

**Observer questions (1) submitted and answered at the Open Council meeting on 24 July 2024** (please note: answers are based on the transcript of the meeting, so differ from the usual style of response)

| <b>A. Question received in advance of the meeting</b>  |
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| <p>1. <i>Can the Chair confirm that the NMC leadership will engage directly with the local UNISON branch, as the recognised union at the NMC, to overhaul the culture and root out the many problems identified in the report?</i></p>   |
| <p>In response, the Chair noted the NMC are proud to have recognised UNISON in the last few years and will continue to work with local representatives to improve our organisational culture.</p>  |
| <p>2. <i>How is the NMC going to ensure justice and accountability for the many victims of bullying and discrimination who spoke to the independent review?</i></p>  |
| <p>In response, the Acting Chief Executive and Registrar noted that racism, and any other forms of discrimination, and bullying should never have had any place at the NMC. Where it has been raised in the past, the organisation has not taken enough action to address it and hold people to account. The report's recommendations will help to address this and move towards achieving racial equity. We would encourage people who have experienced bullying, harassment, or discrimination to speak with a manager at the NMC, the new independent Freedom to Speak up Guardian or someone they trust to help. Where there is evidence of wrongdoing it will be acted on.</p>  |
| <p>3. <i>Why did the NMC fail to implement the recommendations from previous reviews?</i></p>  |
| <p>In response, the Acting Chief Executive and Registrar noted that following the publication of previous reports, the NMC has taken action including setting up our Employer Link Service and the Public Support Service, but other interventions have not always been successful in achieving the desired change, in a lasting or sustainable way. Our leaders and managers are central to driving forward change within the organisation, so it is vital that they buy into the approach and have the capacity to engage their teams. With this in mind, we will be listening to feedback on the report and engaging colleagues on the resources required to deliver on its recommendations and how best to drive the wider cultural change required between now and the end of August.</p> |
| <p>4. <i>Why should the NMC be believed that change will be different this time?</i></p>   |
| <p>In response, the Chair noted that the NMC had never had such a broad and deep assessment of the cultural issues within our organisation, and the testimonies described in the report detail unacceptable experiences. A failure to change is not an option. We fully accept all the thirty-six recommendations that Nazir Afzal and his team have identified. This acceptance marks a turning point for the NMC, and we are committed to acting on all of Nazir and Rise's recommendations.</p>   |

5. *How will the NMC act to make their apology in response to the Independent Culture Review a meaningful and genuine apology, and make amends to those individuals who have been wronged?*

In response, the Chair noted that the NMC accepts all the recommendations in the report. We will ensure that we put in place actions to enact meaningful change, in partnership and following feedback from NMC colleagues, stakeholders, the professionals on our register and the public. We take concerns raised with us seriously and have processes and policies in place to both facilitate and support anyone who wishes to raise specific concerns.

6. *Would the Council state explicitly what they (individually or collectively) acknowledge they have done (or not done), which they are apologising for - rather than simply apologising for things that have happened, without taking accountability for the part they have played which (directly or indirectly) contributed to the outcomes described in the report?*

In response, the Chair noted that as members of Council, we are sorry to anyone who has experienced racism or any other form of discrimination, or bullying or harassment, at the NMC. We also apologise to members of the public, registrants and colleagues involved in fitness to practise cases which are taking too long to resolve. We have been taking action on the issues raised – whether it's through the People Plan or unlocking £30m for Fitness to Practise - but we accept it's taken too long. The Council, together with the Executive team, commissioned the independent review by Nazir Afzal and Rise Associates because we wanted to understand the issues. All 36 of the report's recommendations have been accepted and the Council will hold the Executive team to account for progress on implementation.

7. *Has the NMC offered individual direct apologies to the public and registrants involved in fitness to practise cases that are taking too long to be resolved, and to staff who are known to have reported experiences of racism, discrimination, and bullying?*

In response, the Executive Director, Professional Regulation noted that we understand the impact that our fitness to practise cases have on the people involved in the process, and we are sorry that some of our cases are taking longer to resolve than they should.

