.

Disability pay gap

We also publish our data on the average pay for disabled and non-disabled colleagues using the same criteria. This is to help us understand where gaps may exist, and what action we need to take to improve disability equality in our workforce.

What's the difference between mean and median?

The mean pay gap measures the average pay for one group against another, for example the average pay for women in an organisation compared to the average pay for men. The median pay gap compares the 'middle' pay for one group against another, when all values are ranged from low to high. The median is less affected by outliers when compared to the mean.

What's the Workforce Race Equality Standard?

The NHS Workforce Race Equality Standard (WRES) is a framework that measures workforce race equality. The NMC voluntarily started to report against the standard in 2020 and we have used it to support our equality, diversity, and inclusion (EDI) work for colleagues since then.

This is the second year of integrating WRES questions into our annual Your Voice employee engagement survey as part of a wider section on workforce EDI. This approach aimed to maximise participation by colleagues, strengthen how we benchmark our performance and gather the data we need to best understand our colleagues' experience at work and support improvement. 67% of colleagues completed the survey (875 colleagues out of 1304). This report summarises data from that survey and analysis, alongside our pay gap data.

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What does our data show?

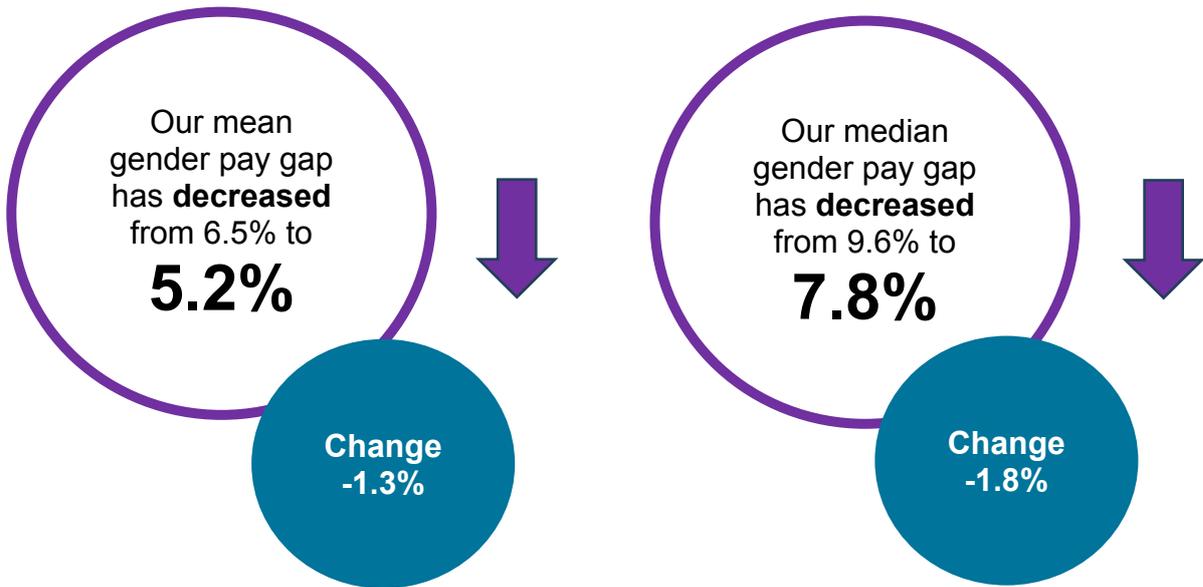
The data in this report show our pay gaps as of 31 March 2025 and include data from our Your Voice survey which ran from 8 September to 26 September 2025.

While context and data are important and show we have strengths to build on, we must also understand and consider the lived experience of colleagues. Our overarching message and commitment are that we need and want to go further to reduce our pay gaps. This report sets out how we will achieve that aim.

Gender

We have seen a decrease in our mean and median gender pay gaps.

This was due to an increase in the number of female colleagues working in both upper and upper middle quartiles increasing by 1.4 percent and 3.2% respectively and the number of male colleagues working in our lower and lower middle quartiles increasing by 2.2 percent and 1.0 percent respectively. This increased the mean and median salaries of female colleagues by 2.5 percent compared to a 1.1 percent salary increase for the mean male salary and a 0.5 percent increase for the median male salary compared to 2024.



Ethnicity

We have seen an increase in our median ethnicity pay gap and a decrease in our mean ethnicity pay gap.

Overall, the number of Black, Asian and ethnic minority colleagues working at the NMC increased by 86 colleagues, meaning 42.9 percent of employees at the NMC now come from a Black, Asian and ethnic minority background. We also saw an increase in Black, Asian and ethnic minority colleagues in all quartiles across the NMC with a reduction in white colleagues .

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The main reasons for the increase in median pay gap was the reduction on white colleagues working in our lower quartile with a 2.2 percent reduction in white colleagues, and an increase in colleagues not declaring their ethnicity of 1.3 percent.

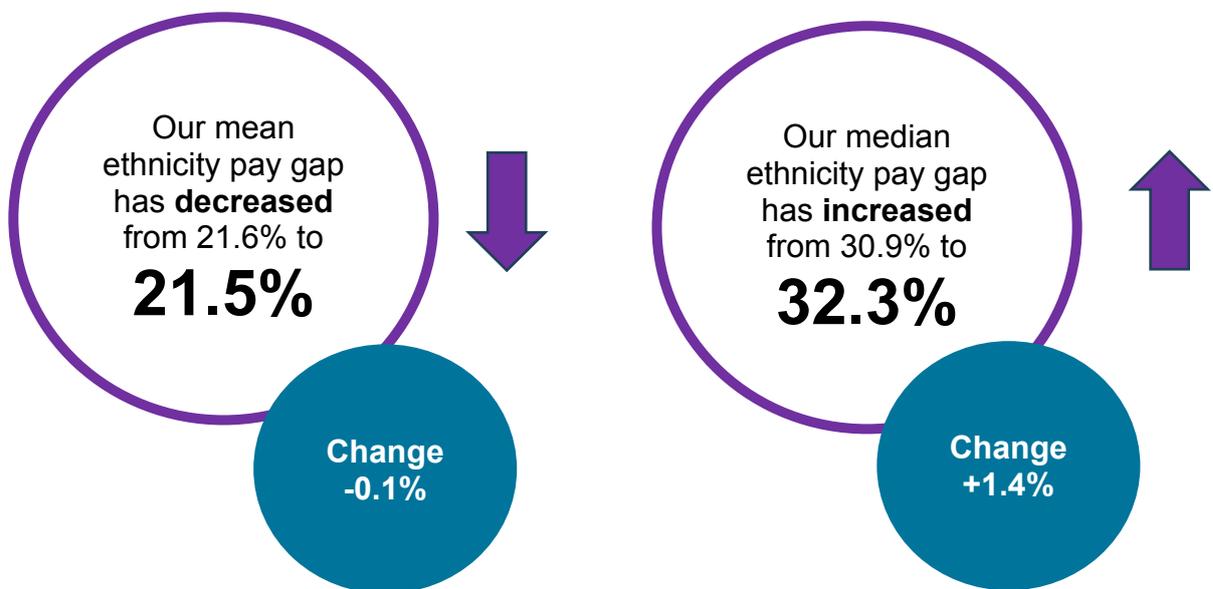
Our data indicates that the increase in median ethnicity pay gap is primarily driven by grade distribution across office locations. A significant proportion of Black, Asian and ethnic minority colleagues are based in our Professional Regulation Directorate at our Stratford, London office, and the majority are in pay grades 1-5.

Stratford is located within Tower Hamlets, one of the most diverse local authority areas in England and Wales (2021 census), and our workforce composition reflects the diversity of the local labour market.

NMC is proud to be an employer in Stratford, and we have an excellent offer to make a rewarding career at the NMC. This includes an apprenticeships programme, ongoing learning and development, and targeted programmes for Black, Asian and ethnic minority colleagues early in their careers who aspire to management and leadership roles. Many colleagues who start with NMC in Stratford go on to gain promotion or start new careers at NMC.

While we are proud if that it is also the principal factor influencing the ethnicity pay gap, we have made good progress in improving representation of very senior Black, Asian and ethnic minority colleagues, but not at the same pace as we are recruiting to critical roles in our Stratford office.

We are invested in closing our ethnicity pay gap (outlined below and in the full report) and to support Black, Asian and ethnic minority progression into higher grades across the NMC.



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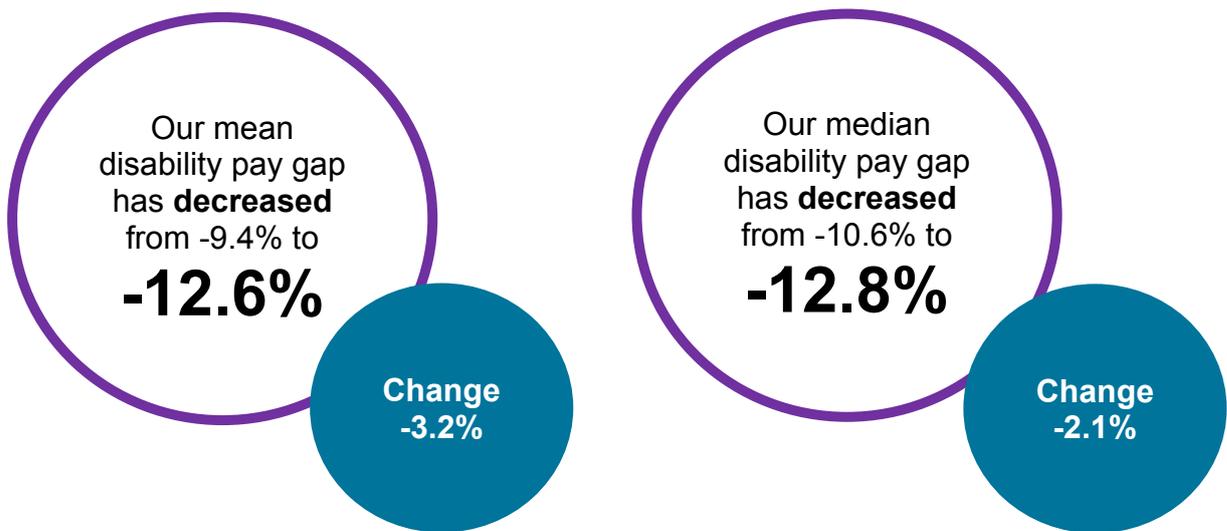
Disability

We have seen a decrease in our mean and median disability pay gaps.

The NMC has a negative disability pay gap, meaning that the average pay for disabled colleagues is higher than for non-disabled colleagues.

This gap has widened since our last report. The main reason for the change is an increase in the number of colleagues declaring a disability by 2.7 percentage points but this has been greatest in our upper and upper middle quartile causing our pay gaps to increase in favour of colleagues with a disability.

The NMC is aware there are 10.21 million people of working age (16 to 64) in the UK who reported they were disabled; this equates to 24 percent of the UK working population. We recognise we still need to do more, so that all colleagues feel comfortable sharing their disability status with us and to ensure when recruiting we can pick from the most diverse pool of candidates.



What are we doing to tackle the issues raised?

We recognise that these data point to the need for improvement. Over the past year we have made some progress, but we know we have much more to do.

We have also learned from the past about the importance of aligning our ambitions with our resources, ensuring realistic and impactful goals. To that end we have prioritised the delivery of the actions from the Independent Culture Review to help address the issues that colleagues have clearly told us need to improve. We are making good progress against the 37 recommendations and provide regular updates both internally and externally.

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A step change in leadership and management capabilities

In April 2025 we published our Culture Transformation Plan, built around six pillars of activity: Strong and Effective Leadership, Values-Based Decision-Making, Psychological Safety, Embedding EDI, Enjoyment at Work and Regulatory Fairness.

Integral to the plan is a significant investment in a leadership coaching programme offered to all colleagues with line management responsibilities and leaders at band 8 and above. This programme seeks to support the culture transformation by equipping our leaders with new tools and techniques, driving greater consistency across leadership and embedding a learning culture in the NMC where leaders have the space to reflect and develop themselves.

We have recently introduced a Culture Maturity Model and directorate-level assessment process to deepen our understanding of progress against the Culture Transformation Plan. Going forward this will provide us with additional quantitative and qualitative data on how successfully we are embedding our values, behaviours and EDI into the culture and leadership of the NMC, identifying leadership good practice and highlighting any areas where more targeted interventions are required.

Our commitment to career progression is showing results, with 48 percent of all promotions in 2025 going to Black, Asian, and ethnic minority colleagues—an increase from 45 percent the previous year.

However, a closer look at senior grades (Grades 7 to 11) shows a slight decrease in the number of minority colleagues promoted into these roles (from 7 down to 5). This concentration of promotions in the lower and middle grades, combined with a reduction of white colleagues in the lower quartile, explains why our median ethnicity pay gap increased this year, even as our overall representation grew.

We have embedded the behaviour framework that we launched last year into our inclusive recruitment practice and Ambitious Appraisals performance management process. We're ensuring we are a values-led organisation who live by our I-FREE principles (integrity, fairness, respect, equity and effectiveness).

A workplace where everyone is afforded dignity

We have continued embedding our 'speak up' service for colleagues, with the appointment of an external, independent 'Empowered to Speak Up' Guardian and designation of 13 colleagues as trained Empowered to Speak Up Ambassadors. This service provides 24/7 confidential access: an independent, psychologically safe route for employees to raise concerns at any time, without fear of detriment. We provide data, insight and reporting on a monthly, quarterly and annual reporting basis of themes, trends and learning to support transparency, fairness and early systemic improvement.

Embedding equality, diversity, and inclusion (EDI)

In 2025, we appointed two new Heads of Department – a Head of Workforce EDI who focuses on identifying opportunities to tackle discrimination and disparities among NMC staff, and Head

of Regulatory EDI who supports colleagues to embed equity throughout the NMC's regulatory process.).

In April 2025, we signed up to UNISON's Anti-Racism Charter and by the end of 2025, we were on track to meet 17 out of 19 commitments. We have also appointed a senior executive sponsor to further drive the initiative. The signing of the charter signals another step towards our creating a positive, empowering and inclusive culture for all people that engage with the NMC, regardless of their background or characteristics.

We continued to work with Black-owned business, The Equal Group to create and deliver a new face-to-face EDI learning foundational programme. The training was delivered over summer 2025 to 1000 colleagues in-person.

Since the close of the current reporting period, we have made tangible progress in increasing representation within our managerial and senior cohorts.

In 2024, there were 25 Black, Asian and minority ethnic colleagues in Grades 8 and above (18.7%). As of 2025, this has increased to 30 colleagues (19.4%). Furthermore, we have seen a significant rise in minority ethnic representation among line managers, growing from 59 colleagues (out of a total population of 1,151) in 2024 to 73 colleagues (out of 1,277) in 2025. This 0.7% increase in the number of minority ethnic line managers demonstrates our commitment to developing a diverse leadership pipeline, which we look forward to reflecting in our next pay gap report.

We've continued to work with external EDI partners such as Inclusive Employers to support our initiatives for Black, Asian and ethnic minority colleagues such as the Rising Together. The Rising Together programme is a six-month mentoring initiative launched in 2020 to address the underrepresentation of colleagues from Black, Asian and Ethnic Minority backgrounds in senior positions and pay gaps within the NMC. Rising Together Cohort 5 consisted of 59 mentors & 65 mentees and ran from October 2024 to April 2025. Rising Together Cohort 6 consists of 60 mentees and 50 mentors and started in October 2025 to April 2026, A decision was made by executive board to achieve a minimum of 80% Black, Asian and Ethnic Minority participation for Cohort 6.

The staff networks play an important role in embedding EDI across the NMC. The networks play a unique role in:

- Providing identity-based insights
- Raising awareness of culture change and inclusion
- Providing bespoke support for colleagues with protected characteristics

We have five employee networks to support our colleagues and provide a safe space to learn and appreciate diversity: BeMe, LGBT+, Women's Network, Workaround and Parents and Carers. Key milestones the networks have helped us reach include the introduction of a Parents' room in our offices, partaking in an inter-regulator LGBT+ forum to share and increase best practice, and marking Black History Month and South Asian Heritage month.

With the support of our external partner, the Business Disability Forum, we are working towards achieving Disability Confident Level 2 status. We also have an internal Reasonable Adjustments Working Group which is composed of colleagues from across the NMC.

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Summary

As we continue to embed our Cultural transformation and EDI strategy, we remain focused on transforming our culture so that our colleagues can thrive at work and deliver the best possible outcomes for the public we're here to protect and the professionals we regulate.

To deliver sustainable change, we're implementing and sequencing action to realise positive changes in our culture whilst keeping our people at the heart of what we do.

We have already started to see impactful change considering the Independent Culture Review and the actions we have taken to directly address it and we are confident we're heading in the right direction. We will continue to report on these actions and the progress we make in 2026.

If you'd like to get in touch about anything raised in this report, please contact Equality@nmc-uk.org.

I confirm that the information in this report is accurate and in line with government reporting requirements

Dee Sekar
Head of Workforce EDI
January 2026

**The terminology used throughout this document is 'Black, Asian and ethnic minority.' This aligns with terminology used by government good practice guidelines. The NMC recognises that language in this area is constantly changing and that the people included within such broad terms encompass diverse ethnic groups. We regularly keep the language that we use under review.*

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Annexes

What is the difference between pay gaps and equal pay?

Pay gaps vs equal pay

A pay gap compares the average pay for different groups of people. It's different from equal pay, which instead looks at whether people are paid the same for work of equal value and whether there is pay inequity across protected characteristics for people in the same or similarly graded roles.

Simply put, pay gaps are more about representation at all levels of the organisation. Equal pay is the legal requirement to pay the same for work of equal value.

Does the NMC have an equal pay issue?

No, we do not. In addition to pay gap reporting and analysis we undertake stringent equal pay audits as part of our annual pay awards.

The table below highlights that pay differentials by gender, ethnicity and disability are well below our target of five percent. Anything above this would be a statistically significant difference. This positively highlights there are no significant pay differences when we compare employees doing the same (or 'like for like') roles across the NMC.

These small differences reflect distribution with pay ranges (i.e. when colleagues were appointed) and the fact that some roles for which we pay specialist premium, in particular IT and legal roles, have historically had less diverse talent pools.

Equal pay - April 2025

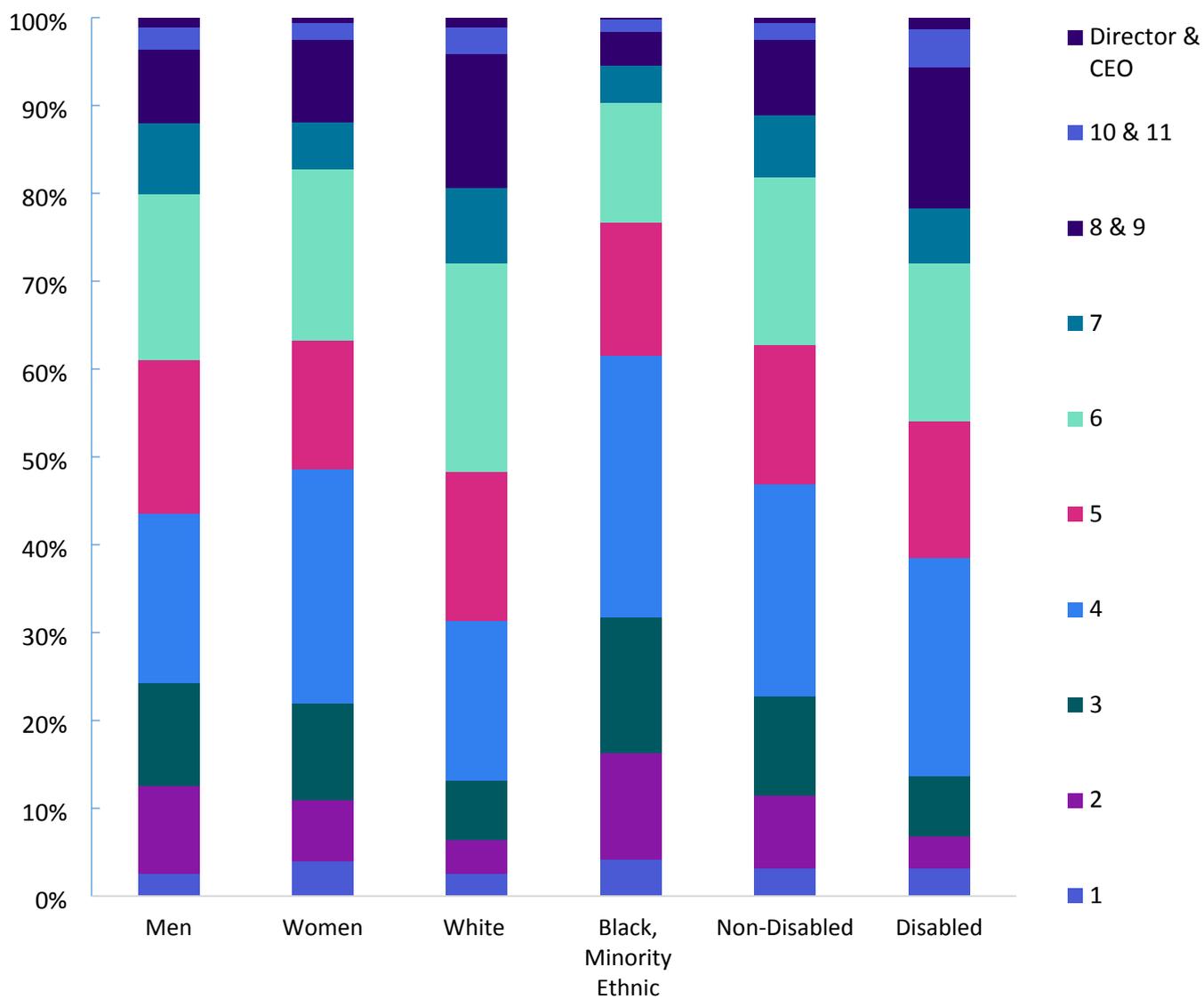
Gender	Ethnicity	Disability
1.0%	0.1%	-0.1%

Representation of gender, ethnicity, and disability across grades at the NMC

The charts below show the distribution of NMC colleagues in each of our internal pay grades by the protected characteristics for each of the pay gaps.

In the NMC the internal grading system ranges from grade 1, which is our lowest paid grade, to the Director and CEO grades. The charts highlight which grade our median colleagues fall in for each protected characteristic.

Grade by EDI Distribution

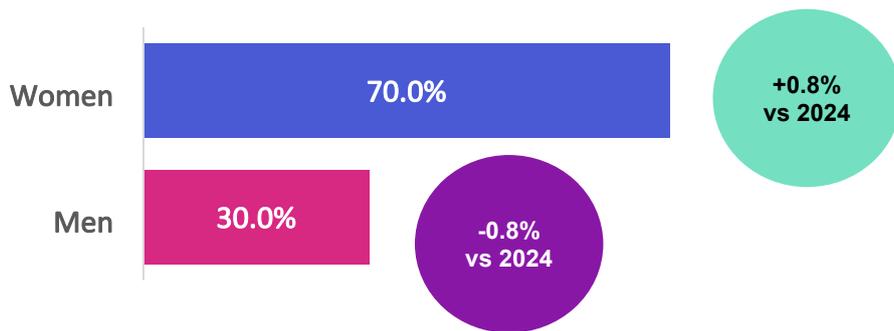


Workforce gender: quartiles

Overall, our workforce is made up of 70.0 percent women and 30.0 percent men.

