The Health Committee Clerk,
Room 410, Parliament Buildings,
Ballymiscaw,
Stormont,
Belfast,
BT4 3XX

Friday 26 September 2025

NMC response to Call for Evidence: Northern Ireland Assembly's Committee for Health - Adult Protection Bill

We are the independent regulator of more than 853,000 nurses and midwives in the UK and nursing associates in England. Our vision is safe, effective and kind nursing and midwifery practice that improves everyone's health and wellbeing.

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

To regulate well, we support nursing and midwifery professionals and the public. We create resources and guidance that are useful throughout professionals' careers, helping them to deliver our standards in practice and address challenges they face. We work collaboratively so everyone feels engaged and empowered to shape our work. We work with our partners to address common concerns, share our data, insight and learning, to influence and inform decision-making and help drive improvement in health and social care for people and communities.

Our role in safeguarding

As a statutory public body, we exist to protect the public by upholding high professional nursing and midwifery standards. We mitigate safeguarding risks and protect the public from harm by appropriately exercising our regulatory duties, through our Code and Standards, and our registration, revalidation, Education Quality Assurance and Fitness to Practise processes. When a nurse or midwife in Northern Ireland does not uphold the professional standards and behaviour set out in our Code we will take appropriate

regulatory action through our Fitness to Practise (FtP) process to prevent any future harm. **Annex A** outlines the professional standards and behaviours in our Code which most relate to safeguarding. **Annex B** maps the most relevant skills, knowledge, and attributes a nurse and midwife is expected to have at the point of registration as it relates to safeguarding.

We take our safeguarding obligations to protect people who come into contact with us from harm seriously. Our obligations extend to all people on our register, witnesses, members of the public and professionals that engage with us, as well as our colleagues.

Safeguarding risks and issues can arise across all aspects of our work. We expect all colleagues to identify, respond, record, report and refer safeguarding concerns in accordance with our safeguarding principles, safeguarding and protecting people policy, and operational guidance on responding to safeguarding concerns. This includes helping people at risk of harm access appropriate services that could support them.

The way we respond to safeguarding concerns involves co-operating and sharing regulatory information and intelligence with relevant safeguarding agencies in circumstances where it would be appropriate and reasonable to do so for the purposes of keeping people safe from harm. For the purposes of Northern Ireland, we share relevant safeguarding information with the *Protection Gateway Service* at the relevant Health and Social Care (HSC) Trust as part of our standard processes.

We are committed to learning from the findings and recommendations of the Muckamore Abbey Hospital Inquiry once its report has been published.

The role of nurses and midwives in safeguarding

Nurses and midwives often play a key role in the identification and management of safeguarding risk, and many nurses and midwives will regularly interface with adults at risk. In addition to our Code and Standards, their practice is also supported by guidance on raising concerns and whistleblowing, the professional duty of candour, and the enabling professionalism guidance. Nurses and midwives are also required understand and act in accordance with relevant policies nationally and locally.

Our view on adult safeguarding systems

We believe in a safeguarding system which is centred on the needs and preferences of the adult at risk, protects them from harm, takes context into account, and is supportive and equitable. Health professionals, particularly nurses and midwives, are in a unique position to advocate for a person using services. They may hold key information that can inform person-centred, proportionate and objective safeguarding decisions, made alongside the Health and Social Care (HSC) Trust, police and any other relevant parties.

Our views on the Adult Protection Bill

We were grateful for the opportunity to respond to the Department of Health's consultation on legislative options to inform the development of an Adult Protection Bill for Northern Ireland in 2021.

We support adult safeguarding being put on a statutory footing through this Bill and are pleased to see greater protections which align Northern Ireland with other parts of the

United Kingdom. We were grateful to the Bill team for engaging us on a proposal to expand Clause 4 and now welcome the opportunity to provide our views to the Northern Ireland Assembly's Committee for Health.

Duty to report and co-operate in inquiries (Clause 4)

We broadly support a proposal by the Bill team to add nurses, midwives and other health professionals as named professions under Clause 4. However, it would be helpful to include in statutory guidance details around what is expected of health professionals in order to comply with the duty. For example, it will be important to clarify how the duty will work in practice, including the level of accountability placed on health professionals, and any timelines for compliance. It will also be helpful to include greater clarity around what 'reasonable cause to suspect' means, as per Clause 4(2). We would encourage the guidance to reflect on how practitioners can effectively balance legal and moral issues relating to confidentiality, person-centred care, promoting patient safety and autonomy in this space.

It will be important for health professionals to have the flexibility to use their professional judgement on how best to manage a safeguarding concern, in accordance with our Code and standards and as clarified in any statutory guidance. We support there not being any sanctions imposed for non-compliance with the duty. We recognise that safeguarding presents a challenging area for many professionals, with complex issues and interests that need to be balanced proportionately. The avoidance of any criminal sanctions for non-compliance of duties recognises this and enables professionals to promote the needs of the individual without placing an onerous fear of repercussions where reasonable mistakes could be made.