We have let all our staff know about the support they can access. We have also published information about the support available to the public who are affected by any of the issues raised in the report here: [Independent culture review - The Nursing and Midwifery Council \(nmc.org.uk\)](https://www.nmc.org.uk/independent-culture-review/)

Our dedicated Customer Enquiries and Complaints Team will also investigate any complaints about our service and commit to implementing any learning we can take from those cases.

8. *Will the NMC pro-actively consider compensation for the people who have been harmed, both emotionally and financially, by their acts or omissions - in order to make their apology meaningful and genuine?*

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| <p>In response, the Acting Chief Executive and Registrar noted that we will respond to individual concerns raised with us, and we will engage in the processes required to address those concerns. Where an individual wishes to bring a claim, we will of course respond to that claim directly.</p>  |
| <p><i>9. The statements published by the Executive in response to the culture review, do not mirror the framework expected from a nurse or midwife if a serious concern was raised about their practise. Why?</i></p>  |
| <p>In response, the Acting Chief Executive and Registrar noted that while our Code is clear on the importance of reflection and learning to improving practice, we do not prescribe a fixed framework for this. The Executive Board has aimed to respond to the report in a transparent way, addressing all the key themes and making a clear commitment to positive change at the NMC.</p>  |
| <p><i>10. Why was the meeting changed from in person to online?</i></p>  |
| <p>In response, the Chair noted that on 27 March 2024, the Council approved amendments to its cycle of meetings, and agreed that two meetings would be held online in financial year 24-25 to increase accessibility (late July and January). We did not think it appropriate to seek to change this at short notice – particularly as the decision to hold this meeting online has allowed many more observers to take part than would otherwise have been possible.</p>  |
| <p><i>11. What specific measures is the NMC implementing to protect representatives and whistleblowers who call out racism, ensuring they can advocate for justice without fear of retribution?</i></p>  |
| <p>In response, the Executive Director, People and Organisational Effectiveness noted that in 2024–2025, we will be strengthening our communication about the equality, diversity and inclusion aims for the Professional Regulation directorate by adapting our corporate EDI framework into a set of aims and outcomes that support our colleagues in understanding the changes we want to see for people on our register, people joining our register, those making referrals to us, panel members and themselves.</p> <p>We are committed to ensuring that our regulatory processes are fair for everyone and we encourage anyone who has concerns about discriminatory behaviours in our processes to speak to the NMC about their concerns and these will be taken seriously and investigated.</p> |
| <p><i>12. How will the NMC evaluate the impact and harm caused by past investigations and Fitness to Practise cases (FtP) on Registrants?</i></p> <p><i>a. Will registrants be involved in any evaluation?</i></p> <p><i>b. How does or will the NMC show they are actively and meaningfully safeguarding registrants throughout the process to mitigate future harm?</i></p>  |
| <p>In response, the Executive Director, Professional Regulation noted we understand that the fitness to practise process can feel overwhelming and sometimes lead to anxiety. We are working to improve the timeliness of our decision making – through the fitness</p>  |

to practise plan - so that we can begin to mitigate some of the anxiety and pressures faced by people in our processes.

We want to be a learning organisation. We will be undertaking work – led by our Senior Registrant – to understand in a more holistic way how our fitness to practise processes can impact on professionals, including on career development and mental wellbeing. We will be interviewing professionals and hearing directly from people affected as part of this work.

Since January, we have also expanded resources for our safeguarding team, including increasing knowledge and training, alongside strengthening our operating procedures to better support staff and professionals. A cross-NMC safeguarding board has been set up to oversee a strengthened approach to managing and coordinating safeguarding; high priority internal safeguarding guidance has been produced for our colleagues, and we'll be establishing a safeguarding hub which will provide advice to staff working in FtP and enable a multi-professional approach. This work will continue into the longer term.

*13. Will the NMC routinely evaluate the FtP process by offering a forensic review of cases from start finish?*

- a. Can registrants request they are involved in this process?*
- b. Do they or can they show the capacity to critically evaluate their own practice in a transparent way?*
- c. Can they openly reveal to the public and Registrants when they have erred in law, policy, guidelines or behaviour?*
- d. Where will this be published?*

In response, the Executive Director, Professional Regulation noted that the time it takes to process a case is too long, can be adversarial and while we've made some improvements, they haven't been sustained and we have not seen the impact needed on timeliness.