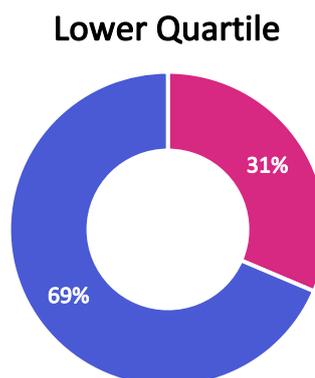
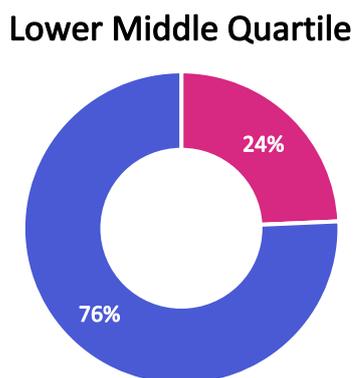
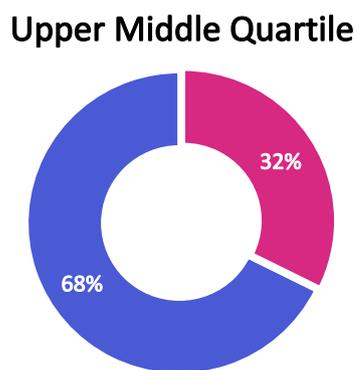
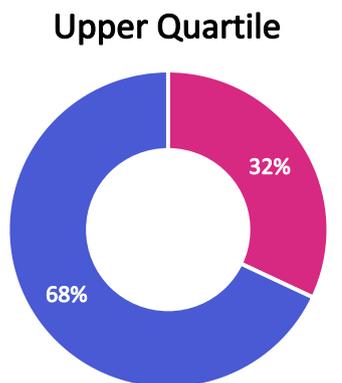
The proportion of women working at the NMC has slightly increased since 2024:

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There were also changes in the quartiles compared to 2024:

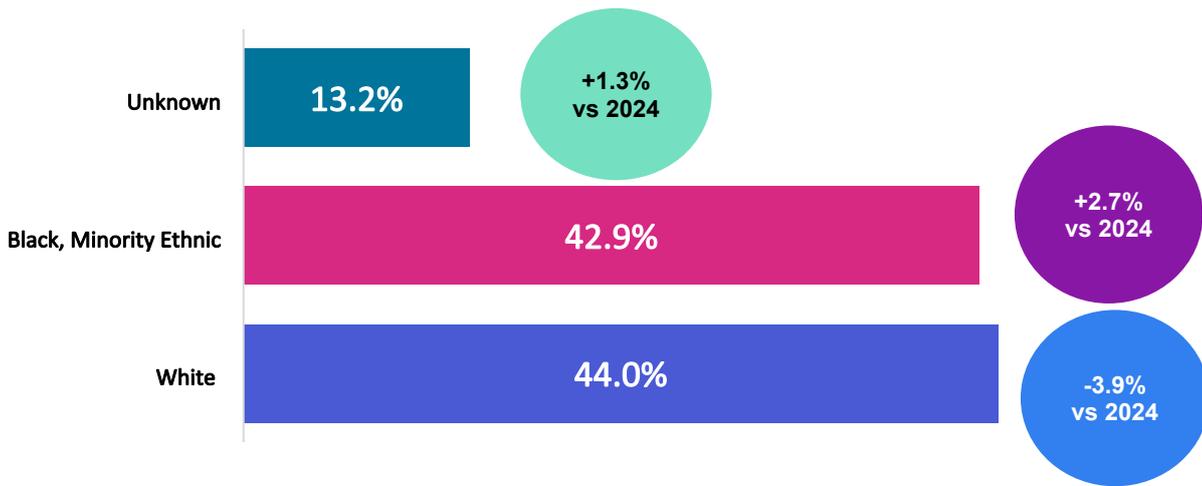
- Upper Quartile +1.4% **women**
- Upper Middle Quartile +3.2% **women**
- Lower Middle Quartile +2.2% **men**
- Lower Quartile +1.0% **men**



Workforce ethnicity: quartiles

Overall, our workforce is made up

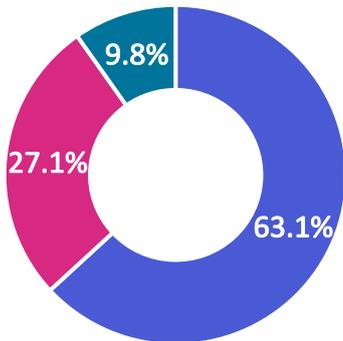
of 42.0 percent Black, Asian and ethnic minority colleagues and 44.0 percent white colleagues. 13.2 percent of colleagues have not declared this information in their monitoring data. The proportion of Black, Asian and ethnic minority colleagues working at the NMC has slightly increased since 2024:



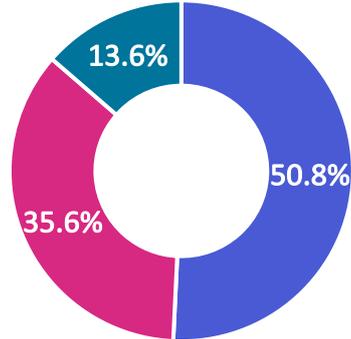
There were also changes in the quartiles compared to 2024:

- Upper Quartile +2.6% **Black, Asian and ethnic minority**
- Upper Middle Quartile -4.7% **White**
- Lower Middle Quartile -1.2% **White**
- Lower Quartile -2.2% **White**

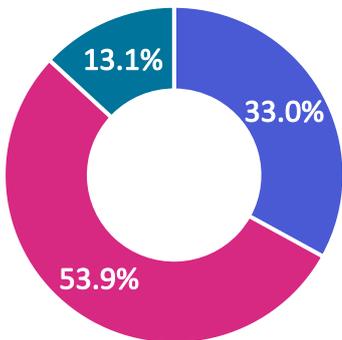
Upper Quartile



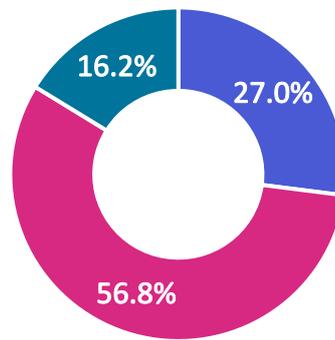
Upper Middle Quartile



Lower Middle Quartile



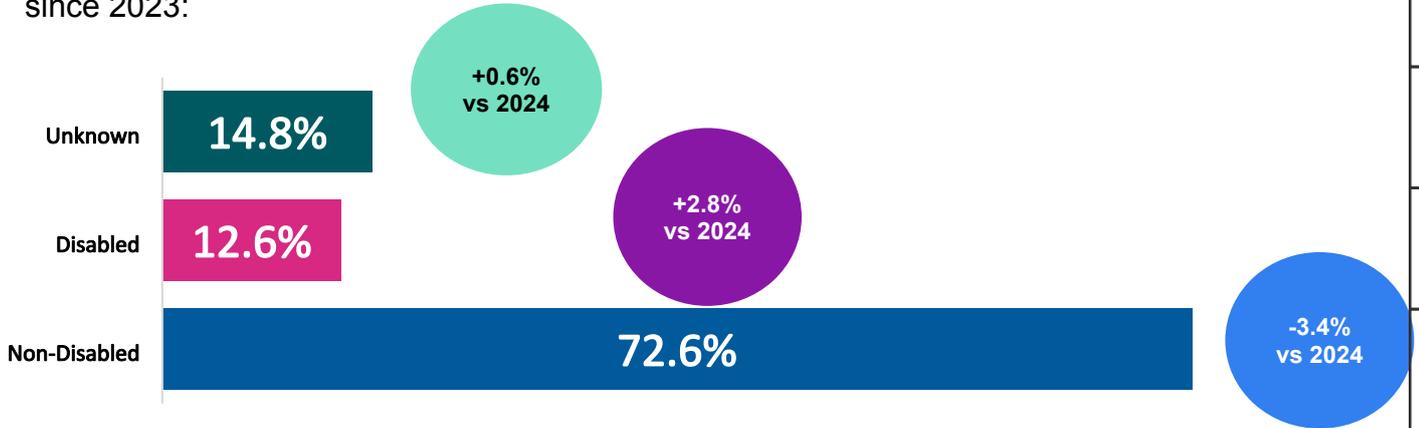
Lower Quartile



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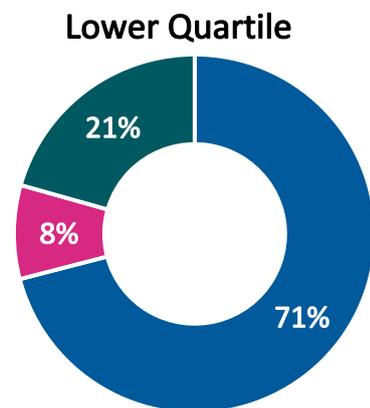
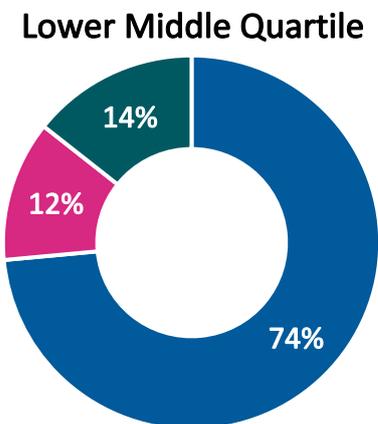
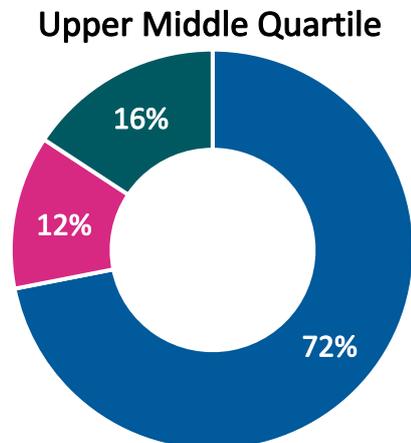
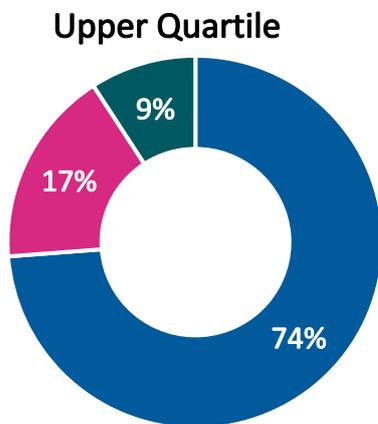
Workforce disability: quartiles

Overall, our workforce is made up of 9.8 percent disabled colleagues and 76.0 percent non-disabled colleagues. 14.2 percent of colleagues have not declared this information in their monitoring data. The proportion of disabled colleagues working at the NMC has not changed since 2023:



There were also changes in the quartiles compared to 2024:

- Upper Quartile +3.9% **Disabled**
- Upper Middle Quartile -7.8% **Non-Disabled**
- Lower Middle Quartile -1.6% **Non-Disabled**
- Lower Quartile +1.5% **Disabled**



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Council

Safeguarding Board Quarterly Report Q3 (2025-2026) and Safeguarding Policy (March 2026)

Action requested:	<p>For noting</p> <p>The Council is asked to note the report and the Safeguarding Policy approved by the Executive Board on 3 March 2026.</p>	
Key background and decision trail:	<p>This paper is part of the agreed governance process for reporting on safeguarding matters at the Nursing and Midwifery Council (NMC).</p> <p>The Q3 report is due to be noted at the Safeguarding Board on 30 March 2026, after Council meeting on 25 March 2026.</p> <p>The report is linked to strategic risk Reg 24/01 which is currently rated as 12.</p>	
Key questions:	<p>Is the Safeguarding Board delivering on safeguarding activity to mitigate and reduce risks in safeguarding matters at the NMC?</p>	
Annexes:	<p>The following annexes are:</p> <ul style="list-style-type: none"> • Annexe 1: Safeguarding Referrals Data Q3 • Annexe 2: Safeguarding Hub Activity report Q3 • Annexe 3: Safeguarding Policy 	
Further information:	<p>If you require clarification about any point in the paper or would like further information, please contact the author or the director named below.</p>	
	<p>Author: Nicky Burns-Muir nicola.burns-muir@nmc-uk.org</p>	<p>Acting Executive Director, Professional Practice: Donna O'Boyle donna.Oboyle@nmc-uk.org</p>

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Safeguarding Board Quarterly Report Q3 (2025-2026) and Safeguarding Policy (March 2026)

Discussion

- 1 The Safeguarding Board last met in November 2025.

Governance and Risk

Risk Register

- 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 continue to mitigate and reduce the risk as far as possible.
- 3 Strategic risk REG24/01: *We fail to meet our statutory safeguarding responsibilities to protect people who come into contact with the NMC through our work from abuse and mistreatment.*
- 4 The risk was reduced to 12 at the November Safeguarding Board. This was in recognition that there has been significant progress against the safeguarding work plan. Notably the FtP Standard Operating Procedure for Safeguarding has been launched and implemented via the safeguarding essentials training module to all teams within Fitness to Practice. There is robust assurance and oversight of safeguarding risk through regular governance meetings and an escalation process to manage emerging safeguarding risk.

Safeguarding Action Plan.

- 5 In Q3 there has been ongoing delivery against the action plan which is rated 'green' on the corporate performance dashboard.

Safeguarding Policy

- 6 A decision was made at the Safeguarding Board to review and update the Safeguarding Policy ahead of its scheduled review of September 2026. This is in recognition of the significant amount of change that has been undertaken and to ensure the policy reflects current practice and standards for safeguarding. The new policy provides a comprehensive overview on how safeguarding is delivered organisationally, governance arrangements and our expectations for colleagues working across the NMC. This consolidates all the changes that have previously been approved by the Safeguarding and Executive Boards.
- 7 The policy was originally due for noting at the Safeguarding Board on 9 March 2026, prior to final sign-off by the Executive Board, however the meeting has been postponed until 30 March 2026. A plan outlining what changes would be made to the policy was previously agreed at Safeguarding Board in November 2025. There has been input in the policy from wider stakeholders, including General Counsel and the Communications team. The Council is asked to note the report and note the Safeguarding Policy approved by the Executive Board on 3 March 2026.

- 8 On 30 March 2026, the Safeguarding Board will be asked to approve the communication and roll out of awareness raising for the Safeguarding Policy. The Communications team will be responsible for putting the policy in its final format after Council.

Safeguarding Standard Operating Procedure (SOP) for Fitness to Practise

- 9 The Safeguarding SOP sets out how safeguarding operates within the fitness to practise process and provides an assurance framework for safeguarding practice to become embedded appropriately across the business area. The SOP was approved by the Safeguarding Board in September 2025. It was launched in Professional Regulation on 22 October 2025, with endorsement from the respective Executive Directors of Professional Regulation and Professional Practice. The safeguarding essentials course has been delivered across all operational teams within Fitness to Practise to raise awareness of colleagues' roles and responsibilities for safeguarding.
- 10 In total 24 training sessions have been delivered across Fitness to Practise, with 446 colleagues attending these sessions. Feedback has been overwhelmingly positive, with a 94 percent approval rating. Colleagues reported that they feel more able and confident to raise safeguarding concerns and 98 percent felt that the SOP was easy to engage with and understand. Safeguarding data demonstrates that there has been a significant increase in safeguarding concerns being reported to the team since the training has been rolled out. The referrals outside of the safeguarding hub process via the mailbox and emergency helpline has totalled 415 advice requests in Q3, an increase of 33 percent from Q2. This indicates that the training is having a positive impact in raising awareness of safeguarding elements. We will continue to monitor trends in referrals so that we can plan additional training to maintain organisational awareness of safeguarding.

Review of safeguarding risks outside Professional Regulation

- 11 An initial review of safeguarding risks outside Professional Regulation has been undertaken. All teams across the NMC have been mapped and a top-level assessment of key risks has been identified. An initial heat map has been created which identifies the level of safeguarding risk in each team. As part of the safeguarding work plan for 2026-2027, a more in-depth analysis and training plan will be developed and delivered for following areas to embed robust safeguarding processes and practices:
- a) Employer Link Service
 - b) Education Quality Assurance
 - c) Registration and Revalidation Contact Centre
 - d) Complaints
 - e) Human Resources

A more detailed plan will be included in the Q4 Safeguarding report.

Registrant deaths by suicide

- 12 Strategy and Insight colleagues undertook a review of the NMC's approach to registrant deaths and presented the findings to Executive Board on 6 January with support from the Assistant Director and Head of Safeguarding. Findings from the review were accepted and included recommendations on how we continue to embed an organisational approach on recording deaths and responding to people who present with suicidal or self-harm ideation.
- 13 Recommendations from the review are being embedded into safeguarding and wellbeing work plans for 2026-2027 and a number of recommendations are being considered for implementation within the Fitness to Practise Improvement safety and experience workstreams.
- 14 A comprehensive updated suicide and self-harm protocol has been drafted with support from the mental health practitioner and safeguarding colleagues. This will be presented at the Safeguarding Board on 30 March 2026, for final comment. A wide range of stakeholders have been involved in providing feedback on the use and understanding of the tool. To support the roll out and embedding of the tool, two key training packages are in development, one for operational colleagues aimed at equipping them with skills to respond to self-harm and suicidal ideation and includes managing risk on the telephone. The other package is being designed for managers to aid them in effectively supporting their employees with a focus on providing a trauma informed and compassionate approach.

Safeguarding processes within the Case Management System (CMS)

- 15 Colleagues within Technology and Business Innovation are supporting the development of safeguarding fields within CMS. These fields will include the ability effectively record and monitor:
 - a) Whether a safeguarding concern has been raised on a case
 - b) When a case has had a safeguarding risk assessment and level of risk.This will support the team to monitor activity and fluctuations in safeguarding risk on a case and identify where the overall safeguarding risks are with the FtP process.

Collaboration on NMC Policy initiatives

- 16 The team has supported colleagues across the business, inputting into the following:
 - a) The organisational response to the Northern Ireland's Adult Protection Bill
 - b) Development of updated Disclosure Barring Service guidance
 - c) On-going engagement with Standards colleagues on the development of potential safeguarding provisions in the new code
 - d) Development of updated redaction guidance for Investigations
 - e) Development of updated guidance on vulnerability

- f) Development of the fortnightly Serious Incident, Reporting and Learning meeting.

Safeguarding work with Panel Members

- 17 Work is on-going with the development of key process documents to support Panel Members to navigate key safeguarding risks that may occur at hearings. There will also be an FAQs document designed to respond to common queries within this space. It has been identified through a previous learning event that a review of the panel processes represents an opportunity to review safeguarding arrangements at hearings, including the roles and responsibilities of panel members and legal assessors in managing and engaging in safeguarding plans.
- 18 There has been agreement to roll out the Level 1 safeguarding e-learning for all panel members which will support a consistent approach to safeguarding by providing a foundational knowledge of how safeguarding works organisationally. The training has gone live to Panel members and data will be collated on compliance with the module.

Education and Training

- 19 The safeguarding team has delivered the following training and education over Q3:
- a) 24 safeguarding essentials sessions delivered across FtP with 446 colleagues attending these sessions, approximately 70 percent of FtP colleagues. Further sessions are due to be delivered in March 2026.
 - b) 4 safeguarding champion induction sessions attended by all 40 safeguarding champions (100 percent).
 - c) Compliance with safeguarding e-learning is currently at 93.7 percent organisationally.
 - d) 158 people have accessed the suicide and self-harm protocol training e-learning course.
- 20 A number of safeguarding modules are in progress, such as the self-harm and suicide protocol and managing safeguarding over the phone and in-person. We will report on progress against these modules in the Quarter 4 report.

Data for Q3

- 21 The data shows a total of 439 safeguarding cases were discussed at the safeguarding hub in Q3, with 33 percent of all new cases referred into the safeguarding hub. Additionally, a total of 415 new requests for advice were referred into the mailbox; a 33 percent increase on the Q2 average.

Workplan for 2026-2027

- 22 The workplan for 2026-2027 is in development. It will be shared at the next Safeguarding Board for approval and be incorporated into the Q4 safeguarding report. Plans for 2026-2027 include initiating work related to domestic abuse, development of the safeguarding supervision model for the safeguarding team and

embedding best practice models of working for people with neuro-divergence and/or learning disabilities.

Next Steps

- 24 This paper confirms plans for developing equivalent safeguarding SOPs outside of Fitness to Practise.
- 25 Areas of focus for the Q4 report will be to provide updates on planned work for 2026-2027, the training roll out for managing risk over the phone or in-person and an update on the development of our self-harm and suicide tool. We will also provide an update on safeguarding data to be collected for 2026-2027.

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	Applicable to all registrants	
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	Paragraph 7	
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.	No		
Regulatory Reform.	No		

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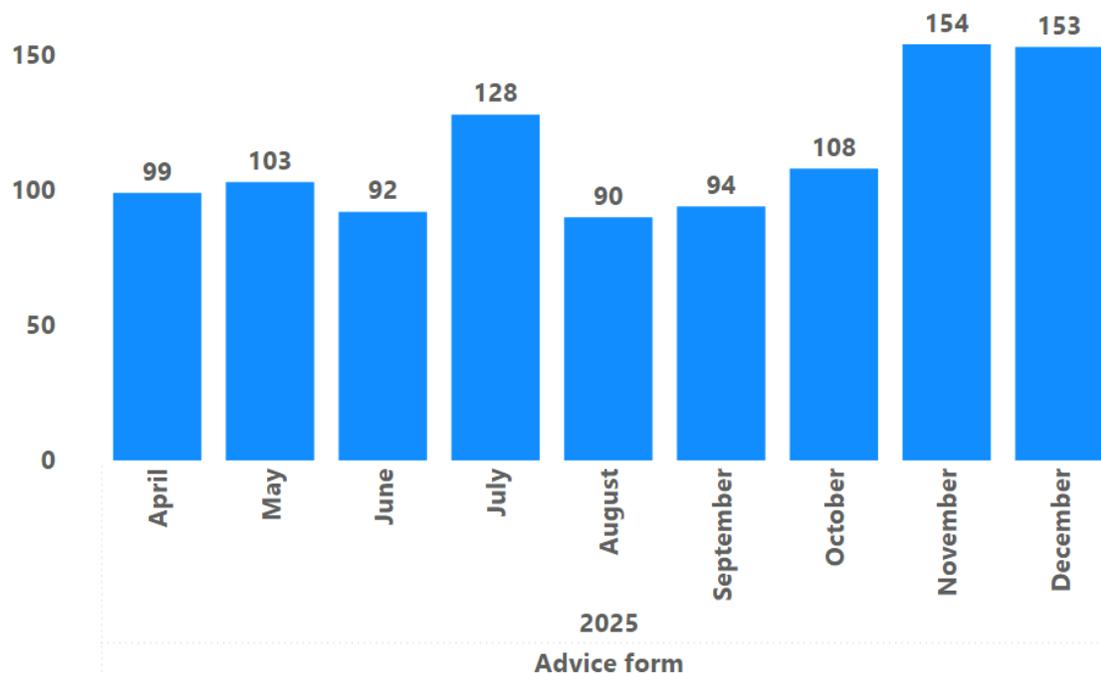
Item 10: Annexe 2
NMC/26/147
25 March 2026

Safeguarding Referral Activity Report

Quarter 3 (October - December 2025)

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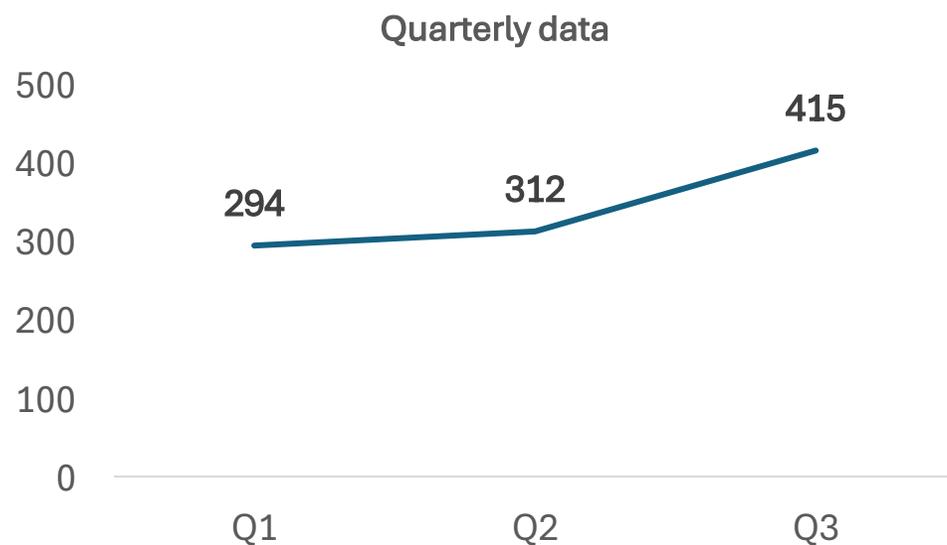
SAFEGUARDING REFERRAL Q1-Q3



- This data refers to safeguarding referrals made by colleagues across the NMC to the safeguarding mailbox and emergency helpline.
- Q1 2025/26 was stable and moderate, with referrals staying between 92–103. Whilst there were some fluctuations in referral rate in Q2.
- Q3 saw the highest volume, with a significant rise in November and December.
- Q3 referrals increased by 41% compared to Q1 and 33% compared to Q2, indicating a significant escalation in demand. The increase in referrals coincides with the roll out of the FtP SOP for Safeguarding and delivery of safeguarding essentials course across the fitness to practise business area.

SAFEGUARDING REFERRAL QUARTERLY (Continue)

Quarter	Total
Q1	294
Q2	312
Q3	415



The data demonstrates a trend of increasing referrals to the safeguarding team by colleagues across the business. There was a significant increase in referrals in Q3, the highest ever received into the team. This is due to the roll out of the FtP SOP for Safeguarding and Safeguarding Essentials course, which has set clear expectations for colleagues in FtP regarding their safeguarding responsibilities, in particular the 5R's.

There continues to be consistent communications via pulse about the work and role of the safeguarding team across the NMC, which may have supported increasing awareness and visibility of the safeguarding function and duties.

