

# Open Council 26 March 2025

MEETING  
26 March 2025 09:30 GMT

PUBLISHED  
20 March 2025

## Meeting of the Council

To be held from **09:30** on Wednesday 26 March 2025  
Council Chamber, 23 Portland Place, London W1B 1PZ

### Agenda

Sir David Warren  
Chair of the Council

Matthew Hayday  
Council Secretary

**1 Welcome and Chair's opening remarks** NMC/25/15 **09:30**

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

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

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

Chair of the Council

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

Secretary

### Matters for discussion

**6 Executive report** NMC/25/20 **09:40-10:10**  
Interim Chief Executive and Registrar/Executive **(30 mins)**

### Matters for decision

**7 Review of Financial Strategy** NMC/25/21 **10:10-10:25**  
Executive Director, Resources and Technology **(15 mins)**

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<b>8</b>	<b>Annual Corporate Plan and Budget 2025-2026</b> Executive Director, Resources and Technology Services	NMC/25/22	<b>10:25-11:10</b> (45 mins)
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**Matters for discussion**

<b>9</b>	<b>Safeguarding update</b> Acting Executive Director, Professional Practice / General Counsel	NMC/25/23	<b>11:10-11:40</b> (30 mins)
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<b>Refreshment break (15 mins)</b>			<b>11:40-11:55</b>
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**Matter for decision**

<b>10</b>	<b>Draft Principles for Advanced Practice</b> Acting Executive Director, Professional Practice	NMC/25/24	<b>11:55-12:10</b> (15 mins)
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**Matters for discussion**

<b>11</b>	<b>Fitness to Practise: update on our casework performance</b> Executive Director, Professional Regulation	NMC/25/25	<b>12:10-12:30</b> (20 mins)
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<b>Lunch break (40 mins)</b>			<b>12:30-13:10</b>
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<b>12</b>	<b>Your Voice employee survey 2024</b> Interim Executive Director, People and Organisational Effectiveness	NMC/25/26	<b>13:10-13:20</b> (10 mins)
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## Matters for decision

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| <b>13</b> | <b>Pay Gap and WRES Report</b><br>Interim Executive Director, People and Organisational Effectiveness  | NMC/25/27 | <b>13:20-13:35</b><br>(15 mins) |
| <b>14</b> | <b>Panel member reappointments and resignations</b><br>Chief of Staff  | NMC/25/28 | <b>13:35-13:45</b><br>(10 mins) |
| <b>15</b> | <b>Council Governance matters</b><br><b>15.1 High level approach for establishing Finance and Resources Committee</b><br><b>15.2 Council Committee membership 2025-2026 and Council meeting dates 2026-2027</b><br>Secretary | NMC/25/29 | <b>13:45-13:50</b><br>(5 mins)  |

## Matters for discussion

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| <b>16</b> | <b>Questions from observers</b><br>Chair | NMC/25/30<br><b>(Oral)</b> | <b>13:50-14:05</b><br>(15 mins) |
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## Matters for information

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| <b>17</b> | <b>Culture Transformation Plan</b><br>Interim Chief Executive and Registrar | NMC/25/31 |  |
| <b>18</b> | <b>Audit Committee Report</b><br>Chair of Audit Committee                   | NMC/25/32 |  |

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| <b>19</b> | <b>Appointments Board Report</b>                    | NMC/25/33 |
|           | Chair of Appointments Board                         |           |
| <b>20</b> | <b>People and Culture Committee Report</b>          | NMC/25/34 |
|           | Chair of People and Culture Committee               |           |
| <b>21</b> | <b>Chair's actions taken since the last meeting</b> | NMC/25/35 |
|           | Chair   |           |

**CLOSE**

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Meeting of the Council  
Held on Wednesday 29 January 2025 by videoconference

## Minutes

### Council

David Warren	Chair
Rhiannon Beaumont-Wood	Member
Lindsay Foyster	Member
Deborah Harris-Ugbomah	Member
Claire Johnston	Member
Margaret McGuire	Member
Eileen McEaney	Member
Flo Panel-Coates	Member
Anna Walker	Member
Sue Whelan Tracy	Member
Lynne Wigens	Member

### NMC Officers

Paul Rees	Interim Chief Executive and Registrar
Lesley Maslen	Executive Director, Professional Regulation
Tom Moore	Chief Information Officer
Gavin Kennedy	Interim Executive Director, People and Organisational Effectiveness
Khuljit Dhillon	Interim Executive Director, Strategy and Insight
Miles Wallace	Interim Executive Director, Communications and Engagement
Sam Donahue	Acting Executive Director, Professional Practice
Alice Hilken	General Counsel
Matthew Hayday	Secretary to the Council
Alice Horsley	Senior Governance Manager

### Joining for item 7 (NMC/25/07):

Charlotte Eimer	Assistant Director, Culture Change and Transformation
Karen Lanlehin	Head of NMC Culture Transformation

### Joining for item 8 (NMC/25/08):

Anne Trotter	Assistant Director, Education and Standards
Julie Bliss	Senior Nursing Education Adviser
Alex McMahon	Chair, Nursing and Midwifery Practice Learning

### Joining for item 10 (NMC/25/10):

Richard Wilkinson	Assistant Director, Finance and Audit
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*A list of observers is at Annexe A.*

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## Minutes

### **NMC/25/01 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 Paul Rees MBE, who joined the NMC as Interim Chief Executive and Registrar on 20 January 2025.
3. The Interim Chief Executive and Registrar thanked the Chair and colleagues across the NMC for the welcome he had received. He commented that he was delighted to be leading the NMC and was determined to transform its culture at pace. He noted that over the last few years he had the privilege of leading and transforming the culture and performance at the Royal College of Psychiatrists (RCP), ensuring that values and Equality, Diversity and Inclusion (EDI) were at the heart of all its work. The Interim Chief Executive and Registrar noted that he was confident that the work he had done previously had put him in a strong position to lead the NMC during a challenging time in its history.
4. The Interim Chief Executive and Registrar said that his priority was to support Executive Board and Council colleagues to build a positive new culture at the NMC, allowing it to become a faster, fairer and more effective regulator. He committed to publishing a plan for delivering culture transformation at the NMC by the end of March 2025. He noted the five key pillars which would underpin culture transformation were: 1) psychological safety 2) strong, effective leadership 3) values-based decision-making 4) embedding EDI best practice 5) enjoying work.
5. The Interim Chief Executive and Registrar noted that he was holding 'Town Hall' events at the NMC's offices at Portland Place, Stratford and Edinburgh, as well as virtually, to engage with colleagues and gather feedback on changing the culture at the NMC. He had also met with the four Chief Nursing Officers and Chief Midwifery Officers and other key stakeholders to share his priorities and plans for culture change, which had received a positive response.
6. The Chair also extended a special welcome to Sam Donohue, Acting Executive Director, Professional Practice, Gavin Kennedy, Interim Executive Director, People and Organisational Effectiveness, and Miles Wallace, Interim Executive Director, Communications and Engagement, who had all been appointed to these positions since the last meeting.

### **NMC/25/02 Apologies for absence**

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

**NMC/25/03    Declarations of interest**

1.            The following declarations of interest were recorded:
  - a) **NMC/25/09: Fitness to Practise Plan: Realignment update and update on our casework performance** All registrant Council members, and the Acting Executive Director, Professional Practice, declared an interest.
2.            These interests were not considered material such as to require the individuals concerned to withdraw from the discussion.

**NMC/25/04    Minutes of the previous meeting**

1.            The minutes of the meeting on 27 November 2024 were agreed as an accurate record, subject to the following amendment
  - a) On the Quarterly corporate performance report (**NMC/24/97**), the minutes captured the requirement to take a robust approach to prioritisation and that the Council’s input on this would be welcomed, but no action had been recorded to reflect this and one should be added.
2.            The draft minutes would be amended accordingly and submitted to the Chair for signature.

<b>Action:</b>	<b>Amend the minutes/actions of the meeting on 27 November 2024 according to the comment raised and submit to the Chair for signature.</b>
<b>For:</b>	<b>Secretary to the Council</b>
<b>By:</b>	<b>26 March 2025</b>

**NMC/25/05    Summary of actions**

1.            The Council noted progress on actions arising from previous meetings.
2.            Arising from **NMC/24/96: Transforming NMC culture: responding to the Independent Culture Review** – The NMC was in the process of updating its EDI Plan. As part of this work, there would be consideration as to the timeline for presenting the governance structures and performance measures relating to EDI for discussion at Open Council, alongside a framework for inclusive language to be used consistently at the NMC.
3.            The final version of the Corporate Plan and Budget for 2025-2026 would be presented to the Council for approval on 26 March 2025. There would be an opportunity for the Council to engage with and contribute to the development of the Corporate Plan and Budget at Council Seminar on 25 February 2025.

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4. Assurance was provided that the NMC would capture and embed learnings and actions from the Thirlwall Inquiry.

**Action:** As part of this work underway to update the EDI Plan, there would be consideration as to the timeline for presenting the governance structures and performance measures relating to EDI for discussion at Open Council, alongside a framework for inclusive language to be used consistently at the NMC.

**For:** Interim Executive Director, Strategy and Insight

**By:** 21 May 2025

**NMC/25/06 Quarterly corporate performance report**

1. The Interim Chief Executive and Registrar introduced the report, highlighting the following points relating to changes in executive leadership at the NMC in recent weeks:
- a) Gavin Kennedy had been appointed Interim Executive Director, People and Organisational Effectiveness, having previously held the position of Deputy Director, People and Culture.
  - b) Miles Wallace had been appointed Interim Executive Director, Communications and Engagement, having previously held the position of Deputy Director, Communications and Engagement.
  - c) Sam Donohue had been appointed Acting Executive Director, Professional Practice, having previously held the position of Assistant Director, National and Regional Outreach Service.
  - d) Matthew Hayday had been appointed Interim Chief of Staff, having previously held the position of Assistant Director, Governance. Matthew was now also a member of the Executive Board.
  - e) Kuljit Dhillon, Interim Executive Director, Strategy and Insight would be returning to her substantive role as Assistant Director, Strategy, Planning and Inclusion at the General Medical Council (GMC) after Easter 2025. The NMC had been grateful for Kuljit's fresh thinking, constructive challenge and insight as a member of the Executive Board and the wider NMC, especially in relation to Equality, Diversity and Inclusion (EDI) and culture. The NMC was also grateful for her leadership on the Independent Culture Review (ICR) recommendations and cultural transformation, as well as her engagement with the Professional Standards Authority (PSA) Independent Oversight Group.
  - f) NMC colleagues would look forward to continuing to work with Kuljit after she had returned to the GMC.
  - g) Anthony Omo's secondment to the NMC as Executive Advisor to Professional Regulation would come to an end on 31 January 2025, with Anthony returning to his substantive role as General Counsel and Director of Fitness to Practise at the GMC. The NMC was extremely grateful to Anthony for sharing his knowledge of FtP best practice. A significant amount of the

change and improvement in FtP processes was thanks to his input.

2. The Interim Chief Executive and Registrar noted that, following an open competition (working with the NMC's search partner, Hunter Healthcare), final interviews for the role of Chair of Council were scheduled for 31 January 2025. Subject to the outcome of the interviews, the NMC would submit a recommendation to the Privy Council for appointment and report on compliance with the process to the PSA. The NMC would expect to make an announcement regarding the appointment of the Chair of Council in March 2025.

3. Relating to current health and social care sector issues, the Interim Chief Executive and Registrar noted:

- a) Nursing and midwifery professionals were facing significant pressures. He offered thanks for their dedication in delivering vitally important work.
- b) The Prime Minister's speech on 6 January 2025 set out the Government's measures to cut the number of patients waiting more than 18 weeks for NHS treatment in England by nearly half a million over the next year.
- c) Reducing NHS waiting lists was also a key priority across the four nations.
- d) Important prospective legislation and policy developments included the Mental Health Bill and the Terminally Ill Adults (End of Life) Bill, as well as the Cass review, and the end on sale and supply of puberty blockers via private prescriptions.
- e) The NMC would follow with interest the appearance shortly of the NHS Chief Executive Officer, Amanda Pritchard, before the Health and Social Care Committee.

4. The Chief Information Officer introduced the Q3 performance report.

5. In discussion, the following points were noted:

**Financial position**

- a) The overall financial position remained secure at the end of quarter three, with free reserves of £33 million and cash and investments totalling over £92 million.
- b) The lower than planned deficit (£8 million versus £12 million) was due to some slippages and underspend on core regulatory activities and programmes.
- c) The full year deficit was expected to be £21 million in total, with an acceleration in spend for the last quarter of the year. This reflected additional activities in response to the Independent Culture Review, an increase in provision for panel members and other holiday pay, and provision for additional specialist support.
- d) It was expected that a drop in applications from overseas professionals would reduce income by about £1.1 million over the year.

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- e) The NMC must not be complacent in its approach to financial planning.
- f) The establishment of the Finance and Resources Committee should be expedited.
- g) The annual business planning exercise was underway, with the plans and budget to be agreed by the Council in March 2025.
- h) There was general acknowledgment of the resource constraints and the level of pressure facing colleagues at the NMC.

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

- i) There had been steady progress on this outcome, particularly on setting the foundations for culture transformation.
- j) Work underway included the new EDI learning approach, pilots for the utilisation of the behaviour framework and 360 degree feedback.
- k) Ambitious Appraisals had embedded well, with 98 percent of colleagues now having quarterly performance, development and wellbeing conversations with their manager.
- l) It was encouraging that colleagues were using the Empowered to Speak Up Guardian Service. As agreed at the November 2024 Open Council meeting, a regular quantitative and qualitative report from the Empowered to Speak Up Guardian Service would be provided to the Council. It was recognised that there were some limitations on what could be reported to protect confidentiality.
- m) Helen Herniman, Executive Director, Resources and Technology Services, had taken on the role of Executive Sponsor to the Empowered to Speak Up Service.
- n) Metrics relating to the number of Black and minority ethnic colleagues represented at Grade 6 and above would be discussed at People and Culture Committee.
- o) The People and Culture Committee would also review the increase in the turnover of new starters within six months of joining the NMC.

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

- p) The NMC Online replacement project within Modernisation of Technology Services (MOTS) was experiencing delays and challenges.
- q) The new NMC intranet had been launched and had been well-received by colleagues.
- r) There would be consideration given to using a metric to capture NMC colleagues' views on the modernisation of internal systems, such as feedback about the impact on the efficiency and effectiveness of their work.
- s) A discussion on Artificial Intelligence was being held at Council Seminar in March 2025.

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- t) An update on the review of strategic risk REG24/01 relating to Safeguarding and its scoring would be provided to the Council.

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

- u) There had been good progress relating to this outcome, with important data published externally, including in the mid-year data report.
- v) The Council would welcome a Seminar discussion regarding using prescribing rights obtained through an NMC prescribing qualification while working as a Physician Associate or Anaesthesia Associate.

**Priority Outcome 5: Strengthening the integrity of the register**

- w) The Council looked forward to receiving assurance on how the NMC's new Quality Assurance Agency partner was performing

6. Summing up, the Chair thanked colleagues for the report and the level of detail provided. There was a shared desire to progress with improvements at pace, but the Council acknowledged the pressures facing colleagues and the need to prioritise activity.

<b>Action:</b>	<b>Explore the feasibility of expediting the establishment of the Finance and Resources Committee.</b>
<b>For:</b>	<b>Secretary to the Council</b>
<b>By:</b>	<b>25 February 2025</b>
<b>Action:</b>	<b>Schedule a discussion at People and Culture Committee relating to:</b>
	<ul style="list-style-type: none"> <li>• <b>Metrics for the number of Black and minority ethnic colleagues represented at Grade 6 and above.</b></li> <li>• <b>The increase in the turnover of new starters within six months of joining the NMC.</b></li> </ul>
<b>For:</b>	<b>Secretary to the Council / Interim Executive Director, People and Organisational Effectiveness</b>
<b>By:</b>	<b>26 March 2025</b>
<b>Action:</b>	<b>Consider using a metric to capture NMC colleagues' views relating to the modernisation of internal systems, such as feedback about the impact on the efficiency and effectiveness of their work.</b>
<b>For:</b>	<b>Executive Director, Resources and Technology Services</b>
<b>By:</b>	<b>21 May 2025</b>
<b>Action:</b>	<b>Schedule a Council Seminar discussion regarding using prescribing rights obtained through an NMC prescribing qualification while working as a Physician Associate or Anaesthesia Associate.</b>
<b>For:</b>	<b>Secretary to the Council / Acting Executive Director, Professional Regulation</b>

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**By: 21 May 2025**

**NMC/25/07 Culture Transformation Programme update**

1. The Interim Executive Director, Strategy and Insight introduced the update. She welcomed Charlotte Eimer who had joined the NMC as Assistant Director, Culture Change and Transformation.
  
2. The following points were highlighted:
  - a) It had been six months since the publication of the Independent Culture Review (IRC) on 9 July 2024.
  - b) The NMC was in a challenging position but was seeking to move into a stage of recovery and stabilisation.
  - c) The publication of the ICR had damaged people’s trust and confidence in the organisation’s ability to deliver its core purpose.
  - d) It was important that the NMC was able to earn back trust and confidence, which could only be done through action and tangible results.
  - e) Whilst increased scrutiny was welcome, it was critical that this did not divert the NMC’s focus away from delivery.
  - f) The NMC needed to review and sequence its activity to earn back trust and confidence and assess the impact of measures taken, continually learning from interventions.
  - g) There had been progress on implementing some of the ICR recommendations and Executive commitments: on others, work was being undertaken to put in place the necessary building blocks to enable the organisation to make the shift to recover, stabilise and move forward towards successful implementation.
  - h) 160 colleagues who were on fixed term contracts had been made permanent.
  - i) There were signs of improvement in FtP timeliness and median case age.
  - j) The appointment of the Interim Chief Executive and Registrar and the Assistant Director, Culture Change and Transformation was pivotal in driving culture transformation at the NMC.
  - k) a high-level culture transformation plan for the NMC would be delivered by the end of March 2025.
  - l) The NMC was awaiting key reports, including Ijeoma Omambala KC’s report and the Professional Standard Authority’s review.
  - m) The NMC was meeting the Independent Oversight Group (IOG) on Friday 31 January 2025. The agenda for the meeting was focused on FtP.
  
3. In discussion, the following points were noted:
  - a) Assurance that the Council would be involved in the development of the culture transformation plan before March. There was a

significant amount of work to do to transform the NMC's culture and embedding change would take time.

- b) Work needed to be prioritised to create capacity to progress this.
- c) Moving forward required the NMC to demonstrate that it had understood and acknowledged the past and how it could be ensured that the failings were not repeated.
- d) The NMC had a reverse mentoring scheme in place, which was valuable to senior leaders.
- e) The language the NMC used relating to EDI was important and signalled its level of ambition. There would be a Council Seminar discussion on this.

4. Summing up, the Chair welcomed the tone of the paper and its frankness, which demonstrated appropriately that whilst progress had been made in putting the foundations for change in place, the NMC needed to recognise the challenges it faced in addressing these issues.

<b>Action:</b>	<b>Involve the Council in the development of the culture transformation plan before March 2025.</b>
<b>For:</b>	<b>Interim Executive Director, Strategy and Insight</b>
<b>By:</b>	<b>25 February 2025</b>

**NMC/25/08 Review of the quality of nursing and midwifery practice learning: Outcomes of the discovery phase and next steps**

- 1. The Chair welcomed Professor Alex McMahon, Independent Chair of the NMC Nursing and Midwifery Practice Learning Review, who was formerly Chief Nursing Officer for Scotland. The Chair congratulated Alex on having recently been awarded a CBE in the King's honours for services to nursing in Scotland.
- 2. The Acting Executive Director, Professional Practice introduced the item, acknowledging that learning in the practice environment was highly pressurised and challenging. There had been a decline in some pre-registration programme routes across the four UK countries as well as a rise in student attrition rates.
- 3. The Independent Chair of the NMC Nursing and Midwifery Practice Learning Review noted the review had accounted for all four UK countries, in a fully joined up way. Thanks were offered to the stakeholders, students and the public who had engaged with the review of practice learning, which had been an exceptional demonstration of co-production.
- 4. The Assistant Director, Education and Standards highlighted the following points:
  - a) The importance of the NMC's role in setting education standards, to support the student journey and enable them to safely and confidently join the register and enter the workforce.

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- b) The practice learning review discovery phase was built on previous work, including the review of, and changes to, the standards in 2023.
- c) When the standards were changed in 2023 there was no consensus regarding practice learning hours for pre-registration programmes.
- d) The key findings showed no clear evidence either to determine the optimal number of practice hours needed to ensure safe and effective practice or to support the current requirements of 2,300 hours.
- e) The focus should be on quality and outcomes of practice learning.
- f) On EDI, there was evidence of a failure to adopt reasonable adjustments as well as bias and discrimination.

5.

In discussion, the following points were noted:

- a) Thanks to Professional Practice colleagues for offering familiarisation sessions to Council members regarding the Practice Learning Review in advance of the Open Council meeting.
- b) The shift to focusing on quality and outcomes relating to practice learning was welcomed.
- c) The Council supported the five key lines of enquiry proposed, acknowledging there was not a single answer to the question of maintaining the quality of practice learning.
- d) It would be necessary to recognise that the next generation entering the workforce would be seeking more flexibility.
- e) The Council commended the four country approach to the discovery phase of the review.
- f) The recent news that Cardiff University had announced its proposal to close its School of Nursing was concerning, particularly at a time when Wales was facing a nursing shortage.

6.

Summing up, the Chair noted that the Council would look forward to discussing the research and proposals relating to practice learning in due course at Seminar session, ahead of considering formal recommendations.

7.

**Decision: The Council approved the Key Lines of Enquiry to:**

- **Further examine the practice learning experiences of students with protected characteristics (including requirements for reasonable adjustments) and the relationship to existing education standards and student retention.**
- **Consider an expansion to the NMC's existing approach to supporting students in practice/standards for student supervision and assessment, including strengthening requirements for protected learning time for Nursing Associate students.**

- **Develop quality indicators and metrics for practice learning as part of the NMC’s education quality assurance function/continuous improvements and identify opportunities that better supports students’ attainment of proficiency standards when in practice.**
- **Evaluate key aspects of midwifery curricula to understand the midwifery student practice learning experiences that support student attainment of specific proficiency standards i.e. number of births, types of birth.**
- **Evaluate key aspects of nursing curricula that support nursing student attainment of proficiency standards for their intended field of nursing and the relationship to existing education standards.**

**NMC/25/09 Fitness to Practise Plan: Realignment update and update on our casework performance**

1. The Executive Director, Professional Regulation introduced the item. The following points were highlighted:
  - a) Since the FtP improvement plan was launched in April 2024, it has had to remain agile and adapt to a period of change and challenge at the NMC, including the higher referral rate, the Independent Culture Review recommendations, and the ambition to do more at pace.
  - b) The plan continued to be phased, with a period of stabilisation over the next few months, followed by a more ambitious improvement period from April 2025 for 18 months. There would then be a phase of work to return to a steady state in 2026 and beyond.
  - c) FtP teams were working hard to deliver not just core work, but also the transformational change planned.
  - d) There was evidence of progress and improvement, including strong improvement in Screening performance. The volume of decision-making outputs by the Screening team had increased. There were 622 Screening decisions made in November 2024, which was the highest monthly figure in five years, with an overall reduction in the caseload at the Screening stage. This followed a period of investment in and recruitment of additional colleagues to the Screening team.
  - e) There had been a focus on the NMC’s oldest cases at all FtP stages, progressing these so that the people involved saw a conclusion to their case more quickly.
  - f) The median age of caseloads at Screening, Investigations and Case Examiner stages reduced during the period January – December 2024, compared to the same period in 2023.
  - g) There had also been a focus on progressing cases, with improvements made at the Case Preparation and Presentation stage. Case Preparation and Presentation had 542 cases awaiting a legal review at the start of September 2024 and this

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had reduced to 190 cases by December 2024, enabling 354 cases to now be listed to be heard by the Fitness to Practise Committee.

- h) There were also however sustained higher numbers of FtP referrals, with the NMC receiving an average of 542 referrals a month, 92 more than assumed. Acknowledging the current Screening closure rate of 70 percent, this meant 28 more cases a month received into Investigations than assumed.
- i) The focus of the improvement plan had expanded to cover safeguarding, data improvements, and cultural changes and this was stretching capacity, making it harder to maintain momentum. Culture at the NMC and FtP performance and delivery were inextricably linked. It was important to ensure colleagues working in FtP were engaged in the culture transformation plan and journey.
- j) Lessons had been learned about the challenges of delivering change at scale, such as the significant time and effort required to implement certain activities.
- k) The NMC was enlisting external support to accelerate improvements and relieve pressure. Anthony Omo, General Counsel and Director of Fitness to Practise at the General Medical Council (GMC), had returned to the GMC following his three-month secondment advising the NMC team on the improvements being made to its regulatory work, which had added significant value. Colleagues would maintain the relationship with Anthony Omo and continue to engage his ongoing support. Professor Donna O'Boyle was appointed earlier in the month as a seconded executive advisor to support the improvement of FtP processes. Donna was working closely with both Professional Regulation and Professional Practice colleagues to deliver improvements, and her clinical knowledge and experience was a great asset.

2.

In discussion, the following points were noted:

- a) The Council welcomed the progress that had been made in implementing the FtP plan.
- b) Anthony Omo's advice had helped the NMC to review its approach to risk as part of the FtP process. His recommendations had been incorporated into the FtP plan.
- c) Thresholds and Screening guidance were being reviewed and positive feedback about a revised proposed approach had been received from the PSA and representative bodies.
- d) The next phase of the Modernisation of Technology Services (MoTS) was scheduled to go live in April 2025, which would affect the implementation of the next phase of Screening threshold changes.
- e) The NMC was considering what more it could do to signpost to the external support available in instances where it could not help with a concern.

- f) The Council commended colleagues' agility in reprioritising and phasing work in the plan, including amendments in resourcing to account for increased referrals.
- g) The FtP Plan needed to be more focused, with key areas prioritised and progressed at pace.
- h) There had been an increase in cases at the Investigation stage, which had not been accounted for in the plan. The NMC was considering whether additional external support was required to address this increase.
- i) Whilst there would always be a number of cases at the Screening stage where the member of the public did not know the registrant PIN, work could be done between Employer Link Service colleagues and employers to reduce this number. Work relating to safeguarding was progressing well, with the Safeguarding Board established and a Safeguarding Hub in place to review all new referrals through a safeguarding lens. A three-year safeguarding plan was being developed, and a safeguarding update would be presented for discussion at Open Council in March 2025.
- j) Data improvement in FtP was a key area of focus, including ensuring better data provision for the CNOs.

3.

Summing up, the Chair thanked the NMC teams and external partners working hard to deliver faster, fairer, and more effective decisions that protect the public. On behalf of the Council, he extended a particular thanks to Anthony Omo for the valuable advice he had provided to Professional Regulation colleagues during his secondment and welcomed Donna O'Boyle.

<b>Action:</b>	<b>Present an update on safeguarding for discussion at Open Council in March 2025.</b>
<b>For:</b>	<b>Acting Executive Director, Professional Practice / General Counsel</b>
<b>By:</b>	<b>26 March 2025</b>

**NMC/25/10 Investment Policy annual review**

1. The Chair introduced the item and reported that the Investment Committee had endorsed the revised Investment Policy at its latest meeting on 27 January 2025, which he had chaired.
2. The Chair noted that the Investment Committee had overseen a de-risking of the NMC's long term investments in the context of the NMC needing to draw on its reserves sharply over the next two to three years to tackle the cultural and operational delivery issues. As a result, the NMC had rebalanced its investments from equities to a higher proportion in shorter term debt, and revised its long term objective from Consumer Price Index (CPI)+3 percent to CPI+1 percent. The Chair informed the Council that the Committee had discussed Sarasin's strategy for implementation and had confidence in the approach it was

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taking. The Committee had also agreed that it was a prudent time to de-risk the fund, given the potential increase in volatility from world events.

3. The Chair noted that the Investment Committee was pleased to report that the fund's performance had continued to improve, with a return of 2.1 percent in the last quarter, which was above both the long term objective (1.4 percent) and the peer group (1.6 percent), although slightly behind the composite benchmark (3.8 percent). The Committee would continue to scrutinise performance.
4. The Chair also reported that the Committee had considered and approved the approach to retendering the Investment Manager's contract. The Committee had sought and received assurances that a key focus of the process would be identifying a firm with an active commitment to EDI.
5. The Assistant Director, Finance and Audit introduced the Investment Policy for annual review.
6. In discussion, the following points were noted:
  - a) The key amendment was to allow the NMC to be more agile in how it managed its investments.
  - b) In the current context, it was important that the Policy enabled the NMC to seek the maximum return within the ethical framework.
  - c) There had been some adjustments with regards to the ethical aspects of the Policy.
  - d) Aspects of the Policy relating to carbon impact had also been strengthened in line with the Environmental Sustainability Policy.
  - e) The Committee had considered the approach to take regarding investment in pharmaceuticals companies, given the opioid scandal. The Committee was assured that the environmental, social and governance filters applied would exclude investment in unethical activity, and any general exclusion in this industry would not be valuable.
  - f) The suggestion that there be consideration as to how the Policy could allow the NMC to make positive, impactful investment decisions.
  - g) The Policy was reviewed and developed on a continual basis.

7. **Decision: The Committee approved the revised Investment Policy.**

#### **NMC/25/11 Panel Member and Chair appointments**

1. The Secretary introduced the item.
2. In discussion, the following points were noted:
  - a) A key aim of the recruitment campaign was to increase the diversity of the FtP panel member pool, which had been achieved and was welcomed by the Council.

- b) It was also positive that a Nursing Associate was being recommended for appointment as a registrant Panel Member.
- c) All candidates were subject to an externally conducted due diligence process prior to interview as part of the recruitment campaign, which included social media checks and Charity Commission searches.
- d) Any issues which arose from the due diligence process were raised at interview stage for discussion prior to a decision on proposed appointment. This was a learning from previous recruitment campaigns where due diligence was conducted post-interview.
- e) Following a decision on the appointments, appointees would be contacted regarding an induction process led by the Panel Support Team, which would include the NMC's values and the behavioural framework.
- f) There was a significant change in Panel Members and Chairs, which would need to be managed, including by ensuring a thorough induction, ongoing training, and existing Panel Members' sharing their experience.

3. **Decision: As recommended by the Appointments Board, the Council approved:**

- **The appointment of 17 current Panel Members (listed at Annexe 1 to the paper) as Panel Chairs of the Practice Committees.**
- **The appointment of the 149 individuals (listed at Annexe 1 to the paper) to the Practice Committees as Panel Members and Panel Chairs.**

4. Summing up, the Chair welcomed the important movement in the right direction towards increasing diversity, but highlighted that there was further work to be done in this respect across the NMC.

**NMC/25/12 Questions from observers**

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

**NMC/25/13 People and Culture Committee report**

1. The Council noted the People and Culture Committee report

**NMC/25/14 Chair's actions taken since the last meeting**

1. There had been two Chair's actions since the last meeting:

- Approval of Annual Returns 2023-2024 to the Charity Commission and the Office of the Scottish Charity Regulators (**12-2024**).

- Appointment of Partner members to the Audit Committee and People and Culture Committee (01-2025).

**Closing remarks**

1. The Chair thanked all attendees and observers for joining the meeting.

***Confirmed by the Council as a correct record:***

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## Annexe A: Observers registered to attend

### External Observers

Christopher Armstrong	StN, NHS
Serena Arora	Business Analyst, ULUP Consultancy
Kate Atkinson	Executive Leadership Coach Partner, ULUP Consultancy Ltd
Peter Bates	Director, NMCWatch CIC
Eve Bellis	Industry Skills Coach, RNN Group
Scott Binyon	Deputy Director – Policy and Strategy
Juliet Borwell	Clinical Education & Practice Learning Specialist, NHS WT&E
Andrea Carman	TBC Panel Member, NMC
Lucy Catterall	Head of Legal, Royal College of Nursing
Ceylan Cennet - Ali	Nurse Practitioner, NHS
Lorna Coe	Governance Manger, General Osteopathic Council
Nicky Court	LME, Swansea University
Leanne Daniel	Midwifery lecturer and programme lead, Swansea University
Julie Derbyshire	Associate Professor in Nursing, Northumbria University
Lorraine Diegnan	Principal Lecturer, University of Wolverhampton
Delin Dixon	ISW, independent
Leslyn Downer	Clinical Team Leader, GCHC
Nkulueko Dube	NHSE Leadership Fellow, NHSE
Pat Dwan	Retired Nurse
Sandra Elsenussi	Education Officer Practice Learning & Expansion, NHSE
Elizabeth Fenton	Director of Nursing and Midwifery, NHSE
Claire Fisher	Academic Lead Placement Learning, University of Hull
Nicole Forbes	Nurse, NHS
Abbie Fordham Barnes	Visiting Professor, University of Chester
Jasleen Gulati	Year 13 student, Villiers High School
Lauren Harrison	Nursing Associate, Binnington Surgery
Helen Harte	Associate Professor, Director of Practice Learning, University of Lincoln
Eleanor Healer	Head of Midwifery, Swansea University
Sophie Hibberd	Senior Practice Lead/Senior Lecturer, De Montfort University
Janice High	Associate Professor/Lead for Practice Education, Leeds Trinity University
Bridget Hoad	Senior Education Manager, Nursing, NHSE
Megan Hodson	Auditor, Auto Trader
Lewis Hopwood	Doctor, Northumbria Healthcare NHS Foundation Trust
Helen Hughes	Chief Executive, Patient Safety Learning
Louise Hunt	Director of Practice, De Montfort University
Melvis Kibuh	ACP, private
Clare Knowles	College Academic Lead for Accreditation, Birmingham City University
Jemma Lockwood	Senior Teaching Fellow: Practice Education, Aston University

Sam Lungu	Senior Policy Advisor, NHSE	1
Michelle Lyne	Professional Advisor Midwifery Education, RCM	2
Barbara Macdonald	Programme Lead Midwifery BSc, De Montfort University	3
Chola Magadzire	STMW, RGU	4
Kayleigh Maslyn	Student midwife, Robert Gordon University	5
Rhys McCarthy	Scrutiny Officer, PSA	6
Paul McCreary	Senior Lecturer, Mental Health University, Buckinghamshire New University	7
Bren McInerney		8
Gillian Meldrum	Retired midwife	9
Suzanne Miller	Regional Officer, PSA	10
Nicola Morrell-Scott	Nursing Workforce Senior Manager, NHSE	11
Adele Morris	Student midwife, University of Sheffield	12
Clare Minchington	Senior Council Member, GOC	13
David Munday	Lead professional officer, Unite the Union	14
Raluca Oaten	Research and Policy Associate, Florence Nightingale Foundation	15
Omolara Theresa Omojola	None	16
Patricia Owen	Professor of Nursing, Birmingham Newman University/Keele University	17
Debbie Roberts	Primary Care PEF, HEIW	18
Michelle Russell	Whistleblower, Unemployed	19
Paul Salmon	Nurse, NHS	20
Victor Sanchez Castrillon	Senior Head of Nursing, King's College Hospital	21
Karl Shadenbury	Professional Services Officer, UNISON	22
Emily Taylor	Senior Policy Adviser, RCN	23
Kat Tolfree	Head of FHFT Education Academy, Frimley Health NHS Foundation Trust	24
Tanya Tye	Senior Nurse Professional Practice & NSA Lead, Cwm Taf Morgannwg UHB	25
Natalie Tyers	Senior Practice Lead, UHB	26
Wilfredo Jr Vitao	Practice Educator, George Eliot Hospital NHS Trust	27
Lucie Warren	LME, Cardiff University	28
Cathryn Watters	Director and nurse, NMCWatch registrant care CIC	29
Lys-Marie Williams	Midwife, Healthcare	30
Sue Williams	Lead Midwife for Education, De Montfort University	31
Richard Williams	Head of Practice Education and Apprenticeships, Edge Hill University	32
Karen Wilson	Deputy Chief Executive & Executive Nurse Director NHS Education for Scotland	33
Jenny Wood	Partner, Capsticks LLP	34
Lucy-Anna Wragg	Student Midwife, University of Sheffield	35
<b>Press</b>		36
Ella Devereaux	Nursing Times	37
Madeleine Anderson	News and Features Writer, Nursing in Practice	38
Shruti Trivedi	Senior journalist, Nursing Standard – RCN	39
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## NMC staff observing

Kenneth Batty	Appointments Board member
Renée Caffyn	Executive Assistant
Rebecca Calver	Head of Corporate Planning Performance and Risk
Janice Cheong	Senior Executive Business Manager
Sharon Clement-Thomas	Regulation Adviser
Niamh Fleming	Senior Project Manager
Lauren Haslehurst	Senior Adviser
Carole Haynes	Senior Policy Officer
Maisha Islam	Case Examiner Administrator
Karen Lanlehin	Head of Culture Change and Transformation
Tracey MacCormack	Assistant Director for Midwifery
Clare Minchington	Designate Partner Member
Funke Nana	Senior Finance business Partner
Bola Ogundeji	Designate Independent partner member
Paula Palmer-Charlery	Regulation Adviser
Joyce Sarpong	NMC Partner member
Jacqui Williams	Senior Midwifery Adviser (Education)
Sharon Dawson	Governance Manager
Mary Anne Poxton	Head of Governance



## Annexe B: Observer questions

Safeguarding
<p><b>Question:</b></p> <p><b>Do members of the Council share my concerns that the known cases of death by suicide during/following FtP referral, shocking as they are, may only be the tip of the iceberg? Given that 53% of registrants are unrepresented and there is no data available about how many disengage with the NMC or are in employment - such that the NMC might not be notified of death by suicide of some of those in despair, mentally unwell and possibly ashamed to disclose their situation to friends and family, socially isolated, in financial distress or having moved away from the UK? - Gillian Meldrum, retired midwife</b></p> <p><b>Response:</b> <i>The wellbeing and welfare of everyone within our fitness to practise process is a primary consideration for us. We know how incredibly difficult the process can be for people involved, and that for some people their wellbeing suffers through the process. We are committed to making changes to seek to reduce the impact of our process on those involved and minimise the risk that our process can lead to a deterioration in people's wellbeing.</i></p> <p><i>Each year we report on the number of people who have died by suicide or suspected suicide while under or having a concluded fitness to practise investigation. We don't have reason to believe that the data is the tip of the iceberg as we're in contact with registrants and others through the fitness to practise process in most cases.</i></p>
<p><b>Would the members of the Council agree that the NMC has a duty of care towards registrants underdoing FtP which could be met by a policy of proactive and regular engagement with registrants (eg every 6 weeks) including routine enquiry about mental wellbeing and signposting to mental health support, with further enquiry made to next of kin or GP if no direct contact can be established; and would the NMC have enough staff with sufficient skills to implement such a policy? - Gillian Meldrum, retired midwife</b></p> <p><b>Response:</b> <i>We know that we have an obligation to minimise harm to those who engage with us; and that there is an enhanced risk of safeguarding concerns throughout the fitness to practise process. Our <a href="#">safeguarding policy</a> explains how we identify, respond to and manage safeguarding concerns which arise in our role as a regulator.</i></p> <p><i>We are committed to transforming our service and making improvements that we hope will incrementally improve people's experience.</i></p> <p><i>We believe that if we improve our engagement with people, this will help to improve their experience and reduce the potential for harm through our process. Regular and meaningful engagement can help us to work with all involved to reach the right outcome as quickly and safely as possible; which is important when considering health and wellbeing.</i></p>

Our fitness to practise plan for 2024 – 2026 specifically includes an area of work focused on better support for vulnerable registrants involved in our processes. Our work in this area includes:

- introduced improved signposting information for registrants on our website and we're considering what more we can do to develop wider signposting support.
- strengthened our safeguarding approach. Since last Autumn we're running a twice weekly safeguarding hub so that every new referral is assessed by colleagues with safeguarding and mental health expertise ensuring safeguarding cases are identified and assessed by the group. In scope for this, is cases where wellbeing concerns are identified.
- running a number of pilots, including piloting a new approach to managing the investigation of cases relating to a registrant's health. This includes clinical and safeguarding colleagues.
- learning from what other regulators are doing in this area.
- looking at a communications assessment to inform our approach to future contact and signposting to support services; we know that a one size fits all approach is not what people find helpful.
- a workstream specifically looking at how we engage and support unrepresented registrants.
- we're reviewing our risk of self-harm and suicide protocol to ensure that it's in line with best practice nationally and supports colleagues to make the right decision with regards to escalating risk of suicide.

**Question:**

**What lessons have been learnt by the NMC on the suicides to date during FtP - looking at how many raised concerns about their mental to case officers, risk assessment looking at previous mental issues and looking at how far through the process the registrants were - did any of them ask for Agreed removal - was this denied etc. Lessons learnt can occur without needing to contact families of those registrants but looking at internal information you hold. – Anonymous**

**Response:** A Serious Event Review would be raised to review any instance of death by suicide during the FtP process. The NMC would look in detail at the case and what was known about the individual. As part of this process, a review would be conducted to understand how the FtP process may have impacted the registrant and whether there is learning for us organisationally, in terms of supporting vulnerable persons engaging with our processes. Where there, we will refer any cases to the Charity Commission. In terms of actions, we have provided increased resourcing for our public support and engagement teams and safeguarding team to greater support operational teams to identify vulnerable individuals and greater support them through our processes. Moving forward we will be undertaking work to strengthen our risk of self-harm and suicide procedures to ensure that they remain in line with best practices for responding to suicide risk.