Improving timeliness is a key ambition in our Fitness to Practise Plan – which is underpinned by £30m investment. We will be reviewing the FtP Plan in the coming weeks with our people and key stakeholders, to determine if we need to change any resourcing, timeframes or priorities. As part of that we will identify what actions are required to address the issues the review highlights, so that we make the cultural change we need to see.

Furthermore, we have commissioned Ijeoma Omambala KC to review the effectiveness of decision making across a specific set of cases. We want to ensure that any changes we make to our decision-making are fit for purpose and rooted in the evidence that this review will provide later this year.

Our Annual Report sets out information and data on our regulatory processes and performance. This was published on 19 July 2024 and is available on our website.

*14. Have the NMC made direct contact with or offered to meet the families and loved ones of the registrants who died by suicide during or after FtP investigation, to offer their condolences in person, and to review their circumstances to ensure that their*

*dependents are not suffering hardship for which they should be offered support and compensation?*

In response, the Executive Director, Professional Practice noted we offered our sincerest sympathies and condolences to the family and friends of anyone who has died by suicide while under or having concluded a fitness to practise investigation.

We will engage with any Coroners Inquests that take place to support their inquiries and we will always seek to identify any learning for us as an organisation from the Coroner's findings as to how we can continue to improve our process to minimise the impact on people.

We will respond to any concerns or issues raised with us by individuals and organisations and take any concerns seriously. We will engage with appropriate individuals and organisations who wish to raise specific concerns or issues including where somebody wishes to bring a claim for compensation.

*15. Given the significant deterioration in culture and increase in the fitness to practise caseload, can you confirm that those responsible for these areas will be placed on performance management with clear targets, the same level of scrutiny, and adherence to the policies if there is a failure to achieve demonstrable results?*

In response, the Acting Chief Executive and Registrar noted that this is the first year that Executive Directors have had shared objectives covering improving staff growth and development, increasing staff freedom of opinion, and improving workload. Our annual people survey is used to benchmark progress. In addition, they all have objectives to support reducing the caseload in support of FTP and will be held to account if they do not achieve their objectives like any other member of staff.

*16. Members of the public, professionals on the NMC's register, and NMC staff will all be concerned about recruitment practices at senior leadership.*

- a. What measures have the NMC put in place to recruit leaders who have a positive track record, can demonstrate and accept diverse views, and are willing and able to challenge the Executive Team?*
- b. What measures have been put in place to ensure that these leaders are protected from being ostracised or facing reprisal once in post?*

In response, the Executive Director, People and Organisational Effectiveness noted that senior appointments NMC works with professional recruitment firms. Senior leaders in NMC are expected to have the highest standards of inclusiveness and have invited the challenge of Nazir and his team and will respond to the findings in their report, which the Executive Board have accepted in full.

Measures are in place to ensure people can raise concerns as is their right and these are adhered to

*17. The Nazir Afzal KC Report shows areas that we have raised concerns about including preventable deaths and serious injuries to the public and registrants. This needs an independent public inquiry into the entire dysfunction of the NMC. Will the current NMC Chair and board agree, and self-refer for this public inquiry?*