Power to entry (Clauses 7 and 10)

It is possible that some people on our register are also registered social workers. We would like to request clear guidance on how this power may be used to support health professionals who are also registered social workers. We would expect registered nurses and midwives to work in accordance with the role they are contracted to do. If they are working as a nurse or midwife, we would expect them to behave within their scope of practice and in accordance with our Code and standards.

Guidance (Clause 22)

We would like to kindly request that professional regulators are added to the list of organisations the Department must consult with when preparing and reviewing the guidance, as per Clause 22(3). We do not represent nurses and midwives but regulate them and would like to make sure guidance is aligned with our Code and addresses the points we have raised in this response.

Part 2 – The Adult Protection Board for Northern Ireland

We welcome the establishment of the Board. It will be helpful to know how this will work in practice and how we might engage with the Board, particularly relating to any high-profile cases.

Effective two-way information sharing

Safeguarding agencies may hold information that can be of benefit for others within the safeguarding system in discharging their statutory functions and legal obligations. For example, in the course of their work, the HSC Trust or police may hold information regarding the fitness to practice of registered health professionals. Sharing appropriate information with us about any concerns would enable us to take prompt regulatory action that supports better, safer care for people, enabling us to uphold our statutory purpose of protecting the public. We welcome effective and proportionate two-way information sharing being embedded into the new legal framework to make sure the right agencies have the right information at the right time to discharge their statutory functions and protect the public.

Thank you again for the opportunity to provide evidence as part of the development of the Adult Protection Bill. We are also grateful to the Bill team for their engagement with us. Please do not hesitate to get in touch with me on the details below if you have any questions.

Kind regards,

Sara Kovach-Clark
Assistant Director for Policy (UK and International)
Strategy and Insight Directorate

Annex one: Mapping our Code to relevant expectations around safeguarding

Our Code: Professional standards of practice and behaviour (NMC 2015; updated 2018 to include nursing associates)			Page
Prioritise people	1. Treat people as individuals and uphold their dignity	1.1 treat people with kindness, respect and compassion	6
		1.2 avoid making assumptions and recognise diversity and individual choice	6
		1.3 respect and uphold people's human rights	6
	2. Listen to people and respond to their preferences and concerns	2.6 recognise when people are anxious or in distress and respond compassionately and politely	7
	3. Make sure that people's physical, social and psychological needs are assessed and responded to	3.4 act as an advocate for the vulnerable, challenging poor practice and discriminatory attitudes and behaviour relating to their care	8
	4. Act in the best interests of people at all times	4.1 balance the need to act in the best interests of people at all times with the requirement to respect a person's right to accept or refuse treatment	8
		4.3 keep to all relevant laws about mental capacity that apply in the country in which you are practising, and make sure that the rights and best interests of those who lack capacity are still at the centre of the decision-making process	8
	5. Respect people's right to privacy and confidentiality	5.1 respect a person's right to privacy in all aspects of their care	9
		5.2 make sure that people are informed about how and why information is used and shared by those who will be providing care	9
		5.3 respect that a person's right to privacy and confidentiality continues after they have died	9
		5.4 share necessary information with other health and care professionals and agencies only when the interests of patient safety and public protection override the need for confidentiality	9

Practise effectively	8 Work co-operatively	8.3 keep colleagues informed when you are sharing the care of individuals with other health and care professionals and staff	11
		8.6 share information to identify and reduce risk	11
	10 Keep clear and accurate records relevant to your practice	10.2 identify any risks or problems that have arisen and the steps taken to deal with them, so that colleagues who use the records have all the information they need	13
Preserve safety	15 Always offer help if an emergency arises in your practice setting or anywhere else	15.1 only act in an emergency within the limits of your knowledge and competence	16
		15.2 arrange, wherever possible, for emergency care to be accessed and provided promptly	16
		15.3 take account of your own safety, the safety of others and the availability of other options for providing care	16
	16 Act without delay if you believe that there is a risk to patient safety or public protection	16.1 raise and, if necessary, escalate any concerns you may have about patient or public safety, or the level of care people are receiving in your workplace or any other health and care setting and use the channels available to you in line with our guidance and your local working practices	17
		16.2 raise your concerns immediately if you are being asked to practise beyond your role, experience and training	17
		16.3 tell someone in authority at the first reasonable opportunity if you experience problems that may prevent you working within the Code or other national standards, taking prompt action to tackle the causes of concern if you can	17
		16.4 acknowledge and act on all concerns raised to you, investigating, escalating or dealing with those concerns where it is appropriate for you to do so	17
		16.5 not obstruct, intimidate, victimise or in any way hinder a colleague, member of staff, person you care for or member of the public who wants to raise a concern	17
		16.6 protect anyone you have management responsibility for from any harm, detriment, victimisation or unwarranted treatment after a concern is raised	17