FITNESS TO PRACTISE CASE LOAD REVIEWED BY SAFEGUARDING TEAM

Table 1. FTP Referral Volumes and Safeguarding Referral Activity (Q3)

NMC Referral	6539
SG Ref Q1-Q3	1021
SG Ref Q3	415

Table 2. Safeguarding Hub and Referral Activity (Q1-Q3)

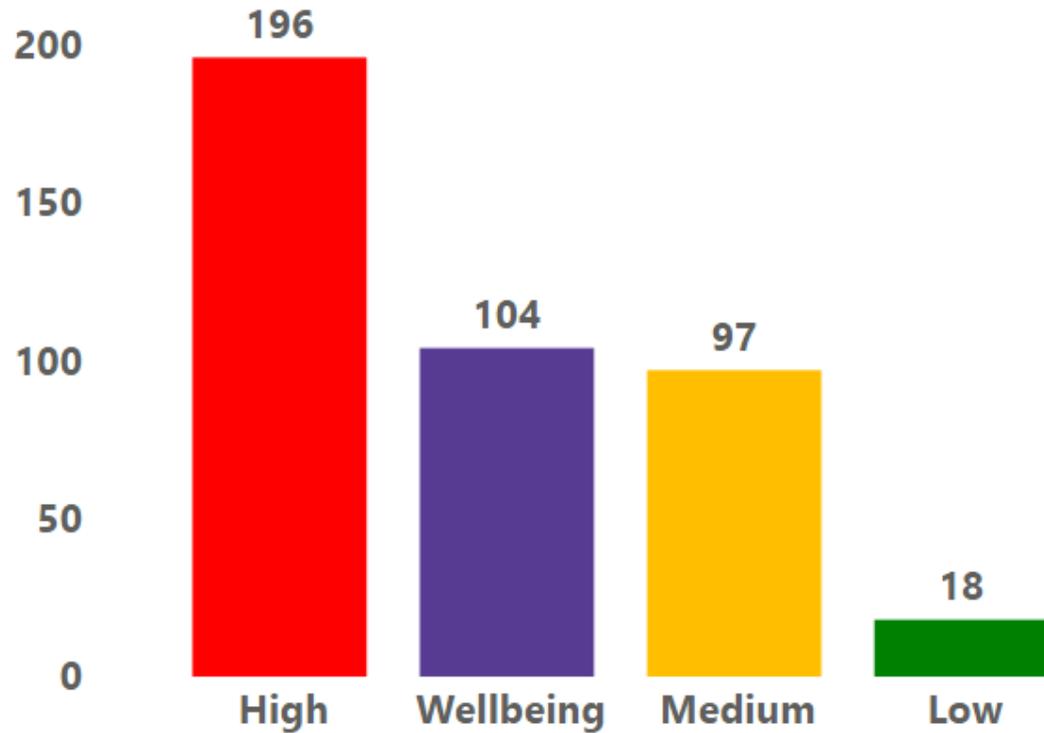
SG Hub & SG Ref Q1-Q3	2229
SG Hub & SG Ref Q3	853

- Across the financial year to date, there are 2,229 cases within the Fitness to Practise (FtP) caseload that have required safeguarding consideration, either through proactive Safeguarding Hub assessment or referrals raised by case teams.
- In Q3, we reviewed 853 cases via advice request and through the hub. This makes up 38% of the total number of cases referred to the safeguarding team in 2025/26. This equates to 13% of the total fitness to practise case load.
- 48% of cases reviewed by the team were from advice requests made by colleagues in Q3.
- In total, colleagues made safeguarding referrals for 6.3% of total fitness to practise case load in Q3.

*The total registrant data is based on NMC Report March 2025

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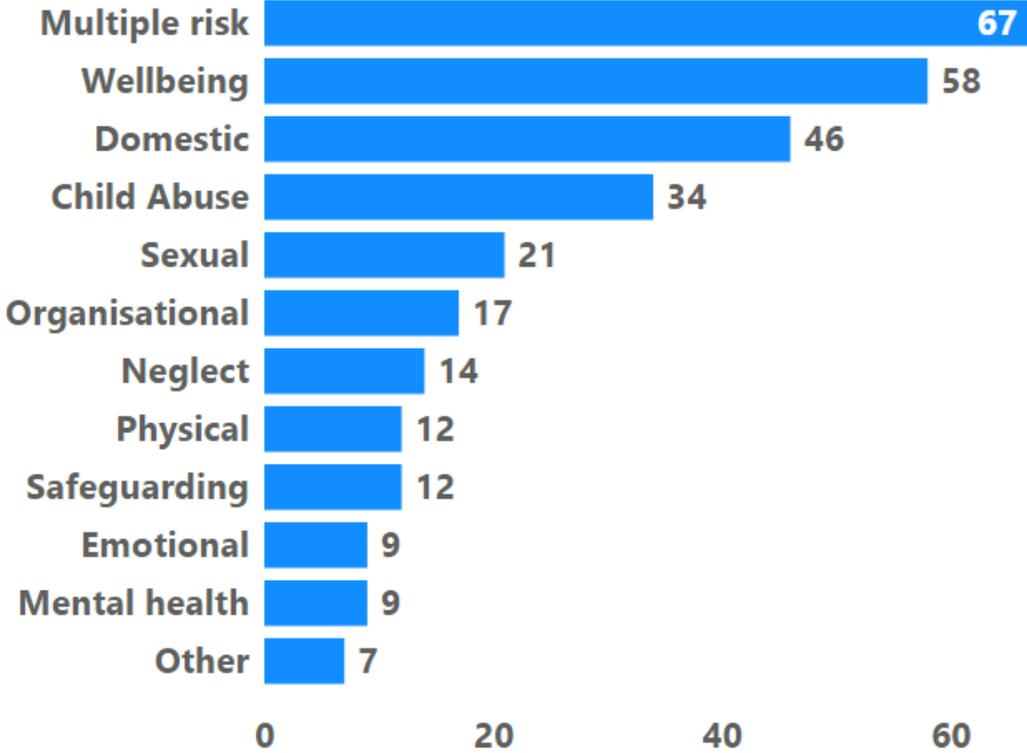
SAFEGUARDING RISK



- All safeguarding cases are assessed against the safeguarding risk assessment tool. The tool sets out the different types of safeguarding abuse or neglect. It identifies criteria that would help the team determine whether the risk associated with the case is high, medium or low risk. This is to ensure consistency in approach when undertaking safeguarding assessments and assists in allowing the NMC to understand the level of safeguarding risk organisationally.
- The data shows that nearly half the cases being referred to the team would be considered high risk. This suggests that teams are able to successfully identify where there are serious or clear signs of safeguarding risk.
- Approximately one quarter of the cases referred to the team relate solely to wellbeing. Work is being undertaken to develop the NMC's approach to wellbeing risk and this data will help inform this work.

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CATEGORIES OF SAFEGUARDING



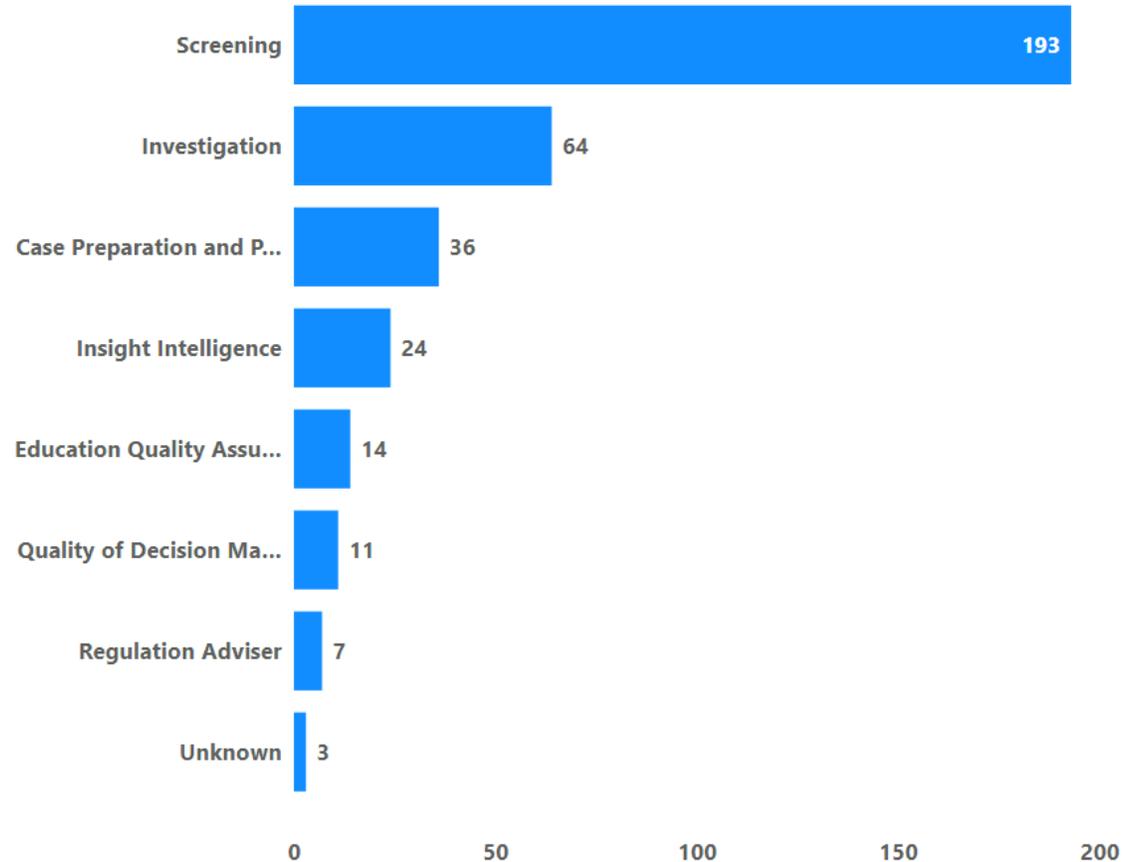
We have seen a higher proportion of cases where more than one type of safeguarding risk has been identified. A thematic review of all cases with multiple risk will be undertaken to identify any themes and trends in terms of type of abuse or level of risk. This will be presented in our annual data set.

There continues to be a high level of referrals for domestic abuse, child abuse and wellbeing risks, when compared to previous quarter data. This is in line with previous reports, which indicate a higher level of organisational confidence in reporting these types of concerns.

There has been a slight decrease in sexual allegations decreasing from 34 cases to 21. There is no clear reason for this, and we will need to see whether the review of multiple risk cases has any impact on this data.

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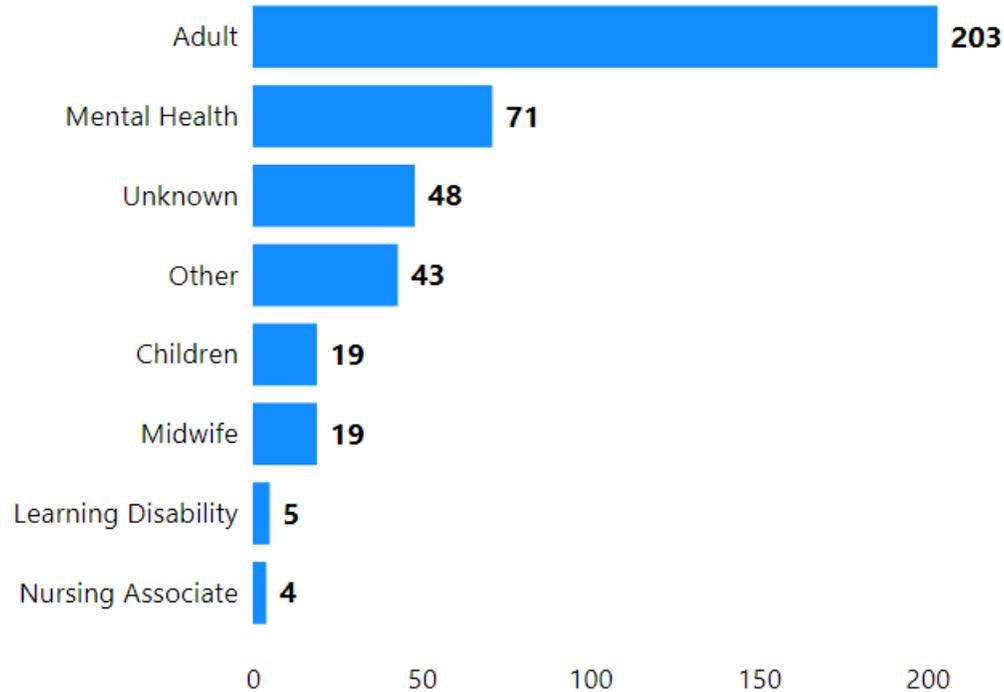
INTERNAL SOURCE OF REFERRAL



- The top five departments account for 80% of all safeguarding referrals.
- Screening leads with 193 referrals (46%), indicate increase in early-identification and frontline vigilance.
- Education Quality Assurance (14) shows safeguarding concerns originating from learning and training environments.
- Safeguarding concerns detected at multiple points
- Teams are not over-reliant on Screening, and safeguarding awareness is embedded across FtP stages.

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REGISTERED PROFESSIONALS



- **Adult nurses = 49% (203)** – largest group; reflects workforce size and complexity of adult care.
- **Mental Health = 17% (71)** – potentially linked to higher-risk environments (capacity, restraint, professional boundaries).
- **Children’s & Midwives = 5% each (19 + 19)** – lower volume but higher inherent risk due to vulnerability of service users.
- **Learning Disability & Nursing Associate = 2% combined** – small numbers but remain high-impact groups.

Data quality note

- **22% of cases = Unknown (12%) or Other (10%)**
 - “Other” mainly community/district roles.
 - “Unknown” due to information not being available at referral to the team.

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Category	NMC Total	Ref Q3
Adult	632082	203
Mental Health	105103	71
Children	62556	19
Learning Disability	16796	5
Midwife	47481	19
Nursing Associate	13433	4

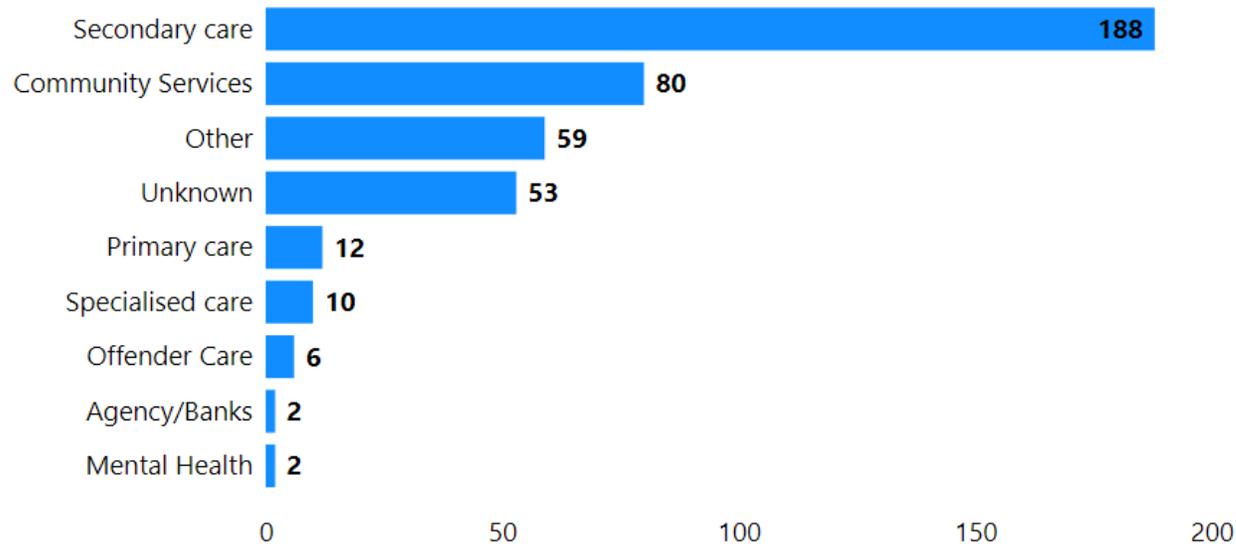
- **Adult nurses (72.8% of register; 49% of referrals):** proportionately under-represented in data set.
- **Mental Health nurses (12.1% register; 17% referrals):** **Over-represented;** reflects high-risk environments and complex decision-making.
- **Children’s nurses (7.2% register; 5% referrals):** Slightly under-represented.
- **Learning Disability nurses (1.9% register; 1% referrals):** Proportionate; small group but high-vulnerability patients.
- **Midwives (5.5% register; 5% referrals)**
- **Nursing Associates (1.5% register; 1% referrals)**

Key point

- Mental Health and Maternity show higher-referral activity. Adult nursing dominates numerically, but referrals are proportionately lower than their workforce size.

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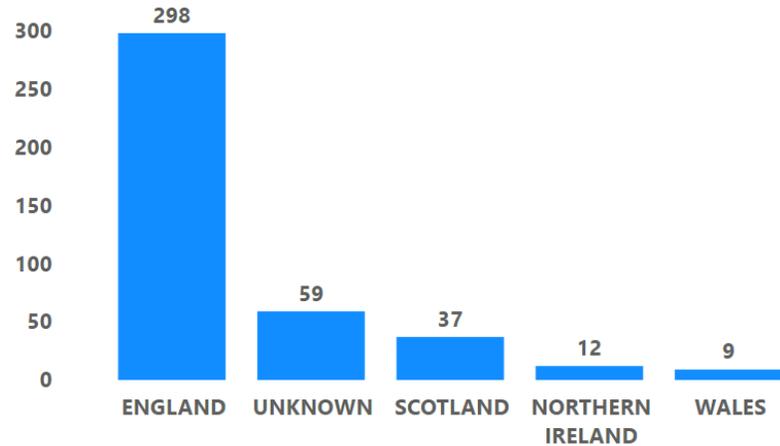
REGISTRANT WORKPLACE



- Secondary & Community account for 35% of all referrals.
- Unknown category (21.9%) is quite common in referral cases as the information is not fully disclosed/reported/recorded. This will often be for cases where the allegations are made by members of the public or the police who may not know where a registrant work.
- “Other (12.3%)” captures professionals working in areas including public health nurse, Health visitor or Nurse in different settings/roles.

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NATION PROFILE



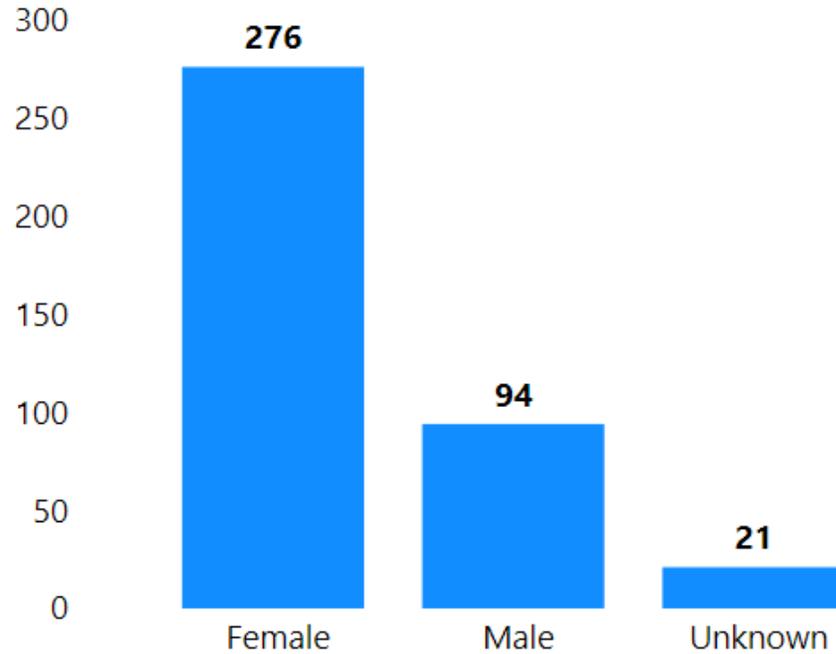
Country	NMC registrant	Referral Q3
England	666652	298
Scotland	75729	37
Wales	41844	12
Northern Ireland	29797	9
Unknown location		59

- England generates 72% of referrals, consistent with having the largest workforce.
- Scotland has the highest proportional referral rate at 0.49 per 1,000 registrants, slightly above England. This information needs to be reviewed annually to determine whether this is a trend or a one-off finding.
- For this quarter, Wales has the lowest number of safeguarding concerns raised to us proportionately.

**Data comparison based on September NMC Report 2025*

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SEX PROFILE



Gender	NMC Registrant	Referral Q3
Male	96593	94
Female	764176	276
Unknown		21

Male registrants = 11% of the NMC register but 24% of Q3 safeguarding referrals

>> **Over-represented**, appearing in safeguarding activity at around twice the expected rate.

Female registrants = 89% of the NMC register but 71% of referrals

>> **Under-represented** relative to their workforce size.

Male registrants appear in safeguarding concerns at a disproportionately high rate. Female registrants appear at a lower rate.

A notable proportion of referrals involve 'Unknown' gender. This is where group referrals may be made for registrants rather than an individual referral for a registrant or member of public referrals where the registrant has not yet been identified.

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AGE PROFILE

Age group	NMC Registrant	Referral Q3
<20	45	0
21-30	131,894	28
31-40	255,269	105
41-50	195,613	130
51-60	191,794	105
61-70	81,180	31
>71	5,006	7
Unknown		32

- Safeguarding referrals peak between ages 31–60, accounting for 70% of all referrals.
- After adjusting for workforce size, the 41–50 group has the highest referral rate, followed by 51–60 and 31–40.
- Some data is recorded as 'unknown' this is due to the registrant not yet being identified or where group referrals have been made about a number of registrants.
- Going forward, we will be cross referencing our EDI data with our types of abuse to better identify where there may be opportunities to share themes with EDI colleagues and influence strategic work across the business.

*NMC Registrant data as of September 2025

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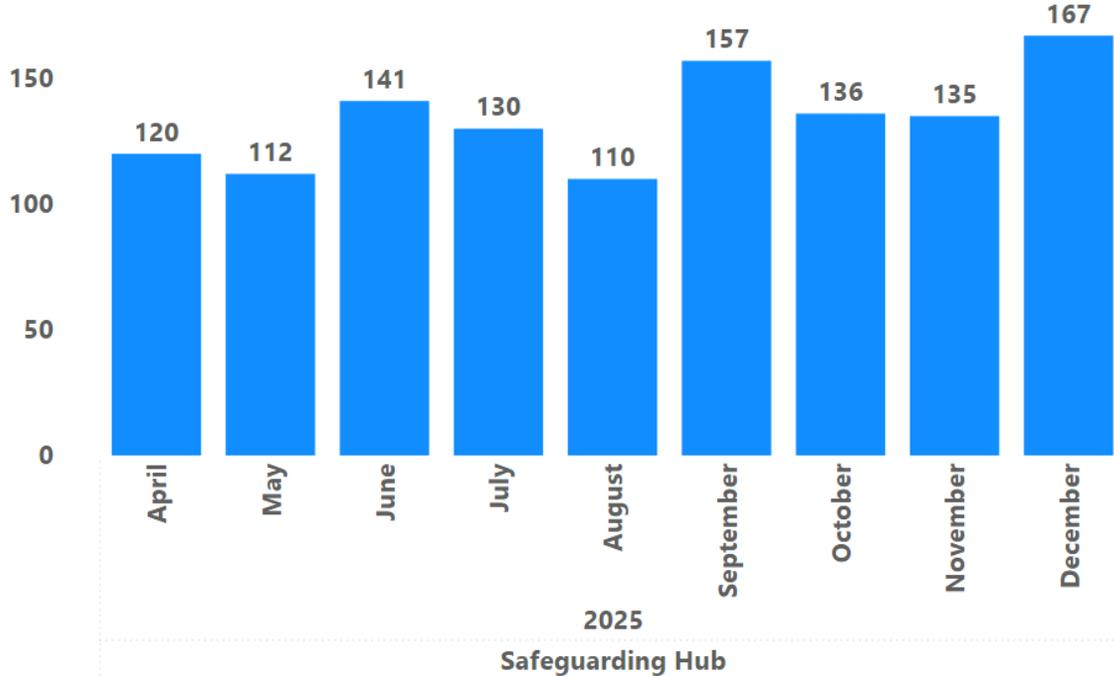
Item 10: Annexe 2
NMC/26/147
25 March 2026

Safeguarding Hub Activity Report

Quarter 3 (October - December 2025)

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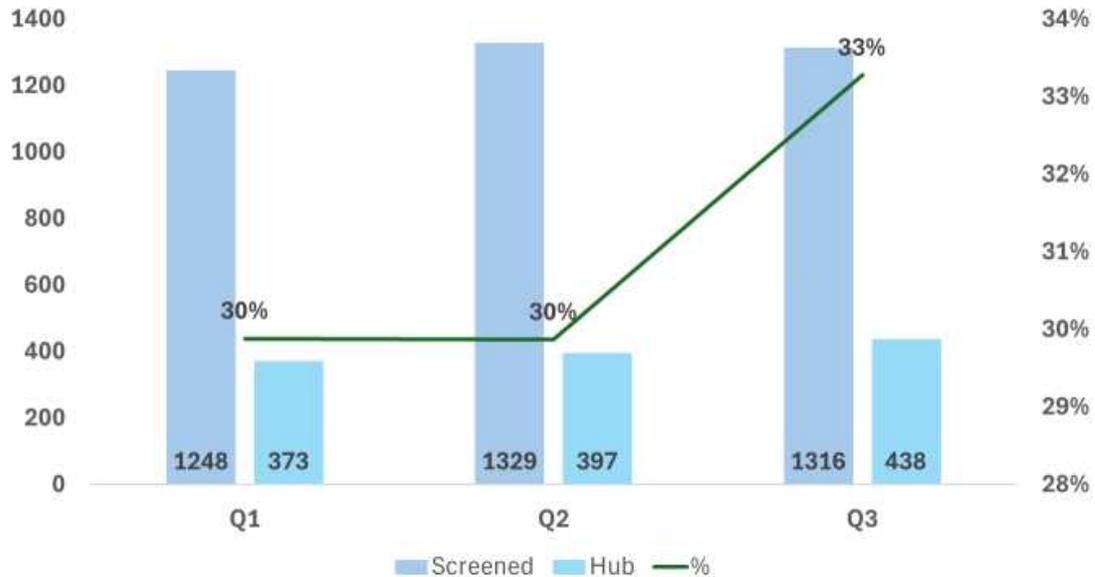
HUB TOTAL Q3



- Safeguarding cases increased steadily across the year, from an **average of 124** cases in **Q1** (April-June 2026) to **146** in **Q3** (October-December 2026).
- This represents a **17% overall rise**, indicating sustained growth in safeguarding activity.