**Question:**

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**Just following on from the previous question regarding death by suicide during FTP investigations, are there any immediate changes that can be made to ensure that those undergoing FTP are not left feeling unsupported/ isolated to drive them to such extremes? – Chola Magadzire, STMW, RGU**

**Response:** *We are committed to making improvements in a number of ways that we hope will incrementally improve registrants’ experience and better support them.*

*Our fitness to practise plan for 2024 – 2026 includes an area of work focused on better support for vulnerable registrants involved in our processes. We’ve introduced improved signposting information on our website and we’re considering what more we can do to develop signposting support.*

*Work in this area includes:*

- *strengthening our safeguarding approach and from last Autumn we’re running a twice weekly safeguarding hub so that every new referral is assessed by colleagues with safeguarding and mental health expertise.*
- *we’re running a number of pilots and evaluating and embedding new ways of engaging with and supporting registrants. Part of our includes piloting a new approach to managing the investigation of cases relating to a registrant’s health.*
- *a workstream specifically looking at how we engage and support unrepresented registrants, including a review of our contact and correspondence with them and the information we provide to guide them through the process.*
- *we’re reviewing our risk of self-harm and suicide protocol to ensure that it’s in line with best practice nationally and supports colleagues to make the right decision with regards to escalating risk of suicide.*

**Review of the quality of nursing and midwifery practice learning**

**Question:**

**The empirical evidence over the last 30 years all concurs that mandating protected time for practice assessors and practice supervisors to support students in practice is at the center of improving practice education. It is the one constant in all the literature.**

**Lord Wills has noted that the greatest source of heartache for him was mentors telling him how they struggled to make time for students.**

**Will the NMC be taking consideration of this need to mandate protected time for PA and PS roles? - Dr Lou Hunt, Director of Practice, De Montfort University**

**Response:** *Assurance was provided that a key line of enquiry to consider if strengthening standards for supervision and assessment was needed is a part of the Practice Learning Review.*

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*We will be working collaboratively with a range of partners to consider which standards can be strengthened and where other aspects need to be considered by key stakeholders across the four countries of the UK.*

**Question:**

**As David Warren alluded to earlier, in its submission to the NHS Pay Review Body for 2025-26, the Department of Health and Social Care reiterated calls to look to reduce student nurses’ practice learning hours from 2,300 to 1,800. It said it wanted to work with the NMC to explore ‘further changes to nursing degrees’.**

**How is the NMC balancing this ongoing pressure from government to reduce practice learning hours, alongside the current lines of enquiry in the practice learning review? Are DHSC involved in these discussions? - Ella Devereux, Nursing Times**

**Response:** *The NMC is and will continue to work with and update the Department for Health and Social Care in each of the four UK countries and as part of various workstreams to support capacity and access to the workforce. It is essential that the integrity of the Register was maintained by ensuring students have the knowledge, skills and attributes on completion of their programmes.*

**Question:**

**There has been a lot of work undertaken to review the situation in relation to practice learning in pre-registration nursing and midwifery - thank you for explaining this.**

**It is good to hear the voices of students, service users and carers and policy makers in the reports and summaries presented.**

**In universities, NHS trusts and private health care providers there are practice education directors or leads. To what extent has the NMC engaged with this group of experts on the ground? Their voice would be a very important resource. Thank you. - Patricia Owen, Professor of Nursing, Birmingham Newman University/Keele University**

**Response:** *Engaging with practice education directors and leads in both the NHS and private healthcare has been a really important resource as part of the practice learning review. The NMC has engaged stakeholders via different approaches including a four country-wide advisory group, an online community as well as through outreach events. Practice education is also represented on the independent steering group. This will continue into the next phase of the review.*

**Individual case**

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**Question:**

**Whilst not expecting any comments on individuals contracts of employment can you give any reassurances as to the absence of the Executive Nurse Director of Professional Practice and whether it has any relation to any previous protected disclosure(s) made or any inferences should be drawn related to the ongoing cultural issues at the NMC? - David Munday, Lead professional officer, Unite the union**

**Response:** *The NMC was unable to answer questions relating to individual cases.*

**Question:**

**In the ethos of transparency are the council going to be open about the status of Sam Foster exec and whistleblower rather than the narrative that she is merely on leave. – Anonymous**

**Response:** *The NMC was unable to answer questions relating to individual cases.*

**Question:**

**Can Council confirm or deny that Sam Foster (Executive Director, Professional Practice, and a whistleblower at NMC), is currently on suspension? – Anonymous**

**Response:** *The NMC was unable to answer questions relating to individual cases.*

**In person / Online Open Council meetings**

**Question:**

**Again, we see the benefit of NMC Council having the option for people to watch online with over 80 attendees joining via a video conference option today. Whilst I have repeatedly argued for an online option for attendance at Council this should not be with the loss of the option of attending the meeting in person. I hope that the NMC will not take a decision to continue solely online Council meetings. - David Munday, Lead professional officer, Unite the union**

**Response:** *In March 2024 the Council approved amendments to its cycle of meetings, with some Council meetings (approximately 4 each year) being held online to improve accessibility. There were still some Council meetings scheduled to take place in person (approximately 3 each year) and it was hoped that this would allow the NMC to meet the balance of in person and online meetings and improve overall accessibility.*

*There were plans to invest in improving technology at the NMC’s offices to allow for hybrid access to Open Council meetings held in person in the future.*

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## Council

### Summary of actions

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

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Minute	Meeting date	Title / theme	Status	Action	Action owner	Update	Due date
<b>NMC/24/81</b>	24 September 2024	<b>Transforming NMC culture: responding to the Independent Culture Review</b>	In progress	Schedule cultural competence training for the Council and the Executive, to include a review of consistent and appropriate language for the NMC to use relating to EDI.	Secretary to the Council / Interim Executive Director, People and Organisational Effectiveness	Cultural competence training facilitated by The Equal Group for the Council and the Executive was held on 25 February 2025. A further session is being scheduled and is expected to take place at the Council's Awayday in April.	<del>27 November 2024</del>
<b>And</b>							
<b>NMC/24/96*</b>	And 27 November 2024		In progress	*Schedule a discussion about Equality, Diversity and Inclusion (EDI) at an Open Council meeting to agree a framework for inclusive language to be used consistently by the NMC.		A discussion about EDI and the proposed EDI Plan is scheduled for the Council's Awayday in April and the Open Council meeting on 21 May 2025.	<del>26 March 2025</del> 21 May 2025

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<p><b>NMC/24/84</b></p> <p><b>And</b></p> <p><b>NMC/24/96*</b></p>	<p>24 September 2024</p> <p>And</p> <p>27 November 2024</p>	<p><b>Report from People and Culture Committee</b></p>	<p>Complete</p>	<p>The finalised skills matrix and a summary of the outcomes would be discussed at a Council Seminar session.</p> <p>*Amend the summary of actions to acknowledge NMC/24/84 was in progress rather than closed, as whilst a discussion about the Council Skills Matrix had been scheduled for Council Seminar in February 2025, this had not yet taken place.</p>	<p>Secretary to the Council</p>	<p>A discussion regarding the finalised Council skills matrix and a summary of the outcomes was held at Council Seminar on 25 February 2025.</p>	<p><del>27 November 2024</del></p> <p>26 March 2025</p>
<p><b>NMC/24/85</b></p>	<p>24 September 2024</p>	<p><b>Update on progressing the Fitness to Practise casework</b></p>	<p>Rescheduled</p>	<p>Consider what data relating to the oldest cases could be included in the</p>	<p>Executive Director, Professional Regulation</p>	<p>A session will be scheduled with the Council to explain the date on the age of the caseload, before it is included in the 'Update on progressing</p>	<p><del>27 November 2024</del></p> <p>29 January</p>

				dashboard for the next update to the Council.		the Fitness to Practise Casework' paper.	2025 26 March 2025
<b>NMC/24/89</b>	24 September 2024	<b>Panel Member transfer and resignations</b>	In progress	Monitor the number and reasons for the requests to transfer out of the FtP Committee.	Secretary to the Council	Since September 2024 one transfer from the Fitness to Practise Committee (FtPC) to the Investigating Committee (IC) has been accepted by the Council on the basis of a reasonable adjustment. No further transfers have been made. Requests to transfer from the FtPC to the IC continue to be made by Panel members due to better availability for one day events typical of the IC. Requests are on a waitlist in order to balance the requirements for each Committee. Transfers to the IC are not being considered by the Appointments Board until there is a corresponding request to transfer to the FtPC.	26 March 2025
<b>NMC/24/97</b>	27 November 2024	<b>Quarterly corporate performance report</b>	Complete	Schedule a more detailed Council discussion about	Executive Director, Resources and Technology	A session on data strategy was scheduled for Council Seminar on 25 March 2025, as a follow up to the data	26 March 2025

				data and insight systems.	Services	strategy session held at Council Seminar on 11 June 2024.	
<b>NMC/24/98</b>	27 November 2024	<b>Independent Culture Review report update (Oral)</b>	Rescheduled	Consider opportunities for Council members to meet with the chairs of Staff Networks and Union members to foster their understanding of cultural issues and culture change at the NMC.	Secretary	The Chief of Staff will be meeting with the network chairs as part of establishing his new role. Discussions will include booking a time after an in person Council event to meet with Council members. We plan to do this following the early July Open Council meeting.	29 January 2025 26 March 2025 2 July 2025
<b>NMC/24/100</b>	27 November 2024	<b>Midwifery activity update: Midwifery Panel - Terms of Reference</b>	Complete	Amend the Terms of Reference for the Midwifery Strategic Advisory Group to allow a mechanism for exception reporting to the Council as required throughout the	Acting Executive Director, Professional Practice	The Terms of Reference for the Midwifery Strategic Advisory Group were amended to include a provision for reporting to the Council throughout the year via the regular Open Council 'Executive Report' item. The Terms of Reference are published on the NMC's website <a href="#">here</a> .  The NMC Midwifery Annual	29 January 2025 26 March 2025

				year, in addition to the annual reporting.		Report is scheduled to be presented at Open Council on 21 May 2025.	
<b>NMC/25/04</b>	29 January 2025	<b>Minutes of the previous meeting</b>	Complete	Amend the minutes of the meeting on 27 November 2024 according to the comment raised and submit to the Chair for signature.	Secretary to the Council	The minutes of the meeting on 27 November 2024 were amended according to the comments raised and submitted to the Chair for signature.	26 March 2025
<b>NMC/25/05</b>	29 January 2025	<b>Summary of actions</b>	In progress	As part of the work underway to update the EDI Plan, there would be consideration as to the timeline for presenting the governance structures and performance measures relating to EDI for discussion at Open Council, alongside a framework for	<b>Interim Executive Director, People and Organisational Effectiveness</b>	Not yet due.  The People and Culture Committee have a detailed review of draft measures for the Culture Transformation Plan and People Plan that are linked to this work scheduled for its meeting on 28 April 2025. This action also relates to the EDI Plan which is being developed.	21 May 2025

				inclusive language to be used consistently at the NMC.			
<b>NMC/25/06</b>	29 January 2025	<b>Quarterly corporate performance report</b>	Complete	Progress the establishment of the Finance and Resources Committee	<b>Secretary to the Council</b>	This is included as an agenda item for this meeting.	26 March 2025
<b>NMC/25/06</b>	29 January 2025	<b>Quarterly corporate performance report</b>	Complete	<p>Schedule a discussion at People and Culture Committee relating to review:</p> <p>a. Metrics for the number of Black and minority ethnic colleagues represented at Grade 6 and above.</p> <p>b. The increase in the turnover of new starters</p>	<b>Secretary to the Council / Interim Executive Director, People and Organisational Effectiveness</b>	To be included for discussion as part of the People Plan and EDI Plan update at the next People and Culture Committee meeting on 28 April 2025.	26 March 2025

				within six months of joining the NMC.			
<b>NMC/25/06</b>	29 January 2025	<b>Quarterly corporate performance report</b>	In progress	Consider using a metric to capture NMC colleagues' views relating to the modernisation of internal systems, such as feedback about the impact on the efficiency and effectiveness of their work.	<b>Executive Director, Resources and Technology Services</b>	Not yet due.	21 May 2025
<b>NMC/25/06</b>	29 January 2025	<b>Quarterly corporate performance report</b>	In progress	Schedule a Council Seminar discussion regarding using prescribing rights obtained through an NMC prescribing qualification while working as a Physician Associate or	<b>Secretary to the Council / Acting Executive Director, Professional Regulation</b>	Not yet due.	21 May 2025

				Anaesthesia Associate.			
<b>NMC/25/07</b>	29 January 2025	<b>Culture Transformation Programme update</b>	Complete	Involve the Council in the development of the Culture Transformation Plan before March 2025.	<b>Interim Chief Executive and Registrar</b>	The Council discussed and provided input to the Culture Transformation Plan at its Confidential meeting on 25 February 2025.	28 February 2025
<b>NMC/25/09</b>	29 January 2025	<b>Fitness to Practise Plan: Realignment update and update on our casework performance</b>	Complete	Present an update on safeguarding for discussion at Open Council in March 2025.	<b>Acting Executive Director, Professional Practice / General Counsel</b>	This is an agenda item for this meeting.	26 March 2025

<b>Key</b>	
In progress	For items not yet due
Rescheduled	Where work has been deliberately replanned/ rephased
Overdue	Unplanned delay to the work
Complete	Completed actions are reported once as Complete
Closed	Only use once an item is moved to the archive

## Council

### Executive report

<b>Action requested:</b>	The Council is asked to <b>discuss</b> the Executive’s report on key developments during 2024-2025, up to 26 March 2025.  <b>For discussion</b>	
<b>Key questions:</b>	<ul style="list-style-type: none"> <li>• What progress has been made in our work to deliver our priority outcomes?</li> <li>• How have we responded to key developments in the external environment that have impacted professionals, the public, colleagues, stakeholders and the NMC?</li> </ul>	
<b>Key background and decision trail:</b>	This paper provides an update on key developments <b>since the last Council meeting on 29 January 2025</b> .  The Executive Report is structured around the five agreed priority outcomes in the 2024-2025 Corporate Plan.	
<b>Annexes:</b>	None	
<b>Further information:</b>	If you require clarification about any point in the paper or would like further information, please contact the author or the director named below.	
	Author: Clare Quinlivan <a href="mailto:clare.quinlivan@nmc-uk.org">clare.quinlivan@nmc-uk.org</a>	Deputising as Executive Directors: Alice Hood and Noita Sadler <a href="mailto:alice.hood@nmc-uk.org">alice.hood@nmc-uk.org</a> , <a href="mailto:noita.sadler@nmc-uk.org">noita.sadler@nmc-uk.org</a>

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# Executive report

## Discussion

### Key developments in the wider landscape

#### *Political landscape*

- 1 We are monitoring key legislation to consider how any changes may impact the professions we regulate and our work. We have responded to the Mental Health Bill which aims to expand rights for disabled people and those with learning disabilities or autism, and we have asked to meet with the Department of Health and Social Care (DHSC) to discuss its implications.
- 2 Meanwhile we are closely following the Terminally Ill Adults (End of Life) Bill, considering what it could mean for registrants, as well as the Nurse (Use of Title) Bill, which aims to prevent someone from operating under the title of 'nurse' unless on the Register. This is a Private Members' Bill introduced by Dawn Butler MP which will receive its second reading on 28 March 2025. We support protecting the title of 'nurse'.
- 3 Beyond legislation, on 13 March 2025, the Prime Minister announced the Government's plans to abolish NHS England (NHSE) and bring its primary functions within DHSC. This comes on the back of recent high-profile changes in leadership and Parliamentary criticism of its drive and effectiveness. The Government plans to have this completed within two years. It is expected around 50 per cent of the jobs at NHSE and DHSC will go. The changes are part of wider government plans to reform the operation and impact of regulation. We are working to build our understanding of the impact of these changes and how they may impact workforce policy and planning, and our stakeholder engagement.
- 4 Amid reports that the Treasury will ask each department to review how regulators can contribute towards economic growth, we are also preparing for discussions with DHSC to clarify what this could mean for us.
- 5 Former Conservative Minister David Willetts has been appointed to chair the Regulatory Innovation Office (RIO) launched in October 2024 within the Department of Science, Innovation and Technology. We can assume that health and care will be a strong focus for the RIO – Willetts' first act as chair was a visit to the Guy's Hospital, and the use of AI in health has been identified as a focus.
- 6 We also continue to engage with the Welsh government on their plans for introducing the role of nursing associates and have had initial conversations with stakeholders in Scotland.

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**Key progress against the five priority outcomes (PO) of our 2024-25 corporate plan:**

**PO 1: Progress fitness to practise (FtP) decisions in a timely and sustainable way that keeps people safe**

*FtP improvement plan*

- 7 Delivering faster, fairer and more effective outcomes that consider everyone involved remains a top priority. Please see agenda item 11 for our latest casework update, which includes work we have commissioned from PwC to enhance business effectiveness.
- 8 To better understand referral patterns, we sent nursing and midwifery employers a short survey in March 2025 to understand how FtP referrals are made, and how we can collaborate to ensure fair and consistent processes.

**PO 2: Build an inclusive, high performance, learning culture**

*Culture transformation*

- 9 On 19 March 2025, we published our culture transformation plan – the full plan can be found at agenda item 17.
- 10 We have launched recruitment for senior colleagues who will play crucial roles in transforming our organisation’s culture: an Executive Director of People and Culture and two Heads of Equality, Diversity and Inclusion (EDI). We have also extended the appointment of Mac Alonge as our EDI Advisor to the Executive Board and Council until the end of April 2025. His recommendations include rolling out six new EDI learning modules.
- 11 We held several events for LGBT+ History Month and International Women’s Day to celebrate colleagues, encourage conversation and help build cultural awareness.
- 12 We have also published plans for our next steps following our Your Voice staff survey and our WRES/Pay gap reports – please see agenda items 12 and 13.

*Safeguarding*

- 13 Please see agenda item 9 for an update on our safeguarding work.

*Public inquiries*

- 14 We are contributing to several public inquiries and ensuring that, through doing so, we identify areas for learning and improvement in how we regulate.
- 15 Representatives from Professional Practice and Professional Regulation directorates met with families affected by the independent review into maternity services at Nottingham University Hospitals NHS Trust on 1 February 2025. We have been in correspondence with the families and the review since this meeting, and we are developing a plan for more direct engagement with the families.

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- 16 We continue to engage with the Lampard inquiry team who are investigating the deaths of people in mental health inpatient settings in Essex. On 7 March 2025 we submitted a witness statement alongside fitness to practise data, and we are working on further requests the team have made.
- 17 In March 2025, we submitted a closing statement to the Thirlwall inquiry summarising our evidence and actions that we have taken in response to feedback from the inquiry so far. Our Interim Director of Strategy and Insight attended the final session of the inquiry for the NMC, where our KC delivered an oral closing statement. We anticipate the final report later in the year. In the meantime, we are reviewing relevant evidence to identify further actions and learning to take forward.

**PO 3: Modernise our internal systems, tools, policies and processes**

*Changes to procurement legislation*

- 18 The Procurement Act 2023 took effect on 25 February 2025, alongside the *National Procurement Policy Statement*. We updated our policy to align with the Act's key provisions, which aim to encourage competition and transparency. Our next step is to define what social value and public benefit mean for the NMC, and how we will achieve these in our procurement activities.

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

*Developing and implementing our standards to support professionals in the four nations*

- 19 We have mapped out key areas of work to support nursing and midwifery practice and ensure we protect the public through modernised standards: the Code and revalidation, practice learning and advanced practice. Our draft corporate plan (agenda item 8) provides further details and agenda item 10 provides an update on the advanced practice review.
- 20 To support educators and practice learning partners (PLPs) in implementing our standards, we now hold monthly drop-in sessions. We also held two post-registration standards webinars in March, to improve understanding of how our standards of proficiency can be applied in practice learning settings.
- 21 Our Midwifery Strategic Advisory Group met on 11 March 2025, discussing the safety and quality of midwifery care and education. Our Chief Executive and Registrar thanked our outgoing independent chair, Anna Van Der Gaag for her invaluable leadership during her six-and-a-half-year tenure as Chair.
- 22 We are collaborating with UK stakeholders on personalised care principles in response to a reported increase in requests for freebirth and care by unregulated people. As part of this work, we surveyed 146 UK Trust/Health boards and received 88 responses. We plan to share the principles at the end of April, subject to approval.

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23 In January 2025, we followed up the standards of proficiency mapping tool that we sent to Directors and Heads of Midwifery last year, to understand how effective it has been. The response rate was low, so we are considering what more we can do to work with our partners to ensure services are mapped to our standards.

#### *Education quality assurance (EdQA)*

24 We are committed to making improvements to EdQA. We commissioned the 2023-2024 annual self-report from approved education institutions (AEIs) in January, piloting a new online format based on feedback which has been positively received. The data is now being analysed, and we will evaluate the new format.

#### *Annual perception survey of public, professionals and stakeholders*

25 To ensure our work is shaped by the public we serve and the professionals we regulate, we are surveying both groups to understand their experiences of receiving or delivering care, and of the NMC. We piloted the survey with 7,000 professionals and the remainder of the register will receive it between March and April. We will also survey 2,000 members of the public. We will publish the findings of both surveys later this year.

### **PO 5: Strengthen the integrity of the register**

#### *OET*

26 One of the ways we protect the public is by maintaining the integrity of our register. When concerns were raised about potential fraud in relation to some Occupational English Testing (OET) at a test centre in Chandigarh, India, we launched an investigation. In total, this affected 68 registered nurses and 63 applicants.

27 We have concluded the first cases for candidates and found there is not sufficient evidence to prove individuals were involved in test fraud. We communicated this outcome to those implicated on 28 February 2025. We are looking at each case individually so the outcome may not be the same in all cases. We expect to have contacted all involved by mid-April.

28 In cases where we cannot prove fraud, we will not be taking any further regulatory action, as long as the individual has provided us with alternative English language evidence that meets our requirements as their original tests results were withdrawn by OET.

#### *Computer based testing*

29 We are progressing regulatory action in response to concerns about the Yunnik test centre in Nigeria. The Assistant Registrar has considered 202 complete applications for those with fraud concerns. 183 have been refused on the basis that they do not meet the character requirements for registrations. Nine applications have been approved. We have concluded nine registration appeals for applicants seeking to

appeal an Assistant Registrar's decision. Three have been allowed and six have been dismissed.

30 Since the hearings started in March 2024, 12 registrants have had a fraudulent entry hearing outcome. Of those, 10 have been removed from the register after fraud was found proved by an independent panel, and two people have been allowed to remain on the register after the panel found fraudulent entry was not proved.

31 Following our evaluation of the hearings for the first cohort of registrants and applicants last year and the emergence of new evidence regarding individuals' experiences at the Yunnik test centre, we have been working to hear an average of two per week. A further 31 hearings (both Incorrect/Fraudulent Entry and Registration Appeals) are scheduled from March to June 2025 and work is in progress on scheduling remaining hearings.

## Next Steps

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

## 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	7, 15, 19, 25.	
The four country factors and considerations.	Not Applicable		
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	6, 21, 22, 23	
Equality, diversity, and inclusion and Welsh Language impact.	Yes	10, 11, 12.	

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

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## Council

### Review of our Financial Strategy

<b>Action requested:</b>	<p>Approval of our updated financial strategy.</p> <p><b>For decision</b></p> <p>The Council is <b>recommended</b> to approve our updated financial strategy attached at annexe 1 (<b>paragraph 8</b>).</p>	
<b>Key background and decision trail:</b>	<p>In its own words: “The goals of the financial strategy are to enable the investment we need to deliver our organisational plan, while also achieving financial sustainability and value for money, for the benefit of registrants and the public, keeping registration fees affordable and stable over time.”</p> <p>Our financial strategy is designed to set direction and indicate the key parameters around how we manage our finances. Our separate Financial Regulations set out more rule-based controls such as the spend approval levels of the Chief Executive and Registrar.</p> <p>Our financial strategy, in broadly its current form, was initially agreed by Council in March 2019. Council reviews and, as necessary, adjusts it each year alongside our business plan and budget to ensure it is still appropriate.</p> <p>The updated financial strategy attached has been agreed by the Executive Board and reviewed by Council in Seminar in February.</p>	
<b>Key questions:</b>	<ul style="list-style-type: none"> <li>• Is the financial strategy broadly still appropriate?</li> <li>• Do changes proposed to our definition and management of reserves support our needs?</li> </ul>	
<b>Annexes:</b>	<p>The following annexe is attached to this paper:</p> <ul style="list-style-type: none"> <li>• <b>Annexe 1:</b> Draft financial strategy</li> </ul>	
<b>Further information:</b>	<p>If you require clarification about any point in the paper or would like further information, please contact the author or the director named below.</p>	
	<p>Author: Richard Wilkinson Phone: 020 76815172 <a href="mailto:richard.wilkinson@nmc-uk.org">richard.wilkinson@nmc-uk.org</a></p>	<p>Executive Director: Helen Herniman Phone: 07768 546 171 <a href="mailto:helen.herniman@nmc-uk.org">helen.herniman@nmc-uk.org</a></p>

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# Review of our Financial Strategy

## Discussion

### Overview

- 1 The broad structure and content of our financial strategy at **annexe 1** remains appropriate. While there are some minor tidying changes to language and emphasis, there are several more significant changes which are set out below. Primarily these are designed to help manage our current financial position and reflect recent legislation affecting our approach to procurement.

### Approach to procurement and managing contracts with suppliers

- 2 Sections 4 and 6 of the financial strategy have been amended to reflect the impact of the new public procurement legislation that came into effect in February 2025. This is partly to update financial thresholds (paragraph 4.13), but also to emphasise (paragraphs 6.2-6.4) the increased need for transparency. Overall, our key objective continues to be to achieve value for money through compliant procurement of goods and services, enabling us to make the best use of the funds provided by the professionals on our register through their fees.
- 3 Also amended, and reflecting our recent experience, section 5.15.8 emphasises how robust and effective contract management is part of our approach to ensure high quality delivery and to manage risks. This is particularly pertinent where we rely on contracts to deliver some elements of our core regulatory functions.

### Reserves policy

- 4 A significant change proposed is to how we define our reserves (section 7 of the financial strategy). We propose to move away from a definition based on “free reserves”, which is accounting-based, to one based on our holdings of cash and liquid investments.
- 5 The main impact of this change is that it releases additional resources for us to invest in improvement - whether in our fitness to practise performance or, for instance, our Culture Transformation Plan. This is since it means we avoid holding the unnecessarily high levels of cash and investments the will occur even if we have zero “free reserves”.
- 6 In making this change, we will still review each year the level of reserves that are sufficient for us to fund our day to day operations and absorb a reasonable level of risk. This review is in the separate business plan and budgeting paper put to this Council meeting and proposes a level of reserves under the new definition equivalent to between about three and six months of spend. This is a level in line with many other charities.

### Investment policy

- 7 Section 8 of the financial strategy deals with our investment policy. Following Council’s approval of our investment policy at its meeting in January 2025, this has been updated to better reflect that policy. In particular it emphasises the more holistic approach to managing all our investments in line with our risk appetite and



financial needs, including cash deposits and working capital, that we are seeking to achieve.

- 8 **Recommendation: The Council is recommended to approve our updated financial strategy attached at annexe 1.**

## Next Steps

- 9 If Council is content with the revised financial strategy, we will implement it in particular with respect to planning and managing of reserves.

## 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		Our financial strategy is designed to ensure we have adequate resources to provide public protection.
Safeguarding considerations	Yes		Our financial strategy is designed to ensure we have adequate resources to provide support our safeguarding responsibilities.
The four country factors and considerations.	Not applicable		
Resource implications including information on the actual and expected costs involved.	Yes	Paragraphs 1-7	
Risk implications associated with the work and the controls proposed/ in place.	Yes	Paragraphs 1-7	
Legal considerations.	Yes		Changes reflect and ensure we act in line with our legal obligations
Midwives and/or nursing associates.	Not Applicable		

Equality, diversity, and inclusion and Welsh Language impact.	Yes		Our financial strategy helps ensure we have sufficient resources to meet our EDI obligations and aspirations.
Stakeholder implications and any external stakeholders consulted.	Yes		We consulted our external auditors with respect to the changes to our reserves policy.
Regulatory Reform.	Not Applicable		

## Financial strategy

### 1 Summary

- 1.1 This financial strategy was first approved by Council in March 2019 and is reviewed and updated each year. It is intended to guide our financial management for the next year but also looking ahead to subsequent years.
- 1.2 Our organisational strategy and subsequent replanning includes an ambitious programme of work: to strengthen our core activities, to ensure that we regulate well, support our professions, and influence the context for learning and care. Underpinning that work, we also need to ensure that our organisation is fit for the future, with the right culture, infrastructure and capabilities.
- 1.3 We are financed by the fees paid by nurses, midwives and nursing associates. We are very conscious of the impact that increases in our fees can have on the professionals on our register. We do face significant financial risks and pressures, which could mean that we have to increase our fees: particularly, the risk of inflation combined with a static fee level.
- 1.4 But overall, we are fortunate to be in a privileged financial position. Nurses, midwives and nursing associates are required by law to pay their registration fees in order to practise their professions, and this makes for a highly secure source of income. We also have good reserves, built up through careful financial management since we last increased our fee in 2015.
- 1.5 We have both a responsibility and an opportunity to use these funds well. This financial strategy seeks to more actively use our strong financial position to invest in modernising our systems, improving services and efficiency, to make financial investments that will help mitigate the impacts of inflation in the long term, and to manage financial risks.
- 1.6 The strategy also emphasises the importance of medium and long term<sup>1</sup> planning, and an enabling and collaborative internal approach to the use of resources, alongside appropriate financial controls.
- 1.7 The goals of the financial strategy are to enable the investment we need to deliver our organisational plans, while also achieving financial sustainability and value for money<sup>2</sup>, for the benefit of registrants and the public, keeping registration fees affordable and stable over time. We will promote trust and confidence in our finances and the value for money we provide through transparency and integrity in our financial conduct.

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<sup>1</sup> In this strategy, broadly short term means within one to two years, medium term from the third to fifth years, and long term means after more than five years.

<sup>2</sup> Value for money is defined as the optimal use of resources to achieve the intended outcomes.

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## 2 Framework of authorities

### Financial governance

2.1 Our Council is the NMC’s governing body. Council’s responsibilities are set out in the Nursing and Midwifery Order 2001, and the Scheme of Delegation. Council’s financial responsibilities include:

2.1.1 approving the financial strategy, reserves policy, and investment policy

2.1.2 approving the budget

2.1.3 reviewing financial performance during the year

2.1.4 agreeing the top level system of internal control, including the Financial Regulations

2.1.5 approving the annual report and accounts.

2.2 The Chief Executive and Registrar is appointed as Accounting Officer by the Privy Council. The responsibilities of an Accounting Officer are set out in HM Treasury’s rules, Managing Public Money<sup>3</sup>, Chapter 3.

### Our status as a public body

2.3 We are a public body, established by statute. Although our closest relationship within government is with the Department of Health and Social Care (DHSC) and our accounts are consolidated into the DHSC’s group accounts as a result of a statistical classification decision by the Office for National Statistics, we are independent and not controlled by DHSC or any other government department. We are accountable to Parliament through the Privy Council. We take into account the principles in Managing Public Money.

2.4 We procure and manage our contracts with suppliers in accordance with a wide range of legal obligations, in particular the Procurement Act 2023 (and Procurement Regulations 2024) and wider National Procurement Policy. We follow the Treasury’s Financial Reporting Manual in the preparation of our statutory accounts, to the extent that it clarifies or builds on the financial reporting requirements in the Charities Statement of Recommended Practice (SORP)<sup>4</sup>.

### Our charitable status

2.5 Our objectives are charitable and we are registered as a charity with the Charity Commission in England and Wales and the Office of the Scottish Charity Regulator<sup>5</sup>. Council members are the trustees of the NMC with

<sup>3</sup> <https://www.gov.uk/government/publications/managing-public-money>

<sup>4</sup> Statement of Recommended Practice: Accounting by Charities  
[Download a full SORP - SORP - CCEW \(charity-sorp.org\)](https://www.charity-sorp.org.uk/)

<sup>5</sup> We will also be registered with the Charity Commission for Northern Ireland when it begins to register non-Northern Ireland bodies

responsibilities under charity law very similar to their responsibilities under the Scheme of Delegation<sup>6</sup>.

- 2.6 As a registered charity we benefit from business rates relief and exemption from corporation tax on our charitable income, investment income and capital gains.

### 3 Sustainability

- 3.1 Sustainability in the context of our finances means the registration fee should be affordable and stable over time. It requires budgets that are balanced over the medium and long term, and access to working capital and longer term financing, including an appropriate level of reserves or other source of financing.

### 4 Effective financial management and value for money

- 4.1 Our objective is to ensure, through good financial management, that registrants' money is well spent.

#### Planning and budgeting

- 4.2 Where possible we will maintain a rolling three year business plan and budget, linking resources to outputs and outcomes. Planning and budgeting over a three year period enables more effective delivery and value for money. It also enables us to see the financial impact of medium term capital projects, and to model the possible impacts of financial risks such as changes in the number of nurses, midwives and nursing associates on the register, or changes in the rate of inflation.

- 4.3 For our finances to be sustainable our budget for recurrent, core business expenditure<sup>7</sup>, must not exceed our recurrent operating income.

- 4.4 Our overall budget, including non-recurrent or project costs, must be balanced over the medium and long term<sup>8</sup>. However, our overall budget does not need to balance every year.

- 4.5 To deliver our organisational plans in the short, medium and long term, we need a significant programme of investment in new services, our people and our systems. That investment continues to be needed in the short term but also needs to be sustained to ensure we continue to be effective and efficient. As set out below, we want to maintain the registration fee at £120 for as long as possible. We propose to fund our investment from reserves as far as practical but ensure we need to be realistic in judging when we need to increase the registration fee. The risk otherwise is that we reduce the on-

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<sup>6</sup> See Charity Commission guidance "The essential trustee (CC3)"

<https://www.gov.uk/government/publications/the-essential-trustee-what-you-need-to-know-cc3>

<sup>7</sup> Including depreciation

<sup>8</sup> In this strategy, short term means within one to two years, medium term means from the third to fifth years, and long term means after more than five years

going investment needed to maintain and improve services, and instead revert to a long-term decline in our quality and efficiency.

- 4.6 In order to fund non-recurrent or project costs, we can reasonably set deficit budgets and accept negative cash flows over the short term, provided that we have sufficient cash reserves to fund the deficits, provided that the budget deficit is the result of those non-recurrent or project costs, and that we have plans for the overall budget to return to balance in the medium and long term and comply with our reserves policy. For instance, this may be appropriate to deliver change over several years in way that is manageable and properly sequenced. We should avoid using deficits to support recurrent spend on core business since this will deplete our reserves.
- 4.7 In the current exceptional circumstances, we can set a deficit budget and accept some negative cash flows over three consecutive years, although this is still subject to the other constraints set out in this strategy. If any additional year of deficit beyond three years is considered necessary, this will require specific Council approval.
- 4.8 If our planning and budgeting shows that our operating income cannot cover our recurrent, operating, core business costs over the short term, or our total costs over the long term, then we will need to take steps to correct the position. In the first instance, we would look for further options to reduce costs, including the possibility of reducing the scope of our services. If those options were not viable or were not sufficient, we would need to consider a fee increase.

#### **Efficiency programmes in business plans and budgets**

- 4.9 To promote value for money, we will target and track efficiencies through the business planning, budgeting and financial reporting processes, both from change programmes and from continuous improvement activities.

#### **Business cases for major projects and significant investments**

- 4.10 When we invest significant amounts of registrants' money in a project, we need to ensure we are making the right choice from the available options, which we expect to provide the best value for money. We do this through business cases that are proportionate to the scale of the investment, based on the Treasury's Green Book<sup>9</sup>.
- 4.11 Projects relating to our regulatory functions will often not have a positive *financial* return, for example if their purpose is to improve services to registrants or the public, but we need to test and be able to demonstrate that our chosen option is better value for money than the alternatives, including doing nothing. We also need, as part of the impact assessment, to consider their financial and economic impacts on the wider healthcare system. Projects relating to our corporate support functions should normally have a positive

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[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/685903/The\\_Green\\_Book.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/685903/The_Green_Book.pdf)

financial return. For all significant projects, we will identify the expected benefits at the outset and track the realisation of those benefits.

### **Approach to procurement and managing contracts with suppliers**

- 4.12 We fall within scope of UK public procurement legislation, which we must comply with when we require new contracts or in managing our existing suppliers.
- 4.13 Our Contracting with Suppliers Policy outlines our approach to procurement and managing contracts with suppliers. Our policy is to competitively tender all our contracts valued at over £5,000. Contracts that are over £25,000 in value must be referred to our Procurement team to ensure we meet our transparency obligations in publishing official notices on the Central Digital Platform. This ensures we meet our legal obligations under Procurement Act 2023 (and Procurement Regulations 2024), and that we are open, transparent and fair towards suppliers bidding for our work. We use our procurement activities to actively seek suppliers who share our values and can demonstrate high standards in areas such as Social Value, equality and diversity, and sustainability.
- 4.14 Overall, this approach supports our value for money objectives. Our procurement ensures we identify suppliers who can deliver our requirements at a competitive price, but also will add value to wider NMC work and ensure our spending decisions contribute to creating wider societal improvements.

## **5 Approach to financial control**

- 5.1 Financial controls are the rules and processes that help to ensure that we collect our income, protect our assets, and that our spending is effective.

### **Controls on income from registrants**

- 5.2 One of our main points of contact with nurses, midwives and nursing associates is when they pay our fees. The process is normally quick and simple, but if registrants' payments fail for any reason, they are at risk of being removed from the register and prevented from practising. This has a potentially severe impact on the individual and runs contrary to our aim to support nurses, midwives and nursing associates to work.
- 5.3 Like every organisation, we need processes and controls to ensure that we receive the income we are due. But paying the registration fee is a precondition for legally practising as a nurse, midwife or nursing associate, which means that we are at much less risk than most organisations of our customers failing to pay us.
- 5.4 One of our values is that we are kind, and we will show compassion and understanding for registrants who may be in financial difficulty. Within the limitations of the Fees Rules<sup>10</sup> and our systems, we will provide flexibility to support registrants and avoid as far as possible them being removed from the

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<sup>10</sup> Our Fees Rules are set via secondary legislation

register for non-payment. We will seek reform of our Fees Rules in through the Government's wider legislative reform programme to enable greater flexibility.

### **Controls on grant or contractual income**

- 5.5 We may sometimes have the opportunity for income from other sources such as grants or reimbursement for costs incurred. These funds are typically provided by central government. They may be in the context of delivering a specific project where it is not appropriate for our registrants to bear the costs through their fees.
- 5.6 In considering whether to accept such income, we need to be satisfied that it is appropriate, taking into account a range of factors. These will include legality within our legislative framework, alignment with our strategy, avoidance of any inappropriate burden on our registrants, our capacity to deliver well in the context of our other priorities and whether the income may impact, or be seen to impact, on our independence as a regulator.
- 5.7 Given the range and types of factors to be considered, such income, whether as a grant or reimbursement of costs under a contractual or other agreement, must be approved in advance by the Executive Director of Resources and Technology Services and the Chief Executive and Registrar (CE&R). The CE&R will escalate any grant income decisions to the Council where appropriate on the basis of risk.

### **Expenditure controls**

- 5.8 Controls over expenditure are essential to ensure that our spending is effective for our regulatory and charitable purposes. Effective financial controls prevent improper use of funds and ensure financial information is accurate, relevant and reliable. They support management in making good planning and financial decisions, and ensure value for money, accountability and transparency.
- 5.9 The risk of improper use of funds and errors cannot be absolutely eliminated, and excessive controls are inefficient and tend to drive the wrong behaviours in terms of customer service, innovation and risk management. Therefore financial controls must be appropriate and proportionate.
- 5.10 Controls must reach the appropriate threshold level, to reduce the risk of loss to an acceptable level, but beyond that threshold level, further increases in controls reduce value for money and employee satisfaction. Determining the appropriate level of control is a matter of judgement reflecting the organisation's risk appetite.
- 5.11 We want to trust and empower employees to be responsive and innovative in delivering excellent services to nurses, midwives and nursing associates and the public. We will keep processes and controls under review to ensure they are appropriate and proportionate, and we will promote a culture of customer focus, collaboration and business partnering in Finance and Procurement's support for the rest of the organisation.

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## Collaboration

- 5.12 We will maintain a collaborative approach to financial management where budget holders are trained in financial management and encouraged to work in partnership with each other and Finance to ensure the best allocation of resources across the organisation. While providing constructive challenge, Finance will work with a premise of trust in the good faith and competence of budget holders, and with the objective of enabling budget holders to spend funds well.
- 5.13 Similarly, in our work with suppliers, we aim to build partnerships with a fair allocation of risk and benefit, which deliver value for money in the long term.
- 5.14 We will also look for opportunities to work with other organisations, and other health and social care regulators in particular. We will share expertise and good practice and improve value for money through joint activities such as joint procurement where practical.

## Approach to outsourcing

- 5.15 In deciding whether to provide services in house or to outsource them, our overall objective is to achieve the optimum value for money. This includes consideration of:
- 5.15.1 The technical complexity and level of specialism of the service. Generally, the more technically complex and specialist a service is, the more difficult it is to maintain a cost effective in-house capability to deliver it.
- 5.15.2 The external market for the provision of the service. Services with more developed external markets, for example catering services, will normally provide better value for money from outsourcing. Conversely, some services may be so technically complex or specialist that the external market for them is limited.
- 5.15.3 Economies of scale. Organisations often contract out services because their own demand for them is not enough to support an efficient in-house service, or the service can be provided more efficiently by a large specialist contractor.
- 5.15.4 The period over which the services will be needed, and the variability of demand/workload over that period. A short term, one-off service, or a service with uneven demand will be more difficult and less cost effective to provide in house.
- 5.15.5 The degree of independence required. Services where a high level of independence from management and objectivity are required are usually better outsourced, since an external firm is more able to provide independent advice, and more likely to be seen as independent.

- 5.15.6 The sensitivity of the service will be relevant, including data security considerations, although whether those factors make it more or less appropriate to contract out may vary from one service to another.
  - 5.15.7 Risks and benefits relating to a change from in house to contracted out or vice versa. Risks of moving to outsourced provision may include loss of corporate memory, loss of accountability, or a drop in service levels arising from the change and consequential loss of trust in the organisation.
  - 5.15.8 For all outsourced contracts, we must ensure that contracts are designed, managed and have appropriate governance in place to manage relevant risks. For instance, where we are relying on third party providers to deliver services directly related to our core regulatory functions, the impact of supplier failure could be significant. So these contracts require dedicated contract management to ensure performance is monitored, interventions taken without delay and overall much greater scrutiny.
- 5.16 We will evaluate services using these criteria and others that are relevant to the particular service. If we conclude that contracting out is likely to provide better value for money overall, we will procure the service in compliance with the relevant UK public procurement legislation and the guidance on outsourcing in Managing Public Money<sup>11</sup>. As each significant contracted out service comes up for renewal, we will re-evaluate it to assess whether contracting out remains appropriate, or whether it should be brought back in house.

## 6 Transparency and integrity

- 6.1 All our financial conduct and decision making must be informed by the fact that we are funded by the registrants' fees. We need to ask ourselves if the financial decisions we take can be positively and confidently presented to nurses, midwives and nursing associates as a good use of their money<sup>12</sup>.
- 6.2 We publish into the public domain Notices associated with our procurement and contract management. This is in accordance with our legal obligations derived from the Procurement Act 2023 and Procurement Regulations 2024. This ensure we are transparent and accountable for our spending decisions associated with our suppliers.
- 6.3 Subject to an announcement from Government, we are taking steps to prepare to publish our supplier spending information and spend under contract for our largest contracts. We expect this to become a legal requirement on us in early 2026.
- 6.4 Our procurement processes require those involved to complete Conflict of Interest declarations. Where any conflict is identified, we take steps to

<sup>11</sup> Managing Public Money chapter 7.13

<sup>12</sup> This relates to the concept of regularity and propriety. See Managing Public Money <https://www.gov.uk/government/publications/managing-public-money>

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mitigate and manage the situation, which in some cases may mean someone must be excluded from the procurement process. This ensures integrity of the process and ultimately the decision to award a contract is preserved.

- 6.5 Our Council’s Code of Conduct commits members to the seven principles of public life (the Nolan principles): selflessness, integrity, objectivity, accountability, openness, honesty and leadership<sup>13</sup>. We apply these principles in our financial management. In particular:
- 6.5.1 We will publish our expenditure transactions and our key financial policies in line with our Freedom of Information publication scheme. Council and Executive members’ remuneration and expenses will be published annually in the Annual Report and Accounts.
  - 6.5.2 Council receives a quarterly report from the Executive, which is published on our website, and includes financial and operational management information, key performance indicators, and the corporate risk register.
  - 6.5.3 The Code of Conduct for Council members includes conflict of interest and gifts and hospitality policies, and similar policies apply to our employees.

## 7 Reserves policy

### Introduction

- 7.1 The Charity Commission<sup>14</sup> expects charities to develop and publish their reserves policies. The purpose of a reserves policy is to demonstrate sustainability, good stewardship and active financial management by the trustees, including showing that the charity will be able to meet its commitments in the event of a shortfall in income.
- 7.2 Charities’ reserves policies are often expressed in terms of a target range of free reserves. The term “free reserves” means accounting reserves that are not tied up in fixed assets or restricted for specific purposes. This is the approach we have adopted in the past but which we now believe to be unnecessarily cautious given our very particular financial circumstances set out below. As a result we are adopting a reserves policy that is focussed on our level of cash and liquid investments rather than the accruals accounting measure of reserves implied by the term “free reserves”.
- 7.3 For a charity we have what is an unusually highly secure income stream and cash flow. Nurses, midwives and nursing associates are required by law to pay our registration fees in order to practise. They are also required to pay either annually or quarterly in advance, so we are able to hold large cash (including liquid investment) balances even when we have no free reserves. Provided that our budget is balanced over the medium and long term, it is these large cash balances and the security of our income stream that ensure

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<sup>13</sup> <https://www.nmc.org.uk/about-us/governance/the-council/council-governance/>

<sup>14</sup> See Charity Commission guidance “Charity reserves: building resilience (CC19)” <https://www.gov.uk/government/publications/charities-and-reserves-cc19>

our financial sustainability. Using free reserves as a measure for our reserves policy may mean that we hold more cash or investments than is needed for our viability and future investment plans and, therefore, tie up money unnecessarily that could be better used to invest in improving what we do.

- 7.4 A target minimum level of reserves (defined as cash and liquid investments) is a source of assurance that our services are sustainable. Conversely, a target maximum level of reserves acts to ensure that our resources are applied and not simply accumulated to no purpose. By maintaining reserves within the target range, our trustees are more likely to be balancing the interests of current and future beneficiaries and supporters and exercising good stewardship.

### **Target range for reserves**

- 7.5 We will maintain reserves within a target range that will be reviewed and agreed annually by Council as part of our budget setting process. The target minimum level of cash reserves will be set so as to ensure our sustainability, taking account of the security of our income stream, our cash including liquid investment balances, and an assessment of the potential financial impact of risks faced by the NMC. The target maximum level of reserves will be set so as 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.
- 7.6 Our reserves policy fully complies with the Charity Commission's guidance on reserves. We will continue to publish the policy within our Annual Report and Accounts.
- 7.7 There are no specific requirements that would determine our reserves policy in the Order, or the Scheme of Delegation, or Managing Public Money.

## **8 Investment policy**

- 8.1 Our investment policy, and the term 'investments', covers both the cash we hold in the very short term as working capital as well as any deposits or investments in bonds or equities we may hold for the medium or longer term. The policy follows on from, and is designed to promote, our wider financial strategy and our organisational strategy, plans and values. This includes achieving financial sustainability and value for money for the benefit of registrants and the public, while keeping registration fees affordable and stable over time.
- 8.2 In doing this, the policy will seek to obtain net returns on our investments, whether from interest, dividends or capital gains, at the best possible level that is commensurate with our risk appetite. The cash that we hold as a result of our reserves policy gives us the opportunity to invest funds that are surplus to our immediate day to day requirements. We are able to accept some risk in investing our funds where this improves the return we receive on our investments.

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- 8.3 Our investment policy is reviewed normally annually by the appropriate Committee and approved by Council, and sets out the classes of asset we may invest in, the level of risk we are prepared to take, and ethical investment parameters. Appropriate classes of investment include bank deposits, equities, funds and bonds. While the value of these some of these investments may be volatile and may fall or rise sharply in the short term, over the long term, equities and funds have proven to be the best performing form of investment assets.
- 8.4 As a result of the expected short term volatility of longer term non-cash investments, we will not budget or forecast for either capital gains or capital losses in our non-cash investments, although we will report actual performance as part of our normal financial reporting. As a result, as part of our budgeting processes, when we estimate levels of reserves for future years, we will not normally factor in actual or possible capital gains or capital losses in the current or future years. Nor will we regard any actual short term capital losses or gains as meaning that we need to adjust our spend or budgets in the short term. The only reason for moving from this approach is if we have strong reasons to consider that a permanent change in the capital value of our investments has taken place.
- 8.5 We expect that if we invest in equities, funds and bonds, we will obtain an above-inflation return over the long term, and thereby avoid or mitigate the need to increase our fees. Therefore we expect that applying part of our cash and reserves in longer term investments will benefit nurses, midwives and nursing associates in the long term.

## 9 Pension schemes

- 9.1 Our pension scheme, which has been offered to new starters since November 2013, is a defined contribution or “money purchase” scheme. Employer contributions to the scheme are within a fixed range so there is very little financial risk to the NMC. Pensions are one of the most effective ways for individuals to save for their retirement so we will continue to promote the scheme and encourage maximum uptake by employees. We will also review the market for scheme providers from time to time in order to assess whether we have the best provider to support and meet the needs of our employees.
- 9.2 We also still have a defined benefit scheme, where the pension is based on employees’ final salary and number of years of service. This scheme closed to new starters in November 2013 and to future accrual in summer 2021. The defined benefit scheme continues to carry significant financial risks: changes in life expectancy, interest rates or investment performance of the scheme assets could all have significant impacts on our net pension deficit.
- 9.3 The high level of financial risk inherent in a defined benefit pension scheme was a primary reason why we closed the scheme to new entrants in 2013 and a contributory reason to closing it to future accrual in 2021. There are other options to reduce the financial risk further. We could make further payments into the scheme above those sought by the scheme, or we could sell the scheme to an insurer.

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- 9.4 However, by making further payments into the scheme we would be limiting our own opportunity to make positive returns on those funds through our own investments. The second option, selling the scheme, would completely eliminate our risk but may be expensive. We will, nevertheless, keep this option under review.
- 9.5 Therefore, we plan to continue with the present approach of making additional employer contributions, if needed, in line with agreed proposals by the pension scheme at its triennial reviews after considering advice from our own pension specialists. The potential impact of the financial risk within the scheme is manageable within our reserves, and the risk will diminish gradually over time. We will keep this approach under review.

## 10 Fees policy

- 10.1 Our fees are set by secondary legislation. Any change in fees requires the Council's approval to start the process, a public consultation on our proposed changes, approval by the Privy Council, and a statutory instrument approved by the Westminster Parliament via the negative procedure. The process takes a minimum of six months from the point of Council approval to the new fees taking effect. Nurses, midwives and nursing associates would pay the new fee from the point of their next annual renewal of registration following the change, so there is a lag before the full effect of any change is felt in our income.
- 10.2 Our renewal fee has been £120 per year since February 2015<sup>15</sup>. It had been £76 until February 2013, and £100 from February 2013 to February 2015. The last two increases, which represented nearly 60 percent in the space of two years, were very unpopular with nurses and midwives.
- 10.3 We intend that the fee should be affordable by nurses, midwives and nursing associates. If possible we should avoid large, sudden increases in the fee of the scale previously made: registrants are more likely to be able to manage small, more regular increases, than infrequent but large increases. Council will continue to review the need for fee changes each year, using our rolling three year budget to identify when fee increases are necessary and plan for them so as to minimise the impact on registrants.
- 10.4 In the medium and longer term, we expect that investment in new systems and continuous improvement of our processes will produce cost savings, offsetting the impact of inflation.
- 10.5 The Order enables us to generate other sources of income "in connection with the exercise of its functions". We will take advantage of opportunities to generate other income that are consistent with our values and our role as a professional health regulator, so as to supplement registrants' fees and help keep them at the current level.
- 10.6 Provided registrant numbers and inflation pressures continue to allow it, we aspire to use the cost savings and investment income referred to above to

<sup>15</sup> Note that while the registration fee remains fixed at £120, it is falling in real terms.

keep our budget balanced over the medium to long term, and maintain the registration fee at the current £120 level for as long as possible.

- 10.7 However, because the risks to our budget related to inflation registrant numbers and the need to invest in order to maintain and improve our services, are significant, we will continue to review the registration fee annually, as part of the budget setting process.

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## Council

### Annual corporate plan and budget 2025–2026

<p><b>Action requested:</b></p>	<p>This paper seeks agreement to the annual corporate plan and budget for 2025-2026. It also seeks agreement to some key elements of those, relating to our financial reserves, the annual fee for the professionals on our register and key pay assumptions for our own people.</p> <p><b>For decision</b></p> <p>The Council is <b>recommended</b> to approve:</p> <ul style="list-style-type: none"> <li>the corporate plan to be published in April 2025 (<b>Annexe 1</b>) (<b>paragraph 26.1</b>)</li> <li>that the values for the lower and upper limits of the target range of reserves represented by our cash and liquid investments are set at £30 million and £60 million respectively (<b>paragraph 42</b>)</li> <li>that the annual registration fee for all professionals on our register should remain at the current level of £120 for 2025-2026 (<b>paragraph 53</b>)</li> <li>the maximum 4.6 percent envelope for pay assumptions included in the budget under discussion (<b>paragraph 57</b>)</li> <li>the budget for 2025–2026 as set out in table 1 (<b>paragraph 71</b>).</li> </ul> <p>We also recommend that the Council <b>notes</b> the planned contracts and commitments with a lifetime value of over £0.6 million (<b>paragraph 75</b>).</p>
<p><b>Key background and decision trail:</b></p>	<p>We prepare our corporate plan each year in the context of our developing internal and external environment. The corporate plan sets out our priorities for 2025-2026, which will be monitored through milestones, outcome indicators and key performance indicators (KPIs). We also prepare a budget that allocates the resources required to deliver the corporate plan.</p> <p>This paper provides an overview of our plan and budget for approval by the Council. We will publish our plan on our website in April 2025. The corporate plan for 2025-2026 reflects our current key strategic priorities.</p>

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We have a financial strategy that sets additional financial parameters within which we operate. The current financial strategy was approved by the Council in March 2024 and is a separate item on today’s agenda, with an updated version presented for the Council’s approval. It sets key principles that help structure our budgets and our management of them.

Particularly relevant to this paper is that the financial strategy advocates that:

- 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 are permitted to set deficit budgets and accept negative cash flows over three consecutive years. We set a deficit budget for 2024-2025 and are proposing to do the same for 2025-2026;
- we should provide indicative budgets for later years. Given the level of change we are looking to achieve in the coming year, we will be revisiting the corporate plan and budget in September or October 2025, and have decided not to provide at this stage indicative budgets for years beyond 2025-2026 as we usually do.