	17 Raise concerns immediately if you believe a person is vulnerable or at risk and needs extra support and protection	17.1 take all reasonable steps to protect people who are vulnerable or at risk from harm, neglect or abuse	18
		17.2 share information if you believe someone may be at risk of harm, in line with the laws relating to the disclosure of information	18
		17.3 have knowledge of and keep to the relevant laws and policies about protecting and caring for vulnerable people	18
Promote professionalism and trust	20 Uphold the reputation of your profession at all times	20.1 keep to and uphold the standards and values set out in the Code	21
		20.2 act with honesty and integrity at all times, treating people fairly and without discrimination, bullying or harassment	21
		20.3 be aware at all times of how your behaviour can affect and influence the behaviour of other people	21
		20.4 keep to the laws of the country in which you are practising	21
		20.5 treat people in a way that does not take advantage of their vulnerability or cause them upset or distress	21
		20.6 stay objective and have clear professional boundaries at all times with people in your care (including those who have been in your care in the past), their families and carers	21
	21 Uphold your position as a registered nurse, midwife or nursing associate	21.4 make sure that any advertisements, publications or published material you produce or have produced for your professional services are accurate, responsible, ethical, do not mislead or exploit vulnerabilities and accurately reflect your relevant skills, experience and qualifications	23

Annex B: Mapping our standards of proficiency for nurses and midwives to relevant expectations around safeguarding

Standards of proficiency for registered nurses (NMC 2018)		Page
Platform 1 Being an accountable profession	1.12 demonstrate the skills and abilities required to support people at all stages of life who are emotionally or physically vulnerable	12
Platform 3 Assessing needs and planning care	3.9 recognise and assess people at risk of harm and the situations that may put them at risk, ensuring prompt action is taken to safeguard those who are vulnerable	18
	3.10 demonstrate the skills and abilities required to recognise and assess people who show signs of self-harm and/or suicidal ideation	18
Platform 7 Coordinating care	7.9 facilitate equitable access to healthcare for people who are vulnerable or have a disability, demonstrate the ability to advocate on their behalf when required, and make necessary reasonable adjustments to the assessment, planning and delivery of their care	29

Standards of proficiency for midwives (NMC 2019)		Page
Domain 1 Being an accountable, autonomous, professional midwife	1.16 demonstrate the ability to advocate for women and newborn infants who are made vulnerable by their physical, psychological, social, cultural, or spiritual circumstances	17
Domain 3 Universal care for all women	3.2 understand epidemiological principles and critically appraise and interpret current evidence and data on public health strategies, health promotion, health protection, and safeguarding, and use this evidence to inform conversations with women, their partners, and families, as appropriate to their needs and preferences	23

and newborn infants	3.7 demonstrate the ability to offer information and access to resources and services for women and families in regard to violence, abuse, and safeguarding	23
Domain 6 The midwife as skilled practitioner	Approaches for building relationships and sharing information with women, their partners and families that ensures that women's needs, views, preferences, and decisions can be supported in all circumstances 6.2 demonstrate the ability to use evidence-based approaches to build relationships with women, newborn infants, partners and families that respect and enable the woman's needs, views, preferences, and decisions 6.2.2 convey respect, compassion and sensitivity when supporting women, their partners and families who are emotionally vulnerable and/or distressed	39
	6.7 demonstrate the ability to escalate concerns in situations related to the health and wellbeing of the woman or newborn infant, or of the behaviour or vulnerability of colleagues	40
	6.19 assess, plan and provide care that promotes and protects physical, psychological, social, cultural, and spiritual safety for all women and newborn infants, including any need for safeguarding, recognising the diversity of individual circumstances	42
	6.27 recognise and respond to signs of all forms of abuse and exploitation, and need for safeguarding	43
	6.55 recognise when women, children and families are at risk of violence and abuse and know how to escalate, instigate and refer using safeguarding policies and protocols	46
	B. The midwife's role in assessment, screening, and care planning 6.56 accurately assess, interpret, and record findings for the woman in pregnancy and the fetus for: 6.56.4 recognition of signs of all forms of abuse and exploitation, and need for safeguarding	47
	Additional care for women and newborn infants with complications: skills for Domain 4 A. The midwife's role in first line assessment and management of complications and additional care needs 6.69 recognise, assess, plan, and respond to pre-existing and emerging complications and additional care needs for women and newborn infants, collaborating with, consulting and referring to the interdisciplinary and multiagency team as appropriate; this must include: 6.69.6 violence and abuse including female genital mutilation and emergency safeguarding situations	52