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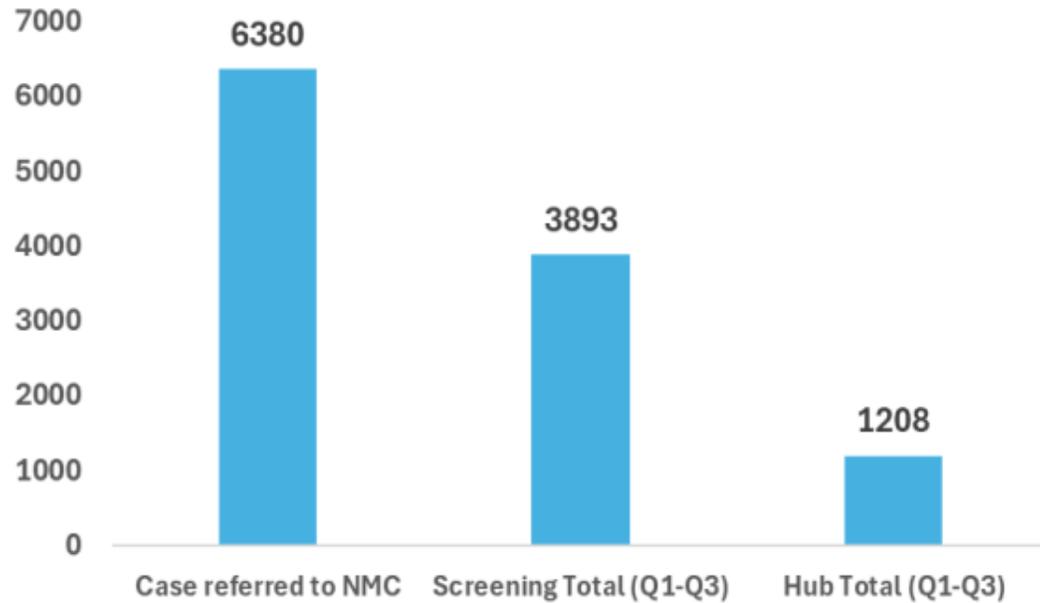
SCREENING VS HUB TOTAL



- Screening volumes remained consistent across the year (Approx 1300 cases per quarter).
- The proportion escalated to the Hub increased slightly from 30% in Q1 to 33% in Q3.
- Combined with safeguarding referrals to the team, there has been an increase in operational activity for the team.

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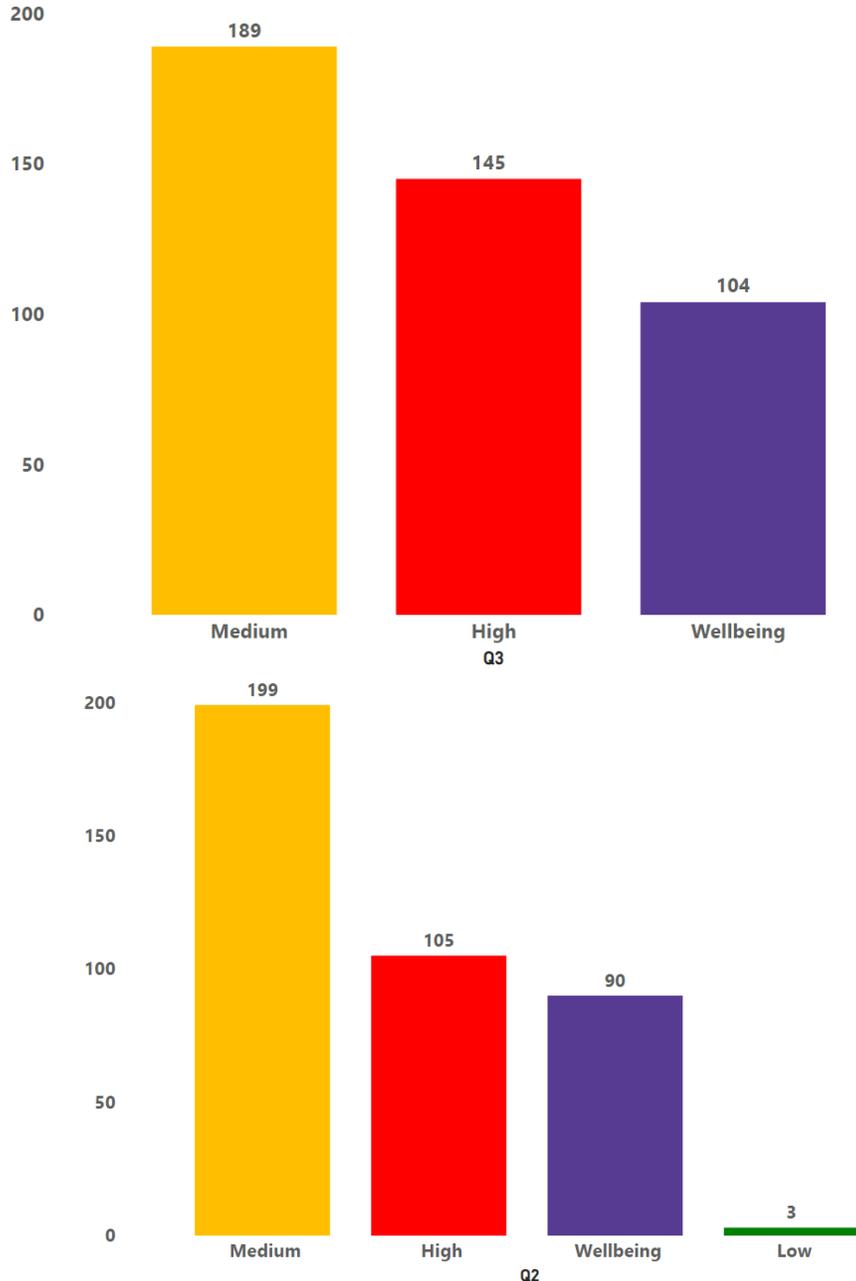
THE BIG PICTURE



- 6,380 referrals received as of April 2025*
- 3,893 cases screened by the safeguarding team (61%) – Q1-Q3 2025/26
- 1,208 cases escalated to the Safeguarding Hub (31% of screened) - Q1-Q3 2025/26
- In total, 19% of cases being referred into screening have had a safeguarding risk assessment by the hub.

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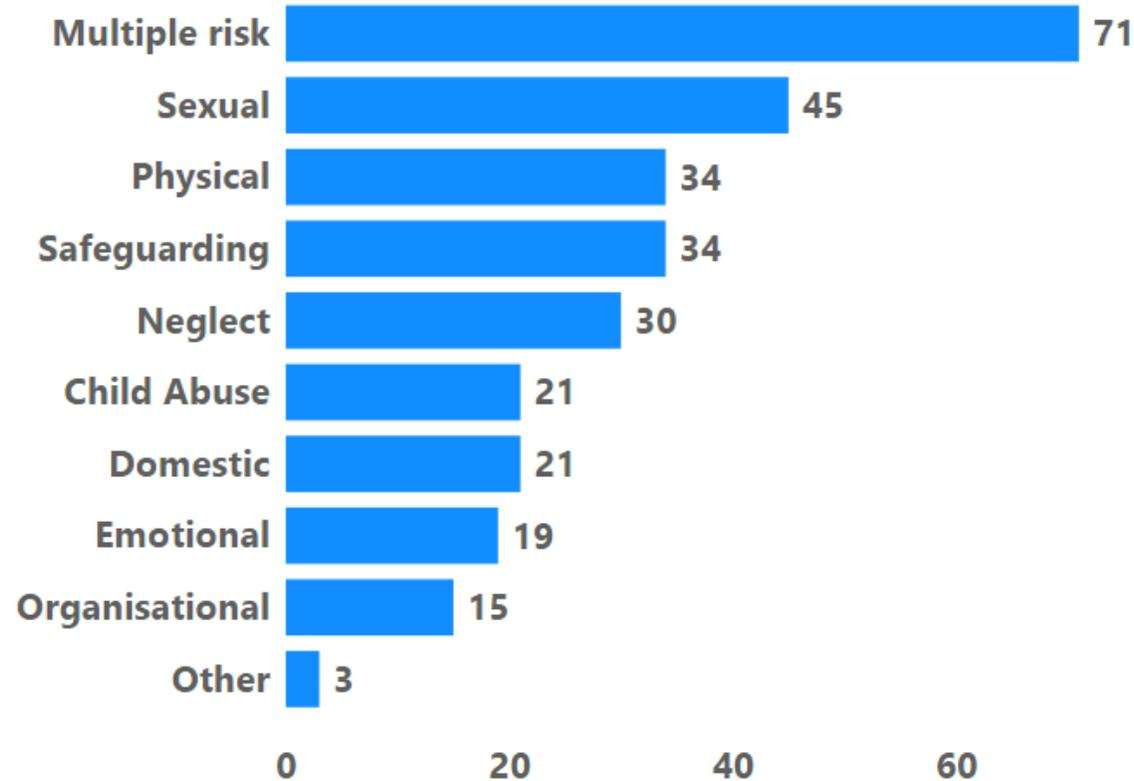
SAFEGUARDING RISK



- Safeguarding risk activity increased in Quarter 3, with the Hub identifying:
 - 189 Medium-risk cases
 - 145 High-risk cases
 - 104 Wellbeing concerns
- This distribution shows that Medium-risk remains the most common category.
- Compared with Quarter 2, the Safeguarding Hub recorded an increase in high-risk cases in Q3, from 105 to 145. Wellbeing concerns also rose from 90 to 104.
- It is not possible to determine underlying causes of this change, as we have no controls regarding referrals into the NMC.

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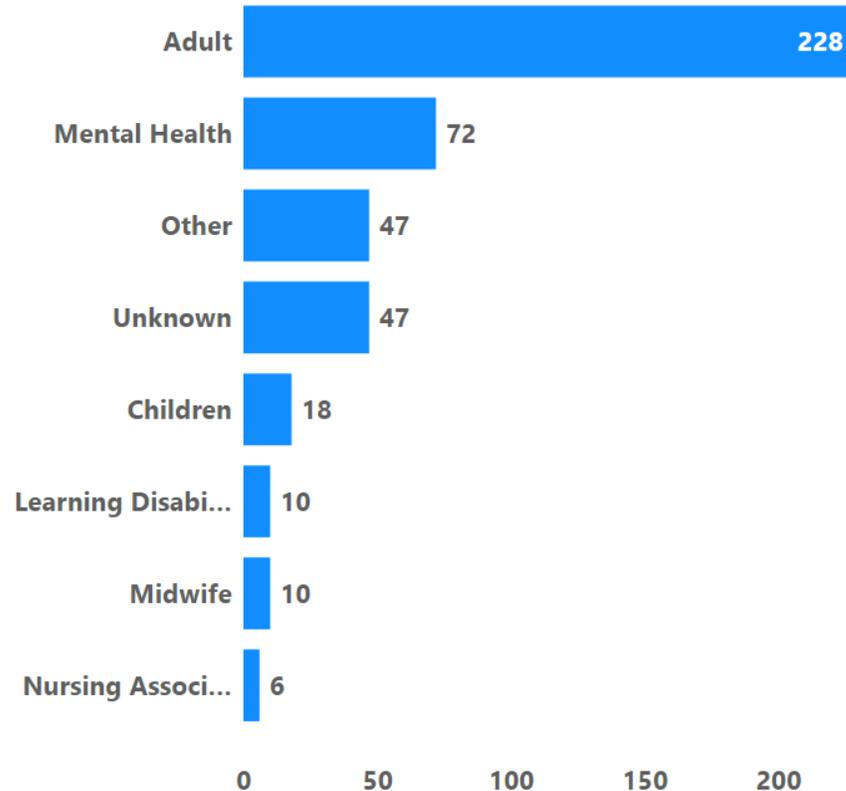
CATEGORIES OF SAFEGUARDING



- In Q3, the highest proportion of cases where more than one safeguarding risk had been identified.
- Sexual risk was the next most common at 45 with physical abuse and failure to safeguard each at 34, and Neglect at 30.
- We have seen a continuing increase in referrals for failure to safeguard. This is something that we have raised to colleagues in the Code team as an area of exploration for the Code review.

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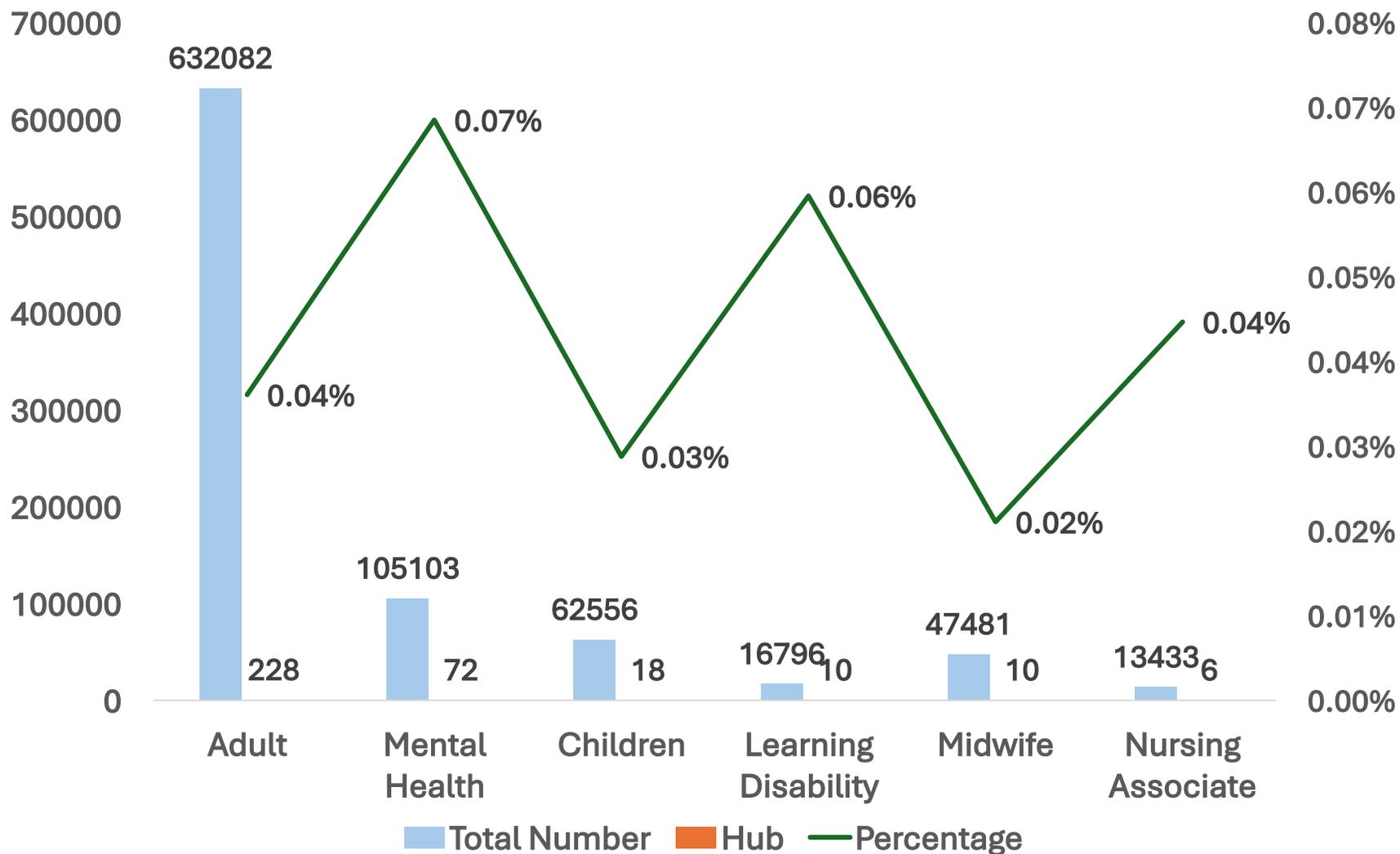
REGISTERED PROFESSIONALS



- Safeguarding referrals were most commonly made for adult nurses (228 cases).
- 72 cases in the hub related to nurses working in mental health. This is proportionately high for the number of professionals working in this area when compared to other figures.
- Other nursing roles (such public health nurse, Health visitors or nurse in other setting) accounted for 47 safeguarding identifications.
- In 47 cases professional type could not be identified at the time of referral to hub. These are likely to be referrals from the police or member of public who may not know the registrant's specialism.

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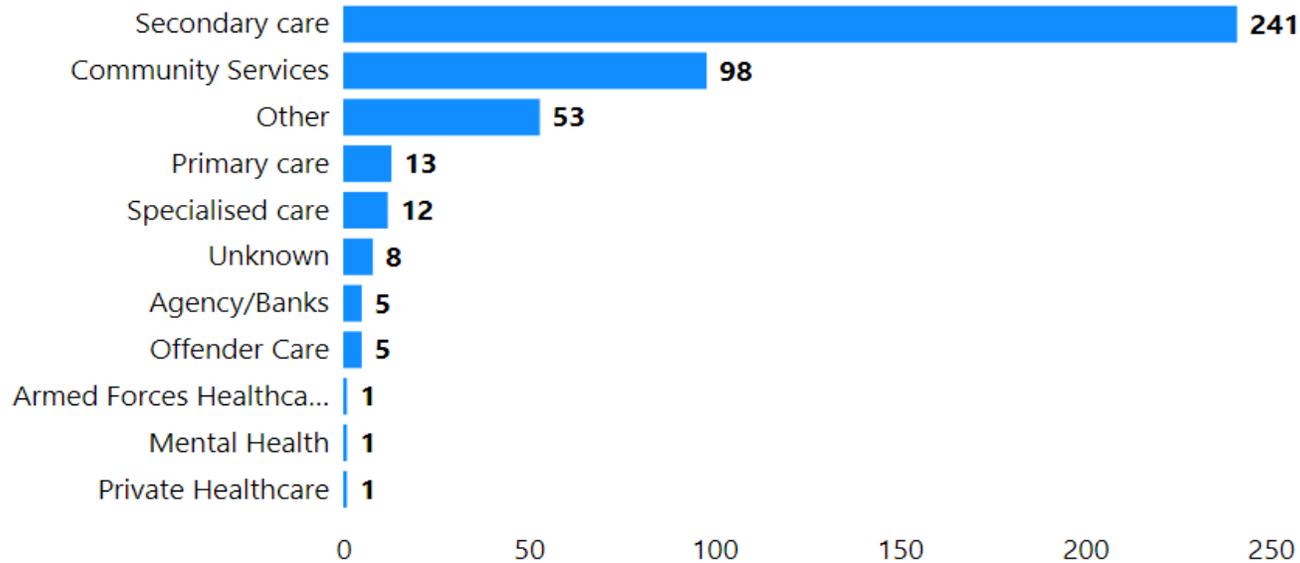
REGISTERED PROFESSIONALS (CONTINUE)



- Proportionately more referrals were made for registrants working in mental health or learning disability fields, when compared with the national picture of nursing.
- Nurses working within midwifery and children's sector were slight underrepresented.

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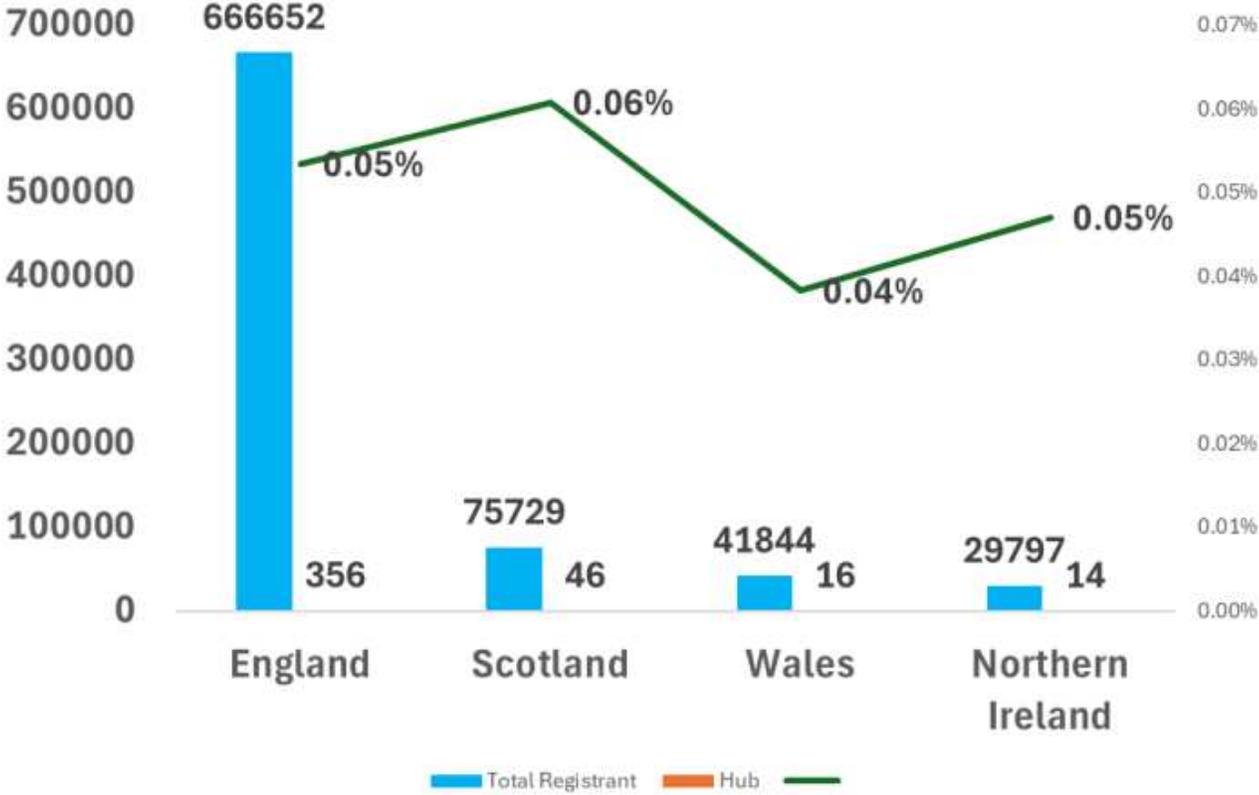
REGISTRANT WORKPLACE



- In 55% of safeguarding referrals (241 cases) to hub related to professionals working in secondary care.
- Professionals working in community services represent 22% (98 cases) - proportionately higher than their share of the NHS workforce.
- Primary care and specialised care (3% each) appear low but are proportionate to workforce size .
- ‘Unknown’ workplace (8 cases) does not only mean missing data, this often refers to r situations where the registrant’s location cannot be identified at the point of referral.