Each year we review and reprioritise activity within the corporate plan. We take a risk-focused view, identifying our most significant challenges to ensure resources are directed towards resolving issues and that helps us be the best regulator possible.

Progressing our Fitness to Practise (FtP) referrals in a safe and timely way remains a key priority and is where we will direct the most significant investment to deliver change in capabilities and systems, improving how we work so that we make quality decisions that keep people safe. Strengthening our leadership and cultural transformation are also key priorities and will reinforce and support our improvement in FtP and more widely in a way that protects the public and supports the professionals on our register.

**Key questions:**

**Questions this paper addresses:**

- How are we responding to our current context and the challenges we have faced in 2024-2025?
- What are our priorities for 2025-2026?

<p><b>Annexes:</b></p>	<p>The following annexes are attached to this paper:</p> <ul style="list-style-type: none"> <li>• <b>Annexe 1:</b> Draft corporate plan for publication</li> <li>• <b>Annexe 2:</b> More detail on the draft budget for 2025–2026</li> <li>• <b>Annexe 3:</b> Proposals for target lower and upper limits of reserves</li> <li>• <b>Annexe 4:</b> Contracts over £0.6 million expected to be signed in 2025–2026 (without values)</li> </ul>	
<p><b>Further information:</b></p>	<p>If you require clarification about any point in the paper or would like further information, please contact the author or the director named below.</p>	
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# Annual corporate plan and budget 2025–2026

## Discussion

### Corporate Plan

- 1 Our corporate plan sets out the activity we plan to deliver, starting in 2025-2026. This provides transparency about our focus to ensure that we remain accountable to our professionals, the sector, people who use services, and other stakeholders.
- 2 Just as our plan for 2024-2025 was risk-focused and centred on achieving five priority outcomes to resolve those issues, we have assessed our risk landscape and used the insights and learnings from this past year to inform our future priorities.
- 3 More recent challenges include a consistently high referral rate which has impacted our ability to improve Fitness to Practise (FtP) timeliness as quickly as hoped; receipt of the Independent Culture Review that highlighted concerns for our people; some specific serious issues within education quality assurance and international registrations; whistleblowing allegations, and the anticipated learning from the Thirlwall Inquiry.
- 4 We seek to learn from these events and reset our foundations to enable more sustainable growth, improve our business efficiency and how we protect the public by supporting safe, effective, and kind nursing and midwifery care. We also want to create a positive, empowering and inclusive culture for everyone regardless of their background or characteristics, underpinned by a strong anti-racist ethos and a commitment to improve the experience for the public and nursing and midwifery professionals. We must be agile and adapt our approach to do our best for the professionals on our register, the public we serve and NMC colleagues.
- 5 These factors have guided a formal prioritisation exercise, where we assessed how best to apply our resources (finances and people) to address priority areas and areas of highest risk. This was not only to mitigate any further issues but, by making critical changes and improvements to key areas of our work, our culture and our interactions, people and communities, will ultimately mean better care provided by the professions that we regulate.
- 6 We have identified five priority areas of work:
  - 6.1 Build a new culture and implement the learning from reviews
  - 6.2 Strengthen leadership at the organisation, to drive through change
  - 6.3 Improve Fitness to Practise
  - 6.4 Maintain our other core regulatory functions, including developing our standards to support nursing and midwifery professionals and protect the public

- 6.5 Addressing our most significant challenges
- 7 We reviewed activity to ensure we focus our resources (finances and people) on the priorities within the refreshed corporate plan. The outcome of our prioritisation exercise included:
- 7.1 dialing up our activity on safeguarding and culture
  - 7.2 dialing down activity around our annual Spotlight report and regulatory reform
  - 7.3 committing to refresh our People, EDI and FtP improvement plans
  - 7.4 and postponing our 2025 long term strategy development, refurbishments of 23 Portland Place
  - 7.5 and resequencing the workstreams for advanced practice.
- 8 Our Executive Board has also agreed to sequence activities as a strategic road map to recover from crisis and deliver the priorities in the following three phases:
- 8.1 Recover
  - 8.2 Stabilise and rebuild
  - 8.3 Enhance and improve
- 9 Those dialed down/postponed activities will be held within our portfolio pipeline where we will keep them under review as to when to restart. This aids our pacing and sequencing of activities within the three-phase approach so we do not jeopardise our capacity and ability to progress our priorities.
- 10 Activities were selected based on the anticipated level of impact they would have in driving progress within these priority areas and mitigating our most significant risks; with the primary focus on delivering fairer and safer FtP outcomes, resolving concerns as early as possible; and building an inclusive, supportive culture. The outline of the plan has been shared with Council during its development.
- 11 The draft corporate plan is at **Annexe 1**. It sets out:
- 11.1 our strategic roadmap
  - 11.2 our immediate priorities for 2025-2026
  - 11.3 an outline of the significant activity we will deliver to achieve our five priorities
- 12 Our end of year performance report to Council in May 2025 will provide an update on progress made against the 2024-2025 priority outcomes to date.
- 13 The draft corporate plan, once agreed by Council, will be published in April 2025.

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## Measuring our corporate plan and budget

- 14 The refocusing and restructuring of our corporate plan has an impact on how we want to measure and report on our progress in future.
- 15 With all activity aimed at mitigating our key risks and progress our five priorities, we want to be able to monitor, measure and report on our success. We need to be able to regularly review and discuss emerging risks or issues, to adapt when we meet challenges in achieving milestones and adjust resourcing to support activity in most need.
- 16 Milestones will be reflective of decisions we have taken through prioritisation and we will review them regularly through our internal governance structures. This will maintain clear oversight of progress and any emerging risks and mean we will be able to adapt our activity to the demands of the business and external environment.
- 17 We will enhance our internal governance to review our corporate plan more in the round, rather than mostly on projects and programmes, so that adjustments can be made operationally in response to any changes or issues.
- 18 We want to monitor progress at an activity level, with oversight from activity sponsors, but also want to monitor and report progress against each priority. This is so that we can effectively manage the corporate plan at both an operational and strategic level.
- 19 We will provide a highlight report on the progress of our corporate plan and budget to Council on a quarterly basis using milestones for each activity, outcome indicators and key performance indicators (KPIs), along with financial monitoring. This highlight report will summarise progress towards a priority as whole, With significant updates on major projects, programmes and risks by exception.
- 20 Our Executive Board will receive KPIs, a financial summary and risk monitoring monthly, alongside updates on significant activities by exception.
- 21 Developing a robust measurement framework to support the corporate plan is work in progress, particularly now that the significant activities have been identified and are being scoped in greater detail. We will be working with activity leads and their Executive Director sponsors to confirm the indicators which will tell us how well an activity is progressing, and therefore, to what extent it is contributing to the overall priority; as well as the indicators for any emerging risks that may limit the delivery or impact of the activity.
- 22 This enhancement is so that we can be more agile in our management of the corporate plan and our resources (finances and people), and to provide greater assurance within our risk management framework.
- 23 We will develop our KPIs and measures so that they are reported to the appropriate level for oversight and mitigations. These indicators will be identified from project activity and core business to strengthen the information we assess.

24 We aim to bring a proposed measurement framework to Council seminar in Q1, ahead of the first iteration in July 2025.

### Managing the Plan

25 Currently, we have the basis of a plan with the information we have. We know there are more reports and recommendations ahead that will need to be incorporated (for instance from the Professional Standards Authority, Ijeoma Omambala KC, our accelerated improvement review of processes and efficiency), as well as several plans being finalised (for example our Culture Transformation Plan). This level of uncertainty and inevitable change makes it difficult to detail our plan.

26 Given the requirement for additional clarity, Executive Board is presenting a one-year corporate plan and supporting budget for 2025-2026 to Council for approval. It will present an updated plan for 2025-2026, together with indications for the following two years, in September/October 2025 at which time the output from various reviews will be known enabling more prioritisation at the detailed level.

26.1 **Recommendation: The Council is recommended to approve the corporate plan to be published in April 2025 at Annexe 1.**

### Budget 2025–2026

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

#### Budget overview

28 The budget we propose for 2025-2026 is set out at **table 1** below and in more detail at **Annexe 2**. The budget is designed to support the delivery of our corporate plan and reflects our plans for significant investment in improving our service and efficiency.

29 As Council is aware, our financial position is increasingly stressed as we are facing significant financial pressures. In part these reflect the fact that we have not increased the registrant fee for ten years, but also the work we need to do to address the issues raised by the Independent Culture Report (ICR), the commitments we have made publicly about our culture transformation journey, as well as other key parts of our corporate priorities such as improving our delivery of FtP.

30 The proposed budget for 2025-2026 shows a significant deficit. We are making use of the proposed change in reserves policy from an accounting-based definition of reserves (“free reserves”) to one that is cash based (“cash and investments”). This allows additional headroom giving us a greater access to our cash and investments to cope with additional pressures next year and in future years. This proposition is addressed in our separate financial strategy paper that is also being considered by Council at this meeting.

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- 31 We expect our total cash and investments balance to reduce from about a forecast £75 million at the end of March 2025 to around £45 million at the end of March 2026. Cost in future years is uncertain particularly in the context of findings from other ongoing inquiries and our accelerated improvement review currently underway, but at the end of March 2026 we are still projecting cash and investment balances to be well within our proposed reserves range of £30 million to £60 million.
- 32 There are several significant drivers for the level of deficit and reduced reserves over the next year. The key ones are:
- 32.1 non-recurrent drivers including: the investment in short or medium-term additional posts and other costs needed to fund new activities for instance in response to the ICR and to implement our culture transformation plan; significant amounts ringfenced for investment in technology to improve efficiency and service to the public and the professionals on our register; continued investment in improving FtP operations;
  - 32.2 recurrent cost drivers including: the increase in employer national insurance contribution rates announced in the autumn 2024 Budget which will cost about an additional £1.4 million a year; 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 increase in the PSA’s annual fee by 12.2% from April 2025 taking it to £2.4 million next year, and continued implementation of changes to our pay structure, such as narrower pay bands, that are expected to have long term benefits, such as improved staff retention.
- 33 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 broadly flat in cash terms due to the steady reduction in the applications volume from internationally educated professionals.
- 34 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 on the basis that:
- 34.1 our reserves, as represented by our cash and investment balances are expected to be at least £45 million at the end of March 2026, providing strong liquidity;
  - 34.2 we plan to retain £1.5 million as a general contingency next year which provides room to absorb unexpected demands;
  - 34.3 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;
  - 34.4 we expect to be able to make some savings in the future from implementation of the accelerated improvement work we are undertaking, and also with re-

prioritisation of our activity and reaping operational benefits from investments into our information technology.

- 35 There is also the option to review our fee level. This is discussed further below in the section on fees.

### **Reserves policy: annual review of target range of reserves**

- 36 Our reserves policy, as set out in our financial strategy, is to maintain reserves within a target range. The target range of reserves balances are reviewed at least annually by the Council.
- 37 This year, we have chosen to express our reserves range in the form of total cash and investments rather than as the more accounting-based 'free reserves'. This has the benefit of enabling us to access more of our cash and investments to use to support improvement in our operations and avoid higher than needed holdings of cash and long-term investments.
- 38 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.
- 39 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.
- 40 **Annexe 3** sets out the opinion of the Executive following the annual review of the target range of reserves. The Executive conclusion is that the target range for reserves as measured by cash and investments should be between £30 million and £60 million. This is equivalent to between about three and six months budgeted spend in 2025-26.
- 41 Although our current reserves, forecast to be about £75 million at the end of March 2025, are outside the proposed range, this needs to be taken in the context of our plans to invest significant sums in improving our service and efficiency over the next year and which will, in line with the proposed budget, result in reserves of £45 million at March 2026. This is in the centre of our proposed reserves range.
- 42 **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 £30 million and £60 million respectively.**

### **Annual registration fee**

- 43 In line with our financial strategy, the Council reviews the registration fee each year as part of the budget setting process.



- 44 Our financial strategy commits us to retaining the fee at its current level for as long as possible. It also recognises that we should seek to avoid large, sudden increases in the fee – for instance of the scale previously made where between 2013 and 2015 the fee increased by nearly 60 percent. In line with our values, we appreciate that the professionals on our register are more likely to be able to manage small, more regular increases than infrequent but large increases. Any proposal to increase fees would also be subject to a full public consultation over a minimum of 12 weeks.
- 45 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.
- 46 Our financial strategy aims to ensure that the fee is affordable for nurses, midwives, and nursing associates while at the same time providing sufficient funding to enable us to operate effectively as their regulator.
- 47 Our fees were last increased in February 2015 meaning that they have now been frozen for a full decade. If our annual registration fee had increased by inflation, it would now be £162 and our annual fee income some £35 million higher in 2025-2026.
- 48 This means we have imposed on ourselves a 26 percent cut in fees since 2015.
- 49 To date we have been able to absorb this significant cost pressure in several ways. We have generated savings, for instance by reducing our accommodation footprint, through investment in new systems and continuous improvement of our processes, and through our investment policy, which aims to maximise returns on our investable cash balances. We have also paused indefinitely significant investment, for instance in our estate. While there has been a rise in the numbers of professionals on our register since 2015, this rise is significantly below the rate of inflation and has also meant cost pressures, for instance in processing applications and renewals.
- 50 Looking ahead, there continue to be considerable risks and uncertainties. Key amongst these are the level of inflation, numbers on our register, the speed with which we are able to realise the benefits from investment in improving our technology and processes as well as return FtP timescales and caseload to acceptable numbers. We also face as yet unquantified pressures for instance from addressing the learning from the Ijeoma Omambala KC reports and finalization of the culture transformation plan. We are nevertheless, with the support of external experts, currently looking hard at our processes and operations to identify how we can be more efficient and effective.
- 51 As our forecast for 2024-2025 and budget for 2025-2026 both show we are currently operating at a significant deficit, using our reserves quite rapidly. While our levels of reserves are sufficient for the moment, the combination of known and potential future pressures makes that projected position look potentially high risk beyond 2025-2026.
- 52 As a result, while our reserves are sufficient to maintain the registration fee at its current level in 2025-2026 line with the commitment in our financial strategy, we will

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be reviewing financial plans over the coming months to assess our position, reporting back to Council on our plans and budgets in September or October 2025. At that point we will be clearer as to the need or otherwise to increase the registration fee in 2026-2027, subject to consultation.

- 53 **Recommendation: Council is recommended to approve that the annual registration fee for all registrants should remain at the current level of £120 for 2025-2026.**

### Pay costs

- 54 Detailed consideration of the annual pay review has been carried out by the Executive Board. Its proposals have been supported by the People and Culture Committee in February 2025 and an engagement exercise with our Employee Forum and our recognised trade union, UNISON.
- 55 Budgetary assumptions reflect these discussions. We have set an envelope for 2025-2026 of 4.6 percent (£3.31 million) to reflect both a standard pay award increase of between 1.0 and 2.5 percent, and between 2.0 and 4.0 percent for progression payments introduced as part of The People Plan in the April 2023 pay award. The standard pay award primarily reflects benchmarks in other organisations and ensures the lowest paid colleagues receive the greatest percentage increase. The progression increase is within the envelope and aimed at providing transparency and equity amongst all colleagues, including a systematic approach to pay progression.
- 56 Key benefits of the 2025 annual pay review are that we continue to ensure our lowest paid colleagues receive the greatest increases which helps to address the high cost of living, we ensure our salary ranges remain competitive to the UK salary market so we can both attract and retain colleagues, that it is in line with data from our benchmarking partners and it marks the third year colleagues have defined pay progression which is a significant part of our People Plan. We have engaged positively with UNISON as our recognised trade union, and they will not be balloting members on the pay deal as set out in our agreement.
- 57 **Recommendation: We recommend Council agrees the maximum 4.6 percent envelope for pay assumptions included in the budget under discussion.**

### Income

- 58 Total income in 2025–2026 is budgeted at nearly £109 million, broadly the same as our expected 2024-2025 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 also expected to be at a slower rate than in recent years.
- 59 The overall increase in professionals on our register 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 744,929 at the same point in 2021 and 841,367 in September 2024. Nevertheless,

there remain considerable uncertainties around the numbers of professionals who may be considering leaving the register or joining it, so our income budget for the coming years remains uncertain.

- 60 Planning assumptions for investment income are based on interest paid on cash deposits earning up to about five percent a year in 2024-2025 but reducing in later years, and dividend income on stock market investments of some £40 million of about 2.7 percent. In the current economic environment these amounts are unpredictable, although interest rates are falling and the amounts we hold on deposit are dropping sharply.
- 61 As usual, we have not assumed any capital growth or loss from our stock market investments. Given the deficits we are currently operating, we have taken steps to reduce the risk of our investments and hence their volatility in anticipation that we may need to draw on them to fund investment or day to day activity either in 2025-2026 or subsequently.

### **Contingency fund**

- 62 In 2024-25, we introduced a small, £1.5 million, contingency since we have managed to spend closer to budget than previously and face a range of uncertainties. We expect to use this in full this year reflecting the need to spend on a range of areas such as computer-based testing resolution as well as paying for unexpected costs in relation to changes required to our income collection software.
- 63 We continue to face a range of uncertainties including risks such as income levels, the impacts of inflation, the costs of implementing change as a result of our people and culture investigation. In this context, a small contingency of £1.5 million (about 1 percent of total spend), managed by the Executive Board, seems sensible to manage the risk of overspends.

### **Efficiency and Value for Money**

- 64 We have a responsibility to the professionals on our register to make the best possible use of their money. We also have the aim set out in our financial strategy and discussed above, to maintain the registration fee at £120 for as long as possible.
- 65 We continue to expect significant levels of cash releasing efficiency savings in future years, building on those already achieved in earlier years. In particular, from technology-enabled changes to the FtP case management system and from other process improvements being planned from 2025-2026.
- 66 In addition we are currently investing in a significant accelerated improvement work review, supported by external experts from PwC, of both our FtP and wider operations to ensure that we are operating efficiently given the demands on us. This will be identifying opportunities for improvement shortly.

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**Pension costs and liabilities**

- 67 We operate a Defined Contribution (DC) pension scheme. The NMC’s employer contribution is eight percent if employees contribute the minimum one percent. We match additional employee contributions up to a maximum employer contribution of 14 percent of salary. Following a competitive procurement exercise, we appointed Aviva to be our new DC pension provider from June 2024.
- 68 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 active members. While the 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 retained by the pension scheme.

**Budget summary and conclusion**

- 69 Our overall budget summary, reflecting these key assumptions, is in table 1 below. More detail is at **Annexe 2**, including a high-level cash flow forecast and balance sheet.
- 70 As well as incorporating the areas discussed above, the budget reflects:
  - 70.1 at ‘core business cost’, some non-recurring time limited spend. This is primarily the additional costs needed in response to ICR recommendations and investment to address issues with the FtP caseload;
  - 70.2 the shift in some costs, both core and project, due to slippage in activity from earlier years.
- 71 **Recommendation: We recommend Council approves the budget for 2025-2026 as set out in table 1 below.**

**Table 1: 2025 – 2026 budget summary**

£'m	Forecast 2024-25	Budget 2025-26
Total Income	108.8	108.4
Total Spend (Core business)	128.6	131.0
Total Spend (Programmes)	8.6	8.0
less Capital expenditure	(7.1)	(6.4)
Net Surplus/(Deficit)	(21.3)	(24.2)
Net Assets/Total Funds	57.6	33.4
Cash & Investments	75.1	45.0

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**Planned contracts and financial commitments over £0.6 million**

- 72 **Annexe 4** 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.
- 73 As set out in the 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.
- 74 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.
- 75 **Recommendation: Council is recommended to note the planned contracts and commitments with a lifetime value of over £0.6 million set out at Annexe 4.**

**Next Steps**

70 Subject to the Council’s discussion and decisions we will:

- 70.1 finalise the standard pay award and update colleagues internally during April 2025
- 70.2 publish our corporate plan in April 2025.

**Implications**

The following were considered when preparing this paper:

Implication:		Location if in paper:	Content if not in paper:
Public protection/impact for people.	Yes	Throughout – particularly within our priorities	Our business plan, and the allocation of resources are designed to maximise our impact on public protection
Safeguarding considerations	Yes	Throughout – particularly within our	

		priorities and mitigating strategic risks	
The four country factors and considerations.	Yes	Throughout	Our plans apply across all four countries
Resource implications including information on the actual and expected costs involved.	Yes	In the Budget section of the paper	
Risk implications associated with the work and the controls proposed/ in place.	Yes		Our plans and resource allocations are designed to address key risks and issues.
Legal considerations.	Not Applicable		
Midwives and/or nursing associates.	Not Applicable		No specific implication
Equality, diversity, and inclusion.	Yes	Throughout the paper as EDI considerations underpin all we do	We specifically address EDI issues in a number of areas such as our EDI plan, our Culture transformation plan
Stakeholder implications and any external stakeholders consulted.	Yes		Our corporate plan is written for an external audience and will be published in April 2025
Regulatory Reform.	Yes	Annexe 1	

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## **Draft corporate plan for publication**

### **Our context**

This is a pivotal time for the NMC as we work to win back colleague and stakeholder trust and confidence in our ability to protect the public through the effective regulation of nurses, midwives and nursing associates.

Our context is challenging. We know the journey to establish faster, fairer and more effective regulation that upholds good nursing and midwifery practice will be complex, considering the pressure the wider health and care system is under.

The professionals we regulate form the largest part of the health workforce and a critical part of the social care workforce. They are vital to people and communities across the UK. They are currently under overwhelming pressure and need effective professional regulation.

We have set out a plan to recover, stabilise and enhance the NMC as a fit-for-the-future organisation, underpinned by a clear programme of cultural transformation. This will enable us to become a trusted regulator that supports professionals to uphold high standards of practice to protect the public and maintain confidence in the professions.

### **Focusing on our overarching objective of public protection**

Our founding legislation, the Nursing and Midwifery Council Order 2001, states that our primary objective is to protect the public. This includes promoting and maintaining public confidence in the nursing and midwifery professions and upholding effective standards.

During this next period, our resources and efforts will focus on the effective delivery of our core regulatory functions: setting standards, education quality assurance, registration, revalidation and fitness to practise.

### **Our strategic roadmap**

We are determined to achieve the changes we need in our culture and regulatory processes, but it won't be easy. We are committed to being transparent about our choices and progress, and to taking a phased approach to what we can do. This does not mean losing sight of longer-term projects, plans and activity not covered here, but does mean making tough and realistic decisions about the sequencing of our work, so that we can do it well.

We've split our improvement journey into three phases:

- Phase one: Recover
- Phase two: Stabilise and rebuild
- Phase three: Enhance and improve

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We'll set clear markers to help us decide when we can move from one phase to the next, and every quarter we'll review and refine for the next cycle.

### **Phase one: Recover: Ensuring a focus on our core regulatory functions**

We will focus on our core regulatory functions. Our approach will be responsive to our changing context, feedback and recommendations from our stakeholders: the nursing and midwifery professionals involved; the public and NMC colleagues.

We'll need to collate, rationalise and prioritise any further recommendations that come from anticipated external reviews into our work.

Starting in 2025-2026, we will focus on the most critical areas of recovery, as follows;

1. Build a new culture and implement the learning from reviews: Since the publication of the Independent Culture Review carried out by Nazir Afzal OBE and Rise Associates, we have been laying the foundations for culture and performance transformation.

This transformation will enable us to deliver our regulatory work to an improved standard. To deliver this well, we will strive to create a culture that is positive, empowering and inclusive – enabling colleagues to thrive regardless of their characteristics or background.

Our culture transformation plan is based on six pillars:

- effective leadership
- values-based decision-making
- embedding EDI best practice
- psychological safety
- ensuring enjoyment at work, and
- regulatory fairness.

2. Strengthen leadership at the organisation to drive change: A largely new executive team and a clear coaching approach across the organisational leadership will drive change by equipping our managers to be great leaders.

This will help us deliver a transformation of our culture, with equality, diversity, and inclusion (EDI) best practice at the heart of all we do. Our leaders will inspire and enable their teams to consistently perform at a high level.

3. Improve fitness to practise: Our focus is on delivering faster, fairer and more effective outcomes that consider everyone involved. We will empower our people and use technology to make sure our processes support the people who depend on us. We know we need to improve at pace and resolve concerns as early as possible while not overburdening our colleagues. We're seeing progress towards our targets of reaching quicker decisions for people and closing cases within 15 months.

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We're making a difference already by taking steps to deliver a more compassionate service, but we recognise that it will take time for people to feel a difference in.

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

We will maintain our focus on setting and evolving our standards to meet the needs of today's workforce, while ensuring the standards remain fit for the future. Our other core regulatory functions are education quality assurance, registration (domestic and international) and revalidation.

We will also progress four key areas of work that are fundamental to nursing and midwifery professional practice: the Code, revalidation, practice learning and advanced practice.

To ensure we protect the public through modernised standards, we are sequencing our work to make sure we can collaborate widely and effectively with our stakeholders and the public:

- We will start work to modernise **the Code** and **revalidation** in 2025–2026. We will aim to consult between July and October 2026.
- We will consult on changes to our **practice learning** requirements between February and March 2026.
- We will consider requirements for **advanced practitioners** as part of the Code and revalidation reviews.
- We will publish **Principles for Advanced Practice** in May 2025.

5. Address our most significant challenges: While focusing on our core regulatory functions, we will also manage any risks to our business operations as an employer and regulator. These include our financial position, the integrity of our register, safeguarding and education quality assurance.

We will continue to direct our resources and efforts where they are most needed and where they can have the most impact for the benefit of the public. This will also require us to actively consider if we have the resources we need to deliver effective regulation.

Our current professional retention fee is £120 per year and the fee is reviewed yearly. We've kept the fee at £120 for the last decade, despite inflation, to minimise the impact on the professionals on our register. However, this has meant that over the past 10 years our income has reduced and this position is not sustainable in the long term. The fee will remain unchanged this financial year and any future proposal to increase the fee would also be subject to a full consultation, in line with our guiding legislation.

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## Phase two: Stabilise and rebuild: Setting the stage for sustainable growth

Stabilising our regulatory functions, and with a new leadership team in place, we will be able to build a sustainable and effective future. We acknowledge that our plans may be impacted by upcoming reviews and recommendations – for example, we have commissioned Ijeoma Omambala KC to investigate our handling of whistleblowing concerns being raised, as well as some fitness to practise cases. There are likely to be some adjustments to our plans, and some resequencing of activity within phase one or into phase two, to make sure we prioritise on a continuous basis.

In our current plan, priorities will include:

- **Strengthening our workforce and culture:** embedding, reviewing and enhancing our initiatives – building on the foundational people and culture work in phase one, to ensure we maintain a positive and inclusive workplace for the long term.
- **Implementing priority actions:** we'll continue to take forward learning and actions following external reviews and inquiries which make any recommendations for our regulatory work, focusing on those with the biggest impact on regulation and public protection.
- **Developing our standards:** the modernised Code and revalidation process will come into effect in October 2027. If the outcome of our review of practice learning indicates the need to update our practice learning standards, we will transition to new standards from September 2026. We will develop standards of proficiency and associated programme standards for Advance Practice for consultation in the 2027–2028 financial year.

## Phase three: Enhance and improve: Being the best regulator we can be

Once we have stabilised, we will shift our focus to harnessing data and technology to ensure we regulate as effectively as possible. We will seek to enhance our regulatory performance, prioritising improvements which have the greatest positive impact on public safety.

Our priorities will include the following:

- **Fulfilling our data roadmap:** providing accurate and accessible data to our regulatory teams and partners to provide better use of insight that enhances regulation and strategic workforce planning.
- **Modernising our legislation:** we'll seek opportunities to modernise our legislation by engaging with the UK government or devolved governments on their regulatory reform agendas, for example the introduction of nursing associates across the devolved nations. Additionally, we also hope to improve the efficiency and fairness of our regulatory work.

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- **Leveraging new technologies:** we'll make use of advanced technology to increase operational efficiency and improve the experience of NMC staff and the public who engage with our regulatory processes.
- **Concluding work on our standards:** with a refreshed Code and revalidation guidance coming into effect in October 2027, we will also continue to finalise draft standards in preparation for consultation on advanced practice. Standards and any transitional arrangements will be finalised during 2027–2028 and, if required, new practice learning standards will be implemented.

### And finally

This plan sets out our direction using a phased approach starting in 2025–2026. We will monitor and report transparently on our progress and any adjustments needed. We will publish an updated plan in the autumn of this year, which will provide more detail on the activities we are prioritising within our strategic roadmap, following the receipt of anticipated reviews and their recommendations.

We will continue to remain agile – learning from upcoming external reviews and inquiries and harnessing expertise, feedback and advice from stakeholders, registrants and the public. This will ensure our plan remains relevant and driven to ultimately deliver the best outcomes for the public we're here to protect, the professionals we regulate and a thriving NMC.

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Item 8: **Annexe 2**

NMC/25/22

26 March 2025

<b>Table 1</b> <b>Income &amp; expenditure</b> <b>£ million</b>	<b>Forecast</b> <b>2024 - 2025</b>	<b>Budget</b> <b>2025 - 2026</b>
<b>Income</b>		
Registration fees	101.0	103.5
Other	7.8	5.0
<b>Total Income</b>	<b>108.8</b>	<b>108.5</b>
<b>Expenditure</b>		
<u>Core business</u>		
Professional Regulation	65.1	66.4
Resources & Technology Services	20.5	22.8
People & Organisational Effectiveness	7.6	8.1
Office of the Chair and Chief Executive	6.4	5.5
Professional Practice	7.3	8.2
Strategy & Insight	4.0	4.7
Communications & Engagement	3.5	3.8
<b>Directorate - Core Business Expenditure</b>	<b>114.4</b>	<b>119.6</b>
<b>Corporate</b>		
Depreciation	3.7	3.7
PSA Fee	2.1	2.4
Reward Reserve	-	1.7
Apprenticeship Levy*	0.3	0.3
General Contingency	1.0	1.5
Other **	8.1	3.3
<b>Total Corporate Expenditure</b>	<b>14.2</b>	<b>11.4</b>
<b>Total Core Business</b>	<b>128.6</b>	<b>131.0</b>
Programmes & projects including capital investment (see table 2)	8.6	8.0
<b>Subtotal including capital investment</b>	<b>137.2</b>	<b>139.0</b>
Less: Capital Investment	7.1	6.4
<b>Subtotal excluding capital investment</b>	<b>130.1</b>	<b>132.6</b>
Unrealised Gains/(Losses)***	-	-
<b>Net Surplus/(Deficit) excluding capital investment</b>	<b>(21.3)</b>	<b>(24.1)</b>
<b>Total Funds/Net Assets</b>	<b>57.6</b>	<b>33.4</b>
<b>Reserves</b> (being cash and liquid investments)	<b>75.1</b>	<b>45.0</b>
<b>Note:</b> Figures are subject to rounding		
* Paid to HMRC		
**Other includes panel and other future holiday pay provisions and specialist support (in 2024/25 only)		
*** Unrealised gains/(losses) reflect the change in the value of our investment portfolio since the beginning of the year after taking account estimated income. We do not budget or forecast for either gains or losses.		

<b>Table 2</b> <b>Programmes &amp; projects</b> <b>£ million</b>	<b>Forecast</b> <b>2024 - 25</b>	<b>Budget</b> <b>2025 - 26</b>
Modernisation of Technology Services	6.1	5.5
NMC Online	0.5	-
D365 Implementation	0.3	0.3
Technology Improvements	0.2	0.6
Modern Workplace for Me	0.2	-
Legislative Change*	0.8	1.0
Functional master & data project	0.1	0.2
Data & Analytics FtP caseload improvement	0.1	0.1
People & Culture Investigation	0.3	0.2
Thirlwall Inquiry	0.1	-
<b>Programmes &amp; projects including capital investment</b>	<b>8.6</b>	<b>8.0</b>
<b>Note:</b> Figures are subject to rounding		
*Formerly Regulatory Reform		

<b>Table 3</b> <b>Core Business Activities</b> <b>Full time equivalent (FTE) employees</b>	<b>Forecast</b> <b>2024 - 25</b>	<b>Budget</b> <b>2025 - 26</b>
Professional Regulation	843.8	828.0
Resources & Technology Services	136.6	144.2
People & Organisational Effectiveness	91.4	95.0
Office of the Chair and Chief Executive	60.1	60.9
Professional Practice	76.8	72.4
Strategy & Insight	56.0	57.0
Communications & Engagement	41.3	41.3
<b>Total budgeted FTE employees</b>	<b>1,306.0</b>	<b>1,298.8</b>
<b>Note:</b> figures are subject to rounding		

<b>Table 4 Forecast/Budget Cashflow £ million</b>	<b>Forecast 2024 - 25</b>	<b>Budget 2025 - 26</b>
<b>Cashflow from operating activities</b>		
Surplus/(deficit)	(21.3)	(24.1)
Adjustment for non-cash transactions	3.7	3.7
Interest/Dividend income from Stock Market Investments	(1.0)	(0.8)
(Increase)/decrease in current assets	0.9	(1.0)
Increase/(decrease) in liabilities	(2.3)	(2.3)
<b>Net cash inflow/(outflow) from operating activities</b>	<b>(20.1)</b>	<b>(24.5)</b>
<b>Cashflow from investing activities</b>		
Capital investment	(7.1)	(6.4)
<b>Cashflow from financing activities*</b>		
Stock Market Investments	-	-
<b>Net cash inflow/(outflow) from financing activities</b>	<b>-</b>	<b>-</b>
<b>Net increase/(decrease) in cash &amp; cash equivalent for the year</b>	<b>(27.2)</b>	<b>(30.9)</b>
Cash & fixed term deposits at beginning of year	62.7	35.5
<b>Cash &amp; cash equivalent at end of year **</b>	<b>35.5</b>	<b>4.6</b>

**Note:** Figures are subject to rounding

\*Income from stock market investments are assumed to be reinvested so not a source of cash.

\*\*the cash position at the end of 2025-26 does not include investments and may be higher if we convert some longer term investments to cash.

<b>Table 5</b> <b>Forecast/Budget Balance Sheet</b> <b>£ million</b>	<b>Forecast</b> <b>2024 - 25</b>	<b>Budget</b> <b>2025 - 26</b>
<b>Non-current assets</b>		
Tangible and Intangible Fixed Assets	40.3	43.0
Stock Market Investments*	39.6	40.4
<b>Total non-current assets</b>	<b>79.9</b>	<b>83.4</b>
<b>Current Assets</b>		
Cash and fixed-term deposits	35.5	4.6
Debtors	3.6	4.6
<b>Total current assets</b>	<b>39.1</b>	<b>9.2</b>
<b>Total Assets</b>	<b>119.0</b>	<b>92.6</b>
<b>Liabilities</b>		
Deferred Income	(56.6)	(57.5)
Other creditors, accruals, provisions	(4.8)	(1.7)
<b>Total Liabilities</b>	<b>(58.3)</b>	<b>(59.2)</b>
<b>Net Assets excluding pension liability</b>	<b>57.6</b>	<b>33.4</b>
Pension Liability**	-	-
<b>Net Assets, Total Reserves</b>	<b>57.6</b>	<b>33.4</b>

**Note:** Figures are subject to rounding

\* The increase in stock market investments reflects expected investment income being reinvested rather than any assumptions about capital growth or deficit which is assumed to be nil.

\*\* Our pension liability is subject to an independent actuarial review of our Defined Benefit pension scheme at the year-end for accounting purposes. Following the valuation at the time, the pension scheme was shown in our annual accounts at 31 March 2024 as being as neither an asset nor a liability at that date and that position is reflected in our forecast and budget. It is possible that the position may change in future.

## **Reserves policy: annual review of target lower and upper limits.**

1. This paper proposes our target range of reserves for the financial year 2025–2026. It reflects our reserves policy, contained within the financial strategy most recently put to Council for approval in March 2025. For this purpose we set a target level of reserves for the coming year that is measured by the level of our total cash and liquid investments. The target range of these reserves is reviewed at least annually by the Council.
2. In a change from previous years, we are not setting a target level for ‘free reserves’. This is since such a measure potentially results in us holding an unnecessarily high level of cash and liquid investments that could be better used to invest in delivering improvements to the service we provide to the public.
3. We are able to use a definition of reserves based on cash and liquid investments in this context since we have a very secure and relatively stable income stream. Registrants are required by law to pay our registration fees in advance in order to practise and the numbers of professionals on our register is not subject to major volatility either in-year or between years. Our need for free reserves is, therefore, much lower and less relevant to us than many other charities.
4. The purpose of setting a target minimum level of reserves is to ensure our sustainability and liquidity without the need for borrowing facilities, taking account of the security of our income stream, our assessment of our financial needs over the next two to three years and the potential financial impact of risks faced by the NMC.
5. The target maximum level of reserves is set to ensure our resources are applied effectively, taking into account our plans for future years, balancing the interests of the professionals on our register who finance us through the fees that they pay, and the public who benefit from our work.

### **Current and future reserves position**

6. At 31 March 2024, our aggregate balance of cash and investments was £101 million. Under our revised definition, all of this represented reserves, meaning we had reserves equal to 93 percent of our forecast total income for 2024-25. This positive position was caused by the ‘financing effect’ of nearly 70 percent of registrants paying fees a year in advance, so that we had £42 million of deferred income at the same date. The financing effect also came from other creditors, accruals and provisions.
7. At 31 January 2025, we had investments (ie cash deposits and other liquid term investments) of £91 million. Subject to the year end accounting valuation of our defined benefit pension scheme, the performance of our investments and possible adjustments to our provisions, we expect that that our investment position at 31 March 2025 will be of a similar scale, albeit lower.



8. Looking ahead, based on the budgets presented and after the proposed deficits and capital investment, we expect reserves as measured by our cash and other investments to be about £45 million in March 2026.
9. Unlike a reserves measure such as free reserves which is based on accruals based accounting measures of income and expenditure, one reflecting our cash and investments needs to take into account that the reserves value is likely to fluctuate during the year depending on the balance of receipts and payments. In particular that receipts from the professionals on our register, while they occur throughout the year, vary according to a consistent pattern. For instance receipts are typically highest in September each year (£16 million in 2024) and lowest in May (£6 million in 2024), with cash levels normally at their lowest in August each year.
10. As a result, from a typical March year end position on cash and reserves, we can expect them to fall by around £10 million to the following August before then recovering. As a result, in setting a minimum reserves constraint that reflects an estimated year end position, we need to build in a degree of contingency that takes in-year fluctuations of income, and cash balances generally, into account.

#### **Proposed target range of reserves for 2025–2026**

11. We need to set a minimum level of reserves, reflecting cash and liquid investments, that is commensurate with both our cash needs for the next year and indicative needs in later years.
12. Our approach in previous years, in addition to setting a free reserves range, was to set a minimum cash level to ensure liquidity. This has been set at £20m for several years which is also in line with the conclusions of our recent externally supported review of investment policy. This enables us both to manage in-year fluctuations, and some limited degree of unexpected cost.
13. Measured against our annual budget plan and indicative budgets, and given the typical £10 million drop in cash between March and August each year discussed above, this means we need to be targeting about **£30 million as the absolute minimum reserve level** at the end of March each year.
14. In terms of the maximum reserves we should target, the previous range between up and lower limits of £25 million is probably a reasonable indicator, as is a fairly typical level for charities of six months spend. Both point to **an indicative upper limit of about £60 million** beyond which it is difficult to justify holding reserves unless we have specific investment plans in mind. We will revisit this level in future years with drivers such as the need to accumulate funds for future investment possibly moving this upwards.
15. **Recommendation: we recommend that, using a reserves measure made up of cash and other liquid investments, Council approves a year end reserves range of £30 million to £60 million.**

## Annexe 4: Contracts over £0.6 million expected to be signed in 2025–2026

No.	Directorate / team	Title and description	Retender / new requirement / Extension	Incumbent supplier?	Contract duration	Forecast contract award (FY quarter)	In-sourcing comments
1	RTS - IT	<p><b><u>Partner agreements for MOTS</u></b></p> <p>The requirements for the next phase of MoTS are being refined, and this will be presented to Council as a business case. If approved, we will need to procure new partner agreements.</p>	New requirement	Yes – Cloudsource, Searchlight	2 years	Q4	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.
2	RTS - IT	<p><b><u>IT Systems Integrator</u></b></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 programme of works for MoTs</p>	New requirement	New	4 years	Q2	Highly specialist services we do not have in-house, and very unlikely to change in the future.

**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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No.	Directorate / team	Title and description	Retender / new requirement / Extension	Incumbent supplier?	Contract duration	Forecast contract award (FY quarter)	In-sourcing comments
3	RTS - IT	<p><b><u>IT managed services provider contract (Telefonica Tech)</u></b></p> <p>The existing contract with Telefonica Tech was extended following Council approval in 2023.</p> <p>Further extension options are permissible in the contract. As done so previously, Council will be provided with a paper setting out the options and recommended approach.</p>	To be determined – possible extension or retender	Yes - Telefonica Tech	3 years with option to extend for further 48 months	Q3	Specialist IT services we do not have in-house, but aspects will be considered as part of review.
4	RTS – IT	<p><b><u>Microsoft Azure licensing</u></b></p> <p>This is our cloud storage and we are currently working towards consolidating this requirement under one contract. This could lead to procuring a new contract with a new provider. This will also be a dependency on the Telefonica Tech contract above.</p>	New	Yes – Microsoft, Telefonica	3 years	Q3	Not possible – purchase of IT software/systems.

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No.	Directorate / team	Title and description	Retender / new requirement / Extension	Incumbent supplier?	Contract duration	Forecast contract award (FY quarter)	In-sourcing comments
5	RTS – finance	<p><b><u>Investment management services</u></b></p> <p>Our external investment advisors are reviewing whether we extend or retender our existing contract.</p> <p>The contract value aside relates to anticipated management fees, which may vary depending on the length of any extension NMC agrees to, or new contract that is awarded.</p>	Extensions/retender	Yes – Sarasin & Partners	5 years	Q1	Highly specialist services we do not have in-house, and very unlikely to change in the future.
6	RTS-finance	<p><b><u>Finance, HR &amp; payroll system</u></b></p> <p>A new competitive tender exercise will be required this year. The current contract is expiring and no further options to extend available.</p>	Retender	Yes - Advanced Business Solutions	If retendered new contract could be 5-6 years	Q4	Not possible – purchase of IT software/systems.
7	PR	<p><b><u>Computer based testing (CBT) for Test of competence</u></b></p>	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

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No.	Directorate / team	Title and description	Retender / new requirement / Extension	Incumbent supplier?	Contract duration	Forecast contract award (FY quarter)	In-sourcing comments
		<p>This contract is currently being retendered and due to be awarded in March/April 2025.</p> <p>*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.</p> <p>The NMC contracts with the supplier but does not pay for the services.</p>					systems are also required – NMC does not have the means or infrastructure to in-source this.
8	PR	<p><b><u>Hearing transcription contract/s</u></b></p> <p>We are currently reviewing our requirements and possible future investments to improve our technology</p>	Retender	Yes – Marten Walsh Cherer, Epiq, Acolad	4 years	Q2	We consider it is more cost effective and lower risk to purchase these services.
9	PR	<p><b><u>Legal services to support case progression</u></b></p>	To be determined - possible extension or retender	Yes - Capsticks LLP & Weightmans	2 years + 1 year extension	Q3	Partially already in-house – external legal expertise always expected to be required.

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## Annexe 4: Contracts over £0.6 million expected to be signed in 2025–2026

No.	Directorate / team	Title and description	Retender / new requirement / Extension	Incumbent supplier?	Contract duration	Forecast contract award (FY quarter)	In-sourcing comments
		<p>The current contracts are due to expire early next year with a further 1 year extension option permissible within the contract.</p> <p>Council will be provided with a paper setting out the options and recommended approach.</p>					
10	PR	<p><b><u>OSCE Test of Competence Delivery Services</u></b></p> <p>We have five suppliers who run our OSCE test centres across the UK.</p> <p>*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.</p> <p>The NMC contracts with the suppliers but does not pay for the services.</p>	Extension	<p>Yes –</p> <p>University of Northampton</p> <p>University of Ulster</p> <p>University of Northumbria at Newcastle</p> <p>Oxford Brookes</p> <p>University Leads</p> <p>Teaching Hospitals Trust</p>	<p>3 year initial term</p> <p>(followed by up to 2 years extension options)</p>	Q4	<p>This is currently contracted to outsourced providers but will be reviewed over next 1-2 years.</p>

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## Annexe 4: Contracts over £0.6 million expected to be signed in 2025–2026

No.	Directorate / team	Title and description	Retender / new requirement / Extension	Incumbent supplier?	Contract duration	Forecast contract award (FY quarter)	In-sourcing comments
		<p>The contracts started in 2022 for an initial term of three years. Following a 12 months extension, they are now due to expire in February 2026 with a further 12 month extension still permissible under the contract.</p> <p>The value of the extensions is subject to analysis of forecast concession value, which must be undertaken as a requirement of CCR.</p> <p>The value of the extension is subject to analysis of forecast concession value, which must be undertaken as a requirement of CCR.</p>					
11	P&OE	<p><b><u>Temporary agency contract (Hays)</u></b></p> <p>An extension option is permissible under the contract. Council will be provided with a paper setting out the options and recommended approach.</p>	Extension	Yes - Hays	3 years	Q4	Our recruitment is already mostly in-house, but external agencies will always be necessary as outlined in description field aside.

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## Annexe 4: Contracts over £0.6 million expected to be signed in 2025–2026

No.	Directorate / team	Title and description	Retender / new requirement / Extension	Incumbent supplier?	Contract duration	Forecast contract award (FY quarter)	In-sourcing comments
12	RTS - Property	<p><b><u>Office cleaning services for 23PP</u></b></p> <p>This contract was extended to align with refurbishment of 23 Portland Place. Since a decision to delay this project, we must seek to re-procure this contract.</p>	Extension or Retender	Yes – Julius Rutherford & Co	2-4 years	Q2	We do not have the capability to provide these services in-house.
13	RTS – IT	<p><b><u>Digital Recording and Retrieval Services (DAR)</u></b></p> <p>Review and retender of digital audio recording equipment solution for our hearing rooms.</p>	Possible retender	Yes – BUK Solutions	4 years	Q3	Specialist IT services/equipment we do not have in-house, but aspects will be considered as part of the review
14	RTS - IT	<p><b><u>Laptop refresh</u></b></p> <p>Review and retender the purchase or replacement of NMC laptops</p>	New Requirement	No	2 years	Q2	Not suitable – involves purchasing of new hardware equipment and software.
15	RTS – IT	<p><b><u>Direct Debit Management System</u></b></p>	Retender	Yes – Paypoint	3 years (TBC)	Q4	Not possible – purchase of software

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## Annexe 4: Contracts over £0.6 million expected to be signed in 2025–2026

No.	Directorate / team	Title and description	Retender / new requirement / Extension	Incumbent supplier?	Contract duration	Forecast contract award (FY quarter)	In-sourcing comments
		<p>We intend to re-procure our contract for our automated direct debit management solution.</p> <p>This will be dependent on the successful delivery of the new NMCO replacement portals, as the direct debit platform is linked to these.</p> <p>In addition, this may form part of a complete review of Finance payment platforms, with a view to consolidate where possible. However, this review is unlikely to take place until 2027.</p>					
16	RTS – finance	<p><b><u>Payment acceptance services</u></b></p> <p>Service allows for processing of card payments: card acquiring and gateway services and alternative payment methods.</p>	Retender	Yes – Barclaycard	3 years	Q4	Not suitable – specialist external expertise required.
17	RTS – finance	<p><b><u>Insurance brokerage services</u></b></p>	Retender	Yes – Sydney	5 years	Q1	Not suitable – specialist market expertise we do not have in-house.

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## Annexe 4: Contracts over £0.6 million expected to be signed in 2025–2026

No.	Directorate / team	Title and description	Retender / new requirement / Extension	Incumbent supplier?	Contract duration	Forecast contract award (FY quarter)	In-sourcing comments
		We are currently reviewing options for re-procurement of this contract. The overall contract value mainly comprises various policy premium costs.		Packett & Sons			
18	PR	<p><b><u>Regulator medical support services framework</u></b></p> <p>Review and retender expert services comprising of toxicology experts, medical examiners and expert witnesses.</p>	Retender	Yes – DNA Legal, Cansford Laboratories, Somek and Associates Ltd, UK Independent Medical Services	3-4 years	Q3	Not suitable – specialist expertise we do not have in-house.
19	Strategy & Insight	<p><b><u>Research consultation services</u></b></p> <p>We intend to create an approved list of suppliers for the provision of research and consultation services to ensure we are meeting regulatory and statutory obligations.</p>	Retender	Yes – CM Monitor Ltd (Britain Thinks)	3-4 years	Q1	Not suitable – specialist external expertise required.

