

Observer questions (2) raised during meeting on 24 July 2024 and answers (provided following the meeting)

Elaine Scott, Senior Quality Matron, BPAS

- 1. Racism and bullying has been identified within the NMC since 2008 with little to no progress. What will make this report any different. It's great to hear everyone's sympathy but I would ask, where were they when individuals were being discriminated against? Why did they not speak up? How can they reassure registrants that they will speak up now?*

The Council has accepted the Rise Associates' recommendations and is actively reflecting on what lessons the NMC should learn from not having addressed some of these issues previously.

In June, we introduced the first Freedom to Speak up Guardian to the NMC. The Guardian is professional and fully independent, she is supported by an Executive Board sponsor and has been introduced across the NMC to colleagues. Alongside this we have colleagues who have volunteered to support others to speak up and be a point of contact in local teams.

The culture cannot be changed by a single appointment and there is more to do to improve managers and leaders' consistency in enabling speaking up. To that end we are working with a partner to undertake psychological safety development in some management teams. The aim is to support learning and implementation of psychological safety day to day. This is not a complete list of things we are doing but we acknowledge that we need to do more and have started.

Anonymous User (Guest)

- 2. Council have mentioned listening to staff in response to the report - what feedback specifically have Council heard directly from staff since the report was published? I'm not aware of any opportunity to have shared my views, as current NMC staff, with Council directly. The only place to share my feelings with senior leaders has been the directorate briefings, but the questions were screened and none of mine were answered or addressed.*

We are logging all colleague and external feedback and turning that into a baseline report, which we will use to track progress as well, as input for the changes that we will plan. Council will receive updates on this feedback for them to consider as part of approving our planning and in holding the Executive to account.

Some Council members have also been present at our offices and colleagues have had the opportunity to speak with them. We hope to increase this over time and Council members will also be at the staff conference in October.

Lisa Daniels, Community Staff nurse, GSTT

- 3. How will the NMC support Neurodivergent nurses with non-visible disabilities working without effective support?*

Ensuring the provision of effective support for neurodivergent nurses with non-visible disabilities is the responsibility of employers. The NMC's remit does not extend to this but we would anticipate that professionals could seek the support of the Royal College of

Nursing, Royal College of Midwives or other trade union should they not receive the support they need from their employer.

Gillian Meldrum, (Chelsea And Westminster Hospital NHS Foundation Trust)

4. *How will the NMC seek to involve registrants and the public in the review process?*

We are in the process of mapping out what our engagement will look like for longer term culture change. We will actively engage with partners, professionals and the public.

Peter Bell, member of the public

5. *One of best known ways of improving the culture, performance and efficiency of any organisation is to shine the light of Openness and Transparency in to its workings so that it truly becomes accountable to those it serves.*

Whilst it is recognised that the NMC handles a considerable amount of sensitive information the Courts in England and Wales have demonstrated in, for example, the Court of Protection and in the family Courts Transparency pilots, that with appropriate safeguards in place Openness and Transparency can be balanced with the obligations of privacy and confidentiality.

Will the NMC Council commit to undertaking a project, working with those with experience of this work including members of the public, to examine and propose changes to the NMC's rules and procedures, including legislative change if required, to bring the NMC in to the forefront of this current work to improve access to Open Justice and the transparency and accountability of the organisation?

We have provided a full letter of response to Mr Bell, which can be seen at **Annexe 1**.

Kelley Webb-Martin, Programme Director, NHS

6. *As there are organisations and independent professionals with the expertise to address the significant issues identified, do advise on the process for ensuring equity in the procurement and commissioning procedures, so these organisations and professionals may access the £30M allocated for this work.*

The £30 million allocated to the Fitness to Practise Improvement Plan is allocated for spend in several ways including increasing our internal resources, not just in staff within FtP, but in programme management and change management expertise to ensure changes are delivered and sustained.

We are working with legal partners who bring years of experience and knowledge of the regulatory healthcare sector. We held a market engagement event followed by a competitive tender process for the appointment of both our legal partners. Both firms received robust training and, together with an intelligent approach to allocating cases, provides collective assurance that we have the experience, skills and capacity to identify serious fitness to practice concerns and progress them swiftly and safely.

Peter Bell, member of the public

7. *I have observed over many years the NMC Council noting an underspend on MOTS/technology often owing to lack of qualified resource, FtP recruitment not reaching targeted numbers, and similar failure to reach recruitment targets elsewhere, whilst continuing to build very large reserves from the fees that they collect from their registrants.*

This continues today. And I see in the papers tucked away in the finance section yet another word of caution over spending because income from overseas nurses is predicted to decline.

Can I ask why, given that the NMC sets its own fees for its registrants, there is any concern about being able to raise sufficient income to be able to properly the resource needed to