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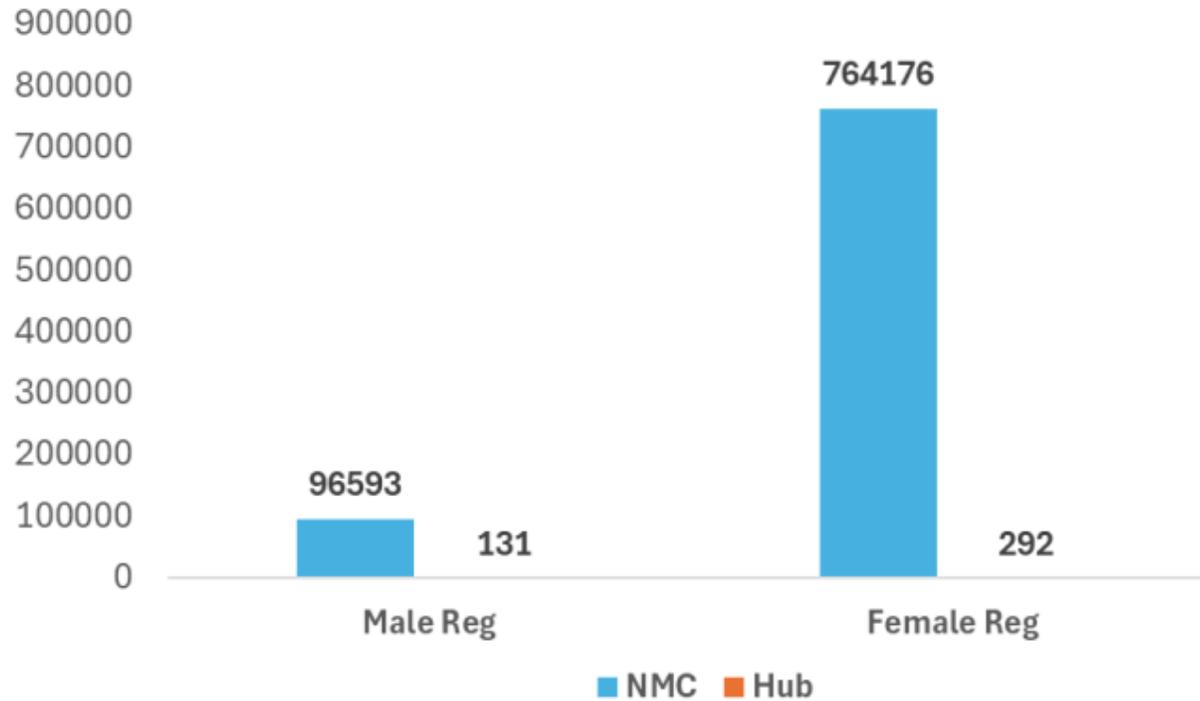
NATION PROFILE



- Proportionately, Scotland recorded the highest number of safeguarding concerns (6.07 per 10k). Northern Ireland was below average (4.70 per 10k), and Wales had the lowest rate (3.82 per 10k).
- England was close to average (5.34 per 10k), its share of cases (82.4%) is proportionate to its share of registrants (81.9%).

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SEX PROFILE



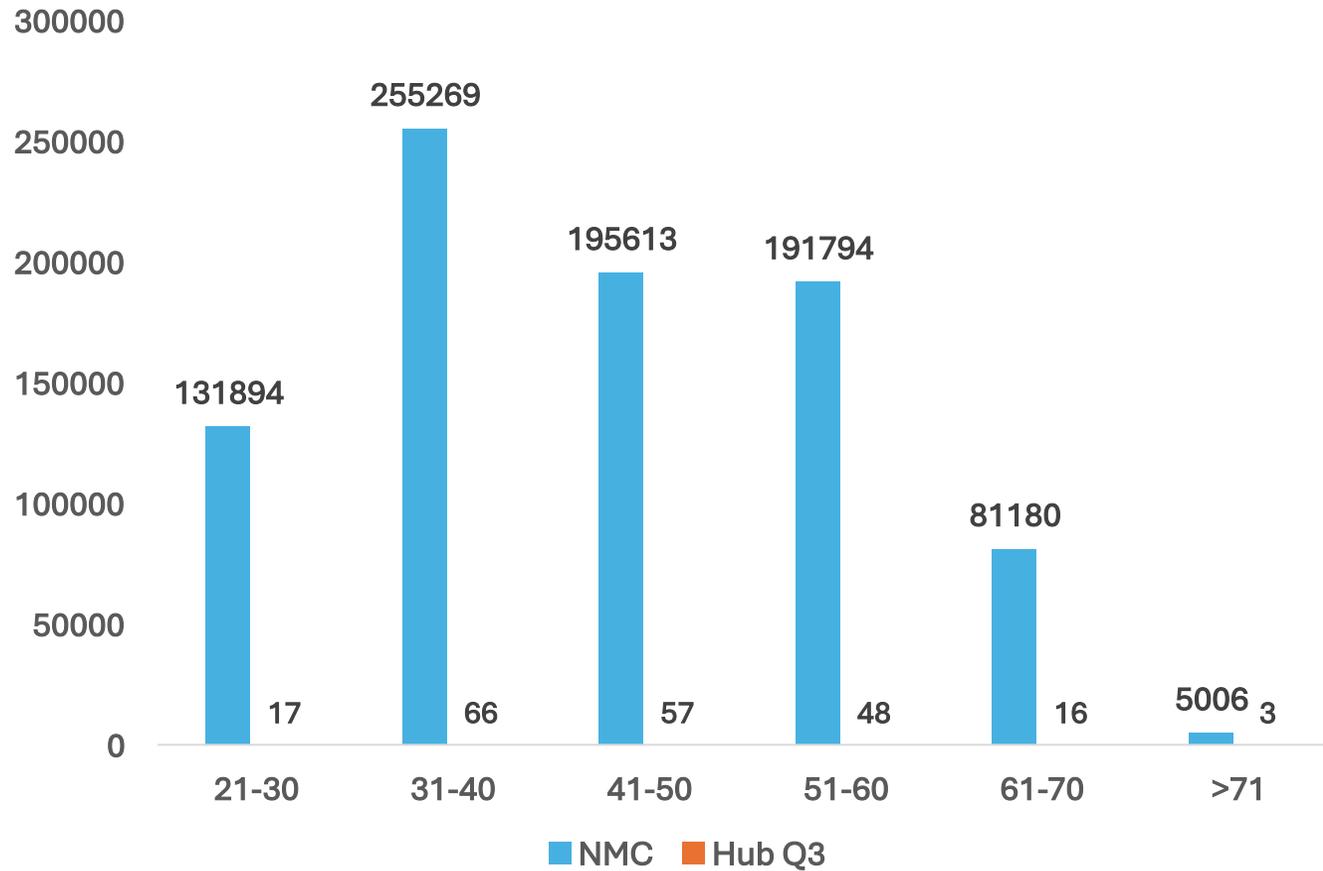
Although we receive more referrals about female registrants overall, this is expected because the nursing and midwifery register is predominantly female.

However, when we look at rates rather than absolute numbers, male registrants are referred at a disproportionately higher level. Male registrants have **13.56 referrals per 10,000**, compared with **3.82 referrals per 10,000** for female registrants.

This suggests that gender may be linked to certain risk factors or themes within our safeguarding referrals. Further analysis is needed to understand the underlying reasons and patterns associated with these gender differences.

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AGE PROFILE



- Most safeguarding cases relate to registrants aged 31–60, this is reflective of the demographic of the workforce.
- The highest rates are in the 41–50 age group, followed closely by 31–40 and 51–60. 21–30 has the lowest rate, and older age groups (61+) also show lower-than-average rates.
- Age requires further analysis against other markers such as risk to better understand thematics around age.

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Actions taken against our key roles and responsibilities in FtP

Actions taken by team	Number of cases
External referrals to safeguarding agencies	78
Advice on how to manage safeguarding risks	131
Support and guidance to facilitate case progression	143

Please note that in some cases we may not take any of the above actions, and it may be determined that no safeguarding interventions are needed. In other cases there may be advice that covers more than one of the categories above. Consequently, the data will not directly match the number of cases reviewed by the team.

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Identification of safeguarding risk

Pre-identification of safeguarding cases pre-hub	Number of cases
Cases identified pre-hub and referred to the safeguarding team for advice	121
Safeguarding cases not identified pre-hub	317

This data looks at how many cases may have been referred to the safeguarding team for advice prior to being considered at hub.

Concerns may have been raised by the following business areas:

- Triage
- Screening
- Employer Link Service
- Contact Centre
- Education Quality Assurance

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Cases escalated for enhanced interventions

Interventions from the safeguarding team	Number of cases
Multi-disciplinary discussion	20
Cases where the Interim Order position requires a new assessment	6
Wellbeing risks identified	58
Number of cases where an After-Action Review or Log and Learn has been raised	2

For the next quarter we will also capture the number of cases where no interim order has been applied and the number of investigations allocations cases where we have made an early allocation to an Investigator.

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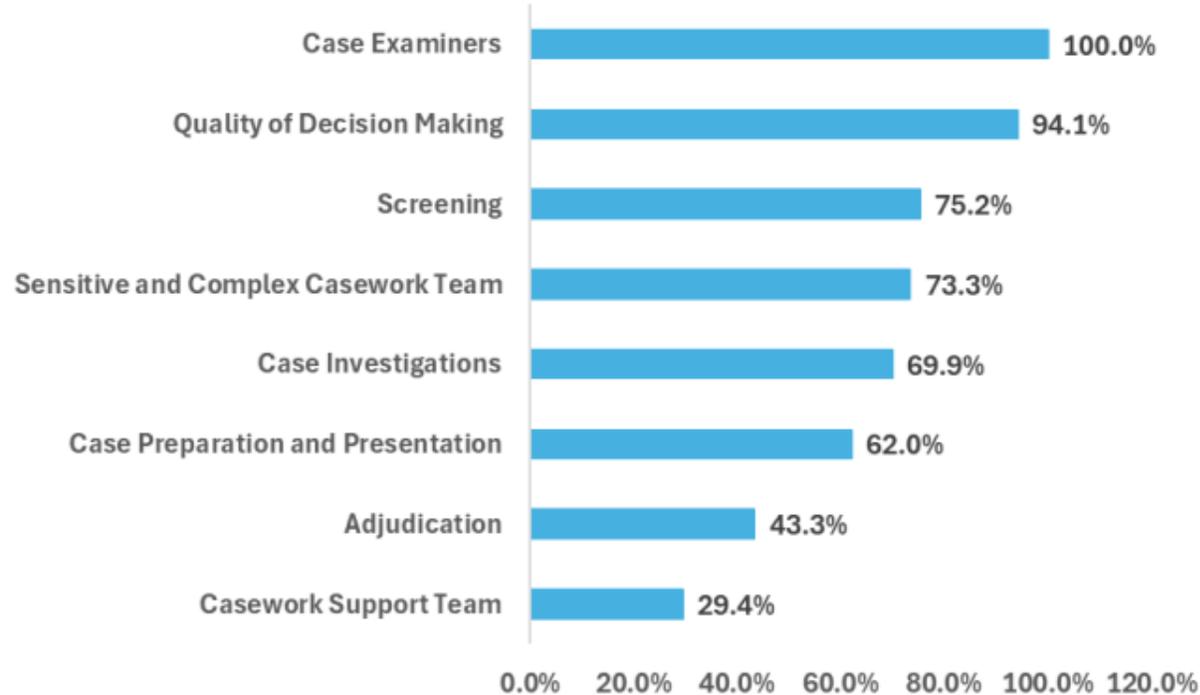
SAFEGUARDING TRAINING COMPLETION



Overall, there is a high percentage of safeguarding online mandatory training completed across directorates, with compliance above 80%.

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Safeguarding Essentials Training Completion (As of February 2026)



Safeguarding Essential Training is still in progress, and it is primarily aimed at staff within FTP/Professional Regulation

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Nursing and Midwifery Council
Policy on Safeguarding and Protecting People

Title	Safeguarding and Protecting People Policy
Summary	This policy applies to all who work for or with the NMC, including Council, Committee and Panel members, colleagues and service suppliers.
Approval	3 March 2026 – Approval by Executive Board
Policy Owner	NMC Designated Safeguarding Lead – Director of Professional Practice
Next review date	January 2028

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DRAFT

Introduction

- 1 As a regulator and registered charity, we may come into contact with people who are at risk of harm, abuse or neglect. Our safeguarding policy explains how we identify, respond and manage safeguarding concerns which arise in our role as a regulator and in any of the activities that we undertake to support and influence our professionals and the public.
- 2 This policy details how we protect people we may engage, either directly or indirectly, with from harm. This includes professionals, members of the public, our colleagues, service providers and partners. The policy specifically covers:
 - a) The roles and responsibilities of all colleagues working at the NMC in relation to safeguarding. This includes responsibilities of our Council members, as trustees, and Executive Board in overseeing and assuring that we deliver our safeguarding duties in accordance with Charity Commission obligations.
 - b) Information on how safeguarding concerns are managed and responded to organisationally
 - c) Governance arrangements for safeguarding, this includes where incidents may be made to the Charity Commission
 - d) Training requirements for the organisation

The NMC's legal responsibilities for safeguarding

- 3 Under Article 3(4) of the Nursing and Midwifery Order 2001, the NMC's overarching objective is the protection of the public, including protecting, promoting and maintaining the health, safety and wellbeing of the public. We fulfil this objective primarily through setting and maintaining professional standards and through our fitness to practise functions, where safeguarding concerns may arise. We also have powers to cooperate with and share information with other agencies where it is appropriate, reasonably practicable and in the public interest to do so.
- 4 There is no single legal definition of safeguarding, and the duties that apply vary depending on an organisation's role. Unlike frontline health and care providers, the NMC does not have statutory safeguarding duties. However, safeguarding is integral to our wider role as a regulator.
- 5 As a registered charity, the NMC is also subject to the safeguarding expectations set out by the Charity Commission and the Office of the Scottish Charity Regulator. This broader definition of safeguarding requires charities to take reasonable steps to protect from harm all those who come into contact with them, interpreted in light of each charity's specific functions.
- 6 These duties are principles-based rather than prescriptive and require us to act reasonably and proportionately, ensuring that safeguarding actions are appropriate to our regulatory role.

DRAFT

What is safeguarding

- 7 As a national regulator for nurses, midwives and nursing associates (England) we regulate across all four nations. Each nation has legislation and guidance for safeguarding children and adults at risk that we need to comply within our safeguarding activities.¹

Safeguarding adults

- 8 Across the four nations different legislation and guidance underpins safeguarding adults.
- 9 For someone to be eligible for statutory safeguarding services they must meet the threshold. An adult at risk relates to anyone aged 18 or over in England, Wales and Northern Ireland:
- a) Has needs for care and support (whether or not the local authority is meeting any of those needs);
 - b) Is experiencing, or is at risk of, abuse or neglect; and
 - c) As a result of those care and support needs, is unable to protect themselves from either the risk of, or the experience of abuse or neglect.²
- 10 In Scotland the Three Point Test is used which states that the adult:
- a) Is unable to safeguarding their own well-being, property, rights or other interests;
 - b) Is at risk of harm;
 - c) Because they are affected by a disability, mental disorder, illness or physical or mental infirmity, are more vulnerable to being harmed than adults who are not so affected.³
- 11 Abuse or neglect could include a range of harms and behaviours such as physical, psychological, institutional abuse or neglect. The NMC will appropriately respond to all signs of abuse or neglect where this is identified.
- 12 Whilst statutory guidance states that a person is only eligible for safeguarding support if they have a care and support needs. A person with a care and/or support needs is someone who may need extra help to manage their life and be independent. It could include someone with a disability, long-term illness, a mental health diagnosis or addiction. We have taken a broader approach to safeguarding and will assess

¹ Key legislation includes: Adult support and protection Scotland 2007, Safeguarding Vulnerable Groups NI 2007, Social Service and Wellbeing Act Wales 2014, Protecting Vulnerable Adults and Children in Wales and Care Act England 2014

² Care Act 2014

³ [Adult Support and Protection \(Scotland\) Act 2007](#)

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and respond proportionately to any situation where abuse or neglect is identified.

Safeguarding children and young people

13 **Safeguarding children and young people** applies to anyone under the age of 18 in all four nations, and is defined as:

Protecting children from abuse and maltreatment.

- a) Preventing harm to children's health or development.
- b) Ensuring children grow up with the provision of safe and effective care.
- c) Taking action to enable all children and young people to have the best outcomes.⁴

14 Where safeguarding concerns are raised about a child during our processes these will always be reported to statutory services for safeguarding.

Our approach to safeguarding

15 As a regulator we have a key role in safeguarding. There are three areas in which safeguarding arises within our organisation:

- d) We exercise regulatory duties which are central to patient safety and public protection. Appropriately exercising these helps ensure that safeguarding risk do not arise, or where they do we respond accordingly to prevent future harm to people.
- e) We receive high volumes of intelligence that we can share with other health, social care and criminal justice agencies for the purposes of keeping people safe from harm
- f) Appropriately signposting and referring children and adults at risk who interface with our organisation to safeguarding services where they may require this.

16 We recognise that we engage with many individuals who have vulnerabilities or at risk of or experiencing harm. Whilst we do not provide direct health and care services, we do have a duty to proportionately support them through our processes and minimise any potential harm to them. This includes signposting to services that are designed to support people with safeguarding and wellbeing needs. Our approach extends to all registrants, witnesses, members of the

⁴ Working Together to Safeguard Children (2018), National Guidance for Child Protection in Scotland 2021, Children Act 1989 & 2004 and Children (Northern Ireland) Order 1995

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public and professionals that engage with us, as well as the colleagues that we employ at the NMC.

How we deliver safeguarding in the NMC

17 The safeguarding team are responsible for the following within the NMC:

- a) Ensuring that we meet our safeguarding obligations in accordance with requirements set for us by the Charity Commission and Office for the Scottish Regulator
- b) Develop a clear education and training framework for safeguarding designed to help improve organisational awareness and understand of safeguarding across the NMC
- c) Support colleagues to recognise and respond to safeguarding concerns where these arise during the course of their work
- d) Make all external referrals to safeguarding agencies where a safeguarding concern is identified and requires external reporting
- e) Advise teams on how they can manage on-going safeguarding risk for the business
- f) Providing safeguarding expertise on any organisational initiatives that may have an intersection or link to safeguarding

Delivering safeguarding operationally

18 There are three ways that the NMC delivers its operational safeguarding function, through our safeguarding hub, safeguarding mailbox and emergency helpline.

Safeguarding mailbox

19 All referrals from colleagues across the business should be directed to the safeguarding mailbox: safeguarding@nmc-uk.org.

20 The central safeguarding mailbox is monitored Monday to Friday from 09:00 – 17:00 by our safeguarding advisors. To make a referral to the safeguarding team, the safeguarding advice request should be completed and directed to the mailbox.

21 All new queries into the mailbox are risk assessed by an advisor and will be responded to between 1 to 5 working days dependent on the level of risk associated within the concern. Where a matter relates to an on-going safeguarding concern, this should still be directed to the safeguarding mailbox. Efforts will be made to reallocate the case back to the previous safeguarding advisor to ensure continuity of support.

22 The safeguarding advice will include the following:

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- a) What the safeguarding risks are and an assessment of the seriousness of these risks
- b) Any actions colleagues should take to manage any safeguarding risks
- c) Any actions that the safeguarding team will take, this includes external referrals to statutory safeguarding agencies
- d) The rationale for the safeguarding advice
- e) Consideration to future risks which may require further oversight by the safeguarding team

Emergency Helpline

- 23 There is an emergency helpline enabling colleagues across the NMC to obtain immediate safeguarding advice in the following situations:
- a) Where there is an immediate risk of harm to an individual(s)
 - b) Where we may have legislative deadlines that require an urgent response from the team
 - c) Where an Interim Order is being sought on a case
 - d) Where safeguarding concerns occur in a fitness to practise hearing
- 24 The emergency helpline is accessible Monday to Friday from 09:00 – 17:00 on: **0207 681 5494**.

Safeguarding hub

- 25 The safeguarding hub meets on a weekly basis and is responsible for reviewing all new referrals into our fitness to practise department. This allows the NMC to proactively identify and assess safeguarding risk within the fitness to practise directorate and supports us to assure ourselves that we are meeting our Charity Commission obligations.
- 26 Any cases with a safeguarding or wellbeing element will be screened into the hub. The role of the hub is to identify the safeguarding risk associated with the case and identify proportionate actions to manage any risks.
- 27 All decisions at the hub will be conveyed to operational teams, who are responsible for actioning advice. The safeguarding team will make any referrals to statutory agencies responsible for safeguarding.

Roles and responsibilities for safeguarding

All staff

- 28 All colleagues across the NMC are expected to familiarise themselves and comply with the safeguarding policy, specifically the five R's of safeguarding:



29 There is a mandatory requirement for all colleagues to complete their Level 1 e-learning for safeguarding. Some colleagues will be required to undertake enhanced safeguarding training, where they have a greater interface with individuals who may be at risk of harm.

Role of the Executive Board and Council in overseeing safeguarding

30 The Executive Board and Council are responsible for monitoring and assuring themselves that safeguarding risk is effectively managed and mitigated. This includes assuring themselves that we are compliant with Charity Commission obligations for safeguarding. It is expected that our Council members hold the NMC to account for the following to ensure a good culture for safeguarding exists organisationally:

- a) Ensuring that there is a clear and up-to-date NMC policy in place based on statutory and good practice guidance, governing our approach to protecting people from harm, and for assuring itself that effective operational processes are in place.
- b) Having a clear and robust system in place for supporting colleagues to identify and report safeguarding concerns as well as referring concerns to statutory agencies for safeguarding
- c) Responding quickly and appropriately where safeguarding concerns are identified and raised
- d) Ensuring that employees are recruited safely and are suitable to act in their roles

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- e) Having an understanding of safeguarding risks for the business and how these will be managed via a risk register
- f) Following statutory safeguarding guidance, good practice and legislation relevant to their organisation
- g) Ensuring that harm or failures are not ignored or downplayed
- h) Maintaining a balanced trustee board, where trustees work together collaboratively
- i) Prioritising protecting people from harm as part of its culture
- j) Resourcing safeguarding effectively, this includes providing adequate training for all colleagues and trustees around safeguarding
- k) Conducting regular reviews of safeguarding policies, procedures and practice⁵

31 To facilitate this quarterly reports will be shared with our Executive Board and Council, to outline key strategic developments for safeguarding, safeguarding activity and emerging risks that may require mitigation.

Governance

32 The **Safeguarding Board** is the strategic safeguarding group that has responsibility for providing the Executive Board with assurance in relation to all safeguarding activity across the organisation. The committee has responsibility to act as the governance and decision-making group for managing safeguarding risk. To ensure we, as an organisation, are fully sighted on safeguarding risks.

33 The Designated Safeguarding Executive Lead is responsible for chairing all Board meetings and ensuring that key safeguarding activity and risk is reported to the Executive Board and Council.

34 Underpinning the Safeguarding Board is the **Safeguarding Working Group**, which is responsible for the delivery of annual safeguarding work plans. The working group draws expertise from teams across the NMC to ensure that safeguarding plans are effectively embedded organisationally.

35 There is an annual work plan which is approved by the Safeguarding Board. This outlines the strategic work that will be delivered to address and mitigate key safeguarding risks for the business. The work plan is reviewed monthly and updated, with progress reports being provided to the Executive Board on a quarterly basis via risk and compliance teams.

36 Further information about the governance arrangements for safeguarding can be found at annexe A.

⁵ [Safeguarding and protecting people for charities and trustees - GOV.UK](https://www.gov.uk/guidance/safeguarding-and-protecting-people-for-charities-and-trustees)

Reporting Serious events to the Charity Commission

- 37 In accordance with Charity Commission requirements the NMC is required to report *'a serious incident is an adverse event, whether actual or alleged, which results in or risks significant: harm to your charity's beneficiaries, staff, volunteers or others who come into contact with your charity through its work (who are collectively referred to throughout this guidance as people who come into contact with your charity through its work'*
- 38 Where an incident is identified it will be raised through our log and learn process in the first instance. Serious incidents will be reported to the Serious Incidents, Reporting and Learning Roundtable. This is a multi-disciplinary meeting attended by colleagues from Safeguarding, Governance, Legal and Continuous Improvement teams. The group will determine whether a matter reaches the threshold for referral to the Charity Commission. Where a referral has been recommended the Chief Executive and the Chair of Council will be responsible for authorising referral to the Charity Commission.
- 39 Any learning from safeguarding referrals to the Charity Commission will be determined by the safeguarding, log and learn team and any departments involved in the incident. Any recommendations are signed off by the Safeguarding and Executive Boards who are responsible for ensuring that learning from reviews are embedded in practice and disseminated across the business.

Data reporting

- 40 The safeguarding team will collect data on business activity on a monthly and quarterly basis. This will include information on number of referrals to our mailbox, emergency helpline and safeguarding hub. We will also collect data on the number of safeguarding log and learn as well as training activity.
- 41 Trends and themes from business activity will be reported to our working group and safeguarding board. These themes will be used to inform the safeguarding work plan which is designed to ensure that safeguarding risk is addressed.
- 42 Quarterly data and activity will be reported to the Executive Board and Council, alongside any risks that may need to be added to the risk register.