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| <p>In response, the Chair noted that this is a sobering moment for the NMC. We offer our sympathies and condolences to the family and friends of anyone who has died by suicide while under or having concluded a fitness to practise investigation.</p> <p>It was the right thing to do to open ourselves up to the widest ranging level of scrutiny and we accept all 36 recommendations in the report led by Nazir Afzal and Rise Associates. We're committed to implementing them for the benefit of NMC colleagues, the professionals on our register, and the public we serve.</p> <p>We will engage with the Charity Commission, Equality and Human Rights Commission and the PSA as appropriate.</p>  |
| <p><i>18. Will the NMC agree to review cases where there is evidence of miscarriage of justice, bias, deception by the case managers and NMC legal teams to the panels resulting in unsafe and wrongful decisions against registrants?</i></p>  |
| <p>In response, the Executive Director, Professional Regulation advised that there are avenues for review appeals at each stage of our fitness to practise processes and the criteria and time limits applied to these are set out on our website for people to follow.</p> <p>We have commissioned Ijeoma Omambala KC to conduct a review of decision making across a specific number of cases which will also form the basis for further learning for the NMC.</p>  |
| <p><i>19. Can the chair of the NMC confirm whether he had directly received any whistleblowing concerns from staff or was copied into any before the Rise Review and Ijeoma review was commissioned and published?</i></p>  |
| <p>In response, the Chair noted he was copied into whistleblowing concerns prior to the reviews being published; he is unable to discuss individual cases.</p>  |
| <p><i>20. What is the NMC specifically doing to learn from its handling of the Lucy Letby case and referral? Has it identified any concerns with its handling of either Lucy Letby's referral or the countess chief nurse Alison Kelly?</i></p>   |
| <p>In March we reported to our public Council meeting that we had convened an internal review group at the end of 2022 to proactively consider what lessons we could learn before the conclusion of Lucy Letby's criminal trial. Following this, as part of our cyclical review of the guidance, we made changes to the structure of our decision making for interim order risk assessments so that complex or sensitive cases receive greater cross-organisational oversight and review. We published updates to our interim orders guidance on 25 March 2024.</p> <p>We are a core participant to the Thirlwall Inquiry. We have been making disclosures to the inquiry since it was established and we anticipate providing oral evidence at the hearings in the autumn.</p> |
| <p><i>21. A whistleblower has raised concerns that the NMC is withholding evidence needed by the Ijeoma Omambala review. Can the NMC confirm it has so far provided all of the evidence requested and needed for this review to go ahead and will going</i></p>   |

*forward comply with its expected duty of candour in relation to disclosing information to the Omambala inquiry (investigation) and any future inquiries?*

In response, the Acting Chief Executive and Registrar noted that we published the terms of reference for Ijeoma Omambala's investigations on our website. We believe we have so far provided everything Ijeoma has requested and we will continue to do so. Anything she asks for will be provided, nothing will be withheld.

*22. Does the NMC have figures for how many nurses have taken their own lives while experiencing ongoing NMC FTP investigations and processes? For each year since 2015. If so please confirm.*

In response, the Executive Director, Professional Regulation noted that data going back to 2018-2019 is included in our fitness to practise annual reports, which are published on our website and laid before Parliament.

- 2018 2019: 4
- 2019–2020: 1
- 2020–2021: 0
- 2021–2022: 3
- 2022–2023: 3
- 2023–2024: 5

## **B. Questions received in advance by the Employer Link Service and answered at the meeting**

*1. What will be shared with stakeholders in terms of action/improvement plans and how can stakeholders hold the NMC to account?  
a. How can stakeholders be kept up to date on progress?*

In response, the Acting Chief Executive and Registrar noted that at the time the report was published, we held several briefing calls and meetings with our external stakeholders to share the findings and to state our commitment to accepting all the recommendations laid out. This included Chief Nursing and Midwifery Officers. During the reflection period over the months of July and August, we will continue to engage with stakeholders and receive feedback from colleagues to help us to design and deliver our response to the report.

We will report publicly on our progress to our Council, and welcome stakeholders sharing feedback with us about how effectively we are delivering this change.

*2. Where can people/public/registrants go to ask questions or to raise concerns directly about the report?*

In response, the Chair noted that if anyone has questions or concerns about the content of the NMC People and Culture report, they can contact our Customer

Complaints and Enquiries Team using our online form: <https://www.nmc.org.uk/contact-us/complaints-about-us/>. The team can also be contacted by phone at 020 7681 5830. Our Customer Complaints and Enquiries Team will acknowledge the concern and aim to respond to it within twenty working days.

*3. Will the NMC be financially supporting people who wish to take their case through appeals process?*

In response, the Acting Chief Executive and Registrar noted that we have a legal duty to look at all fitness to practise concerns that are raised with us, and where people are appealing decisions. It would not be feasible for the NMC to provide financial support to individuals who have been referred to us. Where somebody wishes to bring a claim, we will of course engage properly in that process.