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## Council

### Safeguarding stocktake update

<p><b>Action requested:</b></p>	<p>The purpose of this item is to provide an update on safeguarding stocktake work agreed at Council in January 2025.</p> <p><b>For discussion</b></p> <p>The Council is asked to <b>discuss</b> the report.</p>
<p><b>Key background and decision trail:</b></p>	<ul style="list-style-type: none"> <li>• In February 2025 the NMC began a comprehensive stocktake of its safeguarding activities following the findings of the Independent Culture Review in July 2024, and discussion at Council. This work is initially focusing on safeguarding risks within our fitness to practise (FtP) process. This paper provides an update in relation to this work.</li> <li>• Through a series of workshops attended by colleagues from across the NMC, we have made good progress in agreeing the extent of the NMC’s safeguarding responsibilities and established a multi-disciplinary approach to building an agreed vision for safeguarding.</li> <li>• The NMC’s newly established Safeguarding Hub continues to provide expert advice to FtP colleagues, enabling them to identify safeguarding issues within the FtP casework, thus reducing the safeguarding risk held by the NMC.</li> <li>• Work is now underway to develop clear guidance and processes to support our existing safeguarding policies and to embed this work within the FtP process, ensuring that we have a consistent and embedded multi-disciplinary approach.</li> <li>• The work already taking place, along with the short and long-term mitigations recommended by this project, will enable us to accurately capture and report on our corporate safeguarding risk. A further and more comprehensive update on all of our safeguarding work will be provided within the NMC’s safeguarding quarterly report in May 2025.</li> </ul>
<p><b>Key questions:</b></p>	<ul style="list-style-type: none"> <li>• What is the legal framework for the NMC’s delivery of its safeguarding responsibilities in relation to fitness to practise work?</li> </ul>

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	<ul style="list-style-type: none"> <li>• What is the progress of work undertaken to assess whether the NMC is meeting its legal responsibilities in relation to safeguarding in relation to fitness to practise work?</li> <li>• What further work is required to provide assurance that we are meeting our safeguarding responsibilities and what are the benefits of doing this?</li> </ul>		
<b>Annexes:</b>	None		
<b>Further information:</b>	<p>If you require clarification about any point in the paper or would like further information, please contact the author or the director named below.</p> <table border="1" data-bbox="379 795 1404 1202"> <tr> <td data-bbox="379 795 857 1202"> <p>Authors: Nicola Burns-Muir, Specialist Safeguarding Adviser <a href="mailto:Nicola.Burns-Muir@nmc-uk.org">Nicola.Burns-Muir@nmc-uk.org</a></p> <p>Miranda Stotesbury, Deputy General Counsel <a href="mailto:Miranda.Stotesbury@nmc-uk.org">Miranda.Stotesbury@nmc-uk.org</a></p> </td> <td data-bbox="857 795 1404 1202"> <p>Executive Director: Samantha Donohue <a href="mailto:Sam.Donohue@nmc-uk.org">Sam.Donohue@nmc-uk.org</a></p> <p>Alice Hilken, General Counsel <a href="mailto:Alice.Hilken@nmc-uk.org">Alice.Hilken@nmc-uk.org</a></p> </td> </tr> </table>	<p>Authors: Nicola Burns-Muir, Specialist Safeguarding Adviser <a href="mailto:Nicola.Burns-Muir@nmc-uk.org">Nicola.Burns-Muir@nmc-uk.org</a></p> <p>Miranda Stotesbury, Deputy General Counsel <a href="mailto:Miranda.Stotesbury@nmc-uk.org">Miranda.Stotesbury@nmc-uk.org</a></p>	<p>Executive Director: Samantha Donohue <a href="mailto:Sam.Donohue@nmc-uk.org">Sam.Donohue@nmc-uk.org</a></p> <p>Alice Hilken, General Counsel <a href="mailto:Alice.Hilken@nmc-uk.org">Alice.Hilken@nmc-uk.org</a></p>
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# Safeguarding stocktake update

## Discussion

- 1 Since January, a multidisciplinary working group of Deputy Directors, Assistant Directors and Heads of department from the NMC's professional regulation, policy, safeguarding, legal and communications teams have started stocktake work in relation to the NMC's safeguarding responsibilities.
- 2 This work set out to achieve a number of key objectives:
  - 2.1 To be **clear about the legal framework for the NMC's** delivery of its safeguarding responsibilities
  - 2.2 To **develop an agreed risk management framework** setting out how the NMC approaches safeguarding risks in line with its core regulatory functions and safeguarding responsibilities.
  - 2.3 To **develop a safeguarding plan** to address any gaps or issues in relation to our approach.
- 3 These objectives were developed in the context of the findings of the Independent Culture Review in July 2024, which made recommendations on the further steps to be taken by NMC to ensure it is meeting its safeguarding obligations.

### Understanding the legal context

- 4 There is no one definition of 'safeguarding' and it can mean different things for different organisations depending on the context. For example, the Care Act 2014, Children's Act 2004, and Safeguarding Vulnerable Groups Act 2006 impose specific safeguarding duties to protect children and vulnerable adults, and this concept of safeguarding is traditionally used in healthcare settings. Unlike frontline services, the NMC does not have any statutory responsibilities to take action to safeguard children and vulnerable adults under these pieces of legislation, although clearly the protection of children and adults is directly relevant to the work of the NMC.
- 5 The NMC is also subject to a much broader definition of safeguarding set out by the Charity Commission. This requires charities to take reasonable steps to protect from harm, people who come into contact with them. It applies to all charities and therefore must be interpreted in the context of each charity's specific functions and responsibilities. The NMC already has in place a [safeguarding policy](#) which aligns with the Charity Commission's approach.
- 6 While safeguarding is not explicitly referred to within the NMC's governing legislation, the over-arching objective of the NMC in exercising its functions is the protection of the public (Article 3(4)). This involves the pursuit of the following objective:

6.1 to protect, promote and maintain the health, safety and wellbeing of the public (Article 3(4A)(a)).

- 7 The NMC therefore inherently has a role in safeguarding the public, by exercising its regulatory functions in line with this overarching objective. The primary way in which the NMC does this is through its principal function, establishing standards for education, training, conduct and performance for nurses, midwives and nursing associates and ensuring the maintenance of its standards (including through fitness to practise work). In doing so, safeguarding concerns – involving the risk of harm to children and vulnerable adults – are not unlikely to arise, given the nature of our work.
- 8 The NMC has additional responsibilities to co-operate with other relevant agencies in so far as it is appropriate and reasonably practicable – in particular the NMC has the power to share fitness to practise information where in the NMC’s reasonable discretion is in the public interest to do so.
- 9 Sharing fitness to practise information and cooperation with other organisations for the purposes of safeguarding the health and wellbeing of individuals will likely be in the public interest. We need only take appropriate and reasonable steps in doing so, and this should not divert from performing our own principal regulatory functions.
- 10 The NMC does not have responsibility for ensuring other agencies are performing their safeguarding functions, however we should remain curious and ensure we are open to new information which may inform our own regulatory actions.
- 11 In summary, this means that the NMC’s fitness to practise function should be able to:
  - 11.1 identify and respond appropriately and proportionately to safeguarding concerns which are for the NMC to act upon, and
  - 11.2 identify safeguarding concerns which are not for the NMC to act upon but which are for someone else to act upon, and
  - 11.3 take reasonable, appropriate and proportionate steps to share information with the relevant agencies so that safeguarding risks can be managed.
- 12 The Charity Commission’s wider definition of safeguarding, reflected in the NMC’s policy, extends beyond the NMC’s statutory public protection objectives and regulatory FtP and co-operation roles, to taking reasonable steps to protect all those we come into contact with from harm. This duty – which is set out in guidance rather than legislation and aligns with and builds on the NMC’s common law duty of care, and leaves scope for discretion for the NMC to implement – covers our people, primarily staff, but also contractors, suppliers, etc. and registrants engaging with us including through registration and FtP, and extends to our wellbeing work.
- 13 Both the NMC’s overarching objective and the Charity Commission’s safeguarding guidance set out wide-ranging duties, rather than detailed or prescriptive obligations, for the most part, leaving the NMC with relatively significant discretion.

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## Safeguarding Stocktake

14 As part of the safeguarding stocktake work we have undertaken a series of multidisciplinary working group discussions with a focus on agreeing our key areas of safeguarding risk, understanding what work was already being done to manage these, and what further work was needed to strengthen this.

15 In fitness to practise, the key themes identified related to improving operational processes, guidance and training on:

- identifying and recognising safeguarding concerns;
- investigating safeguarding concerns and proportionate regulation;
- understanding the role of the safeguarding hub and ensuring greater integration within fitness to practise operations as a “centre of excellence”;
- policy on mental capacity and the NMC’s approach in cases involving children and vulnerable adults;
- cooperating with external bodies/people and sharing fitness to practise information

16 We identified a number of areas of good practice which support the NMC in meeting its safeguarding responsibilities, strengthened by recent improvements. This includes good examples of multi-disciplinary working, existing policies and protocols in place to support operational colleagues, and guidance on sharing information and working with others. This is now supported by expert support and advice from the newly established Safeguarding Hub, focusing on children and vulnerable adults, working alongside colleagues in the Public Support Service to support the wellbeing of those who come into contact with our processes.

17 Overall, the colleagues participating in these workshops reflected that the NMC currently has significant safeguarding expertise in place to help meet its legal responsibilities (both in terms of public protection and protecting those who we come into contact with). However, colleagues reflected that further work needs to be done to embed recent improvements, ensure consistency in approach and understanding, and monitor outcomes and accountability via clearer safeguarding governance structures and written processes.

### *Safeguarding Hub*

18 The safeguarding hub (SG Hub) is a multi-professional group that reviews all new NMC referrals with an identified safeguarding or wellbeing concern. In each case a safeguarding risk assessment is completed and safeguarding advice and guidance agreed and communicated to FtP colleagues.

19 The SG Hub was launched on 1<sup>st</sup> September 2024 and has reviewed over 3200 new referrals and streamed 627 referrals into the SG Hub with a safeguarding or wellbeing concern. The top 5 categories of harm were identified as follows:

Physical	21%
Sexual	20%

Child Protection	10%
Domestic Abuse	8%
Emotional	10%

20 The SG Hub is fulfilling a key safeguarding risk mitigation for all new referrals by early identification and intervention with safeguarding concerns to proactively respond with proportionate action. The hub supports the progression of cases identified including interim orders by providing advice including information gathering and will undertake external collaboration with safeguarding partners during this phase of the FtP process.

21 We are building up our data and insights for the SG Hub to help us to learn and inform our future safeguarding approaches and our educational programmes. As part of the safeguarding stocktake process the work of the SG Hub is being fully evaluated and this will be reported in the Q4 safeguarding report in May 2025.

### Summary

22 The safeguarding stocktake work has made significant progress in achieving its key objectives; colleagues now have greater clarity on the legal framework governing the NMC’s safeguarding responsibilities, and through the workshops attended by colleagues we have established a multi-disciplinary approach to building an agreed vision for safeguarding.

23 It has also provided an opportunity to identify and reflect on the success of the Safeguarding Hub in reducing the safeguarding risk arising from the NMC’s fitness to practise work, supporting operational colleagues to identify and act on safeguarding concerns at an earlier stage.

24 These multidisciplinary discussions have supported the development of a draft safeguarding risk management framework with particular focus on fitness to practise. We will continue to build on these rich discussions to produce a finalised framework which will support embedding a more consistent approach to safeguarding across the NMC.

### Next steps

25 While many examples of good practice have been identified, further work will now be carried out to embed and strengthen recent improvements, ensure consistency in approach and understanding, and monitor outcomes and accountability via clearer safeguarding governance structures and direction (particularly given the scope for organisational discretion).

26 In the short-term, safeguarding risk can be further mitigated (with appropriate resourcing) through:

- 26.1 Continuing to improve our internal and external communication regarding our safeguarding responsibilities

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- 26.2 Ensuring key teams are continuing to work collaboratively to identify and mitigate risks, and support the progression of regulatory cases
- 26.3 The production of an agreed safeguarding governance framework which we can use to track progress in mitigating our safeguarding risk
- 26.4 Revised guidance and standard operating procedures to support the operationalisation of our existing policies and clarify roles and responsibilities
- 26.5 A finalised safeguarding plan with phases and priorities
- 26.6 Strengthened relationships with external bodies

27 Longer-term mitigations will include:

- 27.1 Review of our safeguarding resource
- 27.2 Further training to develop safeguarding knowledge across operational teams
- 27.3 Review/evolution of the role of the Safeguarding Hub
- 27.4 Policy evaluation and improved data capture.

## Implications

The following were considered when preparing this paper:

Implication:		Location if in paper:	Content if not in paper:
Public protection/impact for people.	Yes	All	
Safeguarding considerations	Yes	All	
The four country factors and considerations.	Yes	All	
Resource implications including information on the actual and expected costs involved.	Yes	26, 27	
Risk implications associated with the work and the controls proposed/ in place.	Yes	All	
Legal considerations.	Yes	All	
Midwives and/or nursing associates.	Not Applicable		

Equality, diversity, and inclusion and Welsh Language impact.	Yes	All	
Stakeholder implications and any external stakeholders consulted.	Yes	15, 20, 26	
Regulatory Reform.	Not Applicable		

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## Council

### Draft Principles for Advanced Practice

<b>Action requested:</b>	<p>The Council is invited to consider the principles for Advanced Practice (AP) together with an update on progress on proposals for transition for professionals with AP qualifications.</p> <p><b>For decision</b></p> <p>The Council is <b>recommended</b> to agree the draft Principles for Advanced Practice which have been developed through extensive stakeholder engagement and are proposed by the AP independent steering group (Paragraph 19) and discussed at Executive Board (NMC/25/77).</p> <p>The Council is asked <b>to note</b> the progress update for workstream 3: the development of transitional arrangements for existing advanced level professionals (Paragraph 24).</p> <p>The Council is further <b>recommended</b> to agree the next steps for the AP review.</p>
<b>Key background and decision trail:</b>	<p>AP in nursing has evolved and grown across the UK over several decades, with the introduction of AP in midwifery being more recent. Although there have been numerous previous attempts to introduce additional regulation of nursing professionals working at an AP level, due to competing pressures neither the NMC nor its predecessor organisation completed this work.</p> <p>Given the planned increase to the AP workforce across the UK our 2020-2025 strategy committed us to undertaking a comprehensive review of advanced practice nursing, including consideration of whether additional regulation is needed. Our 2022 – 2023 corporate plan extended the scope to include advanced practice midwifery.</p> <p>The initial discovery phase commenced in late autumn 2022 and included independent research undertaken by The Nuffield Trust. Council discussed the findings at their meeting in May 2023 which highlighted the latent risks that exist. Nor do we know which registrants are practising at an AP level nor can a member of the public identify AP nurses and midwives on the NMC Register. (NMC/23/35)</p>

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In September 2023, Council agreed to us pursuing nine key lines of enquiry (KLOE) in line with our overarching objective, the protection of the public, and maintaining public confidence in professionals on our register. **(NMC/23/74)**.

At its meeting of 27 March 2024 **(NMC/24/22)** following the consideration of the evidence from phase one of the review, Council acknowledged the evidence indicating an increased risk to public protection and recognised that no single additional regulatory action would mitigate the risks identified and therefore would require a multi-pronged approach. At that time Council agreed to the following recommendations:

- That additional regulation of advanced practice is needed for both nursing and midwifery professionals and agreed to proceed to phase two of the AP review, and to
- Proceed to develop the following approaches:
  - Develop standards of proficiency for advanced level practice and associated programme standards.
  - Adopt a collaborative approach to develop a UK wide AP principles framework incorporating a shared position or definition of advanced level practice.
  - Ensure that advanced level practice requirements are included in the wider review of revalidation and the Code scheduled for 2025-2026.

Council concurred that this work would also need to include steps to explore a proportionate approach to the transition of professionals who hold AP qualifications/are practising at an AP level.

A detailed plan of this phase of work, including workstreams, milestones, timelines and resources was subsequently noted at the Executive Board's meeting of 30 April 2024 **(EB/24/73)**. Due to corporate reprioritisation decisions, timelines and delivery of the proficiency and programme standards workstream shifted. Consequently, our focus has been on workstream one: the development of principles for AP and workstream three: initial exploration of a proportionate transitional approach for the current AP workforce.

The draft Principles for AP were discussed at Executive Board **(NMC/25/77)** and it was recommended that the principles be presented to the Council.

The review of advanced practice links to the following strategic risks for 2024-2025:

	<ul style="list-style-type: none"> <li>• REG18/01 – We fail to maintain an accurate register of people who meet our standards (including timelines of registrations) and REG19/03 – failure to ensure that our professionals standards of practice and behaviour, proficiency and educational standards are fit for purpose.</li> </ul> <p>This paper presents the draft principles for AP, which includes a definition of AP that is clear to the public, outlining the collaborative approach taken to co-produce both the principles and definition. The paper also provides an update on progress for transitional arrangements for professionals with AP qualifications who are practising at an AP level.</p>		
<b>Key questions:</b>	<ul style="list-style-type: none"> <li>• Do the principles for AP clearly set out our expectations for advanced level practice for individual professionals in AP roles and employing organisations?</li> <li>• Does the definition of advanced practice make clear our expectations to members of the public?</li> <li>• Have the principles been developed following a rigorous approach?</li> <li>• What work has been undertaken to develop the transitional approach to the existing workforce into new regulatory approaches and what are the next steps?</li> </ul>		
<b>Annexes:</b>	<p>The following annexes are attached to this paper:</p> <ul style="list-style-type: none"> <li>• Annexe 1: NMC Principles for Advanced Practice</li> <li>• Annexe 2: Stakeholder engagement and emerging themes</li> </ul>		
<b>Further information:</b>	<p>If you require clarification about any point in the paper or would like further information, please contact the author or the director named below.</p> <table border="1" data-bbox="384 1675 1402 1854"> <tr> <td data-bbox="384 1675 858 1854">           Author: Paula McLaren  <a href="mailto:Paula.McLaren@nmc-uk.org">Paula.McLaren@nmc-uk.org</a>            Anne Trotter  <a href="mailto:Anne.Trotter@nmc-uk.org">Anne.Trotter@nmc-uk.org</a> </td> <td data-bbox="858 1675 1402 1854">           Acting Executive Director:            Sam Donohue  <a href="mailto:Sam.Donohue@nmc-uk.org">Sam.Donohue@nmc-uk.org</a> </td> </tr> </table>	Author: Paula McLaren <a href="mailto:Paula.McLaren@nmc-uk.org">Paula.McLaren@nmc-uk.org</a> Anne Trotter <a href="mailto:Anne.Trotter@nmc-uk.org">Anne.Trotter@nmc-uk.org</a>	Acting Executive Director: Sam Donohue <a href="mailto:Sam.Donohue@nmc-uk.org">Sam.Donohue@nmc-uk.org</a>
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# Draft Principles for Advanced Practice

## Discussion

### Background and context

- 1 Experienced nurses and midwives are increasingly taking on complex, expert roles across the health and care system, commonly referred to as advanced practice (AP). UK health and social care landscapes are changing rapidly, with professionals working in increasingly challenging environments. In undertaking this review we have sought to understand, reflect and highlight how we can proactively respond to these changes.
- 2 Nurses and midwives working in AP roles are recognised as having advanced level knowledge, being highly skilled with extensive autonomy to manage complete episodes of care that have high levels of complexity and uncertainty. Their advanced knowledge and skills enable them to demonstrate advanced communication skills, make timely person-centred decisions, provide continuity of care and support people to navigate their care pathway seamlessly across different specialities, settings and professions.
- 3 Equally AP professionals are seen as being integral to supporting capacity for service transformation and improve the overall safety and quality of service provision. The role also provides pathways for career progression facilitating workforce development and retention.
- 4 Each nation of the UK has an AP framework in place and although these have some commonalities there are differences in application and oversight of AP preparation, education and training, and the roll out of the AP workforce. Ahead of the development of regulatory standards of proficiency and associated programme standards for advanced level practice, the draft principles will align to the four frameworks in establishing clarity for individual professionals working at an AP level and on how employer organisations can adopt these principles.

### Development of the draft Principles for Advanced Practice

- 5 We built on the considerable evidence base including existing voluntary capability standards, AP frameworks and reports to ensure a robust evidence base informed the emerging themes and drafting of these principles.
- 6 Extensive stakeholder engagement took place with professionals, (including representatives from the AP community of interest) and members of the public to test assumptions and emerging themes. (see Annexe 2). The AP Public Advisory Group (PAG) and wider charity and advocacy groups have been integral to the development of the draft principles and in determining a public facing definition of AP that was clear and understandable.
- 7 To ensure that the draft principles supported each nation's own AP framework, the four country AP nursing and midwifery advisers collaborated with a country working

group in their respective nations throughout the development. The working groups consisted of strategic colleagues, representing a range of AP level professionals, including commissioning and workforce leads.

- 8 Initially we sought to develop shared cross-regulatory principles in collaboration with other UK health and care professional regulators and managed these discussions with the convened joint regulatory group (JRG). Although keen to remain involved in these discussions the timing of our work did not fully align with their planning, but they will make use of the work to date to progress their work regarding the professionals they regulate who are in AP roles. System regulators are members of this group and continue to be supportive as we progress our mandate in this important area.
- 9 The draft principles for AP are ambitious, are applicable across the four UK nations, embed equity, equality, diversity and inclusion and reflect professional values of AP nurses and midwives, and imbue public protection. (See Annexe One).

## **Stakeholder engagement**

### **Public engagement**

- 10 The view of all stakeholders was resounding that for the definition of AP to be clear to the public, it must be succinct, use everyday language, be free of technical jargon, use respectful language, be relevant for care delivery to meet the needs of people across the life span and their education attainment, cognitive abilities and personal circumstances. There was also a need to be clear about how professionals working at an advanced level differed from other nurses and midwives on the register.
- 11 There was some challenge from professionals that the public definition for AP required greater nuance and detail to distinguish the level of practice from that of a registered nurse or midwife. Due to the challenge of striking a balance between accessibility, simplicity and nuanced detail for members of the public to that of professionals it was agreed to include both a professional and public definition within the draft principles document. Professionals concurred with this outcome.
- 12 Stakeholders also stated the need to have supporting information materials to improve public understanding of the draft principles and an easy-read version of the document. The PAG suggested developing an infographic/animation of the various roles of professionals on our register, so that the public could see the additional regulation of an advanced nurse practitioner or advanced midwife practitioner to that of other registered nurses or midwives. Should Council approve the draft principles this suggestion will inform the communications and engagement planning and implementation activity.

### **Professional stakeholder engagement**

- 13 The four country AP working groups captured early thinking on the content of the draft principles. Although our intention had been to develop a 'principles framework' it was felt that that this term would add confusion. AP frameworks are already in

place with some being multi-professional, some nursing only and all contain a combination of principles and capabilities/ proficiencies and how these could align to future standards of proficiency for AP.

- 14 Working group members felt that principles should underpin and support the four-country framework rather than replace these at this time. Refining the language and referring to principles of AP only was the outcome of this discussion following discussions with the independent steering group.
- 15 Consensus on the key features for inclusion in the AP principles included the focus on a **level** of practice, autonomous complex decision-making, managing risk and uncertainty, recognition of practice across the four pillars of advanced practice – clinical, education, research and leadership/management, the breadth of AP practice across nursing fields and midwifery, and across all health and social care settings. Also highlighted was the importance of principles distinguishing between an experienced professional and an advanced level professional.
- 16 There was consensus to focus on mitigating risks and protection of the public, the importance of multi-disciplinary working and employer governance arrangements. However, some features such as master’s level study, length of experience and supervision were felt better placed in AP standards of proficiency and associated programme standards.
- 17 The final version of the principles is the result of robust stakeholder engagement and co-production. The document sets out the definition of AP that is clear to the public, along with high-level principles of best practice expected of individual professionals working at an advanced level and those who employ them with the aim of enabling consistent, high quality, safe and effective delivery of care by advanced level professionals.
- 18 Kay Fawcett, OBE, chair of the UK wide independent steering group facilitated discussions on the draft principles and their progress including the views of the two advisory groups - the PAG and the JRG that inform recommendations made by this steering group. Although the earlier ambition for joint regulatory principles, the steering group emphasised the need to deliver for nurses and midwives working at an advanced level and for the public they serve. In line with the agreed governance the steering group has recommended the draft principles to Executive Board ahead of presenting the draft principles to Council for approval.
- 19 The Council is **recommended** to agree the draft Principles for Advanced Practice which have been developed through extensive stakeholder engagement and are proposed by the AP independent steering group and Executive Board.

**Update on Workstream 3: development of a transitional approach to recognising current/existing professionals working at an advanced practice level**

- 20 By way of recap: workstream 3 is focused on developing transitional arrangements for the existing nursing and midwifery AP workforce and those undertaking AP qualifications during transition. This workstream has three main aims:



- 20.1 To develop an approach to support the transition of existing advanced level practice nurses and midwives and those currently studying into new regulatory arrangements.
  - 20.2 To ensure a robust, fair, proportionate and pragmatic process is developed which supports individuals to meet agreed standards of proficiency for advanced level practice.
  - 20.3 To enable NMC operational systems to support the delivery of the newly developed process.
- 21 We sought to coproduce our approach through cross directorate collaboration and during early discussions with the AP steering group and PAG on this topic.
- 22 We have reviewed the approaches taken by international regulators together with UK organisations who currently offer a credentialling model. This will enable us to maximise opportunities and recognise risks before proposing our agile, risk based, proportionate regulatory approach to transition that focuses on the AP level of practice rather than a specific role, employment or job title.
- 23 Key considerations for this work include comprehensive understanding of the equality, diversity and inclusion implications, establishing the scale of the AP workforce, whether there needs to be a different approach to those in training at the time of transition, costs associated with the process to individual practitioners and to the NMC, and risks associated with any potential approaches.
- 24 The Council is asked **to note** the progress update for workstream 3: the development of transitional arrangements for current advanced level professionals.

## Next Steps

### Workstream 1: Principles for Advanced Practice

- 25 Following the Council's decision, we will:
- 25.1 Activate the full communication and engagement plan needed for implementation of the principles. This will include a soft launch of the principles across the four UK nations and targeted engagement with strategic stakeholders, AP professionals and key internal colleagues.
  - 25.2 Publish the final principles for AP, stakeholder engagement report and the completed equality impact assessment on our website.

### Workstream 3: Transitional Approach

- 26 We will continue to progress our thinking on proposals for a transitional process. This will include planning for internal and external working groups and the development and timing of a workforce survey to understand the scale of the current AP nurse and AP midwife workforce
- 27 A decision on the sequencing of the AP review has now been reached to enable us to continue to progress the remaining workstreams over the next three years starting

with consideration of AP as part of the review of the Code and revalidation and then onto developing AP standards of proficiency and associated programme standards in readiness for rolling out a proportionate transitional approach to recognising AP professionals.

- 28 Development of an updated plan for the AP review is being developed alongside the other Professional Practice directorate reviews and the education quality assurance improvement programme in line with the corporate plan for the next three years is underway and will be confirmed in Q1.

## Implications

The following were considered when preparing this paper:

Implication:		Location if in paper:	Content if not in paper:
Public protection/impact for people.	Yes	Para. # 3, 9	<p>People receiving care from nurses and midwives sin AP roles is beneficial. Professionals with AP qualifications can demonstrate advanced communication skills, make timely person-centred decisions, provide continuity of care and support people to navigate care pathways seamlessly across different specialties and settings, and professions as part of their day to day multiprofessional practice.</p> <p>In the future people who receive care from AP professionals will be confident about the advanced knowledge and skilled care that these professionals can provide and how these roles keep people safe.</p>

Safeguarding considerations	Yes	Para #3, 17	AP professionals provide care for people across the life span including vulnerable people and children. Through the development of a public first definition of AP, we have engaged with charity and advocacy groups and other networks to ensure that our principles are meeting the needs of vulnerable groups. Our AP advisers across the four countries provide expertise and guidance on ensuring that safeguarding is central to our work.
The four country factors and considerations.	Yes	Para # 4, 7, 9, 13, 14, 25.1	
Resource implications including information on the actual and expected costs involved.	Yes	29	
Risk implications associated with the work and the controls proposed/ in place.	Yes	Para #15,16,22,23	
Legal considerations.	Yes		No legislative change is required for a finalised set of principles for AP. In finalising the principles, we have sought advice and guidance from the general counsel team and will continue to engage as the other workstreams progress.
Midwives and/or nursing associates.	Yes		This work is only applicable to nurses and midwives. Nursing

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			associates do not work at advanced level practice.
Equality, diversity, and inclusion.	Yes		We have undertaken EqlA and Welsh language impact assessments for individual workstreams. We've also taken into consideration to the outcomes and recommendations from the Florence Nightingale Foundation independent research report on the impact of additional regulation of APs on internationally educated nurses and midwives.
Stakeholder implications and any external stakeholders consulted.	Yes	See ~10-17 and Annexe 2	
Regulatory Reform.	Yes		We will continue to work closely with regulatory reform colleagues to ensure these workstreams remain informed and aligned. A member from the regulatory reform teams sits on the AP project board.

## **Principles for advanced practice**

### **These principles include a definition of advanced level practice The purpose of this document**

Advanced practice refers to a **level** of practice rather than a title, role or specialism.

The purpose of this document is to set out a definition of advanced practice that is clear to the public, along with high-level principles of best practice expected of **nurses and midwives** working at an advanced level. The principles also seek to provide **organisations** and **employers** with the fundamentals which will enable consistent, high-quality, safe and effective delivery of care by advanced level professionals.

This document seeks to support public protection by outlining the common components integral to the safe and effective delivery of high-quality care by nurses and midwives practising at an advanced level. The principles seek to support and maintain confidence in nurses and midwives practising at an advanced level, thereby contributing to a health and social care system that is efficient, effective, equitable, personalised and trusted by the public.

The principles were developed using our methodology of co-production and collaboration based on feedback from members of the public, individual professionals, employer organisations, educators, system regulators and other interested parties.

### **Aim of the principles**

The principles aim to underpin the development, implementation and evaluation of effective governance for advanced level practice and promote excellence. In this way the principles support the development, maintenance and transformation of environments in which advanced practice is delivered.

The principles recognise that advanced level practice happens within inter-connected systems where inter-professional working and learning are key. We would encourage nurses, midwives and their teams to champion these principles to influence their adoption in all settings in the pursuit of best practice.

### **Context**

The principles for advanced practice will provide the foundation for further work as part of our review of additional regulation for advanced practice. As such, the principles are one part of a multi-part approach to provide additional regulation of advanced level practice for nurses and midwives. The other elements of this approach include:

- setting standards of proficiency
- setting associated programme standards that will enable us to approve the institutions which offer the education to enable nurses and midwives to become advanced practitioners
- support for existing nurses and midwives practising at an advanced level to transition to our regulatory approach

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- consideration for embedding specific elements into the review of the Code and revalidation.

These elements will be introduced in phases to ensure effective development and implementation, and to provide consistency in terms of regulatory expectations for nurses and midwives working at an advanced level of practice.

These principles are purposefully high-level, seeking to provide consistency and clarity. They have been developed to complement but not replace the existing advanced practice frameworks of the four nations of the UK.<sup>1</sup> Advanced level practice is undertaken in an inter-professional landscape and across a variety of settings. Our remit is to develop principles for advanced practice in nursing and midwifery for those professionals on the NMC register. However, we have endeavoured to develop the principles so that they could be adopted by other professional regulators, system regulators and organisations in the future should they wish to do so.

### Who this document is for

This document is for:

- nurses and midwives working at an advanced level of practice
- nurses and midwives working towards or undertaking additional education to become advanced level practitioners
- people who receive care delivered by nurses and midwives working at an advanced level of practice
- people who work with nurses and midwives practising at an advanced level
- individuals in organisations who play a role in recruiting, managing, delivering and assuring the quality of governance processes and service delivery for all professionals working at an advanced level of practice
- professional organisations, policy makers and commissioners, and
- those who have a role in educating, supervising and supporting nurses and midwives working at an advanced level of practice.

**Throughout this document where we refer to individual professionals or practitioners, we mean nurses and midwives on our register.**

### Defining advanced practice

Through the work we've undertaken to develop the principles for advanced practice, our public advisory group are clear that the definition must set out in plain language what people can expect when they receive services provided by nurses and midwives working at an advanced level.

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<sup>1</sup> Four UK nation advanced practice frameworks: [Multi-professional framework for advanced practice in England](#); [Professional framework for enhanced, advanced and consultant clinical practice in Wales](#); [Advanced nursing practice framework for Northern Ireland](#); [Transforming nursing, midwifery and health professions roles in Scotland](#).

We recognise that there are several definitions of advanced practice across the UK and globally. These all recognise the higher-level capability, knowledge, skills and expertise required by practitioners to deal with increasing levels of complexity, uncertainty and risk. They also recognise the need for autonomy, accountability, influence and impact within an individual's scope of practice. Our definition seeks to bring consistency; it makes clear that nurses and midwives working at an advanced level practise across the four pillars: clinical practice, research, leadership and management, and education, and across a variety of settings including both clinical and non-clinical settings. We have a professional version of the definition and a public version, each of which have been co-produced with representative views from the groups they represent.

## Defining advanced practice in nursing and midwifery

### The professional version:

***A registered nurse or midwife working at an advanced level is an expert professional with additional post-graduate education and experience. They use their evidence-informed knowledge, skills and capability to influence, shape, deliver and lead safe and effective care, while managing risk, uncertainty and complexity.***

### The public version:

***A registered nurse or midwife working at an advanced level of practice is a professional who has completed extra post-qualification education to increase their knowledge and skills, allowing them to give expert, higher-level care.***

Nurses and midwives practising at an advanced level do so in a range of settings and roles as leaders, educators, researchers and practitioners. They may manage complete episodes of person-centred, complex care, or design and develop educational programmes, or conduct high-quality research and/or audit that informs policy and practice and optimises people's experiences and outcomes.

They add value and impact to both individuals and environments, and this impact will vary according to their scope of practice and the setting in which they work.

### Some of the benefits that nurses and midwives working at an advanced level provide for the public include:

- 1. Public assurance:** Nurses and midwives working at an advanced level are individuals with additional, recognised post-qualification education and experience which helps to provide assurance of high-quality care/services for people.
- 2. Right person, right time:** Nurses and midwives working at an advanced level have additional, post-qualification, often specialised education and experience – with associated knowledge and skills. This helps to ensure people have better access to care/services in a timely and equitable manner.

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3. **Continuity of care:** Nurses and midwives working at an advanced level can lead and manage complete episodes of care, advocating for and developing partnerships with people, which can lead to improved care.
  4. **Consistency and quality:** Nurses and midwives at an advanced level integrate their expertise across clinical practice, leadership and management, research and education in their own area of practice. They consistently provide and ensure safe and effective high-quality care and positively influence and shape future care/service delivery.
  5. **Effectiveness of person-centred care:** Nurses and midwives working at an advanced level work in partnership with people to lead and facilitate effective care, safe delegation and service co-ordination.
  6. **Enhancing trust and confidence:** Nurses and midwives working at an advanced level provide assurance of safe and effective care by tailoring it to the needs of individuals and using an understanding of the wider socio-economic background to optimise people’s trust and confidence in their care experience.
  7. **Making contacts count:** Nurses and midwives working at an advanced level possess a deep understanding of the broader health and social care context in which they operate. By working in partnership with people, prioritising continuity-of-care, they are uniquely positioned to apply public health principles, guiding individuals and communities towards improved health outcomes.
  8. **Improve health outcomes:** Nurses and midwives working at an advanced level identify, challenge and seek to reduce health inequalities and positively influence health and social care in roles such as practitioners, researchers, educators and leaders.
  9. **Forward thinking practitioners:** Nurses and midwives at an advanced level are leaders and innovators, using their expertise and broad knowledge to find modern, sustainable and technological solutions to overcome challenges and transform services.

### Development of our Principles for advanced practice

The principles have been developed through the following process:

- analysis of international policy and context
- alignment and mapping to the existing advanced practice frameworks of the four nations
- consideration of relevant frameworks from professional bodies and other health and social care professional and system regulators
- consideration and mapping to current health and social care reports drawing upon research and evidence-informed practice
- extensive stakeholder engagement with multiple groups of professionals who are, or impact upon, this level of practice
- support of expert working groups from each of the four UK nations



- extensive public engagement through the public advisory group, public voice forum and other networks, including specific feedback on the development of the public-first definition.

## Our Principles of advanced practice

Across the UK, it is well recognised that advanced practice is broadly framed around ‘four pillars’: clinical practice; leadership and management; education; and research. Practitioners working at an advanced level must demonstrate that they practise across these pillars, taking into account individual job planning requirements, skill mixes in inter-professional teams, work setting and scope of practice. The four pillars run through all the principles we have developed.

The principles apply to individual professionals who have attained the capabilities of advanced level practice, rather than those developing the knowledge and skills to practise at an advanced level, but we recognise that these will also be helpful for those aspiring to advanced level practice. Those developing this expert, high-level knowledge and skills will do so through substantial additional post-qualification education – both theoretical (in an academic learning environment) and applied (in both clinical and non-clinical learning environments) and with supervision and professional support from employers to ensure their readiness for practice at this level.

In the future, education providers will be required to demonstrate how their advanced practice programmes for nurses and midwives meet the standards of proficiency and associated education programme standards and must be approved through the NMC’s education quality assurance processes in line with our quality assurance framework.

The principles are set out under two headings:

1. Principles applying to the **individual professional** working at an advanced level of practice, and
2. Principles applying to those organisations that **employ individual professionals** working at advanced level of practice (this includes self-employed practitioners).

### Individual professional

These principles provide clear expectations for advanced level practice across a range of roles and settings. These roles can span wide areas of health and social care aligned to local and national legal, regulatory, professional and educational requirements. This includes but is not limited to the delivery of safe and effective care for a range of people across the continuum of care with a well-developed understanding of the wider determinants of health to promote wellbeing, protect health and prevent ill health.

1. **All nurses and midwives on our register must practise in line with the Code. In addition, advanced level practitioners should:**

- 1.1 Practise within their individual scope of practice and in line with their level of knowledge, experience, qualifications, training and employment role.

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- 1.2 Demonstrate expertise, confidence, critical thinking, evidence appraisal and synthesis within their individual scope of practice to lead and influence education, research and practice.
- 1.3 Demonstrate professional accountability and capability in making complex evidence-informed decisions, managing varying degrees of risk, unpredictability and uncertainty while exercising professional judgement. This includes using initiative, demonstrating significant autonomy and being accountable for their actions and those of others.
- 1.4 Demonstrate self-awareness with compassionate and inspirational leadership within inter-professional teams to influence practice for effective, holistic, person-centred care.
- 1.5 Demonstrate use of evidence-informed expert knowledge to practise reflectively, identifying areas for self-improvement and improved outcomes for a diverse range of individuals, teams and people.
- 1.6 Role model reflective and reflexive practice and advocate for access to individualised support and clinical supervision to ensure continuous learning, improvement and professional development across the four pillars.
- 1.7 Role model professional practice, advocating for and contributing to inter-professional learning and working to provide leadership and effective support and supervision to a broad range of colleagues and learners.
- 1.8 Use their expert, advanced level knowledge and experience to challenge themselves and others to promote and embed professional curiosity and the principles of equality, equity, diversity and inclusion in their area of practice, seeking and acting upon feedback received from peers, colleagues and the public.
- 1.9 Support, influence and lead projects in the environments they work in to shape a reflective learning culture where safety, quality, continuous improvement and sustainability are prioritised, including promoting allyship and advocacy for all, speaking up and raising concerns where required.
- 1.10 Evidence continued capability, reflective and reflexive practice, ongoing learning and professional development at an advanced level, relevant to their scope of practice through local appraisal processes and through professional revalidation requirements.
- 1.11 Utilise their expertise and experience to minimise environmental impacts and embed sustainable approaches to service planning, delivery and implementation.
- 1.12 Lead and contribute to the proactive identification and resolution of challenges to health, safety and wellbeing for individuals and population groups, shaping the design and delivery of effective services and policies.

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## Employing organisations

The principles within this section apply to organisations that employ individual practitioners working at advanced level, including educational organisations and those that manage the learning and working environments of individual advanced practitioners. Individual practitioners who are self-employed should also ensure that they are practising in an environment which enables these expectations to be met.

They also set out our expectations for the effective governance required to ensure care and services are being delivered safely by suitably qualified, competent, skilled and experienced advanced practitioners who receive appropriate support, supervision, training and professional development.

Advanced practitioners commonly work across traditional boundaries, specialisms, job roles and settings in innovative ways. The following principles may therefore also apply to organisations who are impacted by or who may influence the delivery of advanced level practice, research, policy, strategy, leadership or education.

### **2 To provide an environment where advanced practice can flourish there should be:**

2.1 Robust governance processes for advanced level practice in line with local and national legal, regulatory, professional and educational requirements, with clear lines of accountability and communication, appropriate resources and processes that facilitate and encourage high performance and optimise autonomy leading to consistently improved outcomes.

2.2A culture that supports shared learning and a high standard of working for advanced practitioners within and across inter-professional teams that is safe and effective for all.

2.3 Opportunities for individual practitioners to learn and work at an advanced level within their scope of practice, job role and setting, practising with increased autonomy across the four pillars of advanced practice with support from appropriately qualified, proficient and skilled individuals.

2.4 Development of new and existing advanced practitioners to provide effective leadership and management that ensures co-ordinated care across professions and teams to a high standard of professional practice.

2.5An open and honest culture for advanced practitioners with opportunities for feedback from other professionals at all levels and members of the public which then encourages reflective and reflexive evidence-informed practice and supports professional development across the four pillars.

2.6A reflective environment that facilitates access to individualised support and / or clinical supervision for advanced practitioners across the four pillars from development and throughout their career.

- 2.7 An environment that enables and sustains shared learning for advanced practitioners along with other professionals, to optimise effective teamwork, use of resources and improved outcomes, demonstrating impact and value.
- 2.8 Equity of opportunity for individual practitioners to access advanced practice education, qualifications, ongoing professional learning and opportunities to practise at an advanced level to maintain capability. Professional curiosity should be encouraged and the principles of equality, equity, diversity and inclusion embedded at all levels.
- 2.9 An open culture where individuals are encouraged to actively seek and receive feedback, reflect on their experiences, actions, and decisions and where safety, quality and continuous improvement are valued and prioritised, and where advanced practitioners feel safe to act as advocates, speak up and raise concerns.
- 2.10 An environment where interprofessional learning is prioritised and valued and with robust local governance processes to support, attain and maintain competence and capability, and professional development, in line with revalidation requirements.
- 2.11 Systems, processes and resources for advanced level nurses and midwives to lead and support the delivery of sustainable practices and minimise environmental impacts in health and social care in collaboration with others.
- 2.12 Opportunities and support for nurse and midwives working at an advanced level to lead effective change where health and social care challenges have been identified, transforming services today and in the future.

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## Glossary

1. **People:** individuals or groups who receive services from nurses and midwives practising at an advanced level, healthy and sick people, parents, children, families, carers, representatives, also including educators and students and others within and outside the learning environment.
2. **Complete episode of care:** an episode of care includes all the services provided to a person to treat a clinical condition or procedure. The services included in an episode of care occur within a specific period of time and from a range of organisations that make up an integrated system. A complete episode of care is all the stages of identifying, assessing and treating a condition from start to finish of the process.
3. **Clinical learning environments:** clinical learning environments are learning environments where practice placement learning takes place that are also settings where clinical care is being delivered, such as hospitals, general practice surgeries, clinics, nursing homes etc.
4. **Non-clinical learning environments:** non-clinical learning environments are environments where learning takes place that are not settings where clinical care is being delivered. This would include educational environments such as university lecture theatres and classrooms. The term may also include settings where learning experiences take place but where clinical care is not being delivered, such as in research, policy development and strategic leadership roles.
5. **Clinical supervision:** clinical supervision is a formal process of professional support, reflection and learning that contributes to the individual professional development of health and social care professionals.
6. **Inter-professional teams:** teams made up of professionals from two or more different professions. In the context of health and social care this would mean a team made up of individuals from two or more different health and social care professions who develop and have a shared understanding of each other's roles and responsibilities to achieve better outcomes for people. Inter-professional teams exist in the context of both working and learning.
7. **Organisations:** in the context of these principles, this refers to any organisation involved in the employment and/or deployment of the advanced and consultant practice workforce. This includes, for example, organisations in acute care, primary care, community care, social care and mental health, as well as private, voluntary and independent sectors and practitioners working at an advanced and consultant level of practice via locum contracts that provide NHS services. It also includes educational establishments and organisations involved in the education and ongoing training and development of individuals working in advanced practice roles.

8. **Person-centred care:** an approach to care delivery where the person is at the centre of the decision-making processes and the design of their care needs, their nursing care and treatment plan.
9. **Reflective and reflexive practice:** reflective practice is a retrospective act of looking back on something, while reflexive practice is a continual process that brings reflection into the present moment (this could be portrayed as 'reflection on action' and 'reflection in action').
10. **Principles of equality, equity, diversity and inclusion:** this term describes policies and initiatives that support and promote fairness, and the representation and participation of different groups of individuals regardless of age, race, religion and belief, ethnicity, gender, gender reassignment, sexual orientation, pregnancy and maternity, marriage and civil partnership or disability. It will also cover other non-protected characteristics such as geographic location or socio-economic status.

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## **Annexe 2: Draft Principles for Advanced Practice: Stakeholder engagement and emerging themes**

From June 2024 – December 2024, we engaged with key stakeholders to ensure that we collaborated and co-produced a set of draft principles for advanced practice that made clear our expectations for nurses and midwives practising at an advanced level and for employers who employ them. These principles seek to provide the foundation for the remaining AP review workstreams. The engagement ensured we considered the views of those with an interest in AP and included representative views from a variety of health and social care settings, a wide range of backgrounds, across nursing and midwifery and those with lived experience of receiving care from AP nurses and midwives.

Crucially we worked with four nation working groups, who guided the development to ensure that the draft principles are aligned with each nation’s AP framework.

We continued to engage with, test and refine our thinking with professional organisations such as the medical Royal Colleges and the Royal College of Nursing who have frameworks and credentialing processes in place for AP professionals. We targeted individuals with specific expertise across different areas of professional practice and health and social care settings across nursing and midwifery to finalise the draft principles.

### **Our approach to engagement**

We took a mixed methods approach, predominantly utilising a participative research approach, based on the standards development methodology used in previous reviews. This collaborative approach involves the people whose lives are affected by the topics and issues being reviewed to demonstrate a person-centred approach in this process. Obtaining a wide range of perspectives and opinions enabled us to test concepts and emerging themes to finalise the draft principles.

### **Public engagement**

The AP public advisory group were instrumental in discussions around a definition of advanced practice. They sought a definition that was clear to the public and this enabled us to respond to members of the public who struggle to understand the role of the AP nurse and midwife and therefore what their expectations of care should be.

We engaged with people with a range of lived experience and expertise, professionals who provide care for those with lived experience, charity, advocacy and other health and social care networks, our public voice forum membership, who combine their own lived experience of health and care with an increased more detailed understanding of the work of the NMC.

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A sub-group of the public advisory group was established to take the development of a 'public-first' definition forward. A range of people were involved including those representing people across the lifespan, those with learning disabilities, the views of children and young people, those who have English as a second language, and across health and social care settings including maternity services.

In developing the definition of AP, people were able to contribute via a number of mechanisms: roundtables, individual conversations and feedback forms.