Training

- 43 All colleagues at the NMC are required to undertake safeguarding training. At a minimum all staff are required to undertake our level one safeguarding e-learning course on a two-yearly basis.

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- 44 The organisational safeguarding training needs analysis determines which teams require additional levels of training includes level 2 training requirements. The training needs analysis is reviewed and updated on an annual basis and sets out the annual training programme that will be delivered organisationally in each annual year.
- 45 The safeguarding team will be required to undertake regular safeguarding training and supervision to maintain knowledge and expertise to ensure best practice is consistently applied to practice and maintain quality in the safeguarding service delivery.

Safe recruitment for colleagues & managing allegations against staff

- 46 The NMC requires any colleague who undertakes the following in their role to have a Basic DBS check:
- Face-to-face engagement with members of the public
 - On-going engagement with members of the public or registrants who have significant needs
 - Has exposure to highly sensitive information or data.
 - Works in a legal, finance or procurement role
 - Make decisions that may have significant impact on an individual.
- 47 Members of the safeguarding team are required to undergo Enhanced DBS checks for the purposes of delivering their roles.
- 48 There is a requirement for all staff to inform our HR team with immediate effect if they are arrested, charged, convicted or cautioned for a criminal offence. This is in line with the NMC's Disciplinary Policy. The Disciplinary Policy outlines when a Panel will be convened to determine whether it is safe and appropriate for an employee to remain in their role and whether the matter needs to be referred to disciplinary proceedings.

Information sharing and confidentiality

- 49 We recognise that we have a duty to comply with the Data Protection Act (DPA) and the General Data Protection Regulations (GDPR). Schedule 1, Part 2 of the Data Protection Act allows for lawful, non-consensual sharing of information for safeguarding purposes. This means that our safeguarding team will share information with the appropriate agencies where there is reason to suspect a child or adult at risk is experiencing, or at risk of experiencing, harm. Where appropriate, advice will be sought from data protection and legal teams.
- 50 Central to information sharing is appropriate recording keeping. Records relating to safeguarding concerns must be accurate, up-to-date and evidence why decisions have been made.

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Equality, Diversity and Inclusion (EDI)

51 We recognise that safeguarding duties closely align with EDI duties. Many people who present with safeguarding needs have protected characteristics. We will ensure that when working with adults and children at risk we understand how any protected characteristics may impact their experiences. We will offer appropriate interventions and reasonable adjustments accounting for peoples' experiences. This is in line with our Equality Act 2010 and Public Sector Equality Duty obligations. More information on our EDI work can be found on our website ([Equality, diversity and inclusion - The Nursing and Midwifery Council \(nmc.org.uk\)](https://www.nmc.org.uk/equality-diversity-and-inclusion)) and iNet. pages.

Publication and review

52 This policy will be published on our website. The policy will be reviewed by the Council annually and the impact of work with be reported to the Council on a quarterly basis.

Related policies

- Fitness to Practise Standard Operating Procedure for Safeguarding
- Safeguarding handbook
- Self-harm and Suicide Protocol
- Decision Tree for Safeguarding
- Reasonable Adjustments Guidance for People Using our Services
- Reasonable Adjustments Guidance for Colleagues
- Equality, Diversity and Inclusion Policy
- Disciplinary Policy
- Behaviour Framework 2025
- Data Protection Policy
- Data Sharing Policy
- Information Security Policy
- Raising Concerns Policy

Council

Code Review and Revalidation Review update

Action requested:	For discussion <p>This paper provides an update on the Code and Revalidation Reviews.</p> <p>The Council is asked to discuss progress in the Code and Revalidation Reviews and provide feedback on the approach.</p>			
Key background and decision trail:	<p>The Code and Revalidation Reviews form part of the Professional Practice Roadmap 2025-2027. They enable us to deliver a key workstream within the NMC Strategy 2025-2027 (<i>Supporting trusted, safe and effective nursing and midwifery professions</i>) and form part of the <i>Regulatory Fairness</i> pillar of the Cultural Transformation Plan.</p> <p>These are cross-directorate pieces of work involving many colleagues. Professional Practice is leading on the Code review and Strategy and Insight is leading on the review of Revalidation.</p>			
Key questions:	<ul style="list-style-type: none"> • Do you agree with the approach we have taken for the Code and Revalidation Reviews? • Are there any other areas you think we should explore in the Code and Revalidation Reviews? • What are your views on the initial findings outlined in the annex? 			
Annexes:	Annexe 1: Code and Revalidation Reviews Initial Findings			
Further information:	<p>If you require clarification about any point in the paper or would like further information, please contact the author or the director named below.</p> <table border="1" data-bbox="387 1675 1401 1886"> <tr> <td data-bbox="387 1675 858 1886"> Author: Josh Niderost Policy Manager Strategy and Insight Joshua.Niderost@nmc-uk.org </td> <td data-bbox="866 1675 1401 1886"> Executive Director: Donna O’Boyle Donna.Boyle@nmc-uk.org Executive Director: Emma Westcott Emma.Westcott@nmc-uk.org </td> </tr> </table>		Author: Josh Niderost Policy Manager Strategy and Insight Joshua.Niderost@nmc-uk.org	Executive Director: Donna O’Boyle Donna.Boyle@nmc-uk.org Executive Director: Emma Westcott Emma.Westcott@nmc-uk.org
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Code Review and Revalidation Review update

Discussion

The purpose of the reviews

- 1 The [Code](#) and [Revalidation](#) are fundamental to safe and effective nursing and midwifery practice. They help to ensure we meet our statutory purpose by setting professional education and conduct standards and ensuring our regulation maintains and improves professional practice.
- 2 The Code is a core regulatory tool that is used across all our regulatory processes. It presents the professional standards that nurses, midwives and nursing associates must uphold to be registered with the NMC. The Code also sets out what the public can expect from any professional on our register.
- 3 Revalidation is the process that all nurses, midwives and nursing associates need to follow every three years to maintain their registration with the NMC. It encourages professionals to continually develop, reflect on the Code in their practice and demonstrate that they are 'living' the standards set out within it.
- 4 The last Code review took place in 2014, and the current Code was published in 2015. We introduced Revalidation and our current requirements in 2016.
- 5 These Reviews are intended to ensure that these regulatory tools respond to the significant changes across health and social care in the last decade and remain fit for purpose by reflecting current and future practice.
- 6 We are making appropriate use of our Standards Development Methodology across both reviews. This includes discovery, scoping and formative engagement prior to consultation.
- 7 Review outputs will be an updated Code and supporting information and guidance; a new set of Revalidation standards set out in guidance and supporting information; and an updated process supported by a refresh of MyNMC.

Governance

- 8 These Reviews operate via a joint governance structure. An Independent Steering Group (ISG) – chaired by Professor Sharon Arkell MBE and constituted of strategic external stakeholders across the professions and four nations – works with the NMC on our recommendations to EB and Council.
- 9 We have established three Advisory Groups (Breadth of Practice, Student and Newly registered professionals, and Public) to hear from specific audiences. The Co-Chairs of these Advisory Groups also sit on the ISG.
- 10 The Reviews are operating in alignment with the Portfolio Board Stage Gate Process. We hold monthly Code and Revalidation Review Project Board meetings bringing together key internal stakeholders from across the organisation. Both projects report to the Professional Practice Programme Board chaired by the Executive Director of Professional Practice.
- 11 We held four informal private sessions for Council and the Board to provide an early update on our methodology and approach in November 2025.

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Principles

- 12 The Code and Revalidation will continue to support the over-arching objective of the Council to protect the public.
- 13 Both reviews must be evidence-based and future-proofed against changing practice as far as possible.
- 14 They must consider a diverse range of voices, including from across nursing and midwifery and the four countries of the UK.
- 15 They must apply the PSA's right touch regulation principles.
- 16 In addition, the future Code will be fit for all our regulatory purposes.
- 17 The future revalidation model must give confidence to all stakeholders that it is robust. It must apply to all on the register, regardless of scope, role or setting, and bearing in mind the protected characteristics of professionals. Any changes should not add unnecessary burden or risk implementation.

Equality Diversity and Inclusion (EDI)

- 18 The organisational commitment to anti-racism and anti-discrimination has been central across the Reviews, particularly because the Code and Revalidation can be used to develop more positive cultures across health and social care.
- 19 The Code Review is exploring how the future Code must support professionals in upholding equity, diversity and inclusion and challenging racism and discrimination in all its forms, as well as tackling persistent health inequalities.
- 20 The Revalidation Review includes an Enabling Access key line of enquiry. We are working with diverse professionals and groups to understand any barriers to revalidation. We will ensure that any proposals we develop meet the needs of professionals and our Public Sector Equality Duty and reduce any unwarranted variation in revalidation rates between different groups.
- 21 We continue to undertake extensive engagement to understand the views of professionals and the public across and beyond the protected characteristics and assess the impact of any proposals. We have engaged with all our internal strategic advisory groups such as the Diaspora Registrants Association Forum and the Public Voice Forum along with additional targeted engagement activity.
- 22 For the Code Review, we will run independent focus groups for service users and those with lived experience. This includes sessions for: people with mental health challenges and learning disabilities; children and young people; maternity service users; groups with lifelong conditions; and other seldom heard groups.
- 23 For the Revalidation Review, we will hold independent focus groups for professionals on or around retirement age; disabled professionals; internationally educated professionals; and professionals on career breaks.
- 24 We continue to review and update the Equality Impact Assessments and Welsh Language Impact Assessments for both projects.

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Culture Change and Values

- 25 Both reviews enable us to demonstrate our learning mindset as a regulator and promote internal culture transformation. We have engaged with colleagues across the organisation to provide non-hierarchical opportunities to inform these reviews.
- 26 For example, we plan to hold workshops in spring 2026 to de-mystify policy development, enable colleagues to have their say on the Code and Revalidation, and demonstrate how we develop policy based on anti-hate principles at the NMC.
- 27 We have incorporated the new NMC values into these Reviews.
- 28 Our work is grounded in **integrity** by being based on robust independent evidence and research and extensive stakeholder engagement.
- 29 We will deliver regulatory **fairness** through a ‘right touch’ approach that all professionals can achieve regardless of their scope, work setting or role.
- 30 We treat all colleagues and stakeholders with **respect** as we listen and reflect on their priorities for the future of the Code and Revalidation.
- 31 Our new requirements will have **equity** at their heart via ensuring we meet the needs of all professionals irrespective of protected characteristics.
- 32 We will ensure any changes we make are successfully implemented and deliver **effectiveness** for the NMC and individual professionals.

External Engagement

- 33 Extensive engagement is central to these reviews. We have so far conducted around 100 engagements with professionals, students, stakeholders and the public. To date we have sought broad input on our current Code and revalidation requirements.
- 34 As we start to refine our thinking, we will continue to engage with the Independent Steering Group, Advisory Groups, NMC fora, wider NMC event attendance and specific meetings with key stakeholder groups.
- 35 We plan to hold the following engagements in the remainder of the pre-consultation period:
 - 35.1 Four nations AEI-hosted in-person workshops with students, educators, practice learning partners and other professionals
 - 35.2 Four nations online public engagement sessions
 - 35.3 Employer workshops (split by type and including social care and the independent sector)
 - 35.4 A roundtable with fellow health and social care regulators, including system regulators and the Nursing and Midwifery Board of Ireland.
- 36 This meaningful and rich engagement will allow us to test our policy proposals prior to public consultation. This will also ensure that we better understand how a new Code and revalidation approach can support nursing and midwifery workforce ambitions across the UK.

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Research

37 Internal Insight:

- 37.1 Thematic analysis from our inboxes, datasets, and insights from our regulatory processes
- 37.2 Qualitative interviews and workshops with key internal stakeholders
- 37.3 Our published insight and data reports
- 37.4 Analysis of our regulatory data
- 37.5 Review of our policies and guidance changes
- 37.6 Review of corporate complaints and whistleblowing issues
- 37.7 Reflections and learnings from our culture transformation work

38 External Insight:

- 38.1 Comparative analysis of other health and social care (UK and International) regulators' approaches
- 38.2 Literature Review of external academic and grey literature
- 38.3 Flashback analysis of key developments from the last decade
- 38.4 Horizon scanning of issues likely to impact the professions we regulate
- 38.5 Independent focus groups with professionals and employers to cover: Independent and social care; Prescribing; Public health and prevention; New and emerging technologies; Delegation and Safe Cultures
- 38.6 Independent focus groups with internationally educated professionals, and confirmers and reflective discussion partners
- 38.7 Key learnings from public inquiries in health and social care
- 38.8 Employer Link Service surveys for employers, split by work settings
- 38.9 Research on the impacts of AI and wider digital transformation

39 Initial Survey: We conducted a public survey sent out by email to all those on our register (excluding those who opted out of research) to understand people's initial views on the Code and Revalidation.

40 For the Code, we asked about areas we need to strengthen; new areas to include and the top areas for developing new underpinning guidance.

41 For Revalidation, we asked how we should improve it, what we should keep and how we should make it more accessible for all professionals.

42 We promoted this on our website, social media, by asking key stakeholders to cascade it, and in meetings and events. In total we received 13,757 responses when it closed on 31 December.

43 We will consider further rounds of surveys to test specific proposals, if appropriate.

Implementation

44 As we develop our proposals, as outlined in the initial findings annex, we will continue to work closely with colleagues and stakeholders to test and refine them

and support implementation. This includes continued collaboration with Portfolio Board and Project Board.

- 45 We have worked with the Professional Practice Roadmap Team to ensure that there are sufficient resources to maintain timely progress.
- 46 This will help to make sure any changes we make are successfully implemented and make us an effective regulator and stakeholder.
- 47 Discussion point: **Do you agree with the approach we have taken for the Code and Revalidation Reviews?**
- 48 Discussion point: **Are there any other areas you think we should explore in the Code and Revalidation Reviews?**
- 49 Discussion point: **What are your views on the initial findings outlined in the annex?**

Next Steps

- 50 Subject to Council approval, we will bring forward proposals to the Board on 30 June 2026 and Council on 21 July 2026 to consult on a new Code and associated guidance and a refreshed Revalidation process.
- 51 We intend to hold a 12-week public consultation from the end of September running until December 2026.
- 52 We intend to come back to the Board and Council in May 2027 to provide a full report on the consultation findings and early clarity on likely changes to the Code and Revalidation process.
- 53 In October 2027, we intend to seek approval from the Board and Council to launch an updated Code and Revalidation process. The new Code will go live at this time, and we will promote this via an extensive publicity campaign.
- 54 Revalidation updates will start to go live from April 2028, ensuring we give the first cohort of professionals sufficient time to meet any new requirements.

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	See Paras. 1-3, 12.	
Safeguarding considerations	Yes		We are looking to strengthen safeguarding elements

			in both the Code and revalidation.
The four country factors and considerations.	Yes	See paras 14, 35-36.	The Code and Revalidation process apply equally to all four UK nations. We have four nations representation on our Independent Steering Group and advisory groups.
Resource implications including information on the actual and expected costs involved.	Yes	See paras 44-46.	Funding for these projects is coming from the Professional Practice budget agreed in April 2025.
Risk implications associated with the work and the controls proposed/ in place.	Yes	See paras 36, 44-46.	
Legal considerations.	Yes	See paras 2-3.	The NMC Order sets out that our 'principal functions' include establishing 'standards of ... conduct and performance'. Our Code sets out these standards. Our Revalidation process stems from our renewal requirements in the Order and standards for post-registration training and continuing professional development.
Midwives and/or nursing associates.	Yes		The future Code and revalidation approach will apply equally to all professionals. We have considered midwifery and nursing associate practice across both Reviews.

Equality, diversity, and inclusion and Welsh Language impact.	Yes	See paras 14, 17, 18-24, 25, 27.	EDI considerations have been at the forefront of the reviews since their inception.
Stakeholder implications and any external stakeholders consulted.	Yes	See paras 6, 8, 9, 33-36, 38-43, 51.	Engagement is central to the reviews and referenced throughout the paper.
Regulatory Reform.	Yes		We are working with Regulatory Reform colleagues to ensure that a new revalidation process meets the post-reform 'periodic assessment' requirement.

Annexe 1: Code and Revalidation Reviews Initial Findings

Code Review - Initial Findings

- 1 The initial findings from the Discovery Phase of the Code Review are that we need a new Code that is:
 - 1.1 Reflective of the diversity of the register in terms of our registrants working in non-clinical areas such as research, policy and academia at various levels of practice from nursing associates to advanced practitioners, with the need to build relationships with aspiring registrants and students.
 - 1.2 Based on evidence derived from the past ten years across health and social care as well as global changes, and different employment models which mean more registrants work in non-NHS or private and independent practice.
 - 1.3 Responsive to areas of high risk and concern for both the public and our registrants such as delegation in social care and community-based settings, specifically for groups that are likely to be vulnerable such as children with long term conditions; as well as poor cultures and the impact they have on registrant wellbeing and their ability to practise safely and effectively.
 - 1.4 Proactively sets the regulatory position on issues that are growing areas of risk and opportunity for practice such as independent prescribing, effective use of technology and AI, sustainability and planetary health.
 - 1.5 A driver for positive practice in terms of shaping safe cultures where individuals have equitable opportunities and view the Code and regulatory standards as useful tools for reflective practice and continuing professional development and there is an emphasis on the public health and preventative aspects of health.
- 2 **Initial Survey:** The survey found that the following key areas in the Code could be added, strengthened or clarified:
 - 2.1 Patient Safety
 - 2.2 Professional boundaries
 - 2.3 Raising concerns, including related to EDI and challenging bullying and discrimination
 - 2.4 Digital communications (including social media and AI)
 - 2.5 Staff wellbeing
 - 2.6 A more modern and simplified Code that is easier to read but is more specific to those with different roles and for students
 - 2.7 More guidance for those with specific circumstances, including lone workers, those with specific patient groups and internationally educated professionals.

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- 3 The initial findings from the Code Review have led to the structuring of work across the following key areas:
- 3.1 **High risk areas:** for both the public and our professions such as delegation in the context of more multi-disciplinary teams, non-medical prescribing and rising demand for cosmetic and weight-loss drugs.
 - 3.2 **Anti-racism and anti-discrimination:** We must use the Code to support professionals to challenge racism and discrimination in all its forms, and prioritise EDI, including in tackling persistent health inequalities.
 - 3.3 **Behaviour outside of professional practice:** What does it mean to *live* by the Code instead of solely being guided by it at work?
 - 3.4 **Technological change and AI:** Everyday personal and professional use of technology is fundamentally changing. How do we *future proof* standards?
 - 3.5 **Registrant wellbeing and the context of practice:** Registrants' wellbeing can be negatively affected by the environments they practice in. Identifying ways to consider the impact of unhealthy work cultures on registrants' ability to practise in a safe and effective way.
 - 3.6 **Prevention agenda:** Embedding the prevention of ill-health and public health agenda in the Code, exploring health inequalities and the wider context of health and wellbeing, including planetary health.
 - 3.7 **Students and the Code:** As future registrants it is important for us to make the Code more relatable to students and empower them to view the Code as a tool to guide their practice. We could look to develop bespoke resources about the Code for students encouraging reflection and professional development. This would help to bolster the link to revalidation and shape perceptions they have of the NMC as their regulator.

Revalidation Review – Initial Findings

- 4 Our overall initial findings are that revalidation has been successfully implemented and is well-established. We are not proposing wholesale and radical changes to the requirements or processes due to stakeholder feedback and the constraints of our current legislation.
- 5 However, our findings indicate that we could strengthen revalidation to support public protection and make it more robust and valuable for professionals.
- 6 **Initial Survey:** The survey found that the main areas where people feel revalidation works well is that it provides an opportunity for accountability, reflection and keeping practice up-to-date. Most professionals find the process straightforward and easy to follow, with useful guidance and templates.
- 7 Areas of improvement include making the process more meaningful and purposeful; a simpler and less time-consuming process; more guidance on meeting requirements and clarity on the key roles; and more tailoring for professionals with different practice areas.

- 8 The initial findings set out according to the seven Key Lines of Enquiry (KLOEs) are:
- 9 **Purpose of Revalidation:** Revalidation remains an upstream regulatory lever, but we want to make this tool more robust. We will develop a vision for revalidation linked to our protection role, the value of revalidation and its applicability to everyone on the register.
- 10 Despite the differences between the two regulatory tools, we want to strengthen the relationship between revalidation and Fitness to Practise, including taking forward any relevant learnings from referrals, exploring the promotion of revalidation in Fitness to Practise and supporting better communications between the two processes.
- 11 We have implemented the ICR recommendation on increasing transparency in verifications and will continue to consider the recommendations from public inquiries, including those yet to report.
- 12 **Making Revalidation More Robust:** We want to involve the confirmer and reflective discussion partner more closely. We will provide additional guidance for confirmers and reflective discussion partners on how to have robust conversations.
- 13 We will continue to strongly encourage line managers to act as confirmers. However, we are aware that not all professionals have a line manager and therefore mandating the confirmer to be the line manager will not always be practicable. Stakeholders also indicate that there are some instances where it might not be appropriate for the line manager to act as the confirmer; for example where the professional has raised concerns about their line manager.
- 14 We will review our health and character guidance and strengthen the health and character evidence.
- 15 We will refresh the verification approach, reviewing the current risk factors and sample size.
- 16 We know some stakeholders have indicated interest in a Responsible Officer role in nursing and midwifery practice. There are some specific challenges related to the viability of this role for our professions. This would also require the Government to change both our legislation and the legislation governing employers of our professionals. We are examining these issues in detail.
- 17 **Enabling Access:** Data show that the revalidation requirements are generally achievable. However, we know there are groups who experience barriers to revalidate.
- 18 We will develop supporting information tailored to different groups where we know there are different experiences; for example, internationally educated professionals, newly registered professionals, those nearing retirement age. We will focus on disabled professionals who we know revalidate at lower rates.
- 19 We will review access to extensions for those with career breaks due to ill health, bereavement, caring responsibilities and parental leave.

- 20 **Strengthening links with Code and Standards:** We want to strengthen requirements to support public protection and the development of individual professional practice via further embedding the Code and Standards in revalidation. This could include directing professionals to revalidate against relevant standards.
- 21 There has been strong support for requiring professionals to embed overarching themes in contemporary practice within revalidation; for example, requiring the whole register to reflect on key themes as they meet the revalidation requirements. These could include EDI, leadership, quality of care, patient safety and safeguarding.
- 22 **Scope of Practice:** We will review the scopes of practice and work settings lists.
- 23 We want to more strongly encourage professionals with additional post-registration qualifications to embed them in how they meet the revalidation requirements. This would help prepare professionals for potential changes via regulatory reform which may require professionals to actively report how they are up-to-date and enable a more current register.
- 24 We will develop additional supporting information and case studies for professionals working in a range of scopes of practice and work settings, including advanced practitioners, those working in non-clinical roles, independent practitioners, and people working in commercial settings.
- 25 We will explore improving the data and insight that we collect via revalidation to learn more about the register to support four nations workforce planning.
- 26 **Digital Technology and Artificial Intelligence:** We want to develop a set of principles to support professionals and outline how AI and digital technology can be used as part of their revalidation. This approach would provide clarity and have the flexibility to accommodate future technological advances.
- 27 **Process, Support and Comms:** We do not propose changing the fundamental process, but we will provide further direction and definition to support professionals, employers and third parties to meet the requirements.
- 28 This could include more regular communications to professionals to encourage them to meet requirements across the three-year period. We will update our information for confirmers, reflective discussion partners and employers. We will also look into alternative ways of communicating with professionals.
- 29 We will explore opening applications earlier than the current two-month window.
- 30 We do not intend to take forward an online portfolio but will signpost to external alternatives. We believe an online portfolio option would duplicate existing systems, require significant budget outlay and pose additional unnecessary information management and cyber security risks.
- 31 It could also impact on professional trust in revalidation and the NMC if registrants believe that we would use revalidation data uploaded to a NMC portfolio as evidence within Fitness to Practise processes. This is something we do not have the legal power to do.