*4. What additional support is being put in place for people in our processes whose anxiety will have increased following report publication?*

In response, the Executive Director, Professional Regulation noted we understand that the fitness to practise process can feel overwhelming and sometimes lead to anxiety.

We have a free, independent, confidential and non-judgemental Fitness to Practise Careline which is available to support professionals on our register who are involved in our fitness to practise process. The service is available 365 days a year, 24 hours a day. The careline counsellors are experienced in working with sensitive and personal information.

We will be reminding people involved in our processes that this is a service available to them.

*5. How can people have confidence in decisions that have been made in our FtP processes? Do we anticipate an increase in appeals of decisions? How will appeals be resourced so processes aren't delayed even further?*

In response, the Executive Director, Professional Regulation noted that, also, in 2022 we received an independent review of 50 screening closure decisions, and overall this found that decisions were appropriate and proportionate, and there were no concerns that the NMC was failing to meet its duties to protect patient safety and uphold the wider public interest.

That said, the whistleblowing concerns include concerns about our regulatory decision making, and we have commissioned Ijeoma Omambala KC to review the cases raised. Her report is now set to be published in the autumn.

In terms of appeals, we're working closely with management colleagues in our QDM (quality of decision making) team to closely monitor the number of requests being received for decision reviews. So far, we have not seen an increase in these requests. However, we are working to free up some capacity for the Assistant Registrars in QDM to deal with an increase in decision review requests, should the need arise.



6. *What learnings are the NMC undertaking from NHS and other organisations who have been through similar challenges, including having to manage quality reviews and updates on performance? How can other regulatory bodies provide scrutiny?*

In response, the Acting Chief Executive and Registrar, noted we always welcome feedback from stakeholders and will pro-actively engage with others so that we can develop and deliver a programme of meaningful change. We have been grateful to stakeholders who have offered support, guidance, and scrutiny to the NMC as we work towards change. We will also continue to engage with organisations who oversee our performance, including the Professional Standards Authority, Charity Commission and Equality and Human Rights Commission.

We have an outreach team that talk to professionals in their own workplaces, across the UK and, where feedback from their own experiences is shared, we will listen and reflect on any learnings for us.

### **C. Questions received during the meeting via the Q&A facility, with responses**

#### **Madeleine Anderson, Reporter, Nursing in Practice**

1. *Will the additional costs and workload associated with implementing the people and culture review recommendations impact the NMC's ability to tackle the FtP backlog in the coming months?*

The Acting Chief Executive and Registrar responded saying we've talked a little about prioritisation. Lise-Anne (*Boissiere, Executive Director, People and Organisational Effectiveness*) mentioned that we will need to revisit again our complete portfolio of work. However, as an organisation, we will not move away from our core regulatory function, which is to regulate. And as we've said, prior to the report coming out, the number one priority for the organisation has been improving the timeliness with which we deal with our fitness to practise caseload - that remains our top priority.

As you have seen from the culture report, Nazir and Rise Associates made the link between that caseload, and the pressure on colleagues and others, related to that caseload. It remains an area of focus for us. We have already had an initial review of our financial position to ensure that we can continue with the investment in the fitness to practise plan, as well as investment where we need to address the concerns raised in the independent people and culture review. In short, we will continue to invest in the fitness to practise plan whilst we either release or use funds that we have redirected, to make the progress with the plans for the actions that we need to take to improve the culture at the NMC.

#### **Alison Stacey, Senior Reporter, Nursing Standard**

2. *I'd like to ask David Warren how he would respond to calls of social media for him to resign in light of the findings of the People and Culture Report. Will he or anyone be stepping down in light of the damning report?*

The Chair responded to say he was not going to stand down as chair of the NMC.

I think firstly it is important that there should be stability and continuity in the leadership of the organisation as we tackle the very difficult issues which have been identified by Nazia Afzal's report and I think that continuity is best served by me as Chair, and the Council remaining in place, to oversee the processes which we are setting in train.