Public advisory group	15
Public Voice Forum	20
Members of organisations*	48
<b>TOTAL</b>	<b>83</b>

- Organisations involved included the Birth Partnership, National Maternity Voices, Diverse Cymru, Women's Advocacy Network, HC-One, Erskine Care, Dimensions, Great Ormond Street Hospital, Stow Care, Achieve Together, Nightingale Hammerson, Cambridge University Hospital NHS Trust, NHS North Central London ICB, Diverse Connection, members of the public/family members of people receiving services

### Our engagement with professionals and other stakeholders

Due to the breadth and complexity of the AP landscape in which nursing and midwifery AP takes place, we have continued to engage widely with people from across the professions. This has included:

Professional audience roundtables (with educators, researchers, employers, learners, nurses and midwives working across specialisms including occupational health and the independent sector, primary and urgent care)	1,820
Royal Colleges (Senior Leads from Royal College of Nurses, Royal College of Midwives, Royal College of General Practitioners, Royal College of Surgeons, Royal College of Obstetricians and Gynaecologists, Royal College of Emergency Medicine, Faculty of Intensive Care Medicine, Royal College of Medicine, Royal Pharmaceutical Society)	42

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Country working group (across four nations of UK)	42
Webinars for all professional stakeholders	833
Midwifery targeted webinars	370
Targeted external challenge sessions	20
<b>TOTAL</b>	<b>3,127</b>

In addition to the above, our professional stakeholder engagement has included:

- An independent steering group of key stakeholders and experts across the four UK nations and including the International Council of Nurses
- A joint regulatory working group including all UK health and care professional regulators and four nation system regulators
- External stakeholder events and meetings to discuss/test the draft principles, including the Council of Deans of Health, the Royal College of Nursing and the Association of Advanced Practice Educators and social care providers.

### **What our engagement told us**

There was widespread acknowledgement of the need for a definition that makes clear the role of nurse and midwives working at an AP level to the public, plus making clear what distinguishes advanced level practice from all other nurses and midwives and careful consideration of the language used. There was also strong support for a definition and principles applicable across both nursing and midwifery professions, with the caveat that consideration of core and specific standards of proficiency for nurses and midwives. There was also acknowledgement that the draft principles must be applicable to all settings in which nurses and midwives working at AP level work, including education, research, leadership and management.

The final version of the draft principles is the result of robust stakeholder engagement and co-production. There have been strong levels of agreement in relation to the direction of travel and the proposed structure and content for the principles for AP and the definition of AP. Throughout the development of the principles, we have undertaken thematic analysis of the stakeholder engagement, both the 'public first' definition, which are embedded within the final principles. These themes have built on earlier research and evidence findings as well as current emerging evidence from public inquiries and reports. These themes have enabled us to make our recommendations on the draft principles for AP.

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The final draft document sets out the definition of AP that is clear to the public, along with high-level principles of best practice expected of individual professionals working at an advanced level and those who employ them with the aim of enabling consistent, high quality, safe and effective delivery of care by advanced level professionals. The principles lay the foundation for the development of additional regulatory approaches.

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## Council

### Update on our fitness to practise casework

<p><b>Action requested:</b></p>	<p>To update the Council on our fitness to practise work.</p> <p><b>For discussion</b></p> <p>The Council is asked to discuss the report.</p>
<p><b>Key background and decision trail:</b></p>	<ul style="list-style-type: none"> <li>• Making improvements to our fitness to practise (FtP) processes is a key corporate priority. The wider context to this are the concerns we have heard about our culture and effectiveness as a regulator and we are using the learning to inform our improvements. Successful delivery of improvements will protect the public, improve the experience of everyone involved in our FtP processes and minimise the length of time of our FtP investigations.</li> <li>• Strategic risk REG18/02 is: “risk that we fail to take appropriate action to address a regulatory concern about a professional on our register in a timely or person-centred way.”</li> <li>• Much of our FtP improvement is set out in our realigned FtP plan, which was presented at the January 2025 Council meeting. Since the launch of the original plan in April 2024, we have seen meaningful progress but recognised that the context had changed and we therefore adjusted our focus and priorities. The plan aims to address the high and aged caseload that we have, which is affecting our ability to progress and resolve cases in a timely and safe way. It will also improve the experience of everyone involved in our processes. You can read our realigned plan by clicking the following link: <a href="#">Our plan for fitness to practise 2024-2026</a></li> <li>• This report focuses on progress we are making to reduce delays and take prompt action, appropriately manage incoming concerns, making consistent and appropriate decisions, and strengthening our approach to improve the experience for everyone who is involved in our process.</li> <li>• At the September Open Council meeting, the following action (<b>NMC/24/85</b>) was noted:</li> </ul>

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	<ul style="list-style-type: none"> <li>• <i>“Consider what data relating to the oldest cases could be included in the dashboard for the next update to the Council.”</i> <b>We will be scheduling a session with the Council (date TBC) to explain our data on the age of the caseload, before including it in future reports.</b></li> </ul>		
<b>Key questions:</b>	<ul style="list-style-type: none"> <li>• What progress have we made to make quicker and safe decisions in FtP?</li> <li>• Is our FtP performance improving?</li> <li>• Are we delivering our FtP plan within expectations?</li> </ul>		
<b>Annexes:</b>	<p>The following annexes are attached to this paper:</p> <ul style="list-style-type: none"> <li>• Annexe 1: FtP performance dashboard at 28 February 2025.</li> <li>• Annexe 2: Caseload data by registrant type and country.</li> </ul>		
<b>Further information:</b>	<p>If you require clarification about any point in the paper or would like further information, please contact the author or the director named below.</p> <table border="1" data-bbox="414 1164 1404 1276"> <tr> <td data-bbox="414 1164 869 1276">           Author: Janice Cheong  <a href="mailto:Janice.cheong@nmc-uk.org">Janice.cheong@nmc-uk.org</a> </td> <td data-bbox="869 1164 1404 1276">           Executive Director: Lesley Maslen  <a href="mailto:lesley.maslen@nmc-uk.org">lesley.maslen@nmc-uk.org</a> </td> </tr> </table>	Author: Janice Cheong <a href="mailto:Janice.cheong@nmc-uk.org">Janice.cheong@nmc-uk.org</a>	Executive Director: Lesley Maslen <a href="mailto:lesley.maslen@nmc-uk.org">lesley.maslen@nmc-uk.org</a>
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## Discussion

### Introduction

- 1 Delivering effective regulation to support safe and effective health and social care is our core purpose at the NMC. As part of this, we want to deliver a fair, fast and effective fitness to practise (FtP) process in a consistent way for everyone involved. We are not always doing this and are committed to improving.
- 2 In the previous January 2025 paper, we set out our progress to date since April 2024 and our areas of new or renewed focus for our realigned FtP plan, in response to our changing operating context. Since we launched the plan in April 2024, we have seen some meaningful progress but also a changing context – a higher number of referrals and the impact of external reviews into the NMC. This had led us to consider our FtP plan, and make enhancements to our areas of focus so that we were able to address the immediate pressures, while accelerating improvements that will deliver against key commitments (such as the recommendations for the Independent Culture Review). We remain focused on supporting our teams, whilst delivering transformational and sustainable changes. We are committed to progressing our current casework at pace and delivering new ways of working that strengthen how we protect the public effectively, in a sustainable way over the long-term.
- 3 Enhancements to the plan were designed to incorporate the views of stakeholders (both internal and external) and with investment for additional external expertise to work with us to design an implementation plan that makes the best use of resources, mitigates contextual pressures, builds on positive progress, and accelerates the delivery of key outcomes.
- 4 One area of focus is how we can create capacity to support teams to deliver on both our core business (keeping casework moving), designing and delivering improvements to the way we work, and building a stronger internal culture. We know from experience that trying to transform and innovate, while under pressure to keep up with workloads is challenging. The change we need to deliver requires a response from the whole organisation.

### Specialist support

- 5 We have partnered with an expert team at PwC for 10 weeks to work with us to review our priorities, understand our ways of working, identify any barriers colleagues encounter, and then co-create solutions that will support us to deliver our plans. This work spans the whole of the NMC across four workstreams, with three workstreams focusing on FtP. Agreed solutions will be delivered alongside or as part of our FtP plan and we will ensure that we have appropriate governance and oversight. Workstreams are:

- 5.1 **Operational excellence:** Working with NMC colleagues to look at our FtP operations and co-develop a proposal to achieve sustainable operational excellence for the long term, which can further enhance our FtP plan.
- 5.2 **Casework support:** Helping progress some of our lower-risk FtP cases at the Screening stage. These will be progressed and ready for decision by end of March 2025, reducing some delays. PwC has experience of working positively with other healthcare regulators who have faced similar challenges in their FtP processes, including with regulatory casework. They have been carefully trained on our processes, are receiving ongoing support and the work undertaken is approved by our decision makers.
- 5.3 **Technology and data:** bringing their expertise from the wider sector to help us to build our understanding of how we can use technology more effectively in our processes, and the importance of quality data capture.
- 5.4 **Business excellence:** helping us better understand where we can best direct our resources and efforts to where they are most needed and where they can have the most impact for the benefit of the public.

6 This work will:

- 6.1 Provide immediate improvements by progressing cases and reducing delays.
- 6.2 Strengthen the NMC by improving existing processes and coordination across teams.
- 6.3 Deliver a plan to guide the next phase of our change and transformation work, not only within Professional Regulation but across the NMC.
- 6.4 Optimise resources and streamline processes to deliver more timely outcomes for registrants, the public, and our stakeholders.

7 Alongside the FtP plan, we have brought in external clinical expertise, with Professor Donna O’Boyle joining us from the Scottish Government to work alongside our clinical and registrant support teams. And we are very grateful for the insight and support from Anthony Omo, who was on a short secondment with us from the General Medical Council, helping us review our ways of working at Screening and Investigations.

### **FtP performance since January**

Annexe 1 provides our FtP dashboard showing key volumes over time for all areas of our FtP casework. Chart references are provided below for ease.

### **Top headlines**

**Fall in the number of open FtP cases we hold:**

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8 Chart A1 shows our open caseload by month. For the first time since May 2024, our overall caseload decreased in January 2025 and again in February to 6,498. As previously reported, the increases in our caseload in 2024 were driven by more referrals being received compared to previous years (Chart B1).

9 The reduction in overall caseload has been driven by a reduction in the Screening caseload for the fifth month in a row (a peak of 3,098 at September 2024, down to 2,680 cases at February 2025, a 13.5 percent reduction). This in turn has been driven by our Screening outcomes (outputs) exceeding the volumes of incoming cases (inputs) during that period.

10 However, we are seeing growing risk at the Investigations stage, as our outcomes here are not consistently keeping pace with the incoming casework from the Screening stage. As a result, the Investigations caseload has been growing. We are exploring what more we can do to progress older and lower risk cases at this stage, using clinical, legal and case examiner expertise to speed up case progression. We anticipate that the PwC operational excellence work will inform further options we can take.

**Improving number of FtP outcomes:**

11 We have delivered 9,319 outcomes (case closures or case progressions) across all stages of our FtP process since April 2024, 68 percent of which were at Screening. This is an average of 847 outcomes per month and higher compared to the 12 months prior to April 2024 where the average was 780 a month (April 2023 – March 2024).

12 Chart D1 at Annexe 1 shows a significant improvement in the volume of Screening outcomes since September 2024, following our investment in this area and boosted capacity over 2024. We made 797 Screening decisions or outcomes in January 2025, the highest monthly figure ever, thanks to the efforts of the team.

**Proportion of cases closed within 15 months:**

13 We measure the proportion of cases that we close within 15 months of opening a case, to show end to end case progression across FtP. Our target is 80 percent closed within 15 months, and we have not met this target since before 2019.

14 Our rolling 12 month average is on an improving trend: as of 28 February 2025, an average of 67.1 percent of cases were closed within 15 months in the 12 months prior. This compares to figures of 65.9 percent as at January 2025, 65.5 percent as at December 2024, and 61 percent this time last year as at February 2024.

**Preventing delays and making prompt decisions at every stage of FtP**

15 A key measure of whether we are improving our timeliness is our 15 month key performance indicator, as outlined in paragraph 14.

16 **Median age of open cases continues to reduce.** Looking at the median case age across several stages of our processes, we are continuing to see a long term trend improvement, ensuring cases are resolved faster. Below compares the average of the last 12 months (March 2024 – February 2025) vs the same period the previous year (March 2023 – February 2024):

16.1 Screening: Case age has improved from 24.3 weeks to 23.5 weeks.

16.2 Investigations: Case age has improved from 54.3 weeks to 49.4 weeks.

16.3 Case Examiners: Case age has improved from 84.4 weeks to 77.7 weeks.

17 **Number of FtP cases on hold awaiting a third party.** Chart A1 shows that out of our open caseload, 443 cases are on hold due to third party investigations where another organisation is undertaking an investigation that involves the registrant and we need wait for the outcome from that investigation before we can continue (for example, a police investigation where our investigation could potentially prejudice their investigation). This equates to 6.8 percent of the total caseload, compared to an average of 6.4 percent for April 2024 to February 2025.

18 **Timeliness at Screening:** Chart D1 shows how Screening timeliness has started to improve over time which has been a focus for 2024–2025. The chart shows the number of outcomes (decisions) we have made each month and timeliness data. We measure timeliness in two ways:

18.1 Average age of all open cases at Screening (in weeks). This has decreased during the year because of reducing the volume of cases awaiting allocation, increased decisions, and actively working on older cases at Screening. Cases have an average age of 20 weeks at February 2025, compared to 23 weeks at the start of the financial year (April 2024).

18.2 Average age of Screening cases at the point where we have either made a decision to close the case or to progress the case to Investigations. We've observed an increase during the year (from 9 weeks in April 2024 to 13 weeks at February 2025) as we worked on older cases. This was planned and expected.

19 At the Case Preparation and Presentation stage, we have continued our **dedicated focus on allocating cases awaiting a legal review**. Legal reviews are significant, involving a careful examination of the investigation materials and case examiner decision by a lawyer. 542 cases needed a legal review at the start of September 2024 and by 28 February 2025 this had reduced to 72, making 470 cases available for listing in front of a Fitness to Practise Committee panel and therefore giving more people certainty about hearing dates. This is positive progress towards us returning to more timely and consistent completion of legal reviews of cases entering this FtP stage from the case examiner stage.



## Managing incoming concerns and referrals

### Referrals remain high

- 20 Chart B1 shows we received 574 referrals in February 2025. Our average referrals per month between April 2024 and February 2025 was 546 per month, compared to our original planning assumption of 450 per month (21 percent higher). When compared to the same period last year (April 2023 to February 2024), the average was 493 per month. We adjusted our assumption in October 2024 from 450 to 540 a month in line with actual numbers.
- 21 Since April 2024, most referrals have been from members of the public (average of 34 percent of all referrals April 2024 to February 2025). Though in February 2025, referrals from employers (34 percent) exceeded referrals from members of the public (29 percent) and 'Other' sources (also at 29 percent). The 'Other' category is referrals from other healthcare professionals, the police, local authorities, educational institutes and other organisations.
- 22 We are working to improve public awareness of our regulatory role to ensure the right concerns are referred to us for regulatory action, and also working with employers to support them with local resolution where appropriate. We are making progress towards this as outlined below.

### Referrals from members of the public

- 23 The majority of referrals from members of the public do not progress beyond the Screening stage of our process because the concern does not require regulatory investigation or because it is about someone not on our register. This is significant for members of the public who want their concerns addressed and for our teams who have to consider all referrals that are raised with us. We are continuing to explore how we might help people raise their concern with the right organisation to address their concerns.
- 24 One initiative has been changes to the form that members of the public use to make referrals to us, and these went live in early February 2025. The changes include a checklist which is aimed at helping people to decide whether their concern is a regulatory one that the NMC can investigate, or whether it might be a concern more appropriate to raise with another organisation who is better placed to help. The changes are also aimed at supporting us to receive the information we need to make our Screening process swifter.
- 25 Paragraph 21 mentions a drop in the proportion of referrals from members of the public in February. This could be a result of this change but it is too early to confirm. We need to further monitor referral rates and the quality of referral information we receive, in order to properly assess the impact of the changes to the member of the public referral form.

## Screening guidance

- 26 With support from Anthony Omo from the GMC during his secondment with us, we have been reviewing our Screening guidance and how we assess referrals. This work will help us ensure we focus on cases that may require regulatory action, while resolving others quickly. We will provide an update on this work in the next report.

## Making proportionate and consistent decisions

- 27 The Screening guidance work above is also enabling us to achieve this priority.

## Interim orders

- 28 We have been reviewing our interim orders (IO) process and also the key performance indicator which we have been reporting to the Council for over 10 years.
- 29 We are striving to ensure we keep the focus of our casework on managing risk, working as swiftly as possible to identify risk factors and where needed, we take action to address those risks. Our KPI should be an effective indicator of this performance and we will be seeking views from the Council in Q1 on the outcome of our IO review.
- 30 Chart A1 shows that out of the 6,498 caseload, 1,343 cases have an interim order in place of which 724 are interim suspension orders and 619 interim conditions of practice orders. This means 88.9 percent of professionals with an open case are able to work whilst our investigations are ongoing.

## Standard operating procedures

- 31 Work is progressing to review and update our FtP standard operating procedures (SOPs), so that these are clear, up to date and valuable tools our people can use to achieve consistent and quality casework.
- 32 The work is phased and so far we have reviewed over 280 SOPs. This includes 20 of our most critical SOPs and we expect these updated versions to be circulated amongst staff by end of March. The project is also focused on moving our documents onto a more accessible platform to the one currently used. Part of the PwC work on operational excellence has been to gather insights from colleagues on the use of our SOPs, and their findings at the end of March will inform our next steps to this work.

## Supporting vulnerable registrants

### Focus on health at the Investigations stage

- 33 In January 2025, we launched a pilot to manage cases related to a physical or mental health need in a more bespoke and compassionate way at the Investigations

stage. A key focus is improving how we engage with and support registrants with health issues that are going through the FtP process, recognising that vulnerable registrants have different needs and may need tailored and specialist support. Another benefit of the pilot is identifying any learning to strengthen our processes, policies and training at the Investigations stage with regard to health-related cases.

- 34 The pilot involves a multi-disciplinary team of colleagues meeting weekly to review cases, including safeguarding, clinical and legal colleagues. We aim to run the pilot for a year, reflecting on impacts and evolving the work as we progress.

### **Safeguarding**

- 35 The health work is distinct to the **safeguarding hub**, which came into effect at the Screening stage last year and to date, over 400 cases with safeguarding elements have been reviewed by the group. We are building up our data and insights, to help us learn and inform our future approaches. The hub aims to proactively identify new referrals with potential safeguarding risks so that we can fulfil duties with regards to sharing information with statutory partners responsible for safeguarding as well as support colleagues to manage safeguarding concerns internally, where appropriate.
- 36 More broadly, our corporate safeguarding working group is scoping a safeguarding action plan by end of Q1. It covers decision-making tools, creating new and updating existing operational processes, staff training, and approaches to supporting particular needs such as people lacking the capacity to engage with our FtP process.

### **Collecting data on the experiences of people within FtP**

- 37 A new survey to collect data about the experiences of people within the FtP process was launched in February 2025 and will be piloted for three months, or until we have an adequate sample of views to analyse and learn from. The survey link has been included in different channels, for example within decision letters, staff email signatures and on our website.
- 38 This will support us to have regular data on whether the improvements we're making are having the intended impact, including how we engage and communicate with people during the FtP process. We aspire to start reporting the results from early 2025–2026 (date is to be confirmed).

### **Promoting equality, diversity and inclusion (EDI) and embed a working culture where people thrive**

- 39 We reported last time that we are looking afresh at our **equality impact assessments** for work in the realigned FtP Plan, to ensure that we are identifying EDI considerations and that these are incorporated into our workstreams. We have held two roundtable discussions since December 2024, involving colleagues from

across the NMC to test and challenge our thinking so far. For example the most recent session on 5 February 2025 focused on reviewing the changes to the member of the public referral form to ensure accessibility and inclusiveness.

### Panel members

- 40 Following our latest recruitment campaign for 2024-2025, we have appointed 149 new panel members, including 67 registrants. These appointments include a nursing associate – the first registrant panel member from this profession since it was introduced in 2019.
- 41 Our panel member pool is now more diverse. 24 percent of the lay panel member pool now comes from Black and minority ethnic backgrounds - exceeding the 18.3 percent reflected in the UK population. 23 percent of registrant panel members are now from Black and minority ethnic backgrounds, an increase of eight percent. This moves us closer to our goal of reflecting the 31.7 percent of the register who are from Black and minority ethnic backgrounds.
- 42 Our fitness to practise panels make decisions that can have a profound impact on people’s safety, as well as on our registrants and their ability to work, so we are striving to do what we can to enable panels to make fair decisions. Having panel members who reflect the diversity of the professionals on our register and the public is one way of enabling this.
- 43 The outcome of the latest recruitment campaign sees us move towards more diverse panels and we will keep building on this progress, in particular, working to achieve a pool of registrant panel members that more closely reflect the diversity of our register.

### Upcoming work

- 44 We are expecting further insights soon, following phase two of the University of Greenwich’s research [which can be read here on our website](#). The latest research piece has been looking into the experience of particular groups of registrants progressing through our FtP process, the outcomes they receive, and whether our people and processes could be affecting outcomes. The report is expected in Q1 and we will use the learning to inform our FtP plan.

### Enablers

- 45 Our work to **modernise our technology services** (MOTS) has continued at pace and we are on track to deliver a next release of system changes by the end of March 2025 to enhance our ways of working. This will involve:
- 45.1 Enhancements to the Microsoft D365 system and our Triage team, so that we increase from 20 percent to around 60 percent, the volume of referrals being handled via this route. All referrals are currently either opened via this route which uses the D365 technology and different triage processes, or are

opened by our Screening team using our older case management system. The latest release will mean that from April 2025, all referrals from members of the public, self-referrals and peer referrals are handled using D365 from the moment we receive the referral and this will make our case management more efficient.

45.2 Expanding the panel allocation tool. We successfully introduced this in 2024 to streamline the allocation of panel members to Investigating Committee (IC) events and this new release will see the tool expanded to Fitness to Practise Committee panel members. For the IC panel members we have seen this tool remove a lot of manual steps in the process and therefore save colleagues hours of time. For example panel members used to email their availability and we would input this into a spreadsheet, whereas now panel members can enter this directly into the system and update it at any frequency. The tool also provides stronger reporting capabilities.

46 These are steps towards the replacement of the full FtP case management system, and we are continuing work on our phased approach. We will continue to provide updates in this report.

## Next Steps

47 Our plan has always been about evolution, and we recognise that this journey will continue. We are aware that further external reviews and inquiries are expected to bring new recommendations. These will offer valuable insights but also require us to remain flexible and pragmatic in how we respond.

48 As we move forward, we will carefully assess each recommendation, ensuring that our focus remains on delivering improvements that align with our core objectives. Some recommendations will be implemented immediately as part of the current plan, while others may need to be deferred to a structured roadmap for future implementation. This approach reflects our understanding of the organisation's capacity to deliver and absorb change effectively.

49 By maintaining this balance between immediate priorities and longer-term aspirations, we aim to build a fitness to practise system that not only addresses current challenges but is also resilient and adaptable to future needs. Our commitment remains steadfast: to create a system whereby we deliver swift and safe decisions, that are achieved through faster and fairer processes.

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## Implications

The following were considered when preparing this paper:

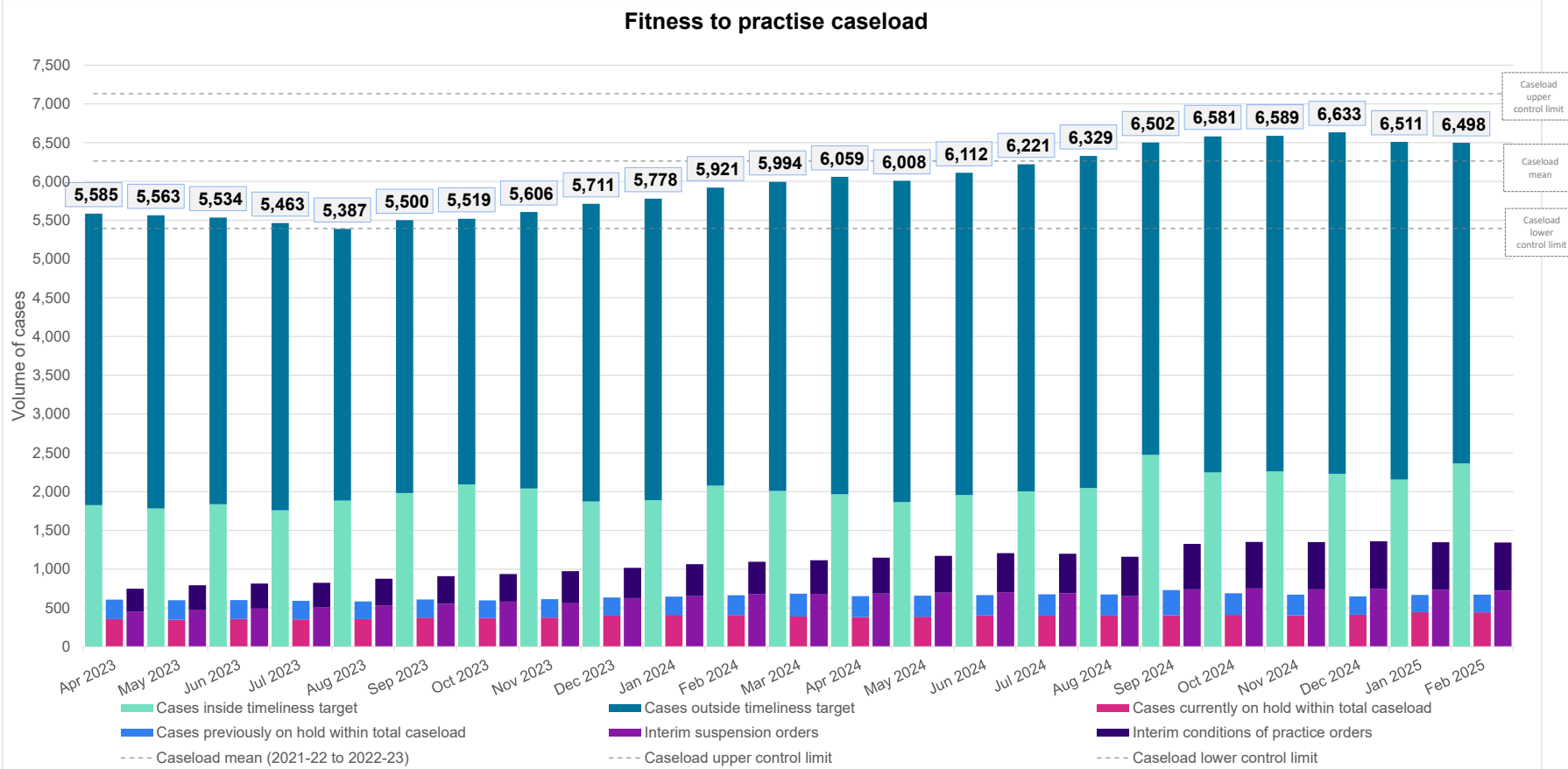
Implication:		Location if in paper:	Content if not in paper:
Public protection/impact for people.	Yes	Para 2	
Safeguarding considerations	Yes	Para 35	Strengthening our safeguarding work is part of the FtP Plan.
The four country factors and considerations.	Yes		Our work on the plan includes and is dependent on engagement with a variety of UK stakeholders. Caseload data is at Annexe 2.
Resource implications including information on the actual and expected costs involved.	Yes		Resource implications for the FtP plan and PwC work have been considered and are continuously monitored.
Risk implications associated with the work and the controls proposed/ in place.	Yes		The plan addresses strategic risk REG18/02.
Legal considerations.	Yes		Swift and fair decisions in FtP cases are critical to the fulfilment of our statutory public protection function. Ensuring that we manage our FtP caseload effectively and in line with our NMC values, reduces the risk of legal challenge.
Midwives and/or nursing associates.	No		No specific implications.

Equality, diversity, and inclusion and Welsh Language impact.	Yes	Para 39	
Stakeholder implications and any external stakeholders consulted.	Yes		Our work on the plan includes and is dependent on engagement with a variety of stakeholders.
Regulatory Reform.	Yes		Swift and fair decisions in FtP are a prerequisite for effective delivery of regulatory reform and will ensure the teams are well placed to adjust to significant changes in ways of working.

## Fitness to Practise Council performance dashboard February 2025

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

A1



### Commentary February 2025

Caseload has decreased for a second month in a row, to 6,498 as at the end of February 2025.

The green bars show as at February, 64 percent of our open cases are outside of their timeliness target for the FtP stage they are at (4,133 out of the 6,498). This compares to 67 percent for January 2025 and 66 percent for December 2024, so around the same level.

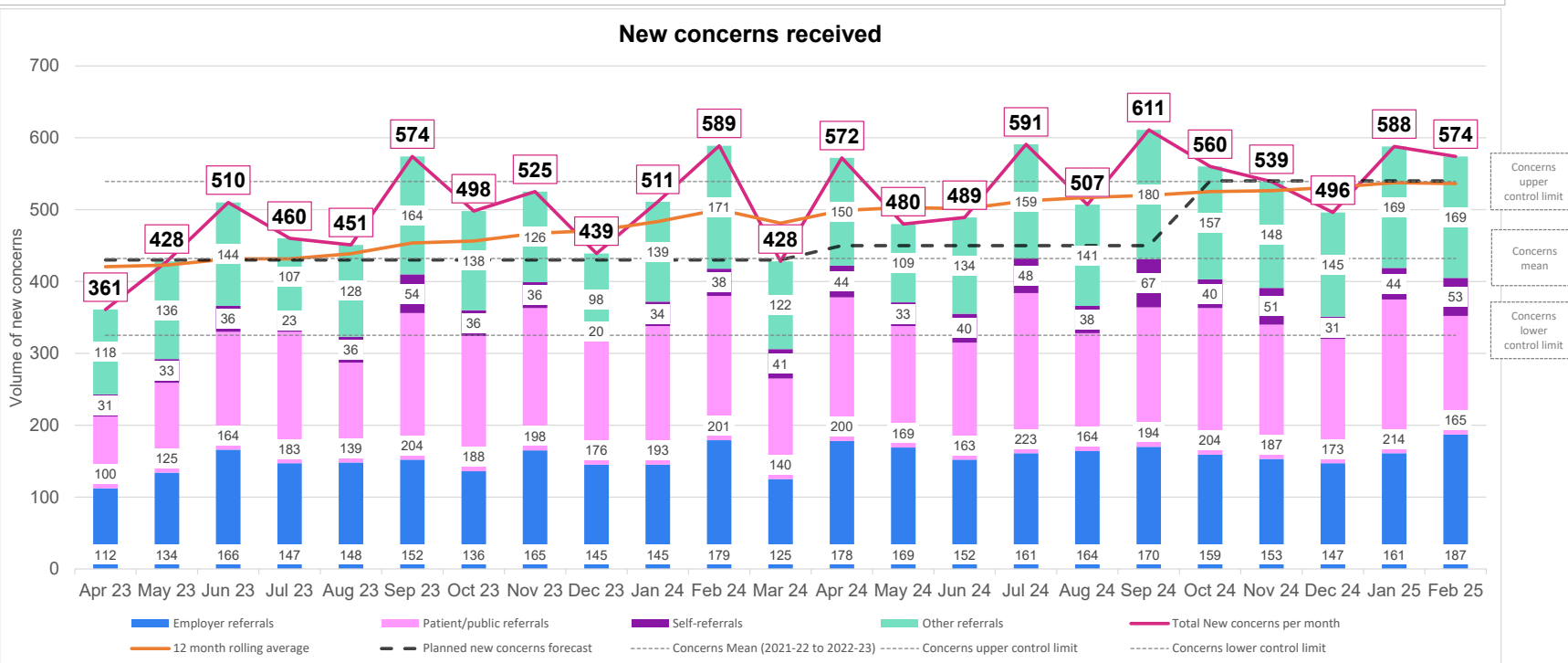
1,343 cases had an interim order in place during February, of which 724 are interim suspension orders and 619 interim conditions of practice orders. This means that out of the 6,498 caseload, 88.9 percent of professionals with an open case are able to work whilst we progress their case.



# Fitness to Practise Council performance dashboard February 2025

B1

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



## C1 Monitoring and Compliance

**Substantive order review caseload: 440**  
**Undertakings caseload: 139**

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

**Commentary February 2025**

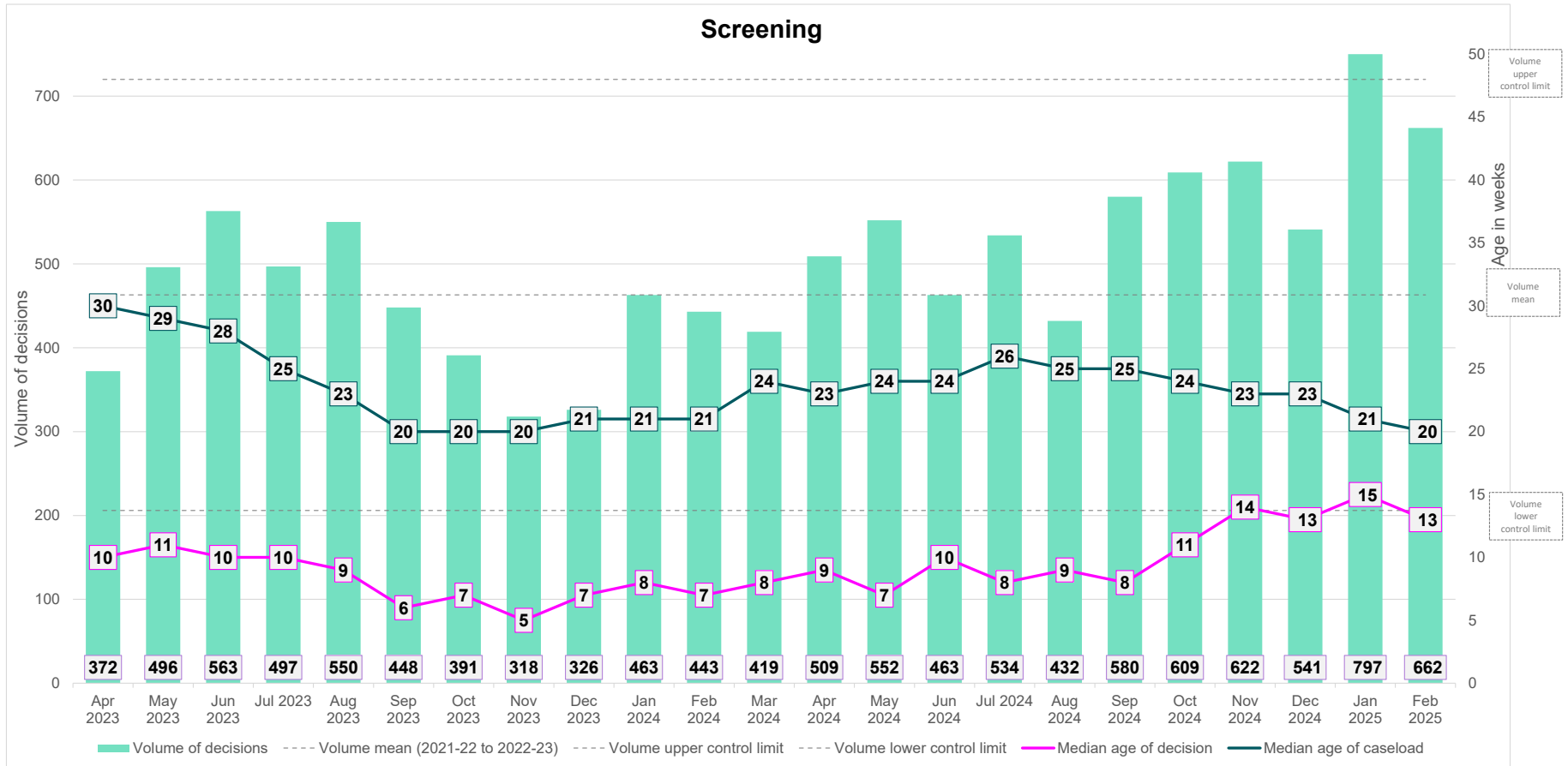
We received 574 referrals in February 2025. This compares to an average of 546 per month for April 2024 to February 2025, and to 493 a month for the same period in the previous year (April 2023 to February 2024).

Since April 2024, most referrals have been from members of the public (average of 34 percent of all referrals April 2024 to February 2025). Though in February 2025 they were the third largest source with 29 percent of referrals, with Employers forming 34 percent and 'Others' forming 29 percent (the 'Other' category is referrals from other healthcare professionals, the police, local authorities, educational institutes and other organisations).

# Fitness to Practise Council performance dashboard February 2025

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

D1



### Commentary February 2025

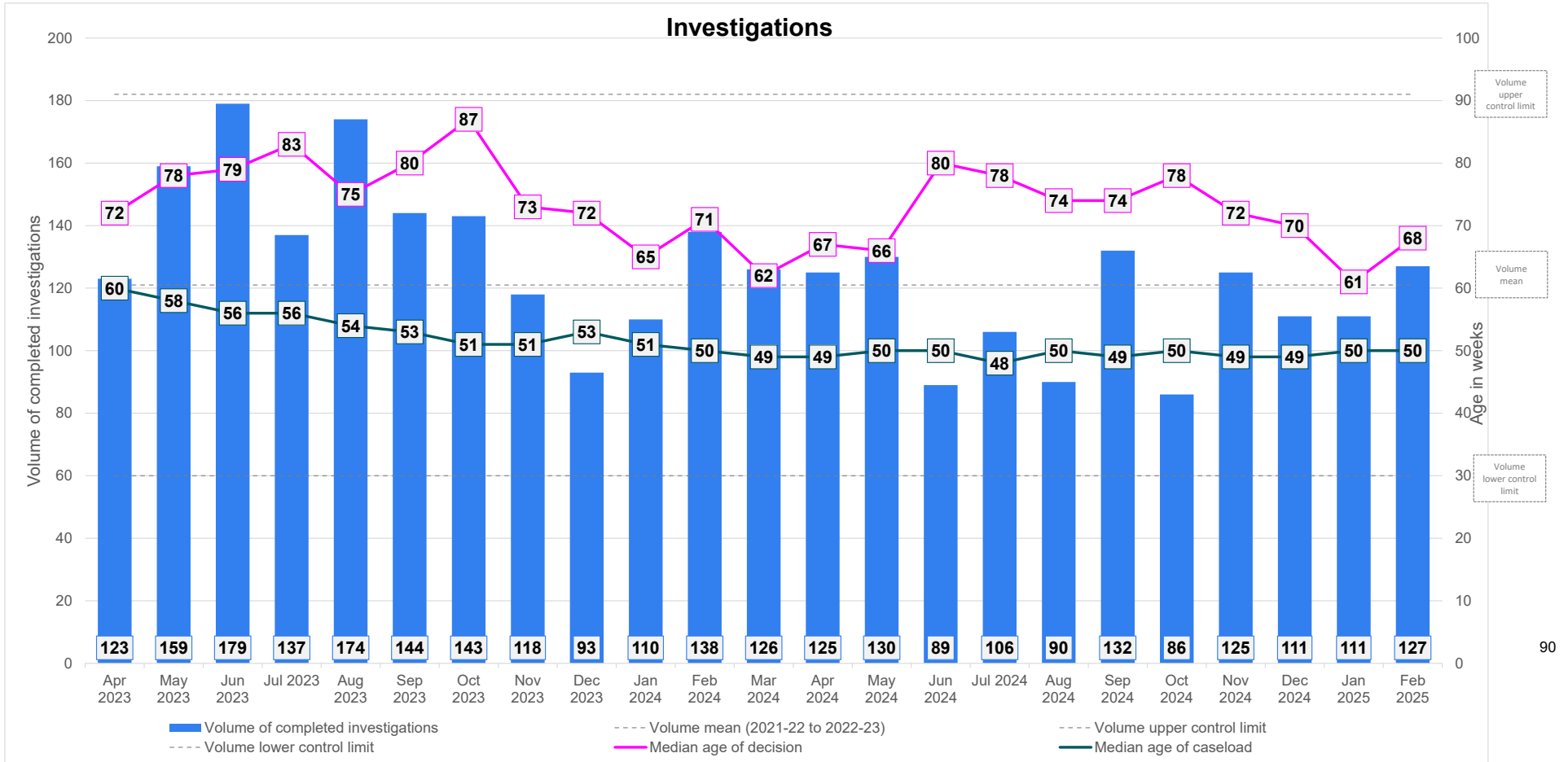
Screening decision volumes continue to be high, with 662 decisions for February. Our focus on progressing older cases at this stage is seeing a fall in the median age of the Screening caseload (the green line), but a recent increase in the median age of decision until January 2025. This has been expected as we progress the oldest cases towards a Screening decision.

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## Fitness to Practise Council performance dashboard February 2025

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

D2



#### Commentary February 2025

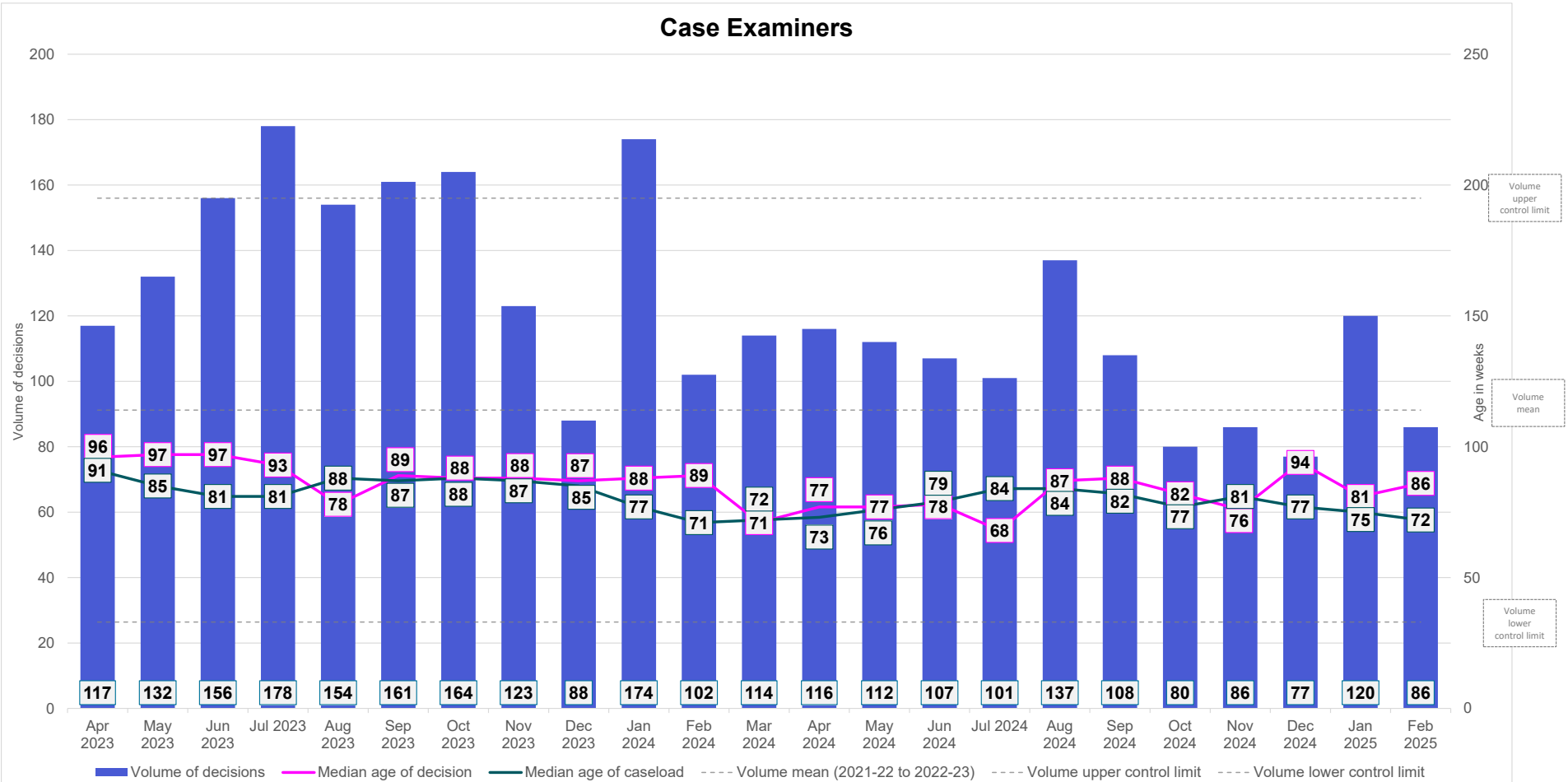
February saw 127 completed investigations (or 'progressions'), an improvement on the previous two months but below our assumptions. Our FtP plan work this year aims to focus on further support in this area to improve timeliness and stabilise the Investigations caseload which is growing

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# Fitness to Practise Council performance dashboard February 2025

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

D3



#### Commentary February 2025

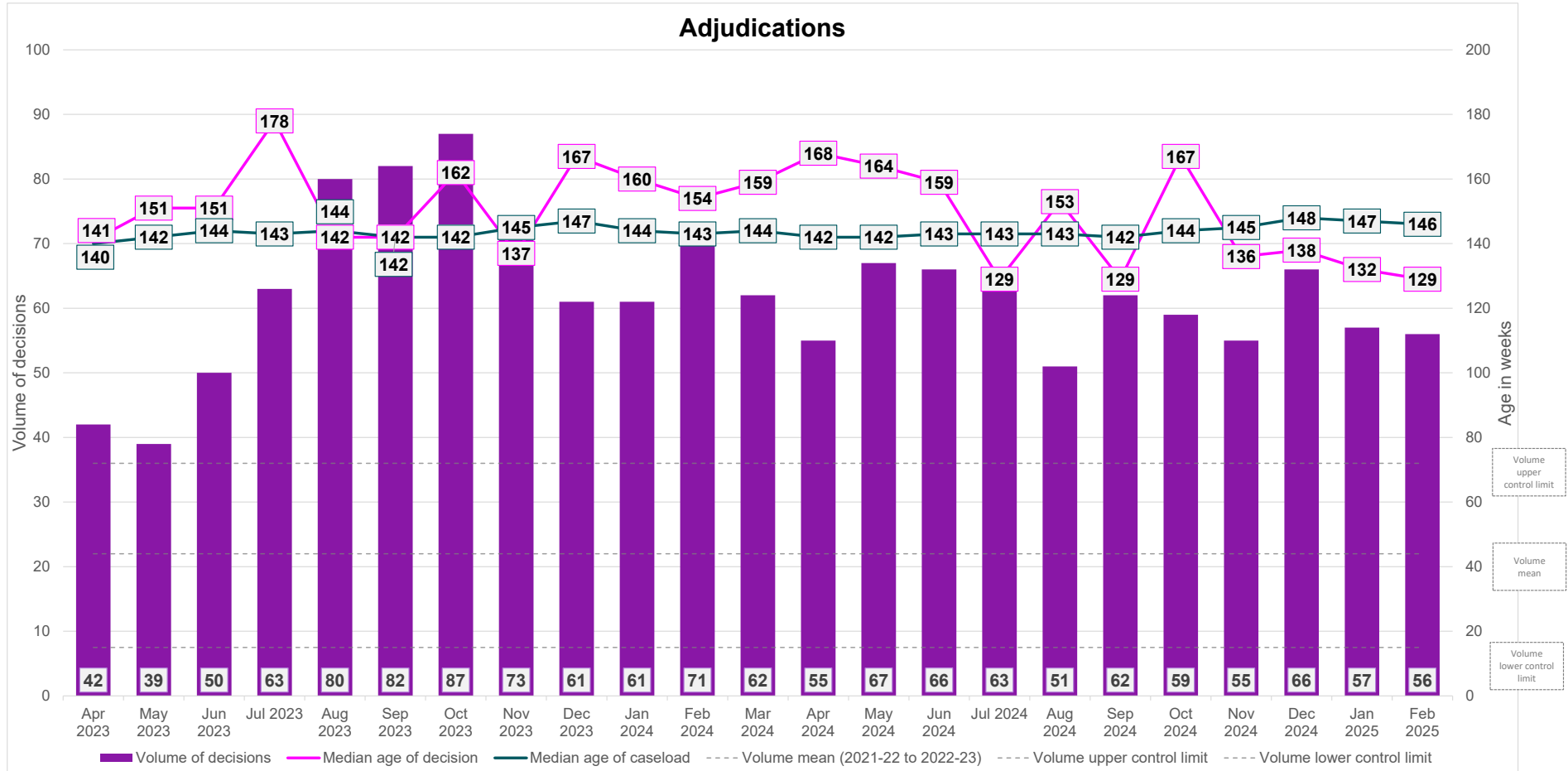
The level of decisions made by Case Examiners is dependent on incoming volumes from the Investigations team. The output levels of this team have been keeping pace with the incoming work this year and performance in this area is steady.