Council

Quality assurance of nursing, midwifery and nursing associate education: Annual Report 2024-2025

<p>Action requested:</p>	<p>The annual report of activity from Education Quality Assurance for the academic year 01 September 2024–31 August 2025</p> <p>For noting</p> <p>The Council is asked to note the report.</p>
<p>Key background and decision trail:</p>	<p>The purpose of this report is to provide NMC Council with an update on education quality assurance (EdQA) activity for the 2024-25 academic year, from 01 September 2024 to 31 August 2025. It encompasses nursing, midwifery and nursing associate pre-registration and post-registration education.</p> <p>EdQA is one of our primary regulatory functions through which we protect the public. Our role is to ensure that students are educated appropriately so that at the point of registration they are able to provide safe, kind and effective care.</p> <p>This reporting period includes the first year of the contract with the Quality Assurance Service Provider (QASP). A separate report regarding this contract was presented to the confidential Council meeting on 24 February 2026.</p>
<p>Key questions:</p>	<ul style="list-style-type: none"> • What measures have we taken to assure ourselves that our Approved Education Institutions (AEI) are working towards ensuring that students are fairly recruited and treated? • Has the Annual Self Report (ASR) been improved in order to address concerns raised by the Professional Standards Authority (PSA), and other sources of intelligence? • What key improvements have been made in the way EdQA Officers manage day to day operational work? • Is EdQA safely managing the educational concerns processes?
<p>Annexes:</p>	<p>Annexe 1: Equality, Diversity and Inclusion (EDI) specific questions and answers in ASR.</p> <p>Annexe 2: Sources and grading of concerns (year to year comparison) / New student concerns process – data.</p>

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Further information:	If you require clarification about any point in the paper or would like further information, please contact the authors or the director named below.	
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Education Quality Assurance Annual Report 2024-2025

Discussion – Executive Summary

- 1 NMC standards for education and training set out expectations for AEIs to manage the programme, the students' learning journey, and the quality of the student experience. The standards ensure that nursing, midwifery and nursing associate students achieve the NMC standards of proficiency and approved programme learning outcomes.
- 2 Education Quality Assurance is a core regulatory function of the NMC. NMC partnership working with AEIs is fundamental to gaining assurance that the required NMC standards are being adhered to. Awarding indefinite approval to AEIs imposes a requirement on AEIs to notify us of any changes, challenges, or concerns that may affect the quality or delivery of approved programmes.
- 3 The **Annual Self Report** is sent to approved education institutions (AEIs) for their completion. Since academic year 2023-24, the scheduling of this activity and its reporting align with the academic calendar year, in order to accommodate the way in which AEIs function. The content of the ASR should be meaningful, with AEIs sharing data that is purposeful to our regulatory function. Some headline content from the ASR is included in this report but the full analysis is currently being undertaken and will be reported in our Q2 report.
- 4 In response to PSA feedback, the level of assurance gained from the ASR has been strengthened by introducing a combination of random and purposeful evidence sampling. Every year a retrospective request is sent to all AEIs to answer a series of questions relating to our standards to ensure they remain compliant. The data received is shared with the QASP and an initial analysis is conducted. For the period of this report, 7 of our AEIs did not complete a submission, and 92 did. The ASR is not mandatory, however given the current challenges in the Higher Education sector 92 of 99 AEIs responding is a positive outcome (93% response rate).
- 5 High quality education programmes utilise values-based recruitment to select applicants from all backgrounds to access, and then thrive on, an approved programme of study, and supports the NMC ambition for **Equality, Diversity and Inclusion**. The NMC Published 'Building a new NMC: Strategy 2025-2027,' which included a specific target to: *work towards the target of eliminating disproportionate outcomes based on ethnicity in nursing and midwifery education and training by 2035.* We have shared this commitment with our AEI partners and asked for their feedback in the recent Annual Self Reporting (ASR) exercise. This year's ASR focussed on a number of **EDI** specific questions; the responses demonstrate that the Higher Education sector has strong plans in place for EDI, at an institutional and in some cases at programme level (**Annexe 1**).
- 6 Two **Extraordinary Review Assessments** were conducted at AEIs where concerns were identified that our Standards were not being met. In both cases the EdQA team has been able to support restorative action through strong pedagogical support and close

partnership working. Some of the lessons learned through these reviews have also informed the reviewed content of the ASR, seeking assurance that the possibility of similar issues arising elsewhere are minimised.

7 **EdQA Officers** oversee the daily operational functions of EdQA and since April 2025, their workload has been managed through regional alignment. This allocation model has improved a number of factors within the EdQA function:

- Relationship building due to continuity of the Official Correspondent (OC) and Lead Midwife for Education (LME) liaising with the same officer;
- Newer staff regionally employed to assist with reducing travel costs for face to face meetings;
- Continuity and improved knowledge of ongoing casework at specific AEIs;
- Organised approach to managing workload and clear officer cover for absence or leave.

8 **Concerns management** is a primary function of EdQA Officers, as they are responsible for the receipt and grading of educational concerns. Data relating to concerns enables: monitoring of the source; the classification of Major, Minor or Critical; follow up actions taken, including regulatory interventions, and when actions are closed. **Annexe 2** details further information regarding how concerns are sourced; there has been a significant increase in the number of concerns reported which is due to the following factors:

- Improved processes for reporting concerns; development of an accessible online form;
- Regional EdQA officers able to liaise directly with named AEIs to build a trusting partnership and encourage transparency;
- Greater use of internal and external sources of information to identify potential concerns regarding our approved education provision.

Concerns are recorded and annotated on a 'live' Excel log; improvement plans are in place which will enable utilisation of new software to highlight themes that reoccur, institutionally, regionally or nationally.

9 Since September 2024 EdQA officers have recorded **student concerns**. Officers follow up on all concerns, seeking their permission to contact the relevant AEI. **Annexe 2** demonstrates the number of concerns received in the first year of collection. Learning and thematic highlights will be shared with AEIs at the annual EdQA conference to initiate discussion on any improvements that need to be considered in this area of data collection.

10 EdQA **Standard Operating Procedures** were reviewed during this reporting period, including concerns management. AEIs are expected to report any situation which may pose a risk to the approved education they deliver. Following the receipt of a concern, EdQA officers seek assurance that internal processes are robust and adequate to mitigate against an identified risk. Concerns remain 'open' to enable follow up with the AEI to review the situation and ensure it remains under control and does not affect the quality of an approved programme or students' learning.

11 A grading tool to risk assess a concern is in use. Critical risks (if new) would be escalated immediately to the Head and AD for EdQA. Concerns are defined in the Standard Operating Procedure as:

- Minor – risks to our standards not being met are minimal and/or unlikely to impact on the student learning environment and public safety
- Major – risks to our standards not being met are high with possible impact on the student learning environment and public safety
- Critical – risks to our standards not being met are high with potential significant impact on the student learning environment and public safety

Concerns are reported to Quality Assurance Board, and included within scheduled reports to Executive Board and Council.

QASP activity

12 This reporting period includes the first year of the new QASP contract. New programme approvals have been noticeably lower than the previous year, however, academic year 2023-2024 also included the incorporation of new standards for our post registration programmes, requiring a significant amount of re-approval events to demonstrate the incorporation of these. The following table demonstrates this activity:

Programme Approved	2023- 2024 (previous)	2024 – 2025 (current report)
Nursing	23	3
Midwifery	5	2
Nursing Associate	6	
Independent Prescribing	6	
Specialist Practice Qualification	26	1
Specialist Community Public Health Nurse	26	1
Total	92	7

13 AEs may wish to make changes or improvements to their approved programmes, following feedback from students, people who use services, practice learning partners or due to changes in the evidence base; we categorise these modifications into Major and Minor. Minor modifications are managed through internal AEI governance processes which are scrutinised at the point of programme approval and during any monitoring activities. These are then reported during the ASR data collection and reviewed by the EdQA team.

14 Major Modifications require oversight and review by the QASP; outcomes are reported to the QA Board for discussion. During the ASR period, AEs are requested to share plans for any future Major Modifications or New Programme Approvals.

Achievements

15 EdQA seeks to continuously improve its processes through change and refinement. The list below captures significant achievements for this reporting period:

- Introduction of an Annual EdQA Conference for Official Correspondents and Lead Midwives for Education, which evaluated highly
- 93 percent return for ASR

- Strengthening partnership working and continuity through a business partner model, allocating specific AEIs to regional EdQA officers
- Development of a separate process for managing concerns raised by students
- Capturing EDI plans from AEIs to address the organisational objective
- Tailoring of the ASR as a result of lessons learned, reducing the risk of concerns related to meeting standards in approved programmes
- Developing clear definitions; Minor, Major and Critical for concerns management
- Review and refinement of all Standard Operating Procedures in EdQA

Next Steps

1. On completion of the detailed analysis of the ASR for 2024 – 2025 we will;
 - Share relevant intelligence/trends with our AEIs through our monthly EdQA newsletter;
 - Consider the need for thematic questions that should be included in the following ASR in order to monitor areas of change or to inform us of trends within the sector;
 - Report an overview of the ASR findings in the EdQA Q2 report.

2. The EdQA Improvement Action plan is under development to demonstrate the range of robust actions in place to address recommendations arising from the PSA and Internal Audit exercise, and to facilitate continuous improvement. This work commenced in October 2025 and will be reported in quarterly and annual reports, and is overseen at the EdQA Project Board.

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			
The four country factors and considerations.	Yes	Throughout the paper	
Resource implications including information on the actual and expected costs involved.	Not Applicable		QASP contract monitored monthly

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Risk implications associated with the work and the controls proposed/ in place.	Yes	<ul style="list-style-type: none"> • QASP contract • Concerns Management • ASR 	
Legal considerations.	No		
Midwives and/or nursing associates.	Yes	Throughout the paper	
Equality, diversity, and inclusion.	Yes	Throughout the paper	
Stakeholder implications and any external stakeholders consulted.	Yes	<ul style="list-style-type: none"> • ASR • Monthly Newsletter • Annual Conference 	
Regulatory Reform.	Not Applicable		Ongoing preparation for this with EdQA function

Annexe 1: Responses to EDI specific question from Annual Self Report (2024-2025)

92 Responses from 99 AEIs:

	<i>Do you have a current EDI Plan?</i>
No	1
Yes at AEI level	92
Yes at Programme level	1
Yes at both programme and AEI level	11

The above table gives good assurance that the AEIs are working to ensure that EDI is high on their agenda. The sector is keen to ensure that students are not disadvantaged for any reason that may equate to being unfairly treated or actively discriminated against.

The following questions seek to gain further assurance that nursing, midwifery and nursing associate students are being considered in terms of their individual needs in both the university and practice learning environments:

	<i>Do you believe the AEI, together with your practice learning partners, can evidence how you ensure the learning culture is fair, impartial, transparent, fosters good relations between individuals and diverse groups, and is compliant with equalities and human rights legislation?</i>
Yes	92

	<i>Do you believe the AEI, together with your practice learning partners, can evidence how you ensure all students have their diverse needs respected and taken into account across all learning environments, with support and adjustments provided in accordance with equalities and human rights legislation and good practice?</i>
Yes	92

	<i>Do you believe the AEI, together with your practice learning partners, can evidence how all educators and assessors receive relevant induction, ongoing support and access to education and training which includes training in equality and diversity</i>
Yes	92

	<i>Do you believe the AEI, together with your practice learning partners, can evidence how you ensure curriculum adjustments are provided in accordance with relevant equalities and human rights legislation for assessments in theory and practice?</i>
Yes	92

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Item 12: Annexe 2
 NMC/26/149
 25 March 2026

Annexe 2:

a) Sources of Concerns being managed by EdQA

Intelligence Source:	01 Sept 2023 to 31 Aug 2024			01 Sept 2024 to 31 Aug 2025		
	Major	Minor	Total	Major	Minor	Total
Employer Link Service		1	1	3	1	4
Exceptional Report from AEI	9	6	15	78	48	126
Media Highlights	2		2	2	2	4
Regulatory Intelligence Unit	2		2	7	1	8
Intelligence Sharing Hub				3	1	4
NHSE Workforce, Training & Education				1		1
Other		1	1	7	5	12
Total	13	8	21	101	58	159

b) Student Concerns received and the detail of what they relate to:

Theme	Total	%
AEI policies – <i>students often report that they do not agree with policies that are in place.</i>	18	19
Assessment decisions – <i>students frequently expect us to intervene if they have not passed an assessment.</i>	17	18
Student conduct - <i>this category describes where students have witnessed behaviours / conduct amongst their peers which they escalate to us.</i>	17	18
Practice learning environments – <i>bullying is sadly the most common theme that is reported to us.</i>	9	10
Application of reasonable adjustments at the AEI – <i>students often do not feel supported to achieve.</i>	7	8
Application of reasonable adjustments in placement - <i>students often do not feel supported to achieve.</i>	7	8
Placement allocations – <i>students often write to us if they have tried to change their placement allocation with no influence.</i>	7	8
AEI – <i>racism and discrimination</i>	5	5
Practice learning environments – <i>student support lacking</i>	4	4
Practice learning environments – <i>racism and discrimination</i>	1	1
Racism and discrimination	1	1
	93	100%

Council

Panel Member and Legal Assessor Reappointments, Removals and Transfers

<p>Action requested:</p>	<p>The paper sets out the proposed transfers, removal of appointments and reappointments relating to practice committees for Panel Members and Legal Assessors.</p> <p>For decision</p> <p>The Council is invited to accept the recommendations of the Appointments Board:</p> <p>Recommendation: The Council is invited to accept the recommendation of the Appointments Board for the transfer of two Panel Members in Table 1 of Annexe 1 from the Investigating Committee to the Fitness to Practise Committee (paragraph 2).</p> <p>Recommendation: The Council is invited to note the removals of one Panel Member from a Practice Committee and five Legal Assessors from the list of approved legal assessor suppliers set out in Table 2 of Annexe 1 (paragraph 5).</p> <p>Recommendation: The Council is invited to accept the recommendation of the Appointments Board for the reappointment of 34 Panel Members as listed in Table 3 of Annexe 1 (paragraph 11).</p>
<p>Key background and decision trail:</p>	<p>Transfers</p> <p>Two Panel Members are being proposed for transfer.</p> <p>Removals</p> <p>One Panel Member and five Legal Assessors are being proposed for removal from a Practice Committee or the list of approved legal assessor suppliers.</p> <p>Reappointments</p> <p>34 Panel Members are being proposed for reappointment for a second four-year term from 26 July 2026 to 25 July 2030.</p>

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Key questions:	<p>Transfers</p> <ul style="list-style-type: none"> • What are the Panel Member transfers which the Council needs to approve? <p>Removals</p> <ul style="list-style-type: none"> • Which Panel Members and Legal Assessors require removal from the Practice Committees / list of approved legal assessor suppliers? <p>Reappointments</p> <ul style="list-style-type: none"> • Which Panel Members are recommended for reappointment and do they satisfy performance requirements? 			
Annexes:	<p>The following annexes are attached to this paper:</p> <ul style="list-style-type: none"> • Annexe 1: Panel Members and Legal Assessor data 			
Further information:	<p>If you require clarification about any point in the paper or would like further information, please contact the author or the director named below.</p> <table border="1" data-bbox="414 1037 1404 1182"> <tr> <td data-bbox="414 1037 858 1182"> <p>Author: Anita Phillips Anita.Phillips@nmc-uk.org</p> </td> <td data-bbox="858 1037 1404 1182"> <p>General Counsel: Alice Hilken Alice.Hilken@nmc-uk.org</p> </td> </tr> </table>		<p>Author: Anita Phillips Anita.Phillips@nmc-uk.org</p>	<p>General Counsel: Alice Hilken Alice.Hilken@nmc-uk.org</p>
<p>Author: Anita Phillips Anita.Phillips@nmc-uk.org</p>	<p>General Counsel: Alice Hilken Alice.Hilken@nmc-uk.org</p>			

Panel Member and Legal Assessor Reappointments, Removals and Transfers

Discussion

Transfers

- 1 Table 1 of Annexe 1 sets out the two Panel Members who have requested to transfer from the Investigating Committee to Fitness to Practise Committee. Both Panel Members are meeting the required standards of performance and there have been no concerns about conduct. They have completed the induction training. The impact of these transfers is minimal. The FtP side is currently more in demand, so additional Panel Members would be welcomed.
- 2 **Recommendation: The Council is invited to accept the recommendation of the Appointments Board for the transfer of two Panel Members in Table 1 of Annexe 1 from the Investigating Committee to the Fitness to Practise Committee.**

Removals

- 3 Table 2 of Annexe 1 sets out the one Panel Member and five Legal Assessors who have either resigned or passed away since the last request for recommendations for removal to the Appointments Board on 5 November 2025. It sets out the respective Practice Committee / list of approved legal assessors they served on, relevant dates and the reasons for removal.
- 4 The Appointments Board considered Legal Assessor equality diversity and inclusion data (EDI). The data did not show any concerning trends of underrepresented groups in the Legal Assessor pool (such as females and those from Black and minority ethnic backgrounds) due to these resignations.
- 5 **Recommendation: The Council is invited to note the removals of one Panel Member from a Practice Committee and five Legal Assessors from the list of approved legal assessor suppliers, as set out in Table 2 of Annexe 1.**

Reappointments

- 6 Table 3 of Annexe 1 sets out the Panel Members who are being recommended for reappointment for a further four-year term.
- 7 The Panel Members being recommended for reappointment have been sent a copy of their performance data and have confirmed that they wish to be considered for reappointment to a second four-year term from 26 July 2026 to 25 July 2030.
- 8 The Panel Support Team have considered the criteria as set out in the Panel Member Reappointments Policy. Additionally, Panel Members have been assessed through our established performance monitoring processes, aligned with

expectations set out in the Panel Member Services and Performance Policy, the Panel Member Code of Conduct, and other role-specific documents. We have also considered outcomes of the peer review process.

- 9 The Appointments Board considered the EDI data of those who are not being reappointed and those who have resigned or do not wish to be reappointed. The Panel Member removals and resignations will mean that Lay Panel Members from a Black and minority ethnic background will reduce from 26 to 25 percent which remains above our targets. Registrant Panel Members from a Black and minority ethnic background will remain at 24 percent. There is less than a percentage point difference across all other categories of data.
- 10 Two Panel Members still need to complete peer reviews and training, and their reappointment will be brought to Council once this has been satisfactorily completed. The Appointments Board are currently considering reappointment decisions for two further Panel Members. They will come before Council at a future meeting if reappointment is sought.
- 11 **Recommendation: The Council is invited to accept the recommendation of the Appointments Board for the reappointment of 34 Panel Members as listed in Table 3 of Annexe 1.**

Next Steps

Transfers

- 12 If the Council accepts the recommendations of Panel Member transfers, we will write to the Panel Members to confirm the outcome and make arrangements to finalise the transfers.

Removals

- 13 The Panel Member and legal assessors who have resigned will be informed, and their accounts will be closed.

Reappointments

- 14 If the Council accepts the recommendations of Panel Member reappointments, we will write to the Panel Members to confirm the outcome and issue reappointment documentation as required.

Implications

The following were considered when preparing this paper:

Implication:		Location if in paper:	Content if not in paper:

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Public protection/impact for people.	Yes		Panel Members are required to make decisions at Practice Committee events that protect the public. Transfers and removals are monitored to ensure we retain sufficient membership of the Practice Committees to undertake the current levels of planned hearing activity.
Safeguarding considerations	N/A		
The four country factors and considerations.	Yes		Panel Members are appointed from all four countries.
Resource implications including information on the actual and expected costs involved.	N/A		
Risk implications associated with the work and the controls proposed/ in place.	Yes		If we receive too many resignations or have too many non-engaged Panel Members, there is a risk that we will have insufficient numbers to undertake current levels of planned hearing activity. We will address this by drawing on the Panel Member reserve list as required.

Legal considerations.	Yes		The Nursing and Midwifery Council (Practice Committees) (Constitution) Rules 2008 provide that a person appointed as a member of a Practice Committee may be reappointed for one further term. The NMC's Panel Member Reappointment Policy provides guidance on the process by which Panel Members may be reappointed for a second term.
Midwives and/or nursing associates.	N/A		All Panel Member resignations and removals are for Registered Nurses.
Equality, diversity, and inclusion and Welsh Language impact.	Yes	4 & 9	The Appointments Board have considered the equality, diversity, and inclusion data showing the impact of these removals on the Panel Member pool.
Stakeholder implications and any external stakeholders consulted.	Yes		Panel Members were contacted to ask whether they wanted to be put forward for reappointment.
Regulatory Reform.	N/A		

Annexe 1 - Panel Member and Legal Assessor Data

Table 1 - Panel Members recommended for transfer

	Full name	Panel	Concerns	Training (annual 2025)	Term in Office	Term start date	End of Term Date
1.	Ian Hanson	Investigating Committee to Fitness to Practise Committee	0	Complete	First Term	23/11/2023	22/11/2027
2.	Amy Barron	Investigating Committee to Fitness to Practise Committee	0	Complete	First Term	23/11/2023	22/11/2027

Table 2 – Panel Members and Legal Assessors recommended for removal

	Full name	Role	Date	Notes
1.	Tehniat Watson	Panel Member	18/11/2025	Resigned
2.	Charles Apthorp	Legal Assessor	25/11/2025	Resigned
3.	Brett Wilson	Legal Assessor	04/12/2025	Resigned
4.	Tim Bradbury	Legal Assessor	23/12/2025 (Date informed)	Other
5.	Patricia Crossin	Legal Assessor	05/01/2026	Resigned
6.	Sharmistha Michaels	Legal Assessor	14/01/2026	Resigned

Table 3 - Panel Members due for reappointment for a second term

The table sets out the panel members who are being recommended for reappointment and those who are not being recommended.

	Full name	Panel	Second term dates
1.	Adrian Blomefield	Fitness to Practise Committee	26 July 2026 to 25 July 2030
2.	Alan Greenwood	Fitness to Practise Committee	26 July 2026 to 25 July 2030
3.	Anne Ng	Fitness to Practise Committee	26 July 2026 to 25 July 2030
4.	Caroline Jones	Fitness to Practise Committee	26 July 2026 to 25 July 2030
5.	Caroline Rollitt	Fitness to Practise Committee	26 July 2026 to 25 July 2030
6.	Catherine Devonport	Fitness to Practise Committee	26 July 2026 to 25 July 2030
7.	Christine Nwaokolo	Fitness to Practise Committee	26 July 2026 to 25 July 2030
8.	Des McMorrow	Fitness to Practise Committee	26 July 2026 to 25 July 2030
9.	Elliott Kenton	Fitness to Practise Committee	26 July 2026 to 25 July 2030
10.	Francesca Keen	Fitness to Practise Committee	26 July 2026 to 25 July 2030

11.	Geraldine O'Hare	Fitness to Practise Committee	26 July 2026 to 25 July 2030
12.	John Kelly	Fitness to Practise Committee	26 July 2026 to 25 July 2030
13.	Konrad Chrzanowski	Fitness to Practise Committee	26 July 2026 to 25 July 2030
14.	Linda Owen	Fitness to Practise Committee	26 July 2026 to 25 July 2030
15.	Louise Guss	Fitness to Practise Committee	26 July 2026 to 25 July 2030
16.	Mark Gower	Fitness to Practise Committee	26 July 2026 to 25 July 2030
17.	Marnie Hayward	Fitness to Practise Committee	26 July 2026 to 25 July 2030
18.	Michelle Lee	Fitness to Practise Committee	26 July 2026 to 25 July 2030
19.	Michelle McBreeze	Fitness to Practise Committee	26 July 2026 to 25 July 2030
20.	Nicholas Rosenfeld	Fitness to Practise Committee	26 July 2026 to 25 July 2030
21.	Pamela Johal	Fitness to Practise Committee	26 July 2026 to 25 July 2030
22.	Paul Grant	Fitness to Practise Committee	26 July 2026 to 25 July 2030
23.	Paul O'Connor	Fitness to Practise Committee	26 July 2026 to 25 July 2030
24.	Peter Fish	Fitness to Practise Committee	26 July 2026 to 25 July 2030
25.	Phil Lowe	Fitness to Practise Committee	26 July 2026 to 25 July 2030
26.	Rachel Carter	Fitness to Practise Committee	26 July 2026 to 25 July 2030
27.	Rachel Cook	Fitness to Practise Committee	26 July 2026 to 25 July 2030
28.	Richard Weydert-Jacquard	Fitness to Practise Committee	26 July 2026 to 25 July 2030
29.	Sarah Elaine Lowe	Fitness to Practise Committee	26 July 2026 to 25 July 2030
30.	Shaun Donnellan	Fitness to Practise Committee	26 July 2026 to 25 July 2030
31.	Simon Banton	Fitness to Practise Committee	26 July 2026 to 25 July 2030
32.	Susan Elizabeth Ball	Fitness to Practise Committee	26 July 2026 to 25 July 2030
33.	Susan Thomas	Fitness to Practise Committee	26 July 2026 to 25 July 2030
34.	Vicki Wells	Fitness to Practise Committee	26 July 2026 to 25 July 2030

Council

Council Cycle of Business and Meeting Dates 2026-2027

Action requested:	For decision The purpose of this report is request that the Council Approve the formal schedule of meetings for 2026-2027 and Council Cycle of Business for 2026-2027 and note the Council and EB development plan for 2026-2027.			
Key background and decision trail:	<p>The Council should on an annual basis agree a formal schedule of meetings and it should receive a cycle of business that identifies the items which will be regularly presented for consideration. The annual cycle is one of the key components in ensuring that the NMC is effectively carrying out its role. The Cycle of Business has been developed to help plan the management of NMC matters and facilitate the management of agendas and NMC business. The Annual Cycle of Business will be complemented by a “Non-Routine Council Business (Forward Work Plan)” for ‘one-off’ Ad-hoc items raised during the course of meetings.</p> <p>Member development is the continuous process of enhancing a board's ability to govern effectively through recruitment, orientation, training, and evaluation, focusing on skills like strategic thinking, financial literacy, and legal duties to ensure strong leadership, compliance, and sustainable organisational success.</p>			
Annexes:	<p>The following annexes are attached to this report:</p> <ul style="list-style-type: none"> • Annex 1: Schedule of Meeting Dates 2026-2027 • Annexe 2: Council Cycle of Business 2026-2027 • Annex 3: Council Member and EB Development plan 2026-2027 			
Further information:	<p>If you require clarification about any point in the paper or would like further information, please contact the author or the director named below.</p> <table border="1" data-bbox="416 1816 1402 2029"> <tr> <td data-bbox="416 1816 906 2029"> Report Author: Jacqui Maunder Assistant Director Governance & Secretary to the Council Jacqueline.Maunder@nmc-uk.org </td> <td data-bbox="906 1816 1402 2029"> Lead Director: Jacqui Maunder Assistant Director Governance & Secretary to the Council Jacqueline.Maunder@nmc-uk.org </td> </tr> </table>		Report Author: Jacqui Maunder Assistant Director Governance & Secretary to the Council Jacqueline.Maunder@nmc-uk.org	Lead Director: Jacqui Maunder Assistant Director Governance & Secretary to the Council Jacqueline.Maunder@nmc-uk.org
Report Author: Jacqui Maunder Assistant Director Governance & Secretary to the Council Jacqueline.Maunder@nmc-uk.org	Lead Director: Jacqui Maunder Assistant Director Governance & Secretary to the Council Jacqueline.Maunder@nmc-uk.org			

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Council Cycle of Business and Meeting Dates 2026-2027

Discussion

Schedule of Meetings 2026-2027

- 1 The Council is required to agree a formal schedule of meetings to ensure effective governance and support strategic planning, performance monitoring, and risk management. An agreed schedule also ensures Executive directors can plan their schedules, that a quorum is achieved at meetings and allows adequate time for preparation. The schedule of meetings for 2026-2027 is presented at **Annex 1** for approval.