I've talked about accountability in this, and that accountability, for me, is key to understanding what went wrong and how we can ensure that this never happens again. That is a process of self-reflection, which I've urged all my Council colleagues to engage in. I don't have to urge them because I know that it is central to their commitment to the organisation and it is a process of self-reflection which we will do in public because it is important that we not only understand how we could have avoided this, but that we share that understanding more widely.

I believe not only in transparency, but in supporting the organisation to the best of my ability as Chair to put things right. I gave that commitment when I spoke to the media, I've given the commitment to other stakeholders and I'm committed to remaining as Chair in order to oversee the process whereby we address the serious issues which Nazir has identified.

#### **Anonymous User (Guest)**

*3. What confidence can NMC staff have in the Chair, Council and EB to address the serious issues raised in the culture review, when those same leaders have consistently failed to address these same issues in the past? Further, with the appointment of the interim Chief Executive, Dawn Brodrick (after the draft report had been received by Council) and River Effra associates eroding any lingering hope for lessons to have been learned. As Chair of Council, should David Warren not immediately step down to demonstrate real accountability and make way for new leadership?*

*(The latter part of the question was already responded to above at no. 2.)*

The Chair responded to say that he recognised that it is necessary to earn people's trust and one earns trust by actions matching words. We've used a lot of words today and they are sincere words, but they will be trusted by people who are sceptical if we demonstrate that we are both understanding the issues, and that is through a process of consultation, understanding, reaching out, listening and everything that we've spoken about, and addressing the issues, which is a process of implementing the recommendations and doing so as fast as we can.

I know that there are other issues which are referred to in the question, concerning recent issues within the NMC, that have called people's trust into question. I can only give, as I gave at the last Council meeting, complete assurance that all due diligence processes were carried out that helped to support the proposed appointment of an interim CEO, and I very much regret that it that it was not possible for the individual concerned to confirm that appointment and take up the post.

**Cathryn Watters**

4. *The statements published by the NMC in response to the Culture Review don't follow the reflective framework that would be expected of a nurse, midwife or nursing associate if serious concerns had been raised about their practice. To reassure the public and the professionals on the NMC register that there isn't a high risk of repetition, can David Warren, Helen Herniman, Lesley Maslen and Alice Hilkin all answer before Council today: 1. Why did they fail to implement the recommendations from previous reviews? 2. Why should they be believed that it will be different this time?*

**Advance question – responses above see A3 and A4**

**Crystal Oldman, Chief Executive, The Queen's Nursing Institute**

5. *There is deep concern throughout the N&M professions about addressing the FtP backlog and the impact on those awaiting their case to be addressed. What is the risk assessment process for those FtP cases (our N&M colleagues) which remain unallocated and awaiting allocation?*

In response, the Executive Director, Professional Regulation commented that she could understand the deep concern about addressing the backlog. The programme of change that we got through the FtP plan is specifically targeting unallocated cases at each of the stages.

All new referrals into the organisation are reviewed by the screening team and assessments are made 'of risk' by screening decision makers and on that basis, on the information we initially received or subsequently gather, we'll make a public interest or in the registrant's own interest decision about whether a restriction on the professional's registration is required on the unallocated paths.

Risk assessments are made regularly across all the unallocated caseloads.

Unallocated cases are generally those determined to be of lower risk cases, but risk is reviewed and considered on an ongoing basis by the dedicated teams when cases are being allocated.

I will be updating later on today, but one of the benefits that we've seen already from the investment in screening is that we've been able to make significant inroads into the unallocated pot and our focus needs to be further down the chain into investigation and on legal reviews.

**Pamela Craig, NMC**

6. *What steps are being taken to fully support and listen to whistle blowers attempting to raise legitimate concerns, airline industry "valorises" people who speak up which points to a healthy organisation?*

The Executive Director, People and Organisational Effectiveness commented that we support, listen and investigate whistleblowing concerns when they're raised. As I've mentioned already, we have appointed Ijeoma Omambala KC to investigate our handling of the whistleblowing concerns that prompted the people and culture

investigation, and, as I've also mentioned, we will be learning lessons from that and we will be refreshing our whistleblowing policy in light of that.