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# Fitness to Practise Council performance dashboard February 2025

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

D4



#### Commentary February 2025

The Adjudications team are continuing to work on operational efficiencies. One workstream is to list more hearings in London and in Edinburgh as in-person events, as we believe this is a more efficient way of holding hearings for particular cases.

With the focus on oldest cases at all FtP stages, we expect a higher proportion of older cases to be held at this stage in the coming months and thus an increase in the age of the caseload here.

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## Caseload data by registrant type and country

Data is as at 28 February 2025.

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

### Caseload by registrant type

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

FtP caseload by registration type broken down into our stages, as of February 2025 caseload	Screening stage	Investigations stage	Case Examiners stage	Adjudication stage	Total caseload
Nurse	1,809	2,198	295	1,111	5,413
Midwife	124	118	17	51	310
Dual		4		1	5
Nursing Associate	20	20		3	43
No Registrant PIN linked to case	727				727
<b>Grand Total</b>	<b>2,680</b>	<b>2,340</b>	<b>312</b>	<b>1,166</b>	<b>6,498</b>

FtP caseload by registration type broken down into our stages, as of February 2025 caseload	Screening stage	Investigations stage	Case Examiners stage	Adjudication stage	Total caseload
Nurse	67.5%	93.9%	94.6%	95.3%	83.3%
Midwife	4.6%	5.0%	5.4%	4.4%	4.8%
Dual	0.0%	0.2%	0.0%	0.1%	0.1%
Nursing Associate	0.7%	0.9%	0.0%	0.3%	0.7%
No Registrant PIN linked to case	27.1%	0.0%	0.0%	0.0%	11.2%
<b>Grand Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

### Caseload by UK country of registered address

FtP caseload by country of registered address broken down into our stages, as of February 2025 caseload	Screening stage	Investigations stage	Case Examiners stage	Adjudication stage	Total caseload
England	1,566	1,843	262	933	<b>4,604</b>
Scotland	179	207	21	100	<b>507</b>
Wales	96	111	7	70	<b>284</b>
Northern Ireland	67	122	11	34	<b>234</b>
Overseas	45	57	11	29	<b>142</b>
No Registrant PIN linked to case	727				<b>727</b>
<b>Grand Total</b>	<b>2,680</b>	<b>2,340</b>	<b>312</b>	<b>1,166</b>	<b>6,498</b>

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<b>FtP caseload by country of registered address broken down into our stages, as of February 2025 caseload</b>	<b>Screening stage</b>	<b>Investigations stage</b>	<b>Case Examiners stage</b>	<b>Adjudication stage</b>	<b>Total caseload</b>
<b>England</b>	58.4%	78.8%	84.0%	80.0%	70.9%
<b>Scotland</b>	6.7%	8.8%	6.7%	8.6%	7.8%
<b>Wales</b>	3.6%	4.7%	2.2%	6.0%	4.4%
<b>Northern Ireland</b>	2.5%	5.2%	3.5%	2.9%	3.6%
<b>Overseas</b>	1.7%	2.4%	3.5%	2.5%	2.2%
<b>No Registrant PIN linked to case</b>	27.1%	0.0%	0.0%	0.0%	11.2%
<b>Grand Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

## Council

### Your Voice employee survey 2024

<b>Action requested:</b>	<p><b>For discussion</b></p> <p>The Council is asked to <b>discuss</b> the paper covering Your Voice 2024 survey results.</p>	
<b>Key background and decision trail:</b>	<p>Your Voice is a key metric for us to measure the impact of work we do to support our people, colleague engagement, and key actions in the people plan. We hesitated about running the survey this year so soon after the People and Culture report. We tested if we should run the survey with colleagues from groups like the Employee Forum and UNISON, and on balance they agreed we should.</p> <p>We are bringing this to Council later than we would like, but Executive Board and People and Culture Committee have both reviewed, discussed and fed back on Your Voice and the content of this paper.</p>	
<b>Key questions:</b>	<p>We are asking members to note the summary outcomes and proposed next steps</p>	
<b>Annexes:</b>	<p>The following annexes are attached to this paper:</p> <ul style="list-style-type: none"> <li>• Annexe 1: Your Voice scores heat map</li> <li>• Annexe 2: Recommended focus areas</li> <li>• Annexe 3: Questions in Your Voice survey 2024</li> </ul>	
<b>Further information:</b>	<p>If you require clarification about any point in the paper or would like further information, please contact the author or the director named below.</p>	
	<p>Author: Agnieszka Baliszewska <a href="mailto:Agnieszka.Baliszewska@nmc-uk.org">Agnieszka.Baliszewska@nmc-uk.org</a></p>	<p>Executive Director: Gavin Kennedy <a href="mailto:Gavin.Kennedy@nmc-uk.org">Gavin.Kennedy@nmc-uk.org</a></p>

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# Your Voice employee survey 2024

## Discussion

- 1 We use Your Voice to measure employee engagement. Different factors contribute to employee engagement, including work culture, environment, relationships, and development opportunities, all of which are important insight from colleagues, particularly in light of the Independent Culture Review.
- 2 Prior to the survey going ahead in September we received some feedback that this may not be the right time to seek views so soon after the Independent Culture Review. We sought feedback from Employee Forum, UNISON representatives, HR colleagues and Employee Network Chairs if we should postpone the annual Your Voice survey until early 2025. The response was 53% in favour of going ahead in September and 47% in favour of postponing until early 2025. As a result of this feedback Executive Board took the decision to continue with the survey. The survey ran for 3 weeks and closed on 27 September.
- 3 We included a new set of questions on Equality, Diversity and Inclusion (EDI), alongside the usual Engagement questions. This was in place of the annual Workforce Race Equality Standard (WRES) survey and aimed at improving completion rates of the WRES survey which have been low in comparison to the Your Voice survey.

### Your Voice 2024 summary insight for NMC:

- 4 The participation rate was 57% down from 65% in 2023 although in total, only 37 fewer employees responded to the survey this year given the growth of NMC in the last 12 months. This is not surprising in light of Rise Associates having recently completed a significant engagement exercise and survey.
- 5 Participation was generally the same across all of our office locations, the only notable exceptions being lower participation from colleagues based at 2 Stratford Place.
- 6 There were 7,724 comments to the survey questions, up from 7,070 in the 2023 survey. The independent culture report and the culture of the NMC were referenced most frequently in comments across most questions.
- 7 The overall engagement score was 6.6, which is -1.2 below the True Benchmark (which compares NMC to similar organisations), and a decline of 0.7 compared to 2023.

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- 8 Engagement scores were consistent across office locations, with the exception being a lower score of 5.8 from colleagues who are permanent homeworkers.
- 9 The overall diversity and inclusion score was 6.3 which is -1.9 below the benchmark of 8.2 and is in the bottom 5% of Peakon. Other areas of concern against the benchmark were Workforce Diversity and Fair Opportunities.
- 10 The most improved scores compared to 2023 were for Remote Work and Environment, and, although it has seen a slight decrease since 2023, Mentoring is the only area above the true benchmark, and associated comments say colleagues feel their manager is supportive and enables development within limitations determined by high workloads and business needs.
- 11 The biggest declines in scores against 2023 are in Strategy and Communication. Career Path and Response (question wording for Response is, 'if I experience serious misconduct at work I expect action to be taken') are the furthest below the true benchmark.
- 12 Compared to the previous survey colleagues who identify as White Irish have seen the biggest drop in Engagement score at -1.8 and colleagues who identify as Any other mixed or multiple ethnic background have seen the biggest increase in engagement score at +1.0.
- 13 When compared to the Peakon benchmark, colleagues who have stated their religion as Muslim, Hindu, and Sikh are the only groups that are above the benchmark for Engagement.
- 14 The engagement score for colleagues declaring they have a disability is -0.4 below the benchmark, colleagues who declared no to having a disability had a score of +0.2 above the benchmark.
- 15 Heatmaps of scores set out the overall score by NMC as well as breakdowns by Directorate, they are available in Annexe 1.

**Strengths and Suggested Focus Areas:**

- 16 Peakon identifies areas of strength and areas to focus on from the results of the survey and each team will have its own strength areas and recommended focus areas. These are identified using the calculation: score = performance x impact. Then ranks the highest scoring areas as Strengths and lowest scoring as Focus areas.
- 17 There are no strength areas identified by Peakon for the NMC as a whole, but some individual directorates have strength areas identified.

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- 18 The People and Culture committee members said that although there were no strength areas identified by Peakon for the NMC as a whole, we should note the areas where scores are above benchmark and have improved, Mentoring, Remote Work and Environment.
- 19 This year Peakon has identified three recommended focus areas from the engagement question set, and one from the diversity and inclusion question set.
- 20 The recommended focus areas are Strategy, Support, Career Path and Responsiveness. This is unsurprising as the themes align with the Independent Culture Report. The scores and questions associated with these areas are outlined in Annexe 2.
- 21 The Strategy driver refers to colleagues understanding and agreeing with the overall business goals and strategies set by senior leadership.
- 22 The Support subdriver measures whether people believe that their organisation cares for and supports their mental health.
- 23 The Career Path subdriver measures whether people feel that they have opportunities for career advancement within the organisation.
- 24 Responsiveness is from the EDI questions and refers to employees' belief that the organisation responds appropriately to incidences of bullying, harassment and discrimination.
- 25 The Behaviour framework and other initiatives laid out in the Cultural Transformation Plan and the People plan will support improvement in the Career Path score.

### **Directorate outcomes**

- 26 We are able to look at results broken down by different areas of the organisation and each Directorate and department has its own Strengths and Recommended Focus areas.
- 27 Professional Regulation has been identified by Peakon as an engaged segment within the Nursing & Midwifery Council but with areas for improvement. This is positive as they have managed to uphold scores well, with some teams even seeing an improvement.
- 28 Strategy and Insight has seen a significant drop in scores for Strategy and Communication, with one of the largest decreases in score across all directorates and drivers for Strategy at -3.4, we know from the team that they feel their work has been deprioritised to other teams and work in Fitness to Practise (FTP) for example. It has also seen the only increase across all directorates for Workload.

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29 Resources and Technology Services, and People and Organisational Effectiveness scores are marginally above the NMC Benchmark and compared to 2023 the engagement scores have declined in both directorates.

30 Professional Practice and Communications and Engagement directorates have lower scores than other directorates, particularly comparing the overall engagement scores across each directorate.

31 The overall engagement score for Communications and Engagement has decreased -1.3 compared with the 2023 survey, and Professional Practice has seen a more significant decrease of -2.6 compared with 2023.

32 The response rate for each directorate was similar even though the sizes of each vary as shown in the table below.

Directorate	Size	Participation
Professional Regulation	737	49%
Resources and Technology Services	155	69%
People and Organisational Effectiveness	143	68%
Strategy and Insight	62	69%
Professional Practice	63	67%
Communications and Engagement	39	69%

33 The table below shows the recommended focus areas by directorate, the question that goes with each driver and sub driver is listed in Annexe 3.

Directorate	Peakon Recommended Focus Areas
Professional Regulation	Autonomy, Remote Work, Process and Feeling Valued
Resources and Technology Services	Peer Relationships and Alignment
People and Organisational Effectiveness	None identified overall, but areas at the team level identified

Strategy and Insight	Strategy, Response, Career Path and Workforce Diversity
Professional Practice	Career Path, Communication, Mission and Responsiveness
Communications and Engagement	Meaningful Work, Career Path, Mission and Workforce Diversity

## Next Steps

- 34 Although this is a rich set of data, its relevance and use is for local teams and Executive Directors. Teams and departments are working on action plans from their local results, Peakon has action planning built into the platform which allows for actions to be created at team level and makes recommendations to enable managers. HR Business Partners and Advisers continue to support teams with their action plans ensuring local engagement and ongoing learning.
- 35 We have also shared the results relating to Freedom of Opinion with the Empowered to Speak up Team and they are using it to promote their role and encourage people to use services like the Freedom to Speak up Guardian at the NMC.
- 36 Across the NMC, we have not used the data to develop new plans, as the feedback reinforces the findings and recommendations from the People and Culture Report. As you are aware we have action plans in place, including a new Culture Team, Culture Transformation Roadmap, new coaches, an anti-racism plan being developed, investments in Learning and Development, psychological safety, leadership and managers learning, and recruitment training.
- 37 For each recommended focus area, Peakon provides suggested actions and learning resources to support improvement and colleagues can suggest custom actions anonymously.
- 38 A separate paper covers pay gaps and WRES outcomes. EDI questions were included in the Your Voice survey for the first time, replacing the separate annual WRES survey.

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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.	Yes	Throughout	The paper is talking about Your Voice our annual employee engagement survey which is a measure in our People Plan
Safeguarding considerations	Not Applicable		
The four country factors and considerations.	Yes	Throughout	The paper talks about Your Voice results which are also reviewed by office location and UK nationality.
Resource implications including information on the actual and expected costs involved.	Yes	Paragraph 2	This was considered before launching the survey based on colleagues feeding back in the culture review, 53% of colleagues asked were in favour of the survey going ahead.
Risk implications associated with the work and the controls proposed/ in place.	Not Applicable		
Legal considerations.	Not Applicable		
Midwives and/or nursing associates.	Not Applicable		
Equality, diversity, and inclusion and Welsh Language impact.	Yes	Throughout	We have included Diversity and Inclusion questions this year in the Your Voice survey

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			which is referenced in the paper. We also analyse the data in Your Voice reviewing variation in outcomes and trends.
Stakeholder implications and any external stakeholders consulted.	Not Applicable		
Regulatory Reform.	Not Applicable		

## Annexe 1: Your Voice scores heat map

### Overall scores broken down by directorate

Segment	Size	Engagement	Accomplishment	Autonomy	Environment	Freedom of Opinion	Goal Setting	Growth	Management Support
<b>Nursing &amp; Midwifery Council</b>	<b>680</b>	<b>6.6</b>	<b>7.2</b>	<b>7.8</b>	<b>7.7</b>	<b>7.7</b>	<b>8.4</b>	<b>6.8</b>	<b>8.4</b>
Professional Regulation	364	6.8	7.2	7.3	7.8	7.6	8.5	6.8	8.4
Resources and Technology Services	107	6.8	7.5	8.3	7.9	7.9	8.4	6.9	8.4
People and Organisational Effectiveness	97	6.7	7.2	8.6	7.8	8.1	8.5	7.1	8.7
Strategy and Insight	43	6	7.1	8.5	7.1	8.1	8.5	6.5	8.8
Professional Practice	42	5.4	6.8	8.1	7.6	7.1	7.8	5.8	8
Communications and Engagement	27	5.3	6.3	8.2	7.1	7.4	8.1	6.1	7.6



Segment	Size	Meaningful Work	Organizational fit	Peer Relationships	Recognition	Reward	Strategy	Workload
<b>Nursing &amp; Midwifery Council</b>	<b>680</b>	<b>7.6</b>	<b>6.9</b>	<b>8.4</b>	<b>7.4</b>	<b>6.1</b>	<b>6.5</b>	<b>6.8</b>
Professional Regulation	364	7.7	6.8	8.4	7.3	5.7	6.6	6.6
Resources and Technology Services	107	7.8	7	8.2	7.4	6.4	6.9	7.1
People and Organisational Effectiveness	97	7.7	7.4	8.4	7.9	6.9	6.8	7.3
Strategy and Insight	43	7.4	6.5	8.9	7.9	6.4	5.8	7.6
Professional Practice	42	7.2	6.1	8.6	6.8	6.2	5	6.7
Communications and Engagement	27	6.6	6.7	7.6	7	6.6	6.2	6.2

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### Scores compared to previous survey broken down by directorate

Segment	Size	Engagement	Accomplishment	Autonomy	Environment	Freedom of Opinion	Goal Setting	Growth	Management Support
<b>Nursing &amp; Midwifery Council</b>	<b>680</b>	-0.7	-0.4	0	0.3	-0.2	-0.2	-0.3	-0.1
Professional Regulation	364	-0.3	-0.3	0.1	0.4	-0.3	-0.2	-0.3	-0.2
Resources and Technology Services	107	-0.8	0.2	0	0.6	0.1	0.1	-0.1	0.1
People and Organisational Effectiveness	97	-0.8	-0.3	0	0.3	0.1	0.1	0.1	0.1
Strategy and Insight	43	-1.5	-0.7	0	-0.4	0	0.1	-0.6	0.2
Professional Practice	42	-2.6	-1.7	-0.4	-0.1	-1.2	-1	-1.6	-0.6
Communications and Engagement	27	-1.3	-1.2	-0.1	0.5	-0.5	-0.2	-0.9	-0.9

Segment	Size	Meaningful Work	Organizational fit	Peer Relationships	Recognition	Reward	Strategy	Workload
<b>Nursing &amp; Midwifery Council</b>	<b>680</b>	-0.3	-0.6	-0.1	-0.1	-0.2	-1.1	-0.3
Professional Regulation	364	-0.2	-0.5	-0.1	0	0	-0.9	-0.2
Resources and Technology Services	107	-0.1	-0.5	0.1	-0.1	-0.1	-0.8	-0.3
People and Organisational Effectiveness	97	-0.1	-0.3	-0.1	0.1	-0.3	-1	-0.1
Strategy and Insight	43	-0.2	-1.4	0.1	0.3	-0.8	-2.1	0.3
Professional Practice	42	-1.3	-1.8	-0.3	-1	-1.3	-3.3	-0.7
Communications and Engagement	27	-1.1	-0.6	-0.8	-0.5	-0.4	-1.7	-1.2

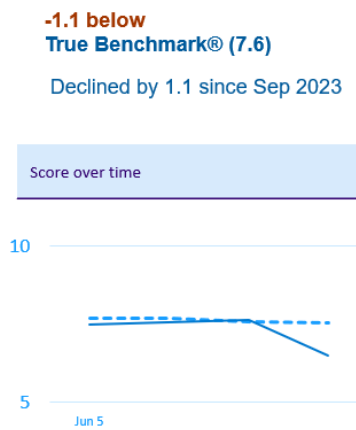
## Annexe 2 Recommended focus areas

### Recommended focus area 1 – Strategy

**6.5**

Measured by responses to:

The overall business goals and strategies set by senior leadership are taking Nursing & Midwifery Council in the right direction.



**-18** eNPS score  
 = % of promoters - % of detractors

Percentage	Category	Employees
22%	Promoter	145
39%	Passive	267
39%	Detractor	267

Scan to read more about eNPS.

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### Recommended focus area 2 - Support (Organizational fit)

**6.5**

Measured by responses to:

Nursing & Midwifery Council really cares about my mental wellbeing.



**-23** eNPS score  
 = % of promoters - % of detractors

Percentage	Category	Employees
24%	Promoter	160
30%	Passive	203
46%	Detractor	314

Scan to read more about eNPS.

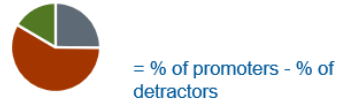
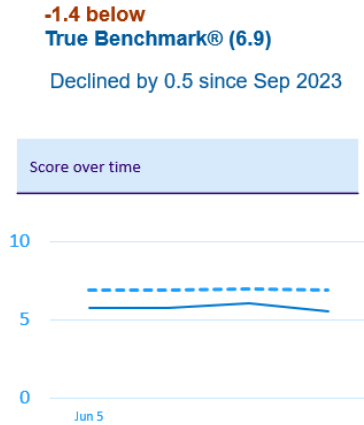
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## Recommended focus area 3 - Career Path (Growth)

! **5.5**

Measured by responses to:

I see a path for me to advance my career in our organization.



Percentage	Category	Employees
17%	😊 Promoter	111
25%	😐 Passive	169
58%	😞 Detractor	391

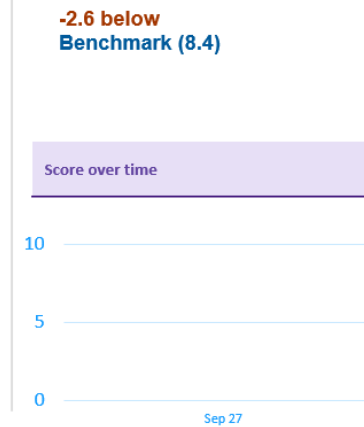
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## Recommended focus area - Responsiveness (Non-discrimination)

! **5.8**

Measured by responses to:

I believe Nursing & Midwifery Council would respond appropriately to instances of bullying, harassment and discrimination.



Percentage	Grouping	Employees
19%	😊 Promoter	126
25%	😐 Passive	168
56%	😞 Detractor	371

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## Annexe 3 Questions in Your Voice survey 2024

Engagement Question set		
Driver	Subdriver	Text
Engagement		How likely is it that you would recommend Nursing & Midwifery Council as a place to work?
Engagement	Satisfaction	Overall, how satisfied are you working at Nursing & Midwifery Council?
Accomplishment		I regularly feel a sense of accomplishment from what I do.
Autonomy		I have enough freedom to decide how to do my work.
Autonomy	Remote Work	I am satisfied with our hybrid working arrangements.
Environment		I am satisfied with the physical surroundings where I do my work.
Environment	Equipment	I have the systems, materials and equipment I need to do my job well.
Freedom of Opinion		I feel that my opinions are taken into account at work.
Freedom of Opinion	Manager	My manager encourages me to express my opinions.
Goal Setting		At work I know what I am expected to contribute.
Goal Setting	Alignment	I understand how my work supports the goals of my team.
Growth		I feel that I'm growing professionally.

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Growth	Career Path	I see a path for me to advance my career in our organization.
Growth	Learning	My job enables me to learn and develop new skills.
Growth	Mentoring	My manager encourages and supports my development.
Management Support		My manager provides me with the support that I need to complete my work.
Management Support	Openness	My manager communicates openly and honestly with me.
Meaningful Work		The work I do is meaningful to me.
Meaningful Work	Fit	My current work makes the best use of my strengths.
Meaningful Work	Significance	I see how my work contributes to positive outcomes for others (e.g. customers or colleagues).
Organizational fit		Nursing & Midwifery Council's values are personally relevant to me.
Organizational fit	Health	Working here, I feel that I can live a physically healthy lifestyle.
Organizational fit	Response	If I experienced serious misconduct at work, I'm confident appropriate action would be taken.
Organizational fit	Support	Nursing & Midwifery Council really cares about my mental wellbeing.
Peer Relationships		My colleagues are willing to help each other with work if needed.
Recognition		If I do great work, I know that it will be recognized.

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Recognition	Performance	I get enough feedback to understand if I'm doing my job well.
Reward		I am fairly rewarded for my contributions to Nursing & Midwifery Council.
Reward	Process	The processes for determining pay in our organization seem fair and unbiased.
Strategy		The overall business goals and strategies set by senior leadership are taking Nursing & Midwifery Council in the right direction.
Strategy	Communication	Our organization does a good job of communicating the goals and strategies set by senior leadership.
Strategy	Communication	Internal communications at the NMC keep me up to date with things I need to know
Strategy	Mission	I'm inspired by the purpose and mission of our organization.
Workload		The demands of my workload are manageable.

**Diversity and Inclusion Question set**

Driver	Subdriver	Text
Diversity and inclusion		I'm satisfied with Nursing & Midwifery Council's efforts to support diversity and inclusion (for example, in terms of gender, ethnicity, disability, socio-economic status).
Diversity		Diversity and inclusion and a diverse workforce is a clear priority at Nursing & Midwifery Council (for example, in terms of

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		gender, ethnicity, disability, socio-economic status).
Diversity	Diversity recruitment	Recruitment processes at Nursing & Midwifery Council attract and select a diverse workforce (for example, in terms of gender, ethnicity, disability, socio-economic status).
Diversity	Workforce diversity	I believe the Nursing & Midwifery Council has a diverse workforce at all levels (for example, in terms of gender, ethnicity, disability, socio-economic status).
Diversity	Workforce diversity	I believe the NMC is effective at recruiting and retaining diverse talent at senior levels
Inclusiveness		At Nursing & Midwifery Council, people of all backgrounds are accepted for who they are.
Inclusiveness	Belonging	I feel a sense of belonging at Nursing & Midwifery Council.
Inclusiveness	Belonging	I believe that diversity and inclusion are visible priorities for our leadership and organisation
Inclusiveness	Feeling valued	I feel like I'm valued as a person at Nursing & Midwifery Council.
Non-discrimination		I'm confident I won't be discriminated against at Nursing & Midwifery Council.
Non-discrimination	Fair opportunities	People of all backgrounds have the same opportunities at Nursing & Midwifery Council.
Non-discrimination	Responsiveness	I believe Nursing & Midwifery Council would respond appropriately to instances of bullying, harassment and discrimination.

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Open ended Questions		
Driver	Subdriver	Text
N/A	N/A	Let us know what you think about your on-boarding to Nursing & Midwifery Council: what's worked well and what could we have done better?
		What more do you think the Nursing & Midwifery Council could be doing to create a culture of speaking up?

## Council

### Pay gaps report and Workforce Race Equality Standard (WRES) Survey 2024

<p><b>Action requested:</b></p>	<p>This paper asks for feedback on the draft report on the NMC’s Gender, Ethnicity and Disability 2024 pay gaps. It also covers the Workplace Race Equality Standard (WRES) and our decision to incorporate WRES into the annual Your Voice staff survey.</p> <p><b>For decision</b></p> <p>The Council is asked to discuss and feedback on the Pay Gap Reports 2024 and Workforce Race Equality Survey (WRES) included as Annexe 1.</p> <p>The Council is asked to <b>note</b> that the Executive Board, the People and Culture Committee, and the NMC Networks have all commented and reviewed the report.</p> <p>Council is asked to <b>approve</b> the report before it is published in March.</p>
<p><b>Key background and decision trail:</b></p>	<ul style="list-style-type: none"> <li>• We are publishing this report later than usual due to the Independent Culture Review publication and subsequent work. The report has also been reduced to cover the key data, analysis and work in place to improve on the issues identified.</li> <li>• Please note that the data relates to the period to 31<sup>st</sup> March 2024, and given the events of 2024 the draft report includes significant reference to work carried out in 2024 and the publication of the Independent Culture Review.</li> <li>• The report has been drafted by the People and EDI Team. The Culture Team, Employee staff networks and Comms and Engagement have also given feedback which was incorporated.</li> </ul> <p>This paper is an annual publication.</p> <p>This year we have taken a new approach in how we report our pay gap and WRES and reporting our findings in a single, combined report.</p>

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<b>Key questions:</b>	<ul style="list-style-type: none"> <li>• What are our pay gaps and workforce race equality figures and results?</li> <li>• What actions are in place to improve them?</li> </ul>			
<b>Annexes:</b>	<p>The following annexe is attached to this paper:</p> <ul style="list-style-type: none"> <li>• Annexe 1: Draft summary Pay gaps report and Workforce Race Equality Standard (WRES) Survey 2024</li> </ul>			
<b>Further information:</b>	<p>If you require clarification about any point in the paper or would like further information, please contact the author or the director named below.</p> <table border="1" data-bbox="387 786 1388 1187"> <tr> <td data-bbox="387 786 858 1187"> <p>Author:</p> <p>Mark Egan <a href="mailto:Mark.Egan@nmc-uk.org">Mark.Egan@nmc-uk.org</a></p> <p>Gavin Kennedy <a href="mailto:Gavin.Kennedy@nmc-uk.org">Gavin.Kennedy@nmc-uk.org</a></p> <p>Michelle Herbert <a href="mailto:Michelle.Herbert@nmc-uk.org">Michelle.Herbert@nmc-uk.org</a></p> </td> <td data-bbox="866 786 1388 1187"> <p>Interim Executive Director:</p> <p>Gavin Kennedy <a href="mailto:Gavin.Kennedy@nmc-uk.org">Gavin.Kennedy@nmc-uk.org</a></p> </td> </tr> </table>		<p>Author:</p> <p>Mark Egan <a href="mailto:Mark.Egan@nmc-uk.org">Mark.Egan@nmc-uk.org</a></p> <p>Gavin Kennedy <a href="mailto:Gavin.Kennedy@nmc-uk.org">Gavin.Kennedy@nmc-uk.org</a></p> <p>Michelle Herbert <a href="mailto:Michelle.Herbert@nmc-uk.org">Michelle.Herbert@nmc-uk.org</a></p>	<p>Interim Executive Director:</p> <p>Gavin Kennedy <a href="mailto:Gavin.Kennedy@nmc-uk.org">Gavin.Kennedy@nmc-uk.org</a></p>
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## Pay Gaps / WRES reporting

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## Discussion

### Context and background:

- 1 We have published our gender pay gap for seven years and, since 2020, voluntarily published our ethnicity and disability pay gaps. In addition, we have voluntarily undertaken the Workforce Race Equality Standard (WRES) survey since 2020 and published a detailed report annually. We did this to demonstrate our commitment to transparency and accountability in being an employer that is inclusive, fair and values diversity and support us to focus on making progress on race equality as an employer.
- 2 In 2023-2024 we agreed that engagement in WRES was low and two reports were unhelpful as they were seen as overlapping and duplicative. We agreed to transition to a joint WRES and Your Voice survey and to produce a single annual report on pay gaps and WRES.
- 3 We knew there were limitations to this combined approach as our software does not allow for certain responses - for example multiple choice. The foundations of the questions have remained the same, with adjustments added to allow for rated responses and free text feature as opposed to multiple choice. In addition, to disaggregating bullying, harassment and discrimination into separate components to yield better quality data and effective responses. One of the benefits, is that we compare ourselves with thousands of other organisations across a standardised set of questions. It will enable us to be more focused in follow up interventions to improve.
- 4 As you know we commissioned the Independent Culture Review and in early 2024 over 80 percent of colleagues completed a survey for that review, which ran from March to May. We hesitated to have the annual Your Voice survey so close to this but decided to go ahead with it after testing with various staff groups. The survey went live in September and was the first time we had a combined approach of the staff survey and WRES questions.
- 5 This is the first year of a joined-up approach. It has also been an unusual year as we have had several reports publish or due to be published with far reaching implications for the NMC resulting in immediate actions in response to recommendations .
- 6 While we have seen an increase in the engagement in the surveys due to combining them (from 34.3 percent to 57 percent), we have focused questions we can include (seven instead of 10). The variations in questions relate to bullying, harassment and discrimination, however, these questions were covered in detail by the Independent

Culture Review and make up a significant part of the recommendations from the report.

- 7 It is clear that in 2025- 2026 we will need to consider how we bring all of the reporting that we have committed to together so that we can demonstrate where we are delivering and where we have improvements to make. The patchwork of indicators and commitments across our culture/EDI and people needs to be relevant and accessible to our colleagues and stakeholders. The new Culture Plan will help with that, as will a refresh of the EDI Plan and People Plan. All three are coordinated closely. We will also bring outcomes and metrics to the People and Culture Committee in April for agreement and use the new Culture Steering Group to monitor delivery of our interventions and improvements.

**What the data tells us:**

- 8 The data in this report shows our pay gaps as of 31 March 2024. As noted, we normally publish this earlier but we decided to delay publication to March 2025. This was due to the need to reflect on the recommendations from the Independent Culture Review that was published in the summer, and also for practical reasons, such as the need to align with the timing of the annual Your Voice survey for Workforce Race Equality Standards..

- 9 In summary, the key headlines on Pay Gaps (March 2024) are:

9.1 We have seen a decrease in our mean and median gender pay gaps. From a mean of 9.6 percent to 6.5 percent and from a median of 14.6 percent to 8.1 percent.

9.2 There has been an increase in our median ethnicity pay gap. While the mean gap of 21.6 stayed the same, the median deteriorated from 28.8 percent to 30.9 percent

9.3 We have seen a decrease in our mean and median disability pay gaps. From a mean of -6.1 percent to -9.4 percent and from a median of -7.8 percent to -10.6 percent.

- 10 While we welcome the improvements in gender and disability it was disappointing to see a further increase in the median ethnicity pay gap.

- 11 Overall, the number of Black, Asian and ethnic minority colleagues working at the NMC increased to 403 percent of all employees (an increase of 0.5 percentage points), however, our lower middle quartile of all colleagues saw an increase in Black, Asian and ethnic minority colleagues and a decrease of white colleagues.

- 12 In the upper middle quartile there was an increase in Black, Asian and ethnic minority colleagues of 0.6 percent, but a 1 percent increase in White colleagues. In

the upper quartile (where turnover is very low) there was no change. Our mean has remained the same due to actions in our annual pay review which gave greater percentage pay increases to colleagues in lower and lower middle quartiles.

13 The report sets out what we are doing to tackle the issues that underpin and drive the pay gap. As noted, they focus on 2024 - 2025.

14 The key headlines on WRES (September 2024) are:

- 14.1 Of the indicators we have been able to track, we have seen a decrease in the performance of two and an increase in four with one staying the same.
- 14.2 Aligning the WRES and Your Voice has helped to improve take up of the WRES questions from 34.3 percent to 57 percent.
- 14.3 The overall Black, Asian and ethnic minority representation of NMC colleagues, has increased by 0.5 percentage points to September 2024.
- 14.4 The percentage of Black, Asian and ethnic minority colleagues going through a formal disciplinary process reduced, but this is only technically an improvement, given how small the figures are. The issue remains that you are less likely to go through a formal process if you are white.
- 14.5 People's perceptions of equal opportunities for career progression, improved for both white and Black, Asian and ethnic minority colleagues.
- 14.6 There were two indicators that worsened: the likelihood of Black, Asian and ethnic minority candidates being appointed and, employees accessing non-mandatory training.

#### **What are we doing to address the issues?**

15 We recognise that there is significant improvement needed and in the draft report we have noted progress since the publication of the reports.

16 The link to the Independent Culture Review recommendations and wider Culture Plan work coordinates what we are doing across several strands of work and plans. The new Culture Steering Group will be a key way that delivery is overseen by both NMC and external coaches being brought in to help enable change.

17 Pay gap and WRES figures will continue to be a key indicator that the measure and changes we are making to improve culture are having the desired impact.

- 18 We will be taking an evidence-based approach to make targeted interventions (segment analysis) to understand disparities at different levels. We are already doing some good intervention work; improving our data collection, fair recruitment and talent programmes but need to incorporate an evaluation strategy to monitor, evaluate and report progress to identify root causes and evaluate the impact of interventions.
- 19 A summary of the work to date and work that is planned is set out in the annexe.

## Next Steps

- 20 This report will be published once we have noted any feedback from the Council.

## Implications

The following were considered when preparing this paper:

Implication:		Location if in paper:	Content if not in paper:
Public protection/impact for people.	Not Applicable	N/A	N/A
Safeguarding considerations	Not Applicable	N/A	N/A
The four country factors and considerations.	Not Applicable	N/A	We also look at data by office location and pay gaps are consistent in all offices.
Resource implications including information on the actual and expected costs involved.	Yes	N/A	Priorities and actions outlined are already resourced within the EDI and People teams. It should however be noted that for actions to be successful, every part of the NMC will need to be engaged and meeting objectives



			on pay gaps and this may also mean EB prioritisation decisions if new objectives are asked for in our EDI or People Plan which like all teams, have finite resources.
Risk implications associated with the work and the controls proposed/ in place.	Yes	N/A	Failure to draw on this analysis and implement robust actions to narrow our pay gaps and address areas of concern in our WRES survey carries a number of risks that go to the heart of all our People and Organisational Effectiveness Risks
Legal considerations.	Yes		We regularly assess and take action to mitigate any equal pay risks. There is an increased risk of employment tribunals if we do not take action to reduce the rates of bullying, harassment and discrimination noted in the Independent Culture Review
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

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			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

# Pay gaps report and Workforce Race Equality Standard (WRES) Survey **2024**

**Draft subject  
to Council  
approval**

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Published March 2025

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# 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.

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# 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 year we have taken a slightly different approach to gathering information about our performance against the standard. We have incorporated the questions into our annual employee engagement survey called 'Your Voice'. We did this to improve participation by colleagues and strengthen how we benchmark all of our data to help understand colleagues' experience at work. We also used it to build on learning from the Independent Culture Review which was commissioned by the NMC from Nazir Afzal OBE and Rise Associates and published in July 2024.

More than 80 percent of colleagues completed a detailed survey as part of the Independent Culture Review. The survey ran from March to May 2024 and informed the report. The publication of the [Independent Culture Review](#) was a humbling moment for the NMC. Colleagues spoke up about racism and other forms of discrimination, bullying and harassment. You can read more, including the full [review](#), on our website.

The following summarises data from the Your Voice 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 2024, and include data from our Your Voice survey which closed on 27 September 2024. We normally publish this earlier in the year, but we decided to delay publication to March 2025 to allow time to reflect on the recommendations from the Independent Culture Review. There were also practical reasons, such as the need to align with the timing of the annual Your Voice survey for the Workforce Race Equality Standard.

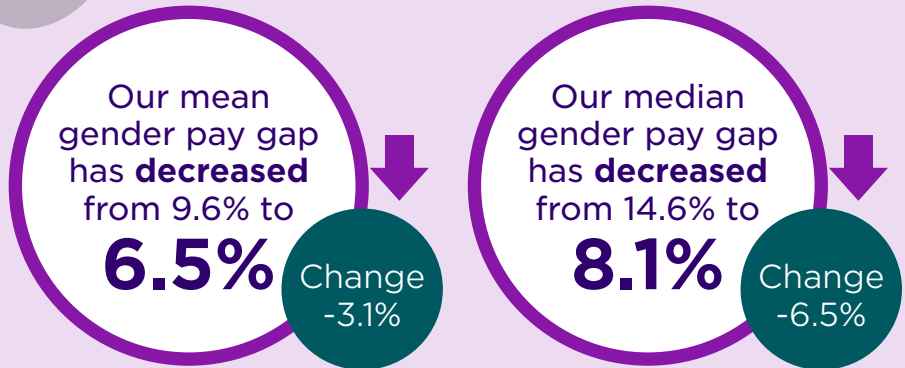
One of the key changes we made in 2024 was to start publishing pay gap data internally every two months alongside other EDI and workforce data for greater transparency. In 2025 we will make further additions to this internal information sharing, following recommendations from the Independent Culture Review.

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 21 and 14 employees respectively, whereas the number of male colleagues in these quartiles only increased by three and two colleagues respectively. We also saw an increase in the distribution of male colleagues working in our lower quartile.



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## Ethnicity

There has been an increase in our median ethnicity pay gap while the mean is unchanged.

Overall, the number of Black, Asian and ethnic minority colleagues working at the NMC increased by 32 colleagues, meaning 40.3 percent of employees at the NMC now come from a Black, Asian and ethnic minority background.

The main reason for the increase in our median pay gap was the increase in Black, Asian and ethnic minority colleagues working in our lower middle quartile and a decrease in white colleagues working in our lower and lower middle quartiles. In the upper middle quartile, there was a 0.6 percent increase in Black, Asian and ethnic minority colleagues and a 1 percent increase in white colleagues. In the upper quartile (where turnover is very low) there was no change. Our mean has remained the same due to actions in our annual pay review which gave greater percentage pay increases to colleagues in lower and lower middle quartiles.



## 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 in our upper and upper middle quartile declaring a disability.

Since our last report the number of colleagues who have told us about their disability status has increased by 0.9 percentage points. This means the number of disabled colleagues working at the NMC increased by seven, according to the data we hold, but we still need to do more, so that all colleagues feel comfortable sharing their disability status with us.



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# Workforce Race and Equality Standard (WRES)

**When looking at the WRES indicators, four have improved, two have worsened and one has stayed the same:**

In past years we have reported against nine WRES indicators. In the 2024 reporting period we moved the WRES survey to a new platform - our employee engagement survey Your Voice - to increase participation rates in the survey. The result was not like-for-like to WRES but has helped to improve take up of the WRES questions (this is the first WRES indicator, known as the engagement score) from 34.3 percent to 57 percent.

The platform we use does not allow for “yes/no” questions so we needed to reframe our approach and include key responsive questions specifically relating to bullying, harassment, and discrimination, for example - “I believe the Nursing and Midwifery Council would respond appropriately to instances of bullying, harassment and discrimination” which are like the WRES indicators.

The WRES indicators not covered by Your Voice were however, covered in detail by the Independent Culture Review and make up a significant part of the recommendations from that report. Our new approach combined with the questions and responses captured in the Independent Culture Review provide invaluable learning and the opportunity to add focused questions to future surveys to enable us to assess progress and take further immediate actions.

Another area of improvement was in the overall Black, Asian and ethnic minority representation across the NMC’s workforce. This indicator increased by 0.5 percentage points in 2024. The proportion of colleagues from a Black, Asian and ethnic minority background now stands at 40.3 percent in 2024 compared to 39.8 percent in 2023, which is 13.9 percentage points higher than the NHS average.

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In 2023, 0.7 percent of Black, Asian and ethnic minority employees went through a formal disciplinary process compared to 0.2 percent of white employees. In 2024, 0.9 percent of Black, Asian and ethnic minority ethnic colleagues went through a formal disciplinary process compared to 0.4 percent of white employees. This means there was a decrease in the likelihood of Black, Asian and ethnic minority employees going through a formal disciplinary process in 2024 compared to 2023. However, given how small the figures are (numbers between one and four people involved), it is difficult to see this as meaningful progress. More relevant is the feedback from colleagues going through a formal process.

On the indicator of people's perceptions of equal opportunities for career progression, this improved for both white and Black, Asian and ethnic minority colleagues, but again we feel there is learning from the Independent Culture Review that can be applied as it is clear that the indicator at this level does not tell a complete story.

Two indicators worsened. These were the likelihood of Black, Asian and ethnic minority candidates for roles being appointed and employees having fair opportunity in accessing non-mandatory training. In 2023, shortlisted white applicants to the NMC were 1.84 times more likely to be appointed compared to shortlisted Black, Asian and ethnic minority applicants which is an increase of 0.6 points from the last dataset and 0.25 higher than the NHS average. The relative likelihood of Black, Asian and ethnic minority colleagues receiving non-mandatory training has decreased since 2023. White colleagues are now 1.02 times more likely to receive non-mandatory training than Black, Asian and ethnic minority colleagues compared to 2023 when they were equally likely.

Within the reporting period, the make-up of the Board did not change, and so this indicator remained static. Subsequently, there have been positive changes that will be reported in next year's report.

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# 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 will prioritise the delivery of the actions from the Independent Culture Review to help address the issues that colleagues have clearly told us need to improve.

## A step change in leadership and management capabilities

We have introduced a new approach to **appraisals** that means all colleagues have regular discussions with their managers about their performance, wellbeing and development. Completion rates have risen from around 60 percent to 97 percent of NMC colleagues having an appraisal. This now provides a solid foundation for starting to roll out individual learning and development and 360-degree feedback for managers, which began with Executive Directors in early 2025.

We have also seen progress on **senior recruitment**. For example, promotions at grades seven to 11 (the most senior grades apart from the executive team) are consistent at around four out of 10 being Black, Asian and ethnic minority colleagues in the 12 months to January 2025.

We have also published a new **behaviour framework** for employees with EDI principles embedded throughout. This will support all colleagues to understand what behaviours are expected at each stage of their career and how this links to our values. We will further develop the framework to address career progression and performance management within the organisation. We have more to do to embed these initiatives and introduce others such as reverse mentoring.

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## A workplace where everyone is afforded dignity

We have been consulting colleagues on how we can **improve key policies** such as ‘Dignity at work’ and ‘Bullying, harassment and discrimination’. We are also strengthening our **EDI data** and sharing it transparently with colleagues. These projects will be completed by April 2025. Since the launch of our new intranet at the beginning of 2025, policies are more accessible to colleagues.

In moving towards a culture where **people feel safer to raise concerns**, we are seeing an expected increase in HR casework related to bullying, harassment and discrimination. While there are still issues which relate to trust and safety to speak up, it is encouraging to see some evidence that issues are being raised and dealt with and that leaders are tackling issues more consistently.

We have also started our **‘Empowered to Speak Up’ service** for colleagues, with the appointment of an external, independent ‘Freedom to Speak Up’ Guardian and designation of 13 colleagues as trained Empowered to Speak Up Ambassadors.

## Equality, diversity and inclusion (EDI)

We have appointed an **EDI advisor** to the Executive Board and Council - Mac Alonge from The Equal Group. This work includes reviewing EDI learning and training and helping to improve our workplace policies (see above).

The **new NMC EDI plan** will be published in 2025, incorporating colleagues’ feedback and recommendations from the Independent Culture Review, and including a strong focus on an **anti-racist plan**. We have also committed to signing up to UNISON’s anti-racism charter.

We have made good progress in 2024- 2025 (since this reporting period) on increasing representation of Black, Asian and ethnic minority colleagues in **managerial and senior roles** which we hope to demonstrate in our next pay gaps report.

Working with our **procurement** team we have also partnered with a greater variety of Black, Asian and ethnic minority-owned and managed organisations, who have helped us improve our approach to recruitment and our policies. We will continue to build on this.

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. The newest of these is the Women’s Network, established in 2024 to help improve women’s experience, celebrate key dates and organise community events.

In December 2024, in collaboration with Workaround (a network set up by colleagues with different kinds of disabilities or long-term conditions) and external specialist provider Business Disability Forum (BDF), we signed up to the **Disability Confident employer scheme** which commits us to offering **paid employment** and **job shadowing** opportunities to people with disabilities. We aim to do more with BDF in 2025.

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## Summary

We are setting a new direction and 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 taking action to realise positive changes in our culture.

It may take some time before people see the impact of some of the decisions and actions we're taking forward, but we're putting in place ways to measure success and we're confident we're heading in the right direction. We recognise we have much more to do and will continue to report on these actions and the progress we make in 2025.

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

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

**Gavin Kennedy**

Interim Executive Director of People and Organisational Effectiveness



March 2025

The terminology used throughout this document is 'Black, Asian and ethnic minority.' This aligns with terminology recommended in 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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 The Nursing and Midwifery Council

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

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## Council

### Panel Member Reappointments and Removals

<b>Action requested:</b>	<p>This paper sets out proposed Panel member reappointments and removals.</p> <p><b>For decision</b></p> <p>The Council is invited to accept the recommendations of the Appointments Board to:</p> <ul style="list-style-type: none"> <li>• Reappoint the 65 Panel Members listed at Table 1 in Annexe 1 for a second term of four years from 6 July 2025 to 5 July 2029. (<b>paragraph 5</b>).</li> <li>• Approve the removal of the 13 Panel Members listed at Annexe 2 from the Practice Committees (<b>paragraph 8</b>).</li> </ul>	
<b>Key background and decision trail:</b>	<p>72 Panel Members' first terms end on 6 July 2025. This paper asks the Council to accept the Appointments Board recommendation to reappoint 65 of those Panel Members for a second term.</p> <p>13 Panel Members are to be removed from the Practice Committees.</p>	
<b>Key questions:</b>	<ul style="list-style-type: none"> <li>• Which Panel Members are recommended for reappointment to the Practice Committees and do they satisfy performance requirements?</li> <li>• Which Panel Members require removal from the Practice Committees?</li> </ul>	
<b>Annexes:</b>	<p>The following annexes are attached to this paper:</p> <ul style="list-style-type: none"> <li>• Annexe 1: Table of Panel Member reappointments</li> <li>• Annexe 2: Table of Panel Member removals</li> </ul>	
<b>Further information:</b>	<p>If you require clarification about any point in the paper or would like further information, please contact the author or the director named below.</p>	
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# Panel Member Reappointments and Resignations

## Discussion

### Panel Member reappointments

- 1 The Panel Members listed at **Annexe 1** are recommended for reappointment for a further four-year term. Each Panel Member has been assessed using the Panel Member performance monitoring framework benchmarks.
- 2 The Panel Members have been sent a copy of their performance data and have confirmed that they wish to be considered for reappointment for a second four-year term from 6 July 2025 to 5 July 2029.
- 3 The Panel Members are eligible for reappointment for a second term, have been the subject of a successful peer review and/or are otherwise meeting or exceeding the expectations of the Panel Member performance monitoring framework.
- 4 There are seven Panel Members being considered for reappointment who have been assigned peer reviews but have not yet completed them. The Appointments Board agreed that reappointment recommendations to Council should only be made where successful peer reviews had been completed. Subject to the Panel Members successful completion of a peer review, the reappointment of these seven Panel Members will be brought to Council for its consideration in May 2025.
- 5 **Recommendation: The Council is invited to accept the recommendation of the Appointments Board to reappoint the 65 Panel Members listed at Table 1 in Annexe 1 for a second term of four years from 6 July 2025 to 5 July 2029.**

### Panel Member resignations and removals

- 6 **Annexe 2** Table 1 sets out the six Panel Members who have resigned from the Practice Committees.
- 7 **Annexe 2** Table 2 sets out the seven Panel Members who have not completed their compliance documents and/or training in the last 12 months, sat on any hearings, or responded to any communication from the NMC requesting their compliance since May 2024. Reminder emails requesting their compliance were sent in August, September and October with a final reminder in November 2024. All reminders noted that if they did not reply we would assume they no longer want to be appointed to the Practice Committees and they would be removed.
- 8 **Recommendation: The Council is invited to accept the recommendation of the Appointments Board for the removal of the 13 Panel Members listed at Annexe 2 from the Practice Committees.**

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**Next Steps**

- 9 If the Council accepts the recommendations, we will write to the affected Panel Members afterwards to confirm the outcome and issue reappointment documentation as required.
- 10 Further reappointment recommendations will be brought to Council in May 2025, subject to the Panel Members successful completion of a peer review.