Council Cycle of Business 2026-2027

- 2 The Council should also on an annual basis, receive a cycle of business that identifies the items which will be regularly presented for consideration. The annual cycle is one of the key components in ensuring that the NMC is effectively carrying out its role. The Cycle of Business covers the period 1 April 2026 to 31 March 2027 and is presented at **Annex 2** for approval. The Cycle of Business has been developed to help plan the management of NMC matters and facilitate the management of agendas and NMC business. The Annual Cycle of Business will be complemented by a “Non-Routine Council Business (Forward Work Plan)” for ‘one-off’ Ad-hoc items raised during the course of meetings.

3

Council and EB Development Programme

- 4 Further to discussion at the Council seminar on 22 October 2025 during which the results of the Council and Committee effectiveness surveys were discussed, and further to the Council away day 5 March 2026 work has commenced on a Council and EB development programme – see **Annex 3**. The governance team want to ensure that this is developed through engagement with Council members and EB members and colleagues are encouraged to suggest potential topics for consideration.

Recommendation

- 5 The Council are requested to:
 - **Note** the report,
 - **Approve** the formal schedule of meetings for 2026-2027,
 - **Approve** the Annual Cycle of business for 2026-2027; and
 - **Note** the draft Council and EB Development Programme for 2026-2027.

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Next Steps

- 6 **Governance review report** – await the recommendations from the governance review report which recommends a more effective governance and reporting structure for the Council’s scrutiny, control and leadership. This will include a recalibrated Council and Committee structure with a better balance of committee/Council control and scrutiny. In addition to focussing on the systems of internal control there is also a need to focus on Council member development. The NMC SOs prescribe that *“There will be an annual review of the effectiveness of Council and its committees, with an external review taking place every three years.”* The feedback from the Council and Committee effectiveness surveys in 2025 provide a rich source of information to assess Council and Committee effectiveness and identify skills gaps to improve governance.

- 7 **Regulatory Reform** - The UK Government have agreed a renewed commitment to updating the legislation for the healthcare professional regulators in the UK. The changes will allow regulators to be more agile and efficient in protecting the public. They will also introduce a less adversarial and quicker process for dealing with concerns about healthcare professionals. The work will begin with the General Medical Council’s (GMC) framework for doctors, before moving on to the Health and Care Professions Council (HCPC) and the NMC.

- 8 The regulatory and legislative change will alter the structure and governance of the NMC as a whole, this will include:
 - 8.1 **Introduction of a Unitary Board** - The NMC's "Building a new NMC: Strategy 2025–2027" document outlines the intention to modernise its governance by introducing a unitary board. The new unitary board will have a single board of directors combining **executive directors** (day-to-day management) and **non-executive directors** (Council members providing independent oversight) into one governing body. This model balances strategy, performance monitoring, and accountability with shared legal responsibility for decisions.

 - 8.2 The new GMC Order will be consulted on in Spring 2026 and will form the model statutory instrument for the other healthcare regulators. It is anticipated that the new NMC Order will be consulted upon in Spring 2027 and will come into force at the end of 2027.

 - 8.3 There is much work to be done in preparation and there is a need to introduce a strong unitary board which adheres to the new Charity Governance Code which has a strong focus on the behaviours that sustain good governance.

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Implications

The following were considered when preparing this paper:

Implication:		Location if in paper:	Content if not in paper:
Public protection/impact for people.	Not Applicable		
Safeguarding considerations	Not Applicable		
The four country factors and considerations.	Yes		The plan includes two leadership meeting events with the Chief Nursing Officers and Chief Midwifery Officers from the 4 nations.
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.	Yes/Not Applicable		
Midwives and/or nursing associates.	Yes		The plan includes two leadership meeting events with the Chief Nursing Officers and Chief Midwifery Officers from the 4 nations.
Equality, diversity, and inclusion and Welsh Language impact.	Not Applicable		
Stakeholder implications and any external stakeholders consulted.	Not Applicable		
Regulatory Reform.	Not Applicable		

Annexe 1

**Council Meeting Dates
 April 2026 to March 2027**

Bank Holidays 2026:

- 3 April (UK wide)
- 6 April (England, Wales & Northern Ireland)
- 4 May (UK wide)
- 25 May (UK wide)
- 13 July (Northern Ireland)
- 3 August (Scotland)
- 31 August (England, Wales & Northern Ireland)
- 30 November (Scotland)
- 25 & 28 December (UK wide)

Bank Holidays 2027:

- 1 January (UK wide);
- 4 January (Scotland)
- 17 March (Northern Ireland)
- 26 March (UK wide)
- 29 March (England, Wales & Northern Ireland)

Please note: Council Seminar start times & Open meeting finish times may vary.

Month	Date	Meeting/Event	Time
April 2026	Tuesday 28 April	CER Council briefing In person	13:15-13:45
		Extraordinary Council Open meeting In person	14:00 – 16:00
		Confidential Council (if required)	a.m.
	Wednesday 29 April	Council Awayday/Development day In person	09:00 – 16:00
May 2026	Wednesday 20 May	CER Council briefing Online	09:00 - 09:45
		Council Open Meeting Online	10:00 – 14:00
		Confidential Council (if required) Online	14:00 – 16:00

Month	Date	Meeting/Event	Time
June 2026	Tuesday 9 June	CER Council briefing Online	09:00 – 09:45
		Council Seminar/Confidential In person	10:00 – 16:00
July 2026	Wednesday 1 July	CER Council briefing Council Open Meeting In person	09:00 – 09:45 10:00 - 16:00
	Tuesday 21 July	CER Council briefing Online	09:00 - 09:45
		Council Open meeting Online	10:00 – 14:00
		Confidential Council (if required) Online	14:00 – 16:00
August 2026	Date TBC	TBC Council Development session	
September 2026	Monday 21 September	Travel to Northern Ireland	All day
	Tuesday 22 September	Council visits, informal/annual Council dinner CNO/CMidO, NMC leadership meeting	
	Wednesday 23 September	Open Council meeting In person, Northern Ireland	09:30 – 14:00
October 2026	Tuesday 20 October	Council Seminar TBC Annual dinner In person	13:00 - 17:00 18:00 – 20:30
	Wednesday 21 October	Council Confidential meeting In person	09:30 -15:00
November 2026	Wednesday 25 November	CER Council briefing Online	09:00 - 09:45
		Council Open meeting Online	10:00 – 14:00
		Council Confidential Online	14:00 – 16:00
December 2026	TBC	TBC Council Development session	

Month	Date	Meeting/Event	Time
January 2027	Wednesday 27 January	CER Council briefing Online	09:00 - 09:45
		Council Open Meeting Online	10:00 – 14:00
February 2027	Tuesday 23 February	Council Seminar & Confidential meetings In person	09:00 – 16:00
March 2027	Tuesday 23 March	CER Council briefing In person Council Seminar/Confidential meetings In person CNO/CMidO, NMC leadership meeting In person	All day (09:00 – 17:00)
	Wednesday 24 March	CER Council briefing In person Council Open Meeting In person	09:00 - 09:45 10:00 – 14:00

Note: Committee dates to be discussed and agreed with Committee Chairs and members.

Annexe 2

Council Cycle of Business 2026-2027 – Open Council Meetings

Item of Business	Executive Lead	Apr 2026	20 May 2026	June 2026	21 July 2026	Aug 2026	23 Sep 2026	Oct 2026	25 Nov 2026	Dec 2026	27 Jan 2027	Feb 2027	23 Mar 2027
Preliminary Matters													
Minutes of the Previous Meeting	Assistant Director Governance		x		x		x		x		x		x
Action Log	Assistant Director Governance		x		x		x		x		x		x
Experience Item (Registrant / Staff/ Panel member)	TBC												
Executive report	Chief Executive & Registrar (CER)		x		x		x		x		x		x
Governance, Risk and Assurance													
Finance report	Executive Director of Finance				x								
Quarterly Performance report	Executive Director of Finance				x								
Quarterly Risk Report	Executive Director of Finance				x								
Quarterly Safeguarding Report	Executive Director of				x								

Item of Business	Executive Lead	Apr 2026	20 May 2026	June 2026	21 July 2026	Aug 2026	23 Sep 2026	Oct 2026	25 Nov 2026	Dec 2026	27 Jan 2027	Feb 2027	23 Mar 2027
	Professional Practice												
Quarterly Education Quality Assurance Report	Executive Director of Professional Practice				x								
Quarterly Culture Transformation Plan Report	Executive Director of People and Culture												
Annual Budget	Executive Director of Finance												
Annual Corporate Plan	Executive Director of Finance												
Annual Report and Accounts	Executive Director of Finance				x								
Annual Fitness to Practise Report	Executive Director of Professional Regulation												
Annual Health and Safety Report	Executive Director of Finance												
Professional Standards Authority Report	Chief of Staff												
Welsh Language Standards Annual report	Executive Director of People and Culture												

Item of Business	Executive Lead	Apr 2026	20 May 2026	June 2026	21 July 2026	Aug 2026	23 Sep 2026	Oct 2026	25 Nov 2026	Dec 2026	27 Jan 2027	Feb 2027	23 Mar 2027
Council and Committee effectiveness	Assistant Director Governance												
Committee and Appointments Board Annual Reports	Assistant Director Governance												
Committee and Appointments Board Terms of Reference	Assistant Director Governance												
Adoption of Corporate policies (e.g. Raising Concerns policy)	Assistant Director Governance												
Matters for Information													
Audit and Risk Committee assurance report	Assistant Director Governance		x										
Finance and resources Committee assurance report	Assistant Director Governance		x										
People and Culture Committee assurance report	Assistant Director Governance		x										
Audit and Risk Committee annual report	Assistant Director Governance		x										
Finance and resources Committee annual report	Assistant Director Governance		x										
People and Culture Committee annual report	Assistant Director Governance		x										
Appointments Board Annual Report	Assistant Director Governance		x										

Item of Business	Executive Lead	Apr 2026	20 May 2026	June 2026	21 July 2026	Aug 2026	23 Sep 2026	Oct 2026	25 Nov 2026	Dec 2026	27 Jan 2027	Feb 2027	23 Mar 2027
Chair Actions report	Assistant Director Governance		x		x		x		x		x		x
Closing Business													
Any Other Business	n/a		x		x		x		x		x		x
Review of Meeting Effectiveness	n/a		x		x		x		x		x		x
Date of Next Meeting	n/a		x		x		x		x		x		x

Annexe 3

Council and Executive Board Development Plan 2026-2027

1. Introduction

Board / Council development is essential for modern charity governance, as it directly impacts the effectiveness, sustainability, and legal compliance of an organisation. By investing in the continuous improvement of trustees, charity boards can enhance their decision-making, increase diversity, and build stronger, more sustainable organisations. Key benefits of Council (board) development for charity governance include:

- **Improved Decision-Making and Strategic Direction:** Structured Council development will enable trustees to set effective strategies, aligning with the charity's purpose and enhancing impact. It ensures that decisions are informed, rigorous, and timely, utilising a balance of skills.
- **Enhanced Regulatory Compliance and Risk Management:** Development helps the Council stay updated on legal duties, ensuring they meet the standards set by the Charity Governance Code, which reduces risks such as financial mismanagement or reputational damage.
- **Increased Diversity and Inclusion:** Development efforts will focus on strengthening the Council through greater diversity of skills, backgrounds, and perspectives. This diversity strengthens decision-making, leads to more robust debate, and will make the Council more representative of the communities it serves.
- **Increased Effectiveness and Efficiency:** Regular evaluations and training, such as Council away days, will help build stronger relationships, improve communication, and improve teamwork, leading to better operational performance.
- **Improved Succession Planning and Sustainability:** Council development will ensure that leadership is not stagnant, creating a culture of learning and planning for future needs.
- **Enhanced Trust and Public Confidence:** A well-governed, trained Council can better demonstrate transparency and accountability to registrants and the public, increasing trust in the charity.

The UK Government has agreed a renewed commitment to updating the legislation for healthcare professional regulators in the UK. The changes will allow regulators to be more agile and efficient in protecting the public. These changes will inevitably alter the structure and governance of the NMC as a whole. The changes will include the introduction of a unitary board to replace both the

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Council and the Executive Board. In the advent of these changes, effective Council member development is critically important, for both Executive Board members and Council Members and this plan outlines the approach to be taken for 2026-2027.

2. Council and Executive Board Development Sessions - Seminars

The Council receives a programme of development sessions delivered at bimonthly Seminar meetings. These are held bi-monthly on an informal basis and consist of part of the day covering strategic items that require discussion and development prior to the full item being brought the Council for approval. Typically, this may include development of strategy and plans with a view to discussing approach and agreement of next steps. Sessions have included presentations from staff to aid learning and understanding of organisational activities and development.

The purpose of these sessions is to promote Council and executive Board engagement, relationships and collaboration and increase the opportunity for Council and EB members to gain a greater understanding of their core responsibilities, develop the skills of the soon to be established Unitary Board, work together effectively in developing strategy, strengthening oversight and delivering the collective accountabilities of a Board. The approach will be a structured programme of development, facilitated where appropriate. Topics for Council member development are predominantly suggested by Executive Leads or via referrals from Council and Committee meetings. The Governance Team will introduce a Microsoft Form so that any requests for sessions must be requested by the Lead Director. The Assistant Director of Governance will then discuss with the Chair and Chief Executive & Registrar to agree the timing of such items

Date	Topic and Purpose	Session Outcome
29 April 2026	Away day to discuss NMC strategy	An opportunity to discuss future strategy
9 June	Council effectiveness – check in (survey feedback, governance paper etc)	Consider the feedback from the Council and Committee effectiveness surveys, away day feedback 5 March and progress on the governance report.
Tbc August	Is it needed in August? To be confirmed	
20 October		
Tbc December	Is it needed in August? To be confirmed	
23 February		

Date	Topic and Purpose	Session Outcome
23 March	Council and EB annual away day (as agreed at the away day 5 March 2026) Check with Ron use 23 March date or have separate day in early March?	

3. Breakfast Briefing Sessions

Council / EB breakfast briefing sessions are concise, high-level morning events designed for senior decision-makers, directors, and Council members to engage with current research, policy updates, and expert insights. They will typically run from early morning (e.g., 8:00 - 10:00am. The focus and purpose of these sessions will be used to discuss strategic topics like AI adoption, regulatory changes, cyber breach responses, and sustainability. It is proposed they are held on a monthly or seasonal basis (Spring/Autumn), to ensure leaders stay updated with the latest trends and research.

4. Council and EB Development 2026-2027

It is proposed that the Council and EB will receive the following development in the next 12 months. The plan is part of an iterative process which is informed by individual needs identified during regular performance reviews and also collective needs identified during planned development session.

Date	Topic
29 April	Away day to discuss NMC strategy
May/June Tbc	Charity Governance Training
Tbc July	Observe a Ftp Hearing

A range of other topics have been suggested which fall into the category of training/awareness, and separate sessions will be facilitated for Members.

Report from Committee to Council

Name of committee	Finance and Resource Committee
Date of meeting	11 February 2026 (also covering 19 January 2026)
Committee chair / report author	Committee Chair: Julia Mundy Author: Alexa Halabi
Date of report	13 February 2026

This report has been prepared to provide Council members with a summary of the key issues considered by the Finance and Resource Committee at its meeting on 11 February 2026. The Terms of Reference for the Committee (ToR) can be found [here](#). [Committees of Council - The Nursing and Midwifery Council](#).

January meeting

A short meeting was held on 19 January to:

- 1 address the long gap between the scheduled meetings of November and February and to enable the new Executive Director, Finance to share his thoughts on financial planning ahead of the January Council meeting
- 2 set out the Committee's expectations in terms of seeking assurance over delivery, outcomes, grip and control, and risk management
- 3 review1. the Telefonica contract extension ahead of Council and 2. the FtP improvement plan as there had been a gap in Council member engagement since the EB FtP mode was stood down.

February meeting - key discussions

Financial grip and control

The Committee had requested at its January meeting a clearer focus on assurances around financial grip and control, risk management, delivery and outcomes, including around business cases.

- 4 Investment: it has been agreed by the Chair of FRC and the CFO that Cazenove, our investment managers, should no longer attend FRC. The appropriate governance is for regular meetings between Cazenove, our two independent members, and the Finance team, with a written report to be received at the next meeting of the FRC.
- 5 The Committee noted the investment update and were content with the approach. Due to the cashflow forecasts, Cazenove continue to prioritise liquidity. The FRC will be advised when Cazenove recommend that funds should be allocated to longer dated gilts/corporate bonds.

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- 6 Portfolio overview: there was now a more rigorous process around business cases. The Committee agreed that portfolio oversight could be integrated into the corporate plan to ensure it aligns with the NMC's strategic objectives. It was agreed that the new committee should consider a deep dive on Education QA. The NMC would need to be mindful of challenge within the system on some of our timeframes due to internal prioritisation, for example, with Advance Practice.
 - 7 Performance: Due to the sequencing of this meeting, the Committee saw the Quarter 3 performance report. The Committee agreed with the grouping of the corporate performance into the four key assurance areas as agreed in the January meeting: finance, delivery, outcomes, and risk.
 - 8 Finance and budget: Due to the sequencing of this meeting, the Committee saw the Quarter 3 Finance Update that had gone to the January Council. The Committee noted the improved financial controls built into the budget to prevent overspend.
 - 9 Strategic Accommodation Plan: the FRC had been keen to see the plan which had been received at the final Accommodation Committee in October 2025. The Committee noted the two-step accommodation plan, including the short-term decisions needed on rent reviews and leases, and the longer-term strategy that would take into account the future needs and size of the NMC. The Committee requested a workplan for future papers to be brought for consideration.
 - 10 Independent Culture Review: this was a last-minute addition to the agenda. It was agreed for this to be discussed in more detail at an extraordinary meeting held on Wednesday 18 February.

Assurance

- 11 A key reflection of this meeting was around the balance of management information versus assurance. The cover sheets should indicate clearly whether items are for discussion/early engagement or for assurance. Further thought was needed on how to navigate between the volume of information/detail and what was needed to provide enough assurance, such as deep dive reference material provided on Board Intelligence but not as part of the paper.
- 12 The Committee were assured with the draft budget and that there had been a robust budget process. This is now more financial grip in the portfolio/project area which should reduce the risk of delay to significant projects.
- 13 The Committee received a verbal overview of the management of the contract register and process managed by the Procurement team. Previously, contract management remained in the directorate with responsibility for the contract, but this will move back to the Procurement team to ensure more consistency.

Risk deep dive

- 14 At the January meeting, the FRC asked for a deep dive on the financial strategic risk FIN21/02 – *the risk that we may not have the financial resources to invest in activities in our corporate plan resulting in us failing to achieve our strategic ambitions and priority outcomes.*

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- 14.1 the Committee discussed the need to triangulate some of the conversations from earlier in the meeting, such as adding in procurement controls.
- 14.2 This prompted a discussion on the strategic risk register and the expected number of strategic risks that an organisation should have for its size and complexity along with the volume of red risks. This would be discussed further at the March risk workshops for the Executive Board and Council.

Key decisions

15 **MoTS NMC Online Change Request:** the Committee discussed the change programme, and the forecast overspend which was due to technical complexities. This discussion covered the history to the change and the financial risks involved at the time, as well as the learning particularly around procurement practices and contract management. The FRC congratulated the team on the implementation of NMC Online on 7/8 February. The FRC expects to see a post-project evaluation.

15.1 **There was no formal decision for this paper.** The Committee scrutinised the forecast overspend of £2.25million for the NMC Online Replacement project.

Report from Committee to Council

Name of committee	People and Culture Committee
Date of meeting	29 January 2026 10 February 2026
Committee chair / report author	Committee Chair: <ul style="list-style-type: none">• 20 January 2026 - Anna Walker in Lynne Wigans absence• 10 February 2026 Committee chair Author: Sharon Dawson
Date of report	20 March 2026

Key discussions

20 January 2026

Staff Pay: Annual 2026 Annual Pay Review

- 1 The Committee discussed the paper in detail and supported the proposal of a progression only pay increase.
- 2 The Committee agreed to review how Ambitious Appraisals were working in terms of fairness and rigour.

Independent Culture Review (ICR) Recommendations

- 1 The Committee received an update on the progress made on the Independent Culture Report (ICR) recommendations.
- 2 The Committee acknowledged that the ICR report served as a baseline for cultural improvements while the cultural maturity model gave an approach to monitor the transformative journey and was a useful method to track the progress of the work.
- 3 The Committee recognised that some of the ICR recommendations fell outside the scope of the Committee and discussions were ongoing between committee chairs and the Chair of the Council to determine which recommendations would be assigned to the appropriate Council committee.
- 4 The Committee acknowledged that more clarity was needed on the specific desired outcomes and what forms of evidence would be used to track progress.

- 5 The Committee agreed to discuss at a future the longer term outcome measures which the culture maturity model/transformation programmes were aiming to achieve and make recommendations to the Council.

Key discussions

10 February 2026

Executive pay annual review April 2026

- 1 The Committee agreed the proposals for Executive pay.

People and Culture Outline Framework plan 2026-2027

- 1 The Committee noted that the one year plan for People and Culture work incorporated strategic workforce planning, focussing on leadership development, people management, and all staff as regulators.
- 2 The Committee agreed that the plan should link directly to the ICR recommendations and cultural maturity model.
- 3 The Committee welcomed the approach of "all staff are regulators" and acknowledged that this would help link roles to business needs and regulatory outcomes.
- 4 The Committee recognised the plan's clear objectives and emphasis on co-creation using feedback from various groups both internally and externally.

People and Culture: Highlight report

- 6 The Committee welcomed this new report which was intended to provide a regular update for the Committee on the People and Culture directorate activities.
- 7 The Committee acknowledged the extensive programme of work undertaken in recent months to implement the efficiencies programme and the successful redeployment of the majority of at risk colleagues and the avoidance of compulsory redundancies.

Independent Culture Report: update on recommendations

- 8 The Committee received an update on the progress made on the Independent Culture Report (ICR) recommendations.
- 9 The Committee acknowledged the 21 recommendations assigned to it with the remaining 16 to the Finance and Resources Committee.
- 10 The Committee was assured that all the recommendations had been initiated with the current assessment focused on whether they had been fully implemented.
- 11 The Committee acknowledged that changes were widely recognised by staff and evidenced by internal communications and feedback.

People and Culture Risk Register: deep dive discussion on workforce capability and capacity risk

- 12 The Committee welcomed the ‘deep dive’ discussion on workforce capability and capacity risk and acknowledged the revised one-year plan to address issues within this risk area.
- 13 The Committee welcomed the opportunity to discuss a business impact assessment of systems and processes for a future People and Culture Committee meeting.

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

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

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