**Esther Akinpelu**

*7. Will the senior independent advisors have experience in tackling institutional racism?*

The Chair responded that we assume so. We have yet to identify specific names for the senior independent advisory posts for Council, but the aim, as I said, is to have people whose experience, practical experience and expertise indeed provides that level of assurance and challenge to us.

**Asha Day, Head of International Recruitment, Leicestershire Partnership Nhs Trust**

*8. How will you ensure that the interview panel is fair and equitable - style and questions and hope it will be strengths based. Otherwise it will be unequally be based to western European candidates?*

The Executive Director, People and Organisational Effectiveness responded that we'll be working with expert recruiters who have the knowledge and expertise to advise us on this in relation to the chief executive role and, in seeking to procure some support with this, we have weighed EDI expertise as the single biggest criterion that we are scoring. We've assessed them not only on how their approach but also their past performance in attracting diverse candidates from attraction through to recruitment. And this is something different than we've done in the past.

I also just thought it would be helpful to add that since the start of this year, we've also been doing training for all colleagues on recruitment panels, including how to consider creating the right EDI outcomes, and will continue doing so in light of the recommendations from the independent Cultural report.

**Alison Stacey, Senior Reporter, Nursing Standard**

*9. Rise Associates told me that, unlike other regulators such as media, solicitors, police, they were shocked at how little nursing representation the NMC Council has which was explained to them as a reluctance to let 'nurses mark their own homework.' Will there be an effort to have more nursing voices and expertise at the NMC going forward?*

The Secretary to the Council clarified that the NMC Council makeup is set out in legislation. The Constitution order sets out that we have a Council which is made-up of six registrant Council members and six lay Council members, so it would take a change to our secondary legislation, which established the NMC, to affect that.

The Acting Chief Executive and Registrar added that from an operational fitness to practise perspective, we need to ensure that we have the right blend of multidisciplinary teams looking at all referrals that come into us. What I mean by that is, that you need the clinical expertise, the regulatory expertise and the legal expertise.

And even when you've got those three areas of expertise, they all need to have the same sort of volume of voice, with parity of being heard. The report highlights that we don't seem to have that right at the moment. We need to revisit and we need to make sure that we do have the right nursing voices so that we do have the appropriate balance of the multidisciplinary teams looking at the referrals and the FtP workload that comes into us.

**Anonymous User (Guest)**

*10. What immediate actions have been taken to address the concerns from the culture review? The 'immediate' actions described in the NMC's responses have either been work that was done previously, such as amended guidance and the F2SU guardian, or things that are intended but have not yet happened, like the appointment of an EDI adviser to EB. Has anything actually been done to protect staff, registrants and the public in the two weeks since the report was published?*

The Acting Chief Executive and Registrar responded that the organisation received a draft report before the report was published and we acted where we could, on the content of that draft report, working with Rise Associates and Nazir. And what I mean by that, is where there were individuals, not named individuals, but where there were individuals that had obviously had very traumatic or distressing experiences, whether from within the organisation or outside, we followed up with Rise Associates and Nazir to make sure that they provided the support or whether there was anything we should do, bearing in mind it was an independent review and people contributed anonymously, which was appropriate.

In building up to the report coming out, we needed to make sure that our staff had support internally and, again, that there was external support for people available as well. We did take actions to enhance the support that we were giving to people and yes, some things were already in play, like the freedom to speak up ambassadors and the independent freedom to speak up guardian. It was essential that we had that structure in place when the report was published. Other things like the appointment of an EDI advisor, are in progress because we have to follow and be compliant with processes from a procurement perspective and from another process perspectives. There was a lot of work done as soon as the report came out. But there's more work ongoing in line with processes that we have to follow.

**Asha Day, Head of International Recruitment, Leicestershire Partnership**

*11. I am looking at the visuals of the presenters today... ask yourselves who is not being represented?*

The Acting Chief Executive and Registrar responded saying I think we do that every time we see Executive Board on screen and Council on screen and that certainly feeds into some of the feedback and some of the recommendations that I've mentioned previously about the representation within the Executive Board and the opportunities that we have with the two vacancies.