**Implications**

The following were considered when preparing this paper:

<b>Implication:</b>		<b>Location if in paper:</b>	<b>Content if not in paper:</b>
Public protection/impact for people.	Yes		Panel Members are required to make decisions at practice committee events that protect the public. If the recommendations in this paper are approved by the Board, we will retain sufficient membership of the Practice Committees to undertake the current levels of planned hearing activity.
Safeguarding considerations	Not Applicable		
The four country factors and considerations.	Yes		Panel Members are appointed from all four countries.
Resource implications including information on the actual and expected costs involved.	Not Applicable		



Risk implications associated with the work and the controls proposed/ in place.	Yes		If we do not reappoint the Panel Members, there will be a risk that we will have insufficient numbers to undertake current levels of planned hearing activity.
Legal considerations.	Yes		The Nursing and Midwifery Council (Midwifery and Practice Committees) (Constitution) Rules 2008 sets out the terms for the reappointment of Panel Members.
Midwives and/or nursing associates.	Yes		Panel Members being recommended for reappointment include midwives.
Equality, diversity, and inclusion and Welsh Language impact.	Yes		Anticipating some minor percentage movements within the diversity of our pool (a maximum of one percent).
Stakeholder implications and any external stakeholders consulted.	Yes	2, 8	
Regulatory Reform.	Not Applicable		

**Panel Members to be reappointed to a second term**

	Full name	Panel	Peer review overall result	Quality decision making (including DRG learning points, PSA learning points and High Court referrals/outcomes from hearing outcomes)	Concerns	Training (annual 2024)	Governance (EDI survey, annual declaration and register of interests)
1.	Amanda Revill	Fitness to Practise Committee	Complete - no concerns	1	0	Complete	Complete
2.	Angela Williams QPM	Investigating Committee	Complete - no concerns	0	0	Complete	Complete
3.	Anne-Marie Borneuf	Investigating Committee	Complete - no concerns	0	0	Complete	Complete
4.	Asmita Naik	Fitness to Practise Committee	Complete - no concerns	0	0	Complete	Complete
5.	Brian Stevenson	Fitness to Practise Committee	Complete - no concerns	0	0	Complete	Complete
6.	Caroline Friendship	Fitness to Practise Committee	Complete - no concerns	1	0	Complete	Complete
7.	Caroline Taylor	Fitness to Practise Committee	Complete - no concerns	0	0	Complete	Complete
8.	Cheryl Hobson	Investigating Committee	Complete - no concerns	0	0	Complete	Complete
9.	Christine Anne Rice	Fitness to Practise Committee	Complete - no concerns	0	0	Complete	Complete
10.	Christopher Reeves	Fitness to Practise Committee	Complete - no concerns	1	0	Complete	Complete
11.	Clara Cheetham	Fitness to Practise Committee	Complete - no concerns	0	0	Complete	Complete
12.	Clare Taggart	Fitness to Practise Committee	Complete - no concerns	0	0	Complete	Complete
13.	David Brown	Investigating Committee	Complete - no concerns	0	0	Complete	Complete
14.	David Clive Lancaster	Fitness to Practise Committee	Complete - no concerns	0	0	Complete	Complete
15.	David Newsham	Fitness to Practise Committee	Complete - no concerns	2	0	Complete	Complete
16.	Debbie Holroyd	Investigating Committee	Complete - no concerns	0	0	Complete	Complete
17.	Dee Rogers	Investigating Committee	Complete - no concerns	0	0	Complete	Complete
18.	Denford Chifamba	Fitness to Practise Committee	Complete - no concerns	1	0	Complete	Complete
19.	Fiona Abbott	Fitness to Practise Committee	Complete - no concerns	1	0	Complete	Complete
20.	Frances McGurgan	Fitness to Practise Committee	Complete - no concerns	1	0	Complete	Complete
21.	Gary Tanner	Investigating Committee	Complete - no concerns	0	0	Complete	Complete
22.	Georgina Wilkinson	Fitness to Practise Committee	Complete - no concerns	0	0	Complete	Complete
23.	Helen Hughes	Investigating Committee	Complete - no concerns	0	0	Complete	Complete
24.	Helen Kitchen	Fitness to Practise Committee	Complete - no concerns	0	0	Complete	Complete
25.	Isobel Leaviss	Fitness to Practise Committee	Complete - no concerns	3	0	Complete	Complete
26.	James Blair	Fitness to Practise Committee	Complete - no concerns	0	0	Complete	Complete
27.	James Kellock	Fitness to Practise Committee	Complete - no concerns	1	0	Complete	Complete
28.	Janet Fisher	Fitness to Practise Committee	Complete - no concerns	0	0	Complete	Complete
29.	Janet Fitzpatrick	Fitness to Practise Committee	Complete - no concerns	0	0	Complete	Complete
30.	Jenny Gough	Investigating Committee	Complete - no concerns	0	0	Complete	Complete
31.	Jonathan Storey	Fitness to Practise Committee	Complete - no concerns	0	0	Complete	Complete
32.	Judith Webb	Fitness to Practise Committee	Complete - no concerns	0	0	Complete	Complete
33.	Katriona Crawley	Investigating Committee	Complete - no concerns	0	0	Complete	Complete

34.	Keith Murray	Fitness to Practise Committee	Complete - no concerns	1	0	Complete	Complete
35.	Lorraine Wilkinson	Fitness to Practise Committee	Complete - no concerns	0	0	Complete	Complete
36.	Louise Geldart	Investigating Committee	Complete - no concerns	0	0	Complete	Complete
37.	Lucy Watson	Fitness to Practise Committee	Complete - no concerns	0	0	Complete	Complete
38.	Margaret Alice Bertel Wolff	Fitness to Practise Committee	Complete - no concerns	0	0	Complete	Complete
39.	Margaret Marshall	Fitness to Practise Committee	Complete - no concerns	1	0	Complete	Complete
40.	Mary Idowu	Fitness to Practise Committee	Complete - no concerns	0	0	Complete	Complete
41.	Matthew Burton	Investigating Committee	Complete - no concerns	0	0	Complete	Complete
42.	Matthew Wratten	Fitness to Practise Committee	Complete - no concerns	1	0	Complete	Complete
43.	Melanie Swinnerton	Fitness to Practise Committee	Complete - no concerns	0	0	Complete	Complete
44.	Melanie Tanner	Investigating Committee	Complete - no concerns	0	0	Complete	Complete
45.	Michael Lupson	Investigating Committee	Complete - no concerns	0	0	Complete	Complete
46.	Neil Calvert	Investigating Committee	Complete - no concerns	0	0	Complete	Complete
47.	Nicola Hartley	Fitness to Practise Committee	Complete - no concerns	0	0	Complete	Complete
48.	Nicola Strother Smith	Fitness to Practise Committee	Complete - no concerns	0	0	Complete	Complete
49.	Noreen Quraishi	Investigating Committee	Complete - no concerns	0	0	Complete	Complete
50.	Patricia Dion Richardson	Fitness to Practise Committee	Complete - no concerns	0	0	Complete	Complete
51.	Penelope Titterington	Fitness to Practise Committee	Complete - no concerns	0	0	Complete	Complete
52.	Rachel Forster	Fitness to Practise Committee	Complete - no concerns	1	0	Complete	Complete
53.	Richard Curtin	Fitness to Practise Committee	Complete - no concerns	0	0	Complete	Complete
54.	Richard Youds	Fitness to Practise Committee	Complete - no concerns	1	0	Complete	Complete
55.	Robert Fish	Fitness to Practise Committee	Complete - no concerns	0	0	Complete	Complete
56.	Rosalyn Mloyi	Fitness to Practise Committee	Complete - no concerns	1	0	Complete	Complete
57.	Sandra Norburn	Investigating Committee	Complete - no concerns	0	0	Complete	Complete
58.	Sarah McAnulty	Investigating Committee	Complete - no concerns	0	0	Complete	Complete
59.	Simon Shevlin	Investigating Committee	Complete - no concerns	0	0	Complete	Complete
60.	Stacey Patel	Fitness to Practise Committee	Complete - no concerns	0	0	Complete	Complete
61.	Susan Laycock	Fitness to Practise Committee	Complete - no concerns	0	0	Complete	Complete
62.	Tasneem Dhanji	Investigating Committee	Complete - no concerns	0	0	Complete	Complete
63.	Tracy Stephenson	Fitness to Practise Committee	Complete - no concerns	0	0	Complete	Complete
64.	Vicki Harris	Fitness to Practise Committee	Complete - no concerns	2	0	Complete	Complete
65.	Yousuf Rossi	Fitness to Practise Committee	Complete - no concerns	0	0	Complete	Complete

**Panel Members to be removed from the Practice Committees**

Table 1 below lists the Panel Members who have resigned and need to be removed from the Practice Committees.

**Table 1**

	<b>Name</b>	<b>Date resignation effective from</b>	<b>Committee</b>
1	Anna-Marie Madeley	08/09/2024	Fitness to Practise Committee
2	Anne Susan Grauberg	23/10/2024	Fitness to Practise Committee
3	Tim Ward	08/11/2024	Fitness to Practise Committee
4	Sue Davie	18/11/2024	Fitness to Practise Committee
5	Deborah Hall	18/12/2024	Fitness to Practise Committee
6	Richardo Childs	18/12/2024	Fitness to Practise Committee

Table 2 below lists the Panel Members who have not completed their compliance documents and have not responded to communication from the NMC and should be removed from the Practice Committees.

**Table 2**

	<b>Name</b>	<b>Date removal effective from</b>	<b>Non-compliance areas</b>
1	John Gerard Walsh	05/03/2025	All surveys & annual training
2	Martha Crossley	05/03/2025	All surveys & annual training
3	Nisa Khan	05/03/2025	All surveys & annual training
4	Paul Evans	05/03/2025	All surveys & annual training
5	Rhiannon Eley	05/03/2025	Annual training & EDI survey
6	Sue Rourke	05/03/2025	All surveys & annual training

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7	Tom Ayers	05/03/2025	All surveys & annual training
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## Council

### High level approach for establishing Finance and Resources Committee

<p><b>Action requested:</b></p>	<p>Sets out the high-level approach for establishing the Finance and Resources Committee.</p> <p><b>For decision</b></p> <p>The Council is recommended to approve the high-level approach for establishing the Finance and Resources Committee (<b>paragraph 9</b>).</p>
<p><b>Key background and decision trail:</b></p>	<p>One of the recommendations from Campbell Tickell’s governance review was to establish a Finance and Resources Committee. Following discussion with Council members, the Executive Director of Resources and Technology Services (RTS) and Assistant Director of Audit and Finance, the Committee’s terms of reference and a remit were developed and then approved by the Council on 27 March 2024 (<b>NMC/24/25</b>). The Terms of Reference for the Finance and Resources Committee will be updated following comments from February Seminar and recirculated for approved after the first meeting in July.</p> <p>The intention had been to establish the new Committee by autumn 2024. However, this was deferred due to the need to focus resources on supporting the culture review work. The revised intention was to establish the Committee by October 2025.</p> <p>At Open Council in January 2025, the Chair of the Audit Committee requested that the establishment of the Committee be expedited.</p> <p>A proposed approach for establishing the Committee in 2025 is set out below.</p>
<p><b>Key questions:</b></p>	<ul style="list-style-type: none"> <li>• What is the high-level proposed approach to establishing the Finance and Resources Committee?</li> <li>• What are the principles when establishing the Finance and Resources Committee?</li> <li>• What is the proposed membership for the Committee?</li> </ul>
<p><b>Annexes:</b></p>	<p>None.</p>

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# High level approach for establishing Finance and Resources Committee

## Discussion

### Approach

- 1 There are a number of challenges to bringing forward the establishment of the Committee:
  - 1.1 Capacity within RTS and governance to develop a workplan and produce papers during a period of intense activity and change.
  - 1.2 Lack of a financially qualified chair: Our working assumption was that the Chair of the Committee would be financially qualified. However, currently Council has one member with financial qualifications (Deborah Harris) who is unable to be on the Committee due to being Audit Committee Chair. Our expectation is that a Council member with financial qualifications will be appointed to fill the upcoming lay Council member vacancy from 1 October 2025 (following Sue Whelan Tracy's term ending on 30 September 2025).
- 2 Recognising both the request to establish the Committee quickly and the challenges noted above, we propose the following:
  - 2.1 February-March 2025: Initial Committee membership agreed and confirmed by Council.
  - 2.2 March-June 2025: RTS and governance develop and agree a proposed workplan and approach to papers, including changes to the workplans and papers of Council and Committees to reflect the activity of the new Committee. This will need to be thought through carefully to ensure a streamlined flow of reporting that is manageable for colleagues producing reports and effective for those receiving them.
  - 2.3 July 2025: Committee meets (chaired by interim chair) to review and agree workplan, any changes to the terms of reference and to reflect on any skills gaps. This workplan will alter the workplans of Council and Committees and so this new revised approach will need to be considered and agreed by the Chair of Council and Committee Chairs. A revised Terms of Reference will be sent to Council following this meeting for approval.
  - 2.4 October 2025: Committee meets with full agenda and papers.
  - 2.5 The new Chair of Council will be involved in the above processes.
- 3 NB: Up until October 2025, Investment Committee and Accommodation Committee would continue to meet separately.



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**Principles when establishing the Committee**

- 4 A key part of setting up the Committee successfully will be having a clear, manageable workplan. To aid this, we propose the following key principles:
  - 4.1 The workplan will avoid duplication and overlap with Council and other Committees, reflecting the Committee’s role.
  - 4.2 The workplan will take account of the wider work of RTS and other colleagues to ensure it is feasible to produce high quality papers.
  - 4.3 Establishing this Committee will result in changes to the workplans of Council and other Committees. In particular, detailed oversight and discussion of key areas such as the budget or technology strategy would take place at Finance & Resources Committee, rather than Council or Audit Committee (e.g. corporate plan and budget would go to Finance and Resources Committee ahead of Open Council, rather than Council Seminar). If we do not make these changes, we will create duplication and unnecessary layers of reporting which will be unmanageable for colleagues to produce and an ineffective use of Council and Committee members’ time and expertise.
- 5 Council is asked to reflect on and agree to these principles.

**Membership**

- 6 Following an invitation to Council members to express interest in joining the Committee and discussions with Council members, the current proposal is that the Committee has the following members. Consideration has been given to skills, diversity (including four country representation) and having members who also sit on Audit Committee and People and Culture Committee:
  - 6.1 Interim Chair: Lindsay Foyster (member of People and Culture Committee)
  - 6.2 Nadine Pemberton Jn Baptiste (Chair of Accommodation Committee and Investment Committee member)
  - 6.3 Rhiannon Beaumont-Wood (Chair of Investment Committee)
  - 6.4 Flo Panel-Coates (Accommodation Committee member)
  - 6.5 Tapan Datta (Investment Committee partner member)
  - 6.6 Gavin Ralston (Investment Committee partner member)
- 7 From October 2025: new incoming Council member (member of Audit Committee).

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- 8 It is recognised that the current membership would benefit from additional expertise in technology, a proposal for how to address this will be considered at the Committee’s first meeting in July 2025.
- 9 **The Council is recommended to approve the high-level approach for establishing the Finance and Resources Committee, as set out at paragraph 2.**

### Next Steps

- 10 Progress with plans to establish the Finance and Resources Committee, as set out at paragraph 2.

### 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.	Not Applicable		
Resource implications including information on the actual and expected costs involved.	Yes	Throughout (no cost implications)	
Risk implications associated with the work and the controls proposed/ in place.	Yes	Para 1 and 2	
Legal considerations.	Not Applicable		
Midwives and/or nursing associates.	Not Applicable		
Equality, diversity, and inclusion and Welsh Language impact.	Yes	Para 6	
Stakeholder implications and any external stakeholders consulted.	Not Applicable		

Regulatory Reform.	Not Applicable		
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## Council

### Council committee membership and appointments 2025-2026 and Council meeting dates 2026-2027

<p><b>Action requested:</b></p>	<p>Confirms Council committee membership/appointments for 2025-2026 and sets Council meeting dates for 2026-2027.</p> <p><b>For decision</b></p> <p>The Council is asked to agree that Audit Committee be renamed Audit and Risk Committee (<b>paragraph 9</b>).</p> <p>The Council is asked to <b>note</b> Council Committee membership and appointments for 2025-2026, updated meeting dates for 2025-2026 and meeting dates for 2026-2027.</p>
<p><b>Key background and decision trail:</b></p>	<p>This paper is an annual item for noting on Council committee membership/appointments and future Council meeting dates.</p> <p>Proposed Council committee membership/appointments for the year ahead and meeting dates for the following year are reviewed by the Council annually at Seminar session in February, ahead of being noted at Open Council in March.</p>
<p><b>Key questions:</b></p>	<ul style="list-style-type: none"> <li>• What is the Council committee membership for 2025-2026?</li> <li>• What are the Council appointments for 2025-2026?</li> <li>• What are the dates for Council meetings for 2025-2026?</li> <li>• What are the dates for Council meetings for 2026-2027?</li> </ul>
<p><b>Annexes:</b></p>	<p>The following annexes are attached to this paper:</p> <ul style="list-style-type: none"> <li>• Annexe 1: Council committee membership/appointments 2025-2026.</li> <li>• Annexe 2: Council committee membership 2024-2025 (including Council appointment and term number and end dates).</li> <li>• Annexe 3: Updated Council meeting dates for April 2025 to March 2026</li> <li>• Annexe 4: Council meeting dates for April 2026 to March 2027.</li> </ul>

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## Council committee membership and appointments 2025-2026 and Council meeting dates 2026-2027

### Discussion

- 1 Under Article 3(12) of the Nursing and Midwifery Order 2002 (as amended), the Council may establish discretionary committees in connection with the discharge of its functions and delegate any of its functions to them.
- 2 The People and Culture Committee, Audit Committee, Investment Committee and Accommodation Committee are discretionary committees of the Council.
- 3 The Council's Standing Orders (paragraph 4.2.4) authorise the Chair of the Council to make appointments to Council committees and other bodies. The Council also has an agreed set of policy principles in place for the appointment of Vice-Chairs, Council committee Chairs and Council committee membership.
- 4 Committee membership arrangements and other appointments are set out in **Annexe 1**. For completeness and transparency, this includes:
  - 4.1 Appointments Board membership – this is comprised entirely of non-Council (partner) members.
  - 4.2 General Nursing Council for England and Wales Trust: NMC Trustee.
  - 4.3 NMC and associated employers Defined Benefits Pension Scheme: NMC Employer nominated Trustees.
- 5 The arrangements at **Annexe 1** take account of the following:
  - 5.1 The Council Skills Matrix.
  - 5.2 The establishment of the Finance and Resources Committee (see Item 15.1 on the agenda), following recommendations from the Council Effectiveness review.
    - 5.2.1 The Finance and Resources Committee once fully established will incorporate the current work of the Investment Committee and Accommodation Committee, to give assurance to Council on these matters.
  - 5.3 The Council members' terms which end on 31 March 2025 and 30 September 2025 (full details of Council members' terms are set out at **Annexe 2**):
    - 5.3.1 David Warren (currently Chair and ex-officio member of the People and Culture Committee), whose term ends on 31 March 2025.

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5.3.2 Claire Johnston (currently Investment Committee member), whose term was due to end on 31 March 2025, but for whom a term extension to end on 30 September 2025 has been requested.

5.3.3 Sue Whelan Tracy (currently Audit Committee member, and in 2024-2025 up until 31 December 2024 was an Investment Committee member (and Chair between 1 May 2024 and 31 December 2024) and an Accommodation Committee member (and Chair between 1 May 2024 and 31 December 2024), whose term ends on 30 September 2025.

5.4 The incoming Chair of Council as well as the planned recruitment in the year for two new Council members – one registrant and one lay – expected to take up office by 1 October 2025. The intention is that the selection process for the new lay Council member will specifically seek a candidate with the skills and experience to act as Chair of the Finance and Resources Committee and who will also be a member of the Audit Committee.

6 The Chair has asked Anna Walker (lay member) and Lynne Wiggins (registrant member) to continue in their roles as Vice Chairs for 2025-2026. The Vice Chairs are responsible, amongst other things, for conducting the annual appraisal of the Chair and presiding at any meeting should the Chair need to withdraw or be unexpectedly absent.

7 **The Council is asked to note the membership arrangements and other appointments set out at Annexe 1.**

8 During the year, with the agreement of Council, Audit Committee has revised and upgraded its role in risk, providing greater oversight of how strategic corporate risks are being managed this is captured in both the updated terms of reference (approved by Council in November 2024 – **NMC/24/102**) and the discussions held at Committee meetings. To reflect this role, it is proposed that Audit Committee is renamed Audit and Risk Committee.

9 **The Council is asked to agree that Audit Committee be renamed Audit and Risk Committee.**

**Proposed Council meeting dates 2026-2027**

10 **Council** meeting dates for 2025-2026 were confirmed in March 2024. These are at **Annexe 3**, with the following key amendments:

10.1 **July 2025:** The devolved nation visit and Open meeting to no longer take place in early July 2025, as the dates held clash with school summer holidays in Scotland. The Open Council meeting on Wednesday 2 July 2025 to take place in person at 23 Portland Place.

10.2 **September 2025:** The Council visits and Open meeting deferred from 2024 to take place in Scotland in September 2025. Council visits to health and social care sites in Scotland will take place on Tuesday 23 September, followed by

an Open Council meeting to be held in person on Wednesday 24 September 2025.

10.3 Online Open Council meetings to start at the slightly later time of 10:00, to allow for the addition of a brief private Council session beforehand at 09:15-09:45.

11 Proposed Council meeting dates for 2026-2027 are at **Annexe 4**.

12 The devolved nation visit/Open meeting to be held in September from 2025-2026 onwards. It is proposed to hold the September 2026 meeting in Northern Ireland.

13 The intention is to invest in improved technology in the Council Chamber at 23 Portland Place to allow Open Council meetings to be held in hybrid format, allowing Council members to meet in person (or join virtually) and for observers to join virtually or in person, thereby maintaining improved accessibility as well as the option for the Council to meet in person.

14 Committee dates will be added once discussed and agreed with Committee Chairs and members.

15 The **Council is asked to note the Council meeting dates for 2026-2027 as set out at Annexe 4**.

## Next Steps

16 The Secretariat will add Council meeting dates for 2026-2027 to Council member and Executive colleagues' diaries. These dates will also be published on the NMC's website.

## 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	10	<p>Four country considerations are one of the factors taken into account in balancing roles across the Council.</p> <p>As is the ongoing commitment to holding one of the Council's Open meetings each year in either Wales, Scotland or Northern Ireland on rotation.</p>
Resource implications including information on the actual and expected costs involved.	Not Applicable		There are no resource implications arising from this paper.
Risk implications associated with the work and the controls proposed/ in place.	Yes		Regular reviews of Council roles and committee appointments are consistent with good governance and mitigate against any governance risks.
Legal considerations.	Yes		The proposals in this paper are compliant with the Nursing and Midwifery Order 2021 and the Council's Standing Orders and Scheme of Delegation.

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Midwives and/or nursing associates.	Not Applicable		
Equality, diversity, and inclusion and Welsh Language impact.	Yes		Equality and diversity impacts and the NMC's obligations under the Equality Act 2010 are taken into account in Council appointments as set out at paragraph 9.5 of the principles for appointments to Council committees.
Stakeholder implications and any external stakeholders consulted.	Not Applicable		
Regulatory Reform.	Not Applicable		

## Council Committee membership/appointments 2025-2026

Chair	
TBC incoming Chair	From 1 April 2025
Vice-Chairs	
Anna Walker (lay member)	From 1 April 2024
Lynne Wigans (registrant member)	From 1 April 2024

People and Culture Committee	Term
<p>The remit of the People and Culture Committee is to ensure that there are appropriate systems in place for objective setting and appraisal, remuneration and succession planning at the NMC as well as oversight of the People and Equality, Diversity, and Inclusion Plans, including their strategic development and receiving assurance on key learning and delivery of actions, as well as to advise Council of any potential amendments to the risk register identified through the course of the Committee's work.</p> <p>Additional annual allowance for chairing the Committee: £2,000 (<i>£2,000 in 2024-2025</i>)</p>	
Lynne Wigans (Chair) (registrant member)	1 April 2025 to 31 March 2026 <i>Committee Chair since 1 May 2024</i> <i>Committee member since 1 October 2020</i>
Lindsay Foyster (lay member)	1 April 2025 to 31 March 2026 <i>Committee member since 1 April 2024</i>
Margaret McGuire (registrant member)	1 April 2025 to 31 March 2026 <i>Committee member since 1 April 2024</i>
Anna Walker (lay member)	1 April 2025 to 31 March 2026 <i>Committee member since 1 October 2020</i>
Bola Ogundeji (Partner member)	1 February 2025 to 31 January 2028

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Audit Committee	Term
<p>The remit of the Audit Committee is to support the Council and management by reviewing the comprehensiveness and reliability of assurances on governance, risk management, the control environment and the integrity of financial statements and the annual report; advising Council of any potential amendments to the risk register identified through the course of its work.</p> <p>Additional annual allowance for chairing the Committee: £2,000 (<i>£2,000 in 2024-2025</i>)</p>	
Deborah Harris-Ugbomah (lay member)	1 April 2025 to 30 April 2025 <i>Committee member and Chair since 1 May 2024</i>
Eileen McEneaney (registrant member)	1 April 2025 to 31 March 2026 <i>Committee member since 1 October 2020</i>
Sue Whelan Tracy (lay member)	1 April 2025 to 30 September 2025 <i>Committee member since 1 October 2020</i>
New Council member to take up appointment on 1 October 2025 (lay)	1 October 2025 to 31 March 2026
Joyce Sarpong (Partner member)	1 October 2024 to 30 September 2027
Clare Minchington (Partner member)	1 April 2025 to 31 March 2028

Accommodation Committee	Term
<p>The remit of the Accommodation Committee is to oversee implementation of the Accommodation Strategy, including any proposed refurbishment of 23 Portland Place, within the financial and other parameters set by the Council.</p> <p>Additional annual allowance for chairing the Committee: £500 (<i>£250 in 2024-2025</i>)</p> <p><b>To be incorporated into the Finance and Resources Committee in 2025-2026.</b></p>	
Nadine Pemberton Jn Baptiste (lay member) (Chair)	1 April 2025 to 30 September 2025 <i>Committee member and Chair since 29 January 2025</i>
Anna Walker (lay member)	1 April 2025 to 30 September 2025 <i>Committee member since 1 October 2020</i>
Flo Panel-Coates (registrant member)	1 April 2025 to 30 September 2025 <i>Committee member since 1 April 2024</i>

Investment Committee	Term
<p>The remit of the Committee is to oversee implementation of the Council’s investment strategy; determine the allocation and movement of funds in accordance with the investment strategy; and monitor the Council’s investment portfolio. Decision-making and implementation of the investment strategy is delegated to the Investment Committee.</p> <p>Additional annual allowance for chairing the Committee: £500 (<i>£250 in 2024-2025</i>)</p> <p><b>To be incorporated into the Finance and Resources Committee in 2025-2026.</b></p>	
Rhiannon Beaumont-Wood (registrant member) (Chair)	1 April 2025 to 30 September 2025 <i>Committee member since 1 June 2024</i>
Nadine Pemberton Jn Baptiste (lay member)	1 April 2025 to 30 September 2025
Claire Johnston (registrant member) <i>*TBC pending term extension request</i>	*TBC 1 April 2025 to 30 September 2025 <i>Committee members since October 2018</i>
Nicholas McLeod-Clarke (Partner member)	15 April 2019 to 14 April 2025 <i>Second term extended by one year from 15 April 2024 to 14 April 2025.</i>
Thomasina Findlay (Partner member)	15 April 2019 to 14 April 2025 <i>Second term extended by one year from 15 April 2024 to 14 April 2025.</i>
Gavin Ralston (Partner member)	15 April 2025 to 14 April 2028
Tapan Datta (Partner member)	15 April 2025 to 14 October 2026

Finance and Resources Committee	Term
<p>The remit of the Committee will be to support the Council by scrutinising how the NMC is using, and plans to use, its resources to efficiently and effectively deliver its regulatory functions and deliver Value for Money and advising Council of any potential amendments to the risk register identified through the course of the Committee’s work.</p> <p>Additional annual allowance for chairing the Committee: £2,000</p>	
<p><b>NB: The Finances and Resources Committee is to be established in July 2025.</b></p>	

Lindsay Foyster (lay member) (Interim Chair)  New Council member to take up appointment on 1 October 2025 (lay)	1 July 2025 to 31 March 2026 <i>(Interim Chair 1 July 2025 to 30 September 2025)</i>  1 October 2025 – 31 March 2026
Rhiannon Beaumont-Wood (registrant member)	1 July 2025 to 31 March 2026
Flo Panel-Coates (registrant member)	1 July 2025 to 31 March 2026
Nadine Pemberton Jn Baptiste (lay member)	1 July 2025 to 31 March 2026
Gavin Ralston (Partner member)	15 April 2025 to 14 April 2028
Tapan Datta (Partner member)	15 April 2025 to 14 October 2026

### For information only

<b>Appointments Board All non-Council (Partner) members</b>	<b>Term</b>
The remit of the Appointments Board is to assist the Council in connection with the exercise of any function or process relating to the appointment of Panel Members and Legal Assessors to the Practice Committees (the Investigating Committee and the Fitness to Practise Committee) and the appointment of Registration Appeal Panel Members to the Registration Appeals Panel.	
Surinder Birdi (Chair)	1 July 2023 to 30 June 2026 Appointed 1 July 2023 Chair from 6 August 2024
Ken Batty	1 August 2024 to 31 July 2027 Appointed 1 August 2024
Yasmin Ullah	1 March 2024 to 28 February 2027 Appointed 1 March 2024
Susan Young	6 August 2024 to 31 July 2027 Appointed 6 August 2024

<b>NMC and Associated Employers: Defined Benefit Pension Scheme NMC Employer Nominated Trustees</b>	
Vacant	Chair of the Trustee Board
Phil Hall	<i>1 May 2024 to 30 April 2029</i>  <i>Current term: From 1 May 2019 to 30 April 2024</i>
There are five other Trustees who are not appointed by the Council: DHSC Employer Nominated Trustee (appointed) Two Pensioner Trustees (elected) Two Deferred Member Trustees (elected):	

<b>NMC Trustee General Nursing Council for England and Wales Trust</b>	<b>Term</b>
Flo Panel-Coates (registrant member)	From 21 June 2024

**Council and Committee membership 2024-2025 (including Council appointment and term number and end dates)**

<b>Name and office held</b>	<b>Date appointed to Council</b>	<b>Term number</b>	<b>Term ends</b>	<b>Notes</b>	<b>Council Committee membership and other appointments (in <u>2024-2025</u>)</b>
David Warren (Chair)	21 June 2021	1	31 March 2025		<b>People and Culture Committee as ex-officio member</b>
Lindsay Foyster (Lay member)	1 May 2023	1	31 March 2026	Eligible for reappointment	<b>People and Culture Committee member</b> (since 1 April 2024)
Deborah Harris-Ugbomah	1 May 2024	1	31 August 2027	Eligible for reappointment	<b>Audit Committee member and Chair</b> (since 1 May 2024)
Claire Johnston (Registrant member)	1 September 2018	2	31 March 2025	Reappointed for second term: 1 May 2022 – 31 March 2025.	<b>Investment Committee member</b> (since 10 October 2018)
Eileen McEaney (Registrant member) (Northern Ireland)	1 October 2020	2	31 March 2028	Reappointed for a second term: 1 October 2024 – 31 March 2028	<b>Audit Committee member</b> (since 1 October 2020)
Margaret McGuire	1 May 2022	2	31 March 2029	Reappointed for a second term: 1 April 2025 – 31 March 2029	<b>People and Culture Committee member</b> (since 1 April 2024)



Name and office held	Date appointed to Council	Term number	Term ends	Notes	Council Committee membership and other appointments (in <u>2024-2025</u> )
(Registrant member) (Scotland)					
Flo Panel-Coates (Registrant member)	1 November 2023	1	31 March 2026	Eligible for reappointment	Trustee at The General Nursing Council for England and Wales Trust since 21 June 2024  <b>Accommodation Committee member</b> (since 1 April 2024).
Nadine Pemberton Jn Baptiste (Lay member)	1 May 2023	1	31 March 2026	Eligible for reappointment	<b>Accommodation Committee member and Chair</b> (since 29 January 2025)  <b>People and Culture Advisory Group co-Chair</b> (from October 2023 to November 2024 when Group disbanded)
Anna Walker (Lay member)	1 October 2020	2	31 March 2028	Reappointed for second term: 1 October 2024 – 31 March 2028	<b>Vice Chair</b> (since 1 April 2024)  <b>People and Culture Committee member</b> (since 1 October 2020)  <b>Accommodation Committee member</b> (since 1 October 2020).
Sue Whelan Tracy (Lay member)	1 October 2020	2	30 September 2025	Reappointed for second term:	<b>Audit Committee member</b> (since 1 October 2020)

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Name and office held	Date appointed to Council	Term number	Term ends	Notes	Council Committee membership and other appointments (in <u>2024-2025</u> )
				1 October 2023 – 30 September 2025	<p><b>Investment Committee Chair</b> (1 May 2024 to 31 December 2024 and member from 1 October 2020 to 31 December 2024)</p> <p><b>Accommodation Committee Chair</b> (from 1 April 2024 to 31 December 2024 and member from 1 May 2024 to 31 December 2024)</p>
Lynne Wigans (Registrant member)	1 October 2020	2	30 September 2026	Reappointed for second term: 1 October 2023 – 30 September 2026	<p><b>Vice Chair</b> (since 1 April 2024)</p> <p><b>People and Culture Committee Chair</b> (since 1 May 2024 and Committee member since 1 October 2020)</p> <p>Trustee at The General Nursing Council for England and Wales Trust from November 2020 to June 2024</p>
Rhiannon Beaumont-Wood (Registrant member) (Wales)	1 June 2024	1	31 March 2027	Eligible for reappointment	<b>Investment Committee member</b> (since 1 June 2024)

**Updated Council Meeting Dates:  
 April 2025 to March 2026**

**Bank Holidays 2025:**

- 18 & 21 April (UK wide)
- 5 May (UK wide)
- 26 May (UK wide)
- 14 July (Northern Ireland)
- 4 August (Scotland)
- 25 August (England, Wales & Northern Ireland)
- 1 December (Scotland)
- 25 & 26 December (UK wide)

**Bank Holidays 2026:**

- 1 January (UK wide);
- 2 January (Scotland)
- 17 March (Northern Ireland)

**Please note:**

***Council Seminar start times & Open meeting finish times may vary***

Month	Date	Meeting/Event	Time
April 2025	Tuesday 29 April	Check-in and informal dinner ahead of Council Awayday	15:00 onwards
	Wednesday 30 April	Council Awayday	09:00 – 16:00
May 2025	Wednesday 21 May	Council private session (ahead of Open)	09:15 - 09:45
		Council Open Meeting <b>Online</b>	10:00 – 14:00
June 2025	Tuesday 10 June	Council Seminar/Confidential <b>In person</b>	09:00 – 16:00
July 2025	Wednesday 2 July	Council Open meeting <b>In person</b>	09:30 – 14:00
	Wednesday 23 July	Council private session (ahead of Open)	09:15 – 09:45
		Council Open meeting <b>Online</b>	10:00 – 14:00

<b>September 2025</b>	Monday 22 September	Travel to <b>Scotland</b>	
	Tuesday 23 September	Council visits, informal Council dinner	All day
	Wednesday 24 September	Open Council meeting <b>In person, Scotland</b>	09:30 – 14:00
<b>October 2025</b>	Tuesday 21 October	Council Seminar Annual dinner <b>In person</b>	13:00 - 17:00
	Wednesday 22 October	Council Confidential meeting <b>In person</b>	09:30 -15:00
<b>November 2025</b>	Wednesday 26 November	Council private session (ahead of Open)	09:15 – 09:45
		Council Open meeting <b>Online</b>	10:00 – 14:00
<b>January 2026</b>	Wednesday 28 January	Council private session (ahead of Open)	09:15 – 09:45
		Council Open Meeting <b>Online</b>	10:00 – 14:00
<b>February 2026</b>	Tuesday 24 February	Council Seminar & Confidential meetings <b>In person</b>	09:00 – 16:00
<b>March 2026</b>	Tuesday 24 March	Council Seminar & Confidential meetings <b>In person</b>	10:00 – 17:30
	Wednesday 25 March	Council Open Meeting <b>In person</b>	09:30 – 14:00

## 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	Check-in and informal dinner ahead of Council Awayday	15:00 onwards
	Wednesday 29 April	Council Awayday	09:00 – 16:00
May 2026	Wednesday 20 May	Council private session (ahead of Open)	09:15 - 09:45
		Council Open Meeting <b>Online</b>	10:00 – 14:00
June 2026	Tuesday 9 June	Council Seminar/Confidential <b>In person</b>	09:00 – 16:00
July 2026	Wednesday 1 July	Council Open Meeting <b>In person</b>	09:30 – 14:00
	Tuesday 21 July	Council private session (ahead of Open)	09:15 - 09:45
		Council Open meeting <b>Online</b>	10:00 – 14:00

Month	Date	Meeting/Event	Time
September 2026	Monday 21 September	Provisional: Travel to <b>Northern Ireland</b>	All day
	Tuesday 22 September	Provisional: Council visits, informal Council dinner	
	Wednesday 23 September	Provisional: Open Council meeting <b>In person, Northern Ireland</b>	09:30 – 14:00
October 2026	Tuesday 20 October	Council Seminar Annual dinner <b>In person</b>	13:00 - 17:00 18:00 – 20:30
	Wednesday 21 October	Council Confidential meeting <b>In person</b>	09:30 -15:00
November 2026	Wednesday 25 November	Council private session (ahead of Open)	09:15 - 09:45
		Council Open meeting <b>Online</b>	10:00 – 14:00
January 2027	Wednesday 27 January	Council private session (ahead of Open)	09:15 - 09:45
		Council Open Meeting <b>Online</b>	10:00 – 14:00
February 2027	Tuesday 23 February	Council Seminar & Confidential meetings <b>In person</b>	09:00 – 16:00
March 2027	Tuesday 23 March	Council Seminar & Confidential meetings <b>In person</b>	10:00 – 17:30
	Wednesday 24 March	Council private session (ahead of Open)	09:15 - 09:45
		Council Open Meeting <b>In person</b>	10:00 – 14:00

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

## Council

### Culture Transformation Plan

<p><b>Action requested:</b></p>	<p>The NMC has committed to deliver a plan to transform its culture. This paper sets out a three-year programme of change which will achieve this.</p> <p><b>For noting.</b></p> <p>The Council is asked to <b>note</b> the publication of the Culture Transformation Plan following its approval by Council at its Confidential meeting on 25 February 2025.</p>
<p><b>Key background and decision trail:</b></p>	<ul style="list-style-type: none"> <li>• In September 2023, serious public interest concerns about the NMC’s culture and performance were shared with the Independent online newspaper.</li> <li>• In response the NMC commissioned three independent reviews, the first of which, the Independent Culture Review (ICR), published on 9 July 2024. The ICR identified colleagues who had experienced racism, discrimination and bullying.</li> <li>• The NMC accepted all 36 recommendations from the ICR.</li> <li>• Council and the Executive acknowledged that, in addition to implementation of the ICR recommendations, the NMC needed to develop a plan for wider culture change to address the issues reported.</li> <li>• The Council and the Executive made a commitment to establishing a fully resourced programme of change to transform the NMC’s culture.</li> <li>• The interim Chief Executive and Registrar joined on 20 January 2025 and, as Senior Responsible Officer (SRO) for Culture Transformation, committed to publishing a Culture Transformation Plan in March 2025.</li> <li>• The draft Culture Transformation Plan was approved at a</li> </ul>

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	confidential meeting of the Council on 25 February 2025.	
<b>Key questions:</b>	<ul style="list-style-type: none"> <li>• How will the NMC transform its organisational culture?</li> <li>• What are the outcomes and measures for the transformation?</li> <li>• What is the programme for change in each quarter over the three years?</li> </ul>	
<b>Annexes:</b>	Annexe 1 – Culture Transformation Plan.	
<b>Further information:</b>	If you require clarification about any point in the paper or would like further information, please contact the author or the director named below.	
	<p>Charlotte Eimer Assistant Director of Change and Culture Transformation <a href="mailto:Charlotte.Eimer@nmc-uk.org">Charlotte.Eimer@nmc-uk.org</a></p> <p>Karen Lanlehin Head of NMC Culture Transformation <a href="mailto:KarenTeresa.lanlehin@nmc-uk.org">KarenTeresa.lanlehin@nmc-uk.org</a></p>	<p>Interim Chief Executive and Registrar: Paul Rees <a href="mailto:Paul.Rees@nmc-uk.org">Paul.Rees@nmc-uk.org</a></p>





# Culture Transformation Plan

## 2025-2028

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# The vision for our culture transformation

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**Vision statement:** One NMC: Create a positive, empowering and inclusive culture for everyone regardless of their background or characteristics, underpinned by a strong anti-racist ethos and a commitment to improve the experience for the public and nursing and midwifery professionals.

**Case for change:** Impact of new culture: Higher morale, better performance - including fitness to practise, and improved outcomes for the public, registrants and employees.

**Commitment to equality, diversity and inclusion (EDI):** To ensure fair outcomes for the public, registrants and employees, regardless of their background or characteristics.

**Action plan:** A set of commitments and measures.

**Design principle:** To help the NMC work in a less hierarchical way and at faster pace.

**Approach to culture change:** Iterative project delivery, role-modelling continuous improvement and promoting employee voice.

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# Foreword

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In July 2024, we published an independent review into the NMC's culture, led by Nazir Afzal OBE and Rise Associates. We commissioned the report in response to allegations of racism, bullying and a culture in which colleagues were afraid to speak up and voice their concerns.

Over 1,000 current and former NMC colleagues, and more than 200 panel members who sit on fitness to practise hearings, shared their lived experiences. We thank them for doing so.

The Independent Culture Review (ICR) found a link between our regulatory performance and our culture. In particular, the continuing challenges with the fitness to practise caseload have put some of our people under immense pressure, as well as contributing to the stress of those caught up in these processes.

The report also found that two NMC colleagues might pass each other in a corridor with experiences that are worlds apart: one may be on an upward career trajectory, highly motivated and satisfied with their work; the other may be subjected to racism, discrimination and bullying.

When these issues have been raised in the past, we haven't taken enough action to address them and hold people to account. Racism, discrimination and bullying should never have any place at the NMC.



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# Foreword

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## Listening events

On joining the NMC as Interim Chief Executive and Registrar in January 2025, Paul Rees hosted seven listening events attended by 770 of our 1,300 colleagues – with six in-person consultations across our various sites, and one online.

The feedback from staff has helped shape our Culture Transformation Plan.

During the listening events, some colleagues described how they loved their jobs and enjoyed working for the NMC.

But others spoke about:

- Experiences of racism and bullying
- An organisation that was too hierarchical and bureaucratic, and too slow to respond
- Feeling less respected than other groups of staff
- Feeling left out due to which office location they were based at
- How difficult it was to make their voices heard.



# Foreword

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## Building a new culture

The NMC Culture Transformation Plan, a comprehensive three-year programme, attempts to bring about a root-and-branch change in our organisational culture. We want to build a culture that is positive, empowering and inclusive for all staff, regardless of their background or characteristics - with everyone feeling that they belong.

We want to build a new culture at the organisation because it is morally the right thing to do.

We also want to do this because an organisation that has a positive culture, where staff feel valued, included and listened to, will have a team that is more engaged, with higher morale. Such a team will deliver better results.

A good workplace culture at the NMC will:

- Empower managers to be better leaders of the NMC's people
- Drive higher morale, better performance and improved outcomes
- Help the NMC to reduce the fitness to practise caseload through higher productivity
- Enable the NMC to better regulate and support nursing and midwifery professionals, and therefore better protect the public
- Ensure staff experience improves, with employees enjoying working in an inclusive organisation where success is celebrated, poor performance is rooted out, and people can be themselves at work.



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# Foreword

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## Introducing a coaching culture

The culture transformation plan will be based on six pillars:

- Strong and effective leadership
- Values-based decision-making
- Embedding equality, diversity and inclusion (EDI)
- Ensuring psychological safety
- Enjoying work, and
- Regulatory Fairness.

Using these pillars as a framework, we will introduce a culture of coaching to the NMC.

We will have, as partners, five coaches who are experts in strong and effective leadership, values-based decision-making, embedding equality, diversity and inclusion, ensuring psychological safety, and helping staff teams enjoy their work. They will coach our managers on a regular basis and help equip them to become leaders who can transform our culture.

The lessons we learn from the five coaches, along with the expert knowledge we have on regulation within the organisation, will enable us to deliver greater regulatory fairness.

The coaches will join our Culture Transformation Steering Group, which will meet from April 2025. The group will be co-chaired by our Interim Chief Executive and Registrar and our Interim Executive Director of People and Culture. It will be made up of people from across the organisation, at different grades, from different sites, with a variety of backgrounds and characteristics - with a direct link to Council, via our Special Adviser to Council, who will attend group meetings.



# Foreword

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## Continuous improvement

The plan will also lead to the rolling out of new strategies to promote race and gender equity for staff and race equity for registrants.

It will tackle the hierarchical and bureaucratic nature of the organisation by giving more junior staff direct routes to raise issues with senior management.

The plan will build on the progress made at the NMC since the publication of the Independent Culture Review, including:

- The introduction of an independent 'Empowered to Speak Up' guardian
- The appointment of Equality, Diversity and Inclusion experts to review our EDI learning and policies, and
- More resources for learning and development and a more robust behaviour framework for performance management.

The culture transformation programme will adopt an iterative, feedback-driven approach to delivery. We will role model a culture of continuous improvement, both in the running of the programme and in how we engage with our colleagues across the NMC.



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# Foreword

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## A positive, empowering and inclusive culture

As the independent regulator of more than 841,000 nursing and midwifery professionals in the UK, we play a vital role in protecting the public and inspiring confidence in the professions.

It is our duty to ensure we have the best culture possible, both to drive high staff morale and a strong performance in carrying out our regulatory functions.

Through this plan, we want to create a positive, empowering and inclusive culture for everyone regardless of their background or characteristics, underpinned by a strong anti-racist ethos and a commitment to improve the regulatory experience for the public and nursing and midwifery professionals.



**Sir David Warren**  
Chair of Council



**Paul Rees MBE**  
Interim Chief Executive  
and Registrar



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The culture transformation plan will be based on six pillars

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- 1 Strong and effective leadership
- 2 Values-based decision-making
- 3 Embedding equality, diversity and inclusion (EDI)
- 4 Ensuring psychological safety
- 5 Enjoying work
- 6 Regulatory fairness

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# Outcomes and measures

## 1 Strong and effective leadership

### Desired outcome

Leaders who are clear, transparent and supportive, fostering a strong leadership culture that respectfully oversees performance management and drives organisational success - with managers being held to account for delivering the new vision.

### How we'll measure progress

- Completion of leadership training, development, and coaching programmes
- Frequency of leadership communication and engagement with staff
- Tracking staff sentiment in staff surveys

We would like to see improved scores in response to the following statements in our staff survey:

- **Management Support:** My manager communicates openly and honestly/My manager provides me with the support and direction I need to complete my work
- **Strategy:** The overall business goals and strategies set by senior leadership are taking the NMC in the right direction
- **Managers' approach to performance management:** I provide clear performance management in a respectful fashion, so that all my team understand their objectives and are clear about how they will be held to account

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# Outcomes and measures

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## 2 Values-based decision-making

### Desired outcome

All leadership decisions are made in line with the new values, and staff – at all levels – act in line with the new values and behaviours.

### How we'll measure progress

- Decisions are clearly made, in line with the new NMC values
- Roll-out and use of the updated behaviour framework, which is in line with the new NMC values
- Objective setting and appraisal conversations focus on adherence to the values and behaviours, as well as to performance against objectives

We would like to see improved scores in response to the following statements in our staff survey:

- **Values:** Your day-to-day experience of working at the NMC feels aligned to the new NMC values
- **Inclusion:** The NMC's new values drive a sense of positivity, empowerment and inclusivity in my team and beyond.

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# Outcomes and measures

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## 3 Embedding equality, diversity and inclusion (EDI)

### Desired outcome

A genuinely inclusive workplace where equality and diversity are embedded in every practice, enhancing innovation and employee satisfaction.

### How we'll measure progress

- Tracking of gender and ethnicity pay gaps
- Promotions rates for women and Black, Asian and ethnic minority staff are tracked and publicised
- Implementation of anti-racism initiatives
- Completion by all managers of equality, diversity and inclusion coaching
- Completion by all staff of equality, diversity and inclusion training

We would like to see improved scores in response to the following statements in our staff survey:

- **Diversity:** Diversity and inclusion and a diverse workforce is a clear priority at the NMC/I believe the NMC has a diverse workforce at all levels
- **Inclusivity:** People of all backgrounds and characteristics have the same opportunities at the NMC
- **Non-discrimination:** I provide clear performance management in a respectful fashion, so that all my team understand their objectives and are clear about how they will be held to account

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# Outcomes and measures

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## 4 Ensuring psychological safety

### Desired outcome

A culture where every team member feels safe to voice their opinions and concerns respectfully without fear of repercussions, enhancing overall workplace engagement and satisfaction.

### How we'll measure progress

- Timely delivery of 36 Independent Culture Review recommendations
- Tracking employee feedback/participation in consultation events
- Tracking staff sentiment in staff surveys

We would like to see improved scores in response to the following statements in our staff survey:

- **Non-discrimination:** I believe the NMC would respond appropriately to instances of bullying, harassment and discrimination/I am confident I will not be discriminated against at the NMC
- **Organisational fit:** If I experienced serious misconduct at work, I am confident appropriate action would be taken
- **Freedom of expression:** My manager cares about my opinions/Colleagues welcome opinions different from their own, as long as they are voiced respectfully
- **Enjoying work:** Higher staff morale

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# Outcomes and measures

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## 5 Enjoying work

### Desired outcome

An environment where employees find enjoyment and pride in their work, contributing to high morale and better performance across regulatory functions.

### How we'll measure progress

- Tracking staff sentiment in staff surveys, Glassdoor ratings

We would like to see improved scores in response to the following statements in our staff survey:

- **Ways of working in my team:** Team members have been consulted about which ways of working can be changed in order to make our work more seamless, less frustrating and more enjoyable (i.e. by removing metaphorical stones from our shoes). Our sentiment has been tracked so that the impact of these changes on staff satisfaction is clear
- **Enjoying work:** Higher staff morale.

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# Outcomes and measures

## 6 Regulatory fairness

### Desired outcome

Regulatory practices that are timely, fair and effective, ensuring the fitness to practise process is as expeditious, person-centred and humane as compassionate, transparent and proportionate as possible while protecting the public.

### How we'll measure progress

- The timeliness of fitness to practise caseload is enhanced
- There is a greater parity of outcome between different ethnic groups
- Increased satisfaction with fitness to practise among stakeholders
- Greater equity within the fitness to practise process
- Independent Oversight Group report increased confidence in the NMC

We would like to see improved scores in response to the following statement in our staff survey:

- **Process:** I am part of a fitness to practise process that is timely, fair and effective, where registrants and all involved are treated as people not cases, where safeguarding risks are fully understood, and the public is protected

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# Culture Transformation Plan Year 1

Year 1	Q1 25/26	Q2 25/26	Q3 25/26	Q4 25/26
<b>Culture Transformation Operational Leadership</b>	<ul style="list-style-type: none"> <li>● Culture Transformation Steering Group x3</li> <li>● Cultural Competence training</li> <li>● Culture Transformation Network launch</li> <li>● Professional Standards Authority(PSA) Independent Oversight Group (IOG) (bi-monthly)</li> </ul>	<ul style="list-style-type: none"> <li>● Culture Transformation Steering Group x3</li> <li>● Assess progress against plan in Q1, refine Q2, plan for Q3</li> <li>● Culture Transformation Network meetings x3</li> <li>● PSA IOG (bi-monthly)</li> </ul>	<ul style="list-style-type: none"> <li>● Culture Transformation Steering Group x3</li> <li>● Assess progress against plan in Q2, refine Q3, plan for Q4</li> <li>● Culture Transformation Network meetings x3</li> <li>● PSA IOG (bi-monthly)</li> </ul>	<ul style="list-style-type: none"> <li>● Culture Transformation Steering Group x3</li> <li>● Assess progress against plan in Q3, refine Q4, plan Year 2</li> <li>● Culture Transformation Network meetings x3</li> <li>● PSA IOG (bi-monthly)</li> </ul>
<b>Strong and effective leadership</b>	<ul style="list-style-type: none"> <li>● Leadership coaching for Executive Board</li> <li>● Face-to-face town halls at all sites</li> </ul>	<ul style="list-style-type: none"> <li>● Leadership coaching (Executive Board, Deputy Directors and Assistant Directors)</li> <li>● Face-to-face town halls at all sites</li> </ul>	<ul style="list-style-type: none"> <li>● Leadership coaching for Executive Board</li> <li>● Face-to-face town halls at all sites</li> </ul>	<ul style="list-style-type: none"> <li>● Leadership coaching (Executive Board, Deputy Directors and Assistant Directors)</li> <li>● Face-to-face town halls at all sites</li> </ul>

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# Culture Transformation Plan Year 1

Year 1	Q1 25/26	Q2 25/26	Q3 25/26	Q4 25/26
<b>Values-based decision-making</b>	<ul style="list-style-type: none"> <li>Hybrid working consultation</li> <li>New values consultation</li> <li>Behaviour framework update</li> <li>Employee feedback form launch</li> <li>Pilot values-based interviews (grade 8 and above)</li> <li>Employee Forum meeting with Executive Board</li> <li>Bi-monthly Chief Executive-UNISON meetings</li> <li>Bi-monthly Chief Executive-Staff Network meetings</li> </ul>	<ul style="list-style-type: none"> <li>23 Portland Place adjustments</li> <li>Embed new values</li> <li>Zero tolerance of bullying stance launched</li> <li>Roll-out of Round 1 of values coaching for managers</li> <li>Employee Forum meeting with Executive Board</li> <li>HR on all interview panels (grade 8 and above)</li> <li>Bi-monthly Chief Executive-UNISON meetings</li> <li>Bi-monthly Chief Executive-Staff Network meetings</li> </ul>	<ul style="list-style-type: none"> <li>Hybrid working rollout</li> <li>All NMC Staff Awards (linked to new values)</li> <li>Employee Forum meeting with Executive Board</li> <li>Bi-monthly Chief Executive-UNISON meetings</li> <li>Bi-monthly Chief Executive-Staff Network meetings</li> </ul>	<ul style="list-style-type: none"> <li>Roll-out of Round 2 of values coaching for managers</li> <li>Employee Forum meeting with Executive Board</li> <li>Roll-out values based interviewing (grade 8 and above)</li> <li>Bi-monthly Chief Executive-UNISON meetings</li> <li>Bi-monthly Chief Executive-Staff Network meetings</li> </ul>

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# Culture Transformation Plan Year 1

Year 1	Q1 25/26	Q2 25/26	Q3 25/26	Q4 25/26
<b>Embedding equality, diversity and inclusion (EDI)</b>	<ul style="list-style-type: none"> <li>● EDI training: Fundamentals and Conscious Inclusion modules</li> <li>● Finalise our EDI plan and governance using evidence to target disparities for professionals and colleagues including objectives for:                             <ul style="list-style-type: none"> <li>● Gender and race</li> <li>● Anti-racism</li> <li>● Registrant inclusion</li> </ul> </li> <li>● Promotion of EDI staff groups</li> <li>● Enhanced EDI celebrations</li> <li>● Celebrate International Day of the Midwife and International Nurses' Day</li> <li>● Respond to pending reports</li> <li>● Empowered to Speak Up service reports to Council</li> </ul>	<ul style="list-style-type: none"> <li>● Roll-out of Round 1 of EDI coaching for all managers</li> <li>● EDI training: Inclusive Communication; Accessibility, Sensitivity and Inclusion modules</li> <li>● EDI plan implementation</li> <li>● Strengthen approach to equality impact assessments</li> <li>● Enhanced EDI celebrations</li> <li>● Review of Empowered To Speak Up process</li> <li>● Assess requirements to reach Level 2 of the Disability Confident Employers' Scheme</li> </ul>	<ul style="list-style-type: none"> <li>● EDI Training: Leadership; Policy and Procedures modules</li> <li>● EDI plan implementation</li> <li>● Enhanced EDI celebrations</li> <li>● Empowered to Speak Up service reports to Council</li> </ul>	<ul style="list-style-type: none"> <li>● Roll-out of Round 2 of EDI coaching for all managers</li> <li>● EDI plan implementation</li> <li>● Enhanced EDI celebrations</li> <li>● EDI diagnostic for Year 2 of the EDI plan</li> </ul>

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# Culture Transformation Plan Year 1

Year 1	Q1 25/26	Q2 25/26	Q3 25/26	Q4 25/26
<b>Ensuring psychological safety</b>	<ul style="list-style-type: none"> <li>● Baseline assessment</li> <li>● Roll out of Round 1 of Psychological Safety coaching for managers</li> </ul>	<ul style="list-style-type: none"> <li>● Impact assessment</li> </ul>	<ul style="list-style-type: none"> <li>● Roll out of Round 2 of Psychological Safety coaching for managers</li> </ul>	<ul style="list-style-type: none"> <li>● EDI reflective conversations launch</li> </ul>
<b>Enjoying work</b>	<ul style="list-style-type: none"> <li>● All advertised roles open to Edinburgh staff</li> <li>● Identify facilitators x10</li> </ul>	<ul style="list-style-type: none"> <li>● Roll-out of Round 1 of Enjoying work coaching for all managers</li> </ul>	<ul style="list-style-type: none"> <li>● Implementation of Round 1 actions</li> <li>● Standardisation and streamlining of reporting</li> </ul>	<ul style="list-style-type: none"> <li>● Roll-out of Round 2 of Enjoying work coaching for all managers</li> </ul>

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# Culture Transformation Plan Year 1

Year 1	Q1 25/26	Q2 25/26	Q3 25/26	Q4 25/26
<b>Regulatory fairness</b>	<ul style="list-style-type: none"> <li>● New Code and revalidation guidance discovery phase begins</li> <li>● Engage with Public Voice Forum, Midwifery Strategic Advisory Group, Professionals Strategic Advisory Group, International and Diaspora Nursing and Midwifery Association</li> <li>● Meet Jabali Men's Network and other groups of interest</li> <li>● Incorporate actions from fitness to practise work into Culture Transformation Plan</li> <li>● Respond to pending reports</li> </ul>	<ul style="list-style-type: none"> <li>● Engage with Public Voice Forum, Midwifery Strategic Advisory Group, Professionals Strategic Advisory Group, International and Diaspora Nursing and Midwifery Association</li> <li>● Explore fitness to practise panel and management diversity targets in line with regulatory best practice</li> <li>● Enhance fitness to practise case clinics</li> </ul>	<ul style="list-style-type: none"> <li>● Engage with Public Voice Forum, Midwifery Strategic Advisory Group, Professionals Strategic Advisory Group, International and Diaspora Nursing and Midwifery Association</li> <li>● Agree objectives for registrants' inclusion</li> <li>● Launch new clinical strategy</li> </ul>	<ul style="list-style-type: none"> <li>● Draft new revalidation guidance and new Code</li> <li>● Engage with Public Voice Forum, Midwifery Strategic Advisory Group, Professionals Strategic Advisory Group, International and Diaspora Nursing and Midwifery Association</li> <li>● Introduce Anti-Racist objectives to ensure equity in fitness to practise process</li> </ul>

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# Culture Transformation Plan Year 2

Year 2	Q1 26/27	Q2 26/27	Q3 26/27	Q4 26/27
<b>Culture Transformation Operational Leadership</b>	<ul style="list-style-type: none"> <li>● Culture Transformation Steering Group (monthly)</li> <li>● Assess progress against plan (quarterly)</li> <li>● Culture Transformation Network Network meetings (monthly)</li> <li>● Plan for Year 3 (Q4)</li> <li>● Professional Standards Authority (PSA) Independent Oversight Group (IOG) (bi-monthly)</li> </ul>	<ul style="list-style-type: none"> <li>● Culture Transformation Steering Group (monthly)</li> <li>● Assess progress against plan in Q1, refine Q2, activity and plan for Q3</li> <li>● Culture Transformation Network meetings (monthly)</li> <li>● PSA IOG (bi-monthly)</li> </ul>	<ul style="list-style-type: none"> <li>● Culture Transformation Steering Group (monthly)</li> <li>● Assess progress against plan in Q2, refine Q3, activity and plan for Q4</li> <li>● Culture Transformation Network meetings (monthly)</li> <li>● PSA IOG (bi-monthly)</li> </ul>	<ul style="list-style-type: none"> <li>● Culture Transformation Steering Group (monthly)</li> <li>● Assess progress against plan in Q3, refine Q4, activity and plan Year 3</li> <li>● Culture Transformation Network meetings (monthly)</li> <li>● PSA IOG (bi-monthly)</li> </ul>
<b>Strong and effective leadership</b>	<ul style="list-style-type: none"> <li>● Leadership coaching (Executive Board, Deputy Directors and Assistant Directors)</li> <li>● Quarterly face-to-face town halls at all sites</li> </ul>	<ul style="list-style-type: none"> <li>● Leadership coaching (Executive Board, Deputy Directors and Assistant Directors)</li> <li>● Quarterly face-to-face town halls at all sites</li> </ul>	<ul style="list-style-type: none"> <li>● Leadership coaching (Executive Board, Deputy Directors and Assistant Directors)</li> <li>● Quarterly face-to-face town halls at all sites</li> </ul>	<ul style="list-style-type: none"> <li>● Leadership coaching (Executive Board, Deputy Directors and Assistant Directors)</li> <li>● Quarterly face-to-face town halls at all sites</li> </ul>

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# Culture Transformation Plan Year 2

Year 2	Q1 26/27	Q2 26/27	Q3 26/27	Q4 26/27
<b>Values-based decision-making</b>	<ul style="list-style-type: none"> <li>Quarterly Employee Forum meeting with Executive Board</li> <li>Bi-monthly Chief Executive-UNISON meetings</li> <li>Bi-monthly Chief Executive-Staff Network meetings</li> </ul>	<ul style="list-style-type: none"> <li>Roll-out of Values coaching Round 3 for managers</li> <li>Quarterly Employee Forum meeting with Executive Board</li> <li>Bi-monthly Chief Executive-UNISON meetings</li> <li>Bi-monthly Chief Executive-Staff Network meetings</li> </ul>	<ul style="list-style-type: none"> <li>Quarterly Employee Forum meeting with Executive Board</li> <li>Bi-monthly Chief Executive-UNISON meetings</li> <li>Bi-monthly Chief Executive-Staff Network meetings</li> </ul>	<ul style="list-style-type: none"> <li>Roll-out of Values coaching Round 4 for managers</li> <li>Quarterly Employee Forum meeting with Executive Board</li> <li>Bi-monthly Chief Executive-UNISON meetings</li> <li>Bi-monthly Chief Executive-Staff Network meetings</li> </ul>
<b>Embedding equality, diversity and inclusion (EDI)</b>	<ul style="list-style-type: none"> <li>Finalise Year 2 EDI Plan</li> <li>Empowered to Speak Up service reports to Council</li> </ul>	<ul style="list-style-type: none"> <li>Roll-out of EDI coaching Round 3 for all managers</li> <li>EDI Plan implementation</li> </ul>	<ul style="list-style-type: none"> <li>EDI Plan implementation</li> <li>Empowered to Speak Up service reports to Council</li> </ul>	<ul style="list-style-type: none"> <li>Roll-out of EDI coaching Round 4 for all managers</li> <li>EDI Plan implementation</li> <li>EDI diagnostic for Year 3 of the EDI plan</li> </ul>

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# Culture Transformation Plan Year 2

Year 2	Q1 26/27	Q2 26/27	Q3 26/27	Q4 26/27
<b>Ensuring psychological safety</b>	<ul style="list-style-type: none"> <li>Roll-out of Psychological Safety coaching Round 3 for managers</li> </ul>		<ul style="list-style-type: none"> <li>Roll-out of Psychological Safety coaching Round 4 for managers</li> </ul>	
<b>Enjoying Work</b>	<ul style="list-style-type: none"> <li>Implementation of Round 2 actions</li> </ul>	<ul style="list-style-type: none"> <li>Roll-out of Enjoying work coaching Round 3 for all teams</li> </ul>	<ul style="list-style-type: none"> <li>Implementation of Round 3 actions</li> </ul>	<ul style="list-style-type: none"> <li>Roll-out of Enjoying work coaching Round 4 for all teams (Q2/Q4)</li> </ul>
<b>Regulatory fairness</b>	<ul style="list-style-type: none"> <li>Engage with Public Voice Forum, Midwifery Strategic Advisory Group, Professionals Strategic Advisory Group, International and Diaspora Nursing and Midwifery Association</li> </ul>	<ul style="list-style-type: none"> <li>Consultation on new Code and revalidation guidance</li> <li>Engage with Public Voice Forum, Midwifery Strategic Advisory Group, Professionals Strategic Advisory Group, International and Diaspora Nursing and Midwifery Association</li> </ul>	<ul style="list-style-type: none"> <li>Engage with Public Voice Forum, Midwifery Strategic Advisory Group, Professionals Strategic Advisory Group, International and Diaspora Nursing and Midwifery Association</li> </ul>	<ul style="list-style-type: none"> <li>Finalise new Code and revalidation guidance</li> <li>Engage with Public Voice Forum, Midwifery Strategic Advisory Group, Professionals Strategic Advisory Group, International and Diaspora Nursing and Midwifery Association</li> </ul>

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# Culture Transformation Plan Year 3

Year 3	Q1 27/28	Q2 27/28	Q3 27/28	Q4 27/28
<b>Culture Transformation Operational Leadership</b>	<ul style="list-style-type: none"> <li>● Culture Transformation Steering Group (monthly)</li> <li>● Assess progress against plan (quarterly)</li> <li>● Culture Transformation Network Network meetings (monthly)</li> <li>● Plan for Year 3 (Q4)</li> <li>● Professional Standards Authority (PSA) Independent Oversight Group (bi-monthly)</li> </ul>	<ul style="list-style-type: none"> <li>● Culture Transformation Steering Group (monthly)</li> <li>● Assess progress against plan in Q1, refine Q2, activity and plan for Q3</li> <li>● Culture Transformation Network meetings (monthly)</li> <li>● PSA IOG (bi-monthly)</li> </ul>	<ul style="list-style-type: none"> <li>● Culture Transformation Steering Group (monthly)</li> <li>● Assess progress against plan in Q2, refine Q3, activity and plan for Q4</li> <li>● Culture Transformation Network meetings (monthly)</li> <li>● PSA IOG (bi-monthly)</li> </ul>	<ul style="list-style-type: none"> <li>● Culture Transformation Steering Group (monthly)</li> <li>● Culture Transformation Network meetings (monthly)</li> <li>● Culture Transformation Programme closure and post implementation review</li> <li>● PSA IOG (bi-monthly)</li> </ul>
<b>Strong and effective leadership</b>	<ul style="list-style-type: none"> <li>● Leadership coaching (Executive Board)</li> <li>● Quarterly Face-to-face town halls at all sites</li> </ul>	<ul style="list-style-type: none"> <li>● Leadership coaching (Executive Board, Deputy Directors and Assistant Directors)</li> <li>● Quarterly Face-to-face town halls at all sites</li> </ul>	<ul style="list-style-type: none"> <li>● Leadership coaching (Executive Board)</li> <li>● Quarterly Face-to-face town halls at all sites</li> </ul>	<ul style="list-style-type: none"> <li>● Leadership coaching (Executive Board, Deputy Directors and Assistant Directors)</li> <li>● Quarterly Face-to-face town halls at all sites</li> </ul>

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# Culture Transformation Plan Year 3

Year 3	Q1 27/28	Q2 27/28	Q3 27/28	Q4 27/28
<b>Values-based decision-making</b>	<ul style="list-style-type: none"> <li>Quarterly Employee Forum meeting with Executive Board</li> <li>Bi-monthly Chief Executive-UNISON meetings</li> <li>Bi-monthly Chief Executive-Staff Network meetings</li> </ul>	<ul style="list-style-type: none"> <li>Roll-out of Values coaching Round 5 for managers</li> <li>Quarterly Employee Forum meeting with Executive Board</li> <li>Bi-monthly Chief Executive-UNISON meetings</li> <li>Bi-monthly Chief Executive-Staff Network meetings</li> </ul>	<ul style="list-style-type: none"> <li>Quarterly Employee Forum meeting with Executive Board</li> <li>Bi-monthly Chief Executive-UNISON meetings</li> <li>Bi-monthly Chief Executive-Staff Network meetings</li> </ul>	<ul style="list-style-type: none"> <li>Roll-out of Values coaching Round 6 for managers</li> <li>Quarterly Employee Forum meeting with Executive Board</li> <li>Bi-monthly Chief Executive-UNISON meetings</li> <li>Bi-monthly Chief Executive-Staff Network meetings</li> </ul>
<b>Embedding equality, diversity and inclusion (EDI)</b>	<ul style="list-style-type: none"> <li>Finalise Year 3 EDI Plan</li> <li>Empowered to Speak Up service reports to Council</li> </ul>	<ul style="list-style-type: none"> <li>Roll-out of EDI coaching Round 5 for all managers</li> <li>EDI Plan implementation</li> </ul>	<ul style="list-style-type: none"> <li>EDI Plan implementation</li> <li>Empowered to Speak Up service reports to Council</li> </ul>	<ul style="list-style-type: none"> <li>Roll-out of EDI coaching Round 6 for managers</li> <li>EDI Plan implementation</li> </ul>

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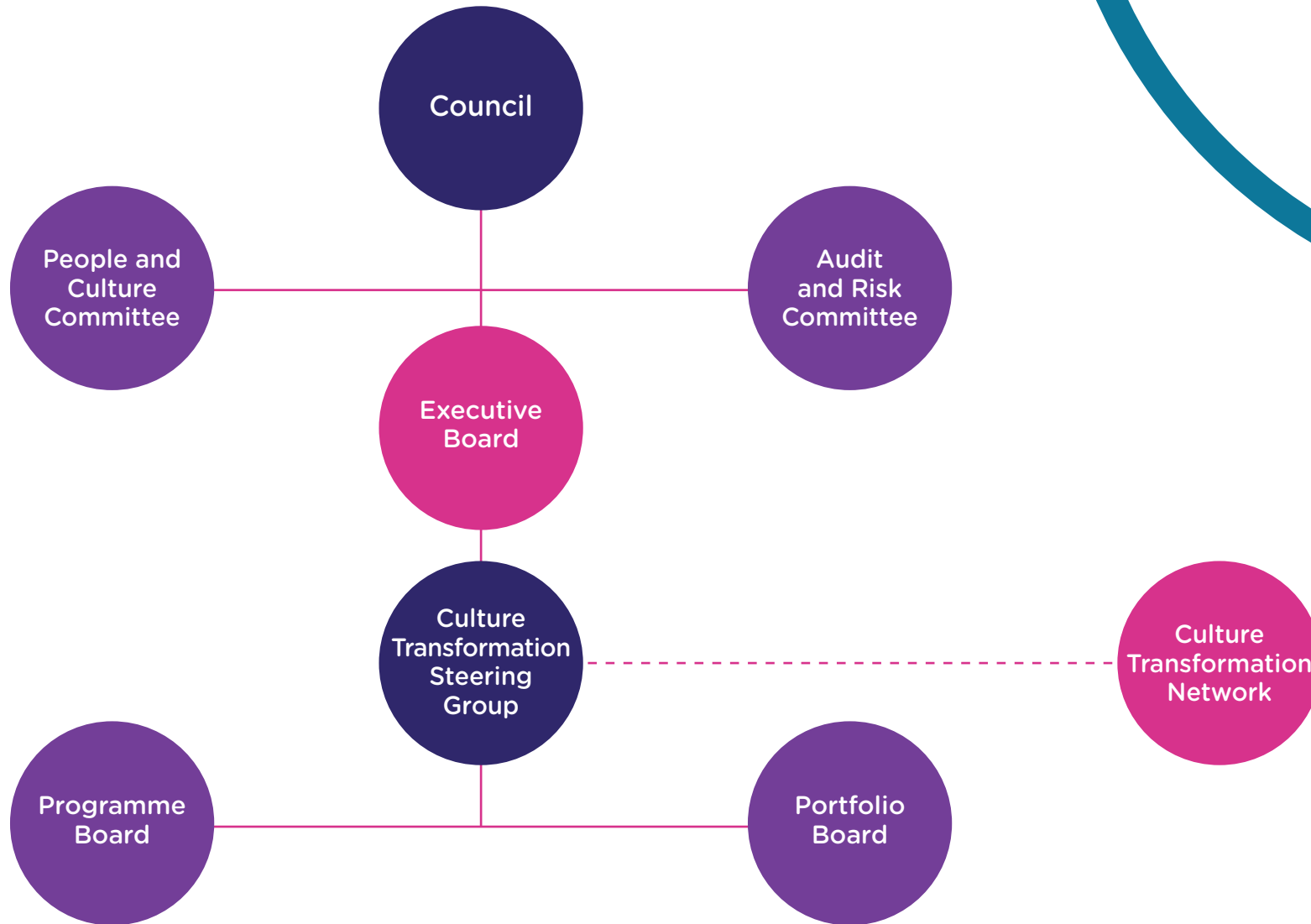
# Culture Transformation Plan Year 3

Year 3	Q1 27/28	Q2 27/28	Q3 27/28	Q4 27/28
<b>Ensuring psychological safety</b>	<ul style="list-style-type: none"> <li>Roll-out of Psychological Safety coaching Round 5 for managers</li> </ul>		<ul style="list-style-type: none"> <li>Roll-out of Psychological Safety coaching Round 6 for managers</li> </ul>	
<b>Enjoying Work</b>	<ul style="list-style-type: none"> <li>Implementation of Round 4 actions</li> </ul>	<ul style="list-style-type: none"> <li>Roll-out of Enjoying work coaching Round 5 for all teams</li> </ul>	<ul style="list-style-type: none"> <li>Implementation of Round 5 actions</li> </ul>	<ul style="list-style-type: none"> <li>Roll-out of Enjoying work coaching Round 6 for all teams</li> </ul>
<b>Regulatory fairness</b>	<ul style="list-style-type: none"> <li>Finalise new Code and revalidation guidance</li> <li>Engage with Public Voice Forum, Midwifery Strategic Advisory Group, Professionals Strategic Advisory Group, International and Diaspora Nursing and Midwifery Association</li> </ul>	<ul style="list-style-type: none"> <li>Engage with Public Voice Forum, Midwifery Strategic Advisory Group, Professionals Strategic Advisory Group, International and Diaspora Nursing and Midwifery Association</li> </ul>	<ul style="list-style-type: none"> <li>Publish new Code and revalidation guidance</li> <li>Engage with Public Voice Forum, Midwifery Strategic Advisory Group, Professionals Strategic Advisory Group, International and Diaspora Nursing and Midwifery Association</li> </ul>	<ul style="list-style-type: none"> <li>Engage with Public Voice Forum, Midwifery Strategic Advisory Group, Professionals Strategic Advisory Group, International and Diaspora Nursing and Midwifery Association</li> </ul>

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# Governance Structure

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# Culture Transformation Steering Group membership

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- Interim Chief Executive and Registrar (Co-Chair)
- Interim Executive Director, People and Culture (Co-Chair)
- Assistant Director, Culture Change and Transformation (Senior User)
- Special Advisor to Council
- Secretariat and Logistics
- Expert coaches
- Registrant representative
- Assistant Directors from all Directorates
- Representatives from all London offices and Edinburgh
- Co-Chairs from all Staff Networks: BeMe; Parents and Carers; Workaround; Women; LGBT+
- Employee Forum representative
- UNISON representative

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# The six pillars of our culture transformation

- Strong and effective leadership
- Values-based decision making
- Embedding equality, diversity and inclusion (EDI)
- Ensuring psychological safety
- Enjoying work, and
- Regulatory fairness

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Registered charity in England and Wales (1091434) and in Scotland (SC038362)

## Report from Committee to Council

<b>Name of committee</b>	Audit Committee
<b>Date of meeting</b>	26 February 2025
<b>Committee chair / report author</b>	Committee Chair: Deborah Harris-Ugbomah FCA Author: Peter Clapp
<b>Date of report</b>	5 March 2025

### Key discussions

- 1 Concerted effort to establish and/or building on existing trust and positive relationships across the organisation will be key to embedding lasting success of organisation-wide programmes. This concept came through time and again during the meeting, along with the importance of colleagues knowing the colleagues known as proven 'safe pair of hands' for raising concerns, that are available to speak to and having built a reputation that issues raised with them are heard and acted upon promptly. These are deemed some of the enablers for success of the culture transformation programme.
- 2 The Committee asks Council to reflect on other overarching points, which emerged from the most recent meeting:
  - 2.1 Whilst there may still be work needed to identify solutions to certain challenges, the issues and challenges are known and were clearly highlighted by the Executive.
  - 2.2 The Committee received assurances from Executive on plans to improve the NMC's approach to prioritisation which was further informed by Council seminar discussions earlier this month.
  - 2.3 The Committee received assurances from the risk register, and supported Executive's commitment to reflect on some areas in light of the recent discussions held with Council and Council Committees.

### Colleague experience

- 3 This is a new item and an attempt to provide opportunity for the Committee to hear firsthand people's experiences and/or issues that our NMC colleagues are managing. In doing so, the Committee hopes to gain insight that will inform the decisions it takes and how it approaches its work
- 4 At this session, the Committee heard from one of the NMC's Speak Up Ambassadors. The Committee were grateful for the openness and honesty with which the colleague approached this item. The Committee particularly noted the following:

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- 4.1 The NMC’s approach to transformation culture must take into account that there is more than one ‘culture’ in the NMC.
  - 4.2 The importance of ensuring psychological safety for colleagues and the importance of building change on relationships of trust.
  - 4.3 When considering the effectiveness of initiatives like the Speak Up programme, it is important to not be reductive or consider performance or progress only through data points.

**Culture transformation programme: oversight and governance**

- 5 The Committee considered the draft proposal for oversight and governance of the culture transformation programme. The Committee noted the extensive executive experience within the leadership of this work. There is now a need for Council and Council Committees to discuss and clarify the governance roles of Council, Audit Committee, People and Culture Committee and the soon to be active Finance & Resources Committee. Key members from these groups should meet on a timely basis to discuss and agree how these roles will support the executive delivery.

**Comprehensive Assurance Review: Prioritisation**

- 6 The Committee and Executive had an open and constructive discussion on how effectively the NMC prioritises activity to achieve its aims.
- 7 As Council is aware, effective prioritisation is an area that the NMC can further strengthen. In particular, the NMC has a tendency to allow the scope of activities to creep, so that even when a decision has been made to de-prioritise an area, the scope widens again. Strengthening governance processes between the Project Management Office, Portfolio Board and Executive Board will help to mitigate this.
- 8 The Committee noted Portfolio Board role in supporting prioritisation and the work underway to review and strengthen its approach. The Committee is supportive of this approach.
- 9 Transforming the NMC’s culture will also support effective prioritisation: by moving the NMC away from a siloed culture, focused on team or directorate priorities, towards a “one NMC” culture focused on organisational wide priorities.
- 10 Overall, whilst there may still be work to do to identify solutions, the Committee is assured by Executive plans to improve the NMC’s approach to prioritisation, and noted that the issues and challenges had been clearly highlighted. The Committee will receive an update on progress once further work has been undertaken.



## Statutory/ Regulatory assurance: Bribery, Counter fraud, Whistleblowing, and complaints handling

- 11 Council should note Executive confirmation of no incidents or reports of bribery as at the date of the Audit Committee meeting, 26 February 2025.
- 12 **Whistleblowing:** Since the last meeting, two new issues had been considered through the whistleblowing policy:
- one was being assessed to identify if it was a whistleblowing case
  - the other issue is under investigation; further detail to be provided to Council once completed.
- 13 **Counter Fraud:** There had been no new instances of fraud. Members were reminded the NMC has a specific statutory duty to protect against fraud.
- 14 **Corporate Complaints handling:** The Committee received assurances that the systems and processes to triage and respond to corporate complaints was being revised and consolidated in line with due process
- 15 **Other Statutory/Regulatory issues:** The members were informed that work to assess and embed the statutory employer duty to actively protect staff from sexual harassment was being carried forward.

## Internal Audit Update

- 16 The Committee thanked NMC Colleagues for their efforts and accepted the internal audit review opinions for:
- 16.1 **Financial Controls, including registration fees (substantial assurance).** The Committee was pleased with the positive outcome of the review, noting one minor area of improvement around documentation of daily and direct debit reconciliations, which the Executive was implementing.
- 16.2 **People and Culture – recruitment (reasonable assurance).** Overall the review found that the NMC has a structure and process in place to manage recruitment but there are areas where improvements could be made to enhance the operating controls and frameworks, in particular improvements on how the NMC plans long term workforce needs.
- Implementation of Internal Audit Recommendations**
- 17 With a total of 57 agreed actions, only 9 were overdue or awaiting evidence. The Committee is aware that delays in launching the new Log and Learn system to Q4 2024/25 has impacted implementation of a majority of these 9 overdue recommendations.

## Internal audit schedule 2025-2026 and future service provision

- 18 The Committee reviewed the proposed internal audit schedule for 2025-2026. The Committee and Executive had provided input into the schedule and the

Committee is content that the schedule is focused on the appropriate areas. As usual, a mid-year review of the schedule will take place to adapt the focus if required.

- 19 With the current internal audit contract ending in July 2026, the Committee considered and agreed an approach to tendering the contract over the coming months.

### **NAO's plans for the audit of accounts for year ending 31 March 2025**

- 20 As Council is aware, the NAO now undertakes both the first tier and second tier audits for the NMC. The Committee reviewed the NAO's plans for their audit work and was content with the approach proposed and the progress of the interim audit work to date.

### **Risk Appetite and Risk Register Recommendations**

- 21 Risk Register: A theme running through the discussions was how culture transformation can support key risk management of priority objectives. Executive was encouraged to reflect on how this is incorporated into the risk register.
- 22 The Committee discussed the strategic risk register and, subject to the following points, recommends it to Council:
- 22.1 *Safeguarding*: Currently the safeguarding risk stood at 25 (the highest possible rating), which does not take into account the work already undertaken in this area. The Executive committed to re-assessing this risk level.
- 22.2 *Executive Churn*: The Executive will also reflect on the current stage of progress of the NMC to ensure the risk register appropriately reflected the level of change experienced in the Executive team and mitigating actions in place.
- 22.3 *Review of NMC Risk Appetite* It would be timely to undertake a review of risk appetite.

### **Other Recommendation/s**

- 23 The Committee noted the extensive experience within recent appointments to senior programme leadership of the culture transformation work.
- 24 However, to complete the governance landscape, Council and Council Committees must now promptly clarify what their individual and/or collective governance and reporting responsibilities are with respect to this programme. This agreement should be completed on a timely basis to evidence the complete 'golden thread' of governance for this programme.

## Council

### Report from Committee to Council

<b>Name of committee</b>	Appointments Board
<b>Dates of meetings</b>	6 February and 5 March 2025
<b>Committee chair / report author</b>	Committee Chair: Surinder Birdi Author: Mary Anne Poxton
<b>Date of report</b>	26 March 2025

### Key discussions

#### Integration with the wider work of Council

- 1 The Board remains committed to ensuring that its work is aligned with the Council's strategic aims and continues to receive updates on organisational developments, including the plans for addressing the findings of the Independent Culture Review and the wider plans for culture change across the organisation. The Board is mindful of the findings of the review when considering all its work.

#### Panel Member Services Agreement

- 2 The review of the Panel Member Services Agreement (PMSA) and our ongoing relationship with Panel Members has been a significant focus for the Board. The Board approved draft revised documentation at an additional meeting convened for this purpose on 6 February and has overseen plans for communication arrangements. The Board has been mindful of the implementation of worker status and the recommendations of the Independent Culture Review in its approach. The intention is that Panel Members will be contacted during March and invited to sign the new agreement.
- 3 On 5 March, the Board was pleased to receive a demonstration of the online allocation tool which is in use to allocate Investigating Committee Panel Members to hearings and which will be rolled out to include Fitness to Practise Committee Panel Members and Legal Assessors by the end of March. The Board was pleased to note the facilities provided by the system and offered some thoughts for consideration in terms of potential for further development.

#### Learning from Panel Chair and Member appointments 2025

- 4 Ensuring that the NMC has sufficient Panel Chairs and Panel Members who can make high quality decisions that protect the public continues to be a primary focus for the Board. It oversaw an open and competitive selection exercise in 2024

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which culminated in the appointment by the Council, in January 2025, of 17 current Panel Members as Panel Chairs of the Practice Committees and 149 individuals as Panel Members and Panel Chairs of the Practice Committees. As reported to the Council in January, the campaign significantly increased the diversity the Panel Member pool, in line with the Board's objective and recommendation 36 of the Independent Culture Review.

- 5 In line with its usual practice, the Board carried out a review at its March meeting to identify any learning for future campaigns. The review took account of feedback from: successful candidates; candidates who did not progress to appointment; assessors involved in the selection process; and the Internal Audit report carried out in 2024 in relation to the preceding selection process (conclusion: reasonable assurance). A number of learning points were identified which will be incorporated in any future campaigns.
- 6 The Board has requested further analysis from Inclusive Boards (our Partner for this recruitment) to identify any possible trends/learning in relation to the impact of the process on candidates with specific or multiple protected characteristics who did not progress to appointment, with a view to identifying any learning on the removal of potential barriers. The outcome of this work will be considered later in the year.
- 7 The Board highlighted the need for a data-driven workforce planning approach in relation to future recruitment arrangements, to ensure that needs continue to be met and ideally to avoid very high volume recruitment, which whilst successful had required significant resources and effort to carry through to completion.
- 8 The Board also reflected on the need to consider the pipeline of future Panel Members, acknowledging that the registrant panel member pool was still not as diverse as the register in terms of ethnicity. Further consideration would be given as to how to target registrants in preparation for future campaigns.

### **Review of plan for delivering high quality panels**

- 9 The Board reviewed progress against year one of the three year plan which it had approved in February 2024 for delivering Panel Members who make high quality decisions that protect the public and maintain public confidence in the nursing and midwifery professions. Good progress had been made against all work strands with no significant concerns in relation to delivery.
- 10 The Board also considered the delivery plan for year two, which includes additions arising from the introduction of the new PMSA, consideration of the NMC's ongoing relationship with Legal Assessors and clearly setting out avenues to report incidents of bullying, discrimination, harassment of victimisation, in line with the findings of the Independent Culture Review.
- 11 The plan is a live document which will be reviewed again in the light of key documents including the Culture Transformation plan, Ijeoma Omambala KC's

report, the Professional Standard Authority's review and outcomes from the work being undertaken with PwC.

### Key decisions

- **Panel Member reappointments and removals:** The Board approved recommendations at its meeting on 5 March which are the subject of a separate paper on the Council's agenda.

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## Report from Committee to Council

<b>Name of committee</b>	People and Culture Committee
<b>Date of meeting</b>	4 February 2025
<b>Committee chair / report author</b>	Committee Chair: Lynne Wigans Author: Alice Horsley
<b>Date of report</b>	13 March 2025

### Key discussions

#### Annual staff pay review – April 2025

- 1 The Committee endorsed the recommendation to postpone the implementation of performance linked pay progression for a further year.
- 2 It was agreed that progression increases should be implemented once there was assurance that the Ambitious Appraisal system was fully embedded and fair in its outcomes.
- 3 The Committee noted that one of the aims of the Culture Transformation Plan was to enhance motivation and enjoyment at work and it was anticipated that the NMC would be in a better position to link pay and performance in 12 months' time.

#### Executive pay review – April 2025

- 4 The Committee agreed the proposals for Executive pay.

#### Pay Gaps / WRES Report

- 5 The Committee welcomed the work to-date on Pay Gaps and Workforce Race Equality Standards (WRES) and encouraged the NMC to expand on this in future years.
- 6 The Committee noted that the Pay Gaps and WRES Report would be a baseline for the NMC to reflect on as it began implementing the Culture Transformation Plan.
- 7 The Committee understood the rationale for the delay in publishing the reports in 2024-2025, which had been an exceptional year. In future years the data should be reported more promptly to ensure it was current at the point of review and discussion.
- 8 The Committee highlighted that intersectionality was important in understanding about the underlying cause of discrimination and the interventions needed to

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make a difference. In 2024-2025 the Pay Gaps / WRES Report did not account for intersectionality, and its inclusion should be considered for future WRES surveys.

- 9 The Committee also recommended that in future years the WRES survey questions be more tailored to the NMC's requirements and that there be consideration about what benchmarking would be most valuable to the NMC.

### **People and Organisational Effectiveness operational risk register**

- 10 The Committee agreed that there should be consideration given to expanding strategic risk PEO24/05 to reflect concern about turnover at Council level, as well as instability at Executive level.
- 11 The Committee encouraged the NMC to include positive news and progress in the risk register, rather than focusing exclusively on negative issues.
- 12 To support the Committee in monitoring the impact of the planned mitigations and colleague morale generally, it was agreed that more regular and detailed information about workload and wellbeing captured in quarterly Ambitious Appraisal documentation would be provided to it. It was also suggested that Committee members attend quarterly Town Hall events to listen to feedback and engage with colleagues.
- 13 Assurance was provided that all HR policies had been comprehensively reviewed in the last 18 months, including by the EDI team and Mac Alonge, Chief Executive Officer, The Equal Group, and EDI Advisor to the NMC, to ensure they were inclusive.

### **People and Culture committee effectiveness review: outcomes**

- 14 The Committee considered the outcomes of its annual effectiveness review, with a view to identifying improvements in future ways of working.
- 15 It was noted that the effectiveness review survey identified many strengths, including that Committee meetings were a place for safe and valuable debate.
- 16 The review also identified ways the Committee's approach could be enhanced, and the following actions were agreed:
  - 16.1 The Committee would hold one of its meetings annually in person.
  - 16.2 The Committee would review its Terms of References regularly as part of the annual effectiveness review.
  - 16.3 A regular informal 'staff story' item would be scheduled to capture the lived experience of colleagues.

16.4 The incorporation of opportunities to engage with staff networks chairs/members or Empowered to Speak Up Ambassadors was also welcomed.

16.5 Work to strengthen Committee papers, to ensure they included more outcome measures.

### **Deep dive into culture: recommendations and roadmap**

17 The Committee received the first iteration of the regular 6-monthly item covering a 'deep dive' into culture transformation.

18 The Committee welcomed the detailed update provided and the work undertaken so far to implement culture transformation at the NMC.

19 The commitment to establishing a values-based approach throughout the organisation was commended by the Committee. A values-based approach would allow the NMC to improve performance management and resilience, alongside developing psychological safety.

20 The aim to celebrate excellence rather than focusing only on negative issues was welcomed by the Committee.

21 The Committee were assured that the Fitness to Practise (FtP) process was included in the Culture Transformation Plan, acknowledging that cultural transformation at the NMC and improving the Fitness to Practise process was inextricably linked.

22 Acknowledgment that the NMC was a large organisation with over 1,300 staff and it would take some time to embed the required culture change.

23 The sequencing and prioritisation of the work in the Culture Transformation Plan was key, given limited capacity and the imminent publication of further reviews. Maintaining the appropriate balance between momentum and wellbeing would need to be monitored continuously.

### **People Plan and EDI Plan updates**

24 The Committee noted the People Plan and EDI Plan updates but did not discuss them at the meeting.

### **Key decisions**

#### **Annual staff pay review – April 2025:**

25 The Committee recommends to the Council:

25.1 That for the April 2025 annual pay review the link between progression pay and ambitious appraisals would be further delayed until April 2026. Colleagues would automatically receive their Progression Increase Assuming they met other pay eligibility rules set out in the Pay Policy.



25.2 A total award costing 4.6 percent of current salary budget and differential increases based on grade, with lower graded colleagues receiving a higher percentage increase.

25.3 The proposed updates to the Pay Policy, including the overtime rule being added to the Pay Policy, on-call allowance updates, rules on external appointments being made clearer and changes to out of cycle processes.

### **Executive pay review – April 2025**

26 The Committee agreed the proposals for Executive pay.

### **Pay Gaps / WRES Report**

27 The Committee recommends the Pay Gap Reports and WRES to the Council for approval at its Open meeting on 26 March 2025.

## Council

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

<b>Action requested:</b>	<p>Reports action taken by the Chair of the Council</p> <p>The Council is asked to <b>note</b> the report.</p>
<b>Key background and decision trail:</b>	<p>This paper reports action taken by the Chair of the Council since 29 January 2025 under delegated powers in accordance with Standing Orders.</p> <p>There has been one Chair's action:</p> <ul style="list-style-type: none"> <li>• Appointment of Partner members to the Investment Committee (<b>02-2025</b>)</li> </ul>
<b>Key questions:</b>	<ul style="list-style-type: none"> <li>• What action on minor, non-contentious or urgent matters falling under the authority of the Council (Scheme of Delegation, paragraph 4.6) has the Chair taken on behalf of the Council since the last meeting?</li> </ul>
<b>Annexes:</b>	<p>The following annexe is attached to this paper:</p> <ul style="list-style-type: none"> <li>• <b>Annexe 1:</b> Chair's action 02-2025</li> </ul>
<b>Further information:</b>	<p>If you require clarification about any point in the paper or would like further information, please contact the author or the director named below.</p>
	<p>Secretary: Matthew Hayday Phone: 020 7681 5516 <a href="mailto:matthew.hayday@nmc-uk.org">matthew.hayday@nmc-uk.org</a></p>

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## Chair's Action 02-2025

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

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

<b>Requested by:</b>	<b>Date:</b>
Secretary to the Council	10 March 2025

### **Appointment of Partner members to the Investment Committee**

As agreed by People and Culture Committee (PCC/24/28c) an open and competitive recruitment process was undertaken and successfully identified candidates for the following positions:

- One member for a term of three years (with the possibility of extension) with significant investment expertise, and experience overseeing and managing finances in an organisation of a similar size and complexity to the NMC. We are also interested in candidates with experience in overseeing quality and improvement in an organisation of a similar size and complexity to the NMC.
- One member with significant investment expertise for a term of one year, with the possibility of extension. We expect this post to run between 12 and 24 months.

The NMC was supported by Inclusive Boards to seek candidates for these positions. The Selection Panel - comprising Rhiannon Beaumont-Wood (Designate Chair of Investment Committee), Thomasina Findlay (Investment Committee partner member) and Professor Kay Hampton (Independent member) - agreed and interviewed a short list of ten candidates. Following those interviews, the Panel has recommended the following candidates:

- Gavin Ralston as a partner member of Investment Committee for a term of three years, with significant investment expertise, and experience overseeing and managing finances in an organisation of a similar size and complexity to the NMC.
- Tapan Datta as a partner member of Investment Committee for a term of 1.5 years, with significant investment expertise for a term of one year, with the possibility of extension

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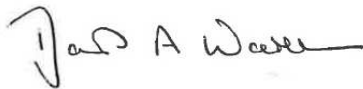
The Secretariat conducted due diligence checks and Inclusive Boards undertook reference checks. Findings from these checks were used to inform the interviews. The Selection Panel was content that there were no issues of concern for these candidates.

**Terms of appointment:** Under Standing Orders, it is for the Chair of Council to determine the duration of the term of office of Partner members which may not exceed three years from the date of appointment, renewable once

**Requested action:** In accordance with section 4.2 of the Standing Orders, the Chair is asked to:

- **Appoint Gavin Ralston as a Partner Member of Investment Committee for an initial term from 15 April 2025 to 14 April 2028.**
- **Appoint Tapan Datta as a Partner Member of Investment Committee for an initial term from 15 April 2025 to 14 October 2026**

Signed:



Date: 10 March 2025

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