The Chair commented that we are acutely conscious of the point that the questioner makes in terms of the diversity of the Council, as well as the diversity of the Executive Board, it is clear that this is at the heart of an effective response to the Rise Associates' review, and this is not about optics. This is about the culture of the leadership of the organisation.

**Michelle Russell, Whistleblower**

*12. As a registrant who has whistleblown, the poor performance of the NMC must not be underestimated. it has led to loss of lives and livelihoods. I have lost my career as a direct result of the incompetence of my regulator and the public remain at risk. Will the NMC address the detriment that continues as a result of their incompetence on an individual case basis?*

The Acting Chief Executive and Registrar commented that she thought we've addressed that one previously, but just to summarise that any individual that approaches us with regards to a claim we will review that in line with process.

**Anonymous User (Guest)**

*13. Why does Helen keep sighing when asked questions about responding to racism?*

The Acting Chief Executive and Registrar replied to say she was not sighing; I'm absolutely full of cold. I am just struggling to breathe a bit, so I'm not sighing prior to any specific responses that I'm giving.

**Peter C. Bell (Public Observe)**

*14. On page 57, is that telling me that the Contact Centre loses 1 in 7 or 8 calls (on average)?*

The Executive Director, Professional Regulation responded that our target is 90% of all calls. Our current answer rate year to date is 87.1%. In April 24, we delivered an 80% service, but we had our busiest month in over four years.

**Peter C. Bell (Public Observer)**

*15. Given how central core IT systems are to the work of the NMC, could Council explain why the business case for a Case Management System is not expedited. Surely by now the NMC has bought and implemented a case management system? Is there anything wrong with using a legal system like Clio that your external lawyers will be familiar with? What do Council members know and understand about the status of the Case Management System and its procurement if that is what the Business Case is all about?*

The Executive Director, Professional Regulation responded that we have embarked on using Microsoft Dynamics as our replacement case management system. We have

gone live with a member of the public screening referrals system - that's up and running and working really well and it is helping with the pace of casework and our people really love using the tool. In the last couple of weeks, we've also gone live and deployed our panel allocation tool as well, which means, rather than using spreadsheets and very manual processes for allocating panel members to hearings, we're now able to do that in a more automated way. In terms of the business case, I think the business case was agreed some time ago. What we're bringing back to Council is our actual implementation approach, which Tom is supporting me with.

The Interim Executive Director, Resources and Technology Services added that we've been on a journey for the past number of years, replacing all of our key business systems. We recently completed the change to our register. We're doing some work on our public facing systems at the moment and case management is the other significant one. We do have a system today; it's served its purpose, it's served its time and we're working as fast as we can to bring the new system to our colleagues so that they have a tool that can actually make the process work better.

**Ruel Donaire, (Royal United Hospitals Bath Nhs Foundation Trust)**

*16. With the current report on the decrease of the nurses in the register for the past years, will there be a possibility of hiring international nurses again to increase the staffing demand in the hospitals?*

The Executive Director, Professional Practice advised that that's a government decision not a decision for the NMC to make. Our role is to maintain the register of nurses, midwives and nursing associates.

**Peter C. Bell (Public Observer)**

*17. Given the declared shortfall in recruitment shown in the papers and the use of £££millions of external legal support why are there only four posts advertised with the NMC today?*

*Those posts are:  
Contract Manager  
Hearing Support Officer  
Senior Digital Content Officer  
Stakeholder Engagement Manager*

The Executive Director, People & Organisational Effectiveness responded to say that new roles are advertised all the time and we have just completed a significant investment round for professional regulation where we recruited over 80 people to roles. We've also in the last year significantly grown the professional practise team and we're workforce planning to consider where we're going to need new roles and skills to help us now deliver on the recommendations from the independent culture report. Finally, it's worth noting that we also advertise roles internally before they're advertised externally, just to give colleagues an opportunity to develop their career at the NMC. And while our turnover is higher than we would like in some teams, it's also worth noting that it has been reducing in each of the last three years and is now below 10%. We hope we'll start to see more stability in that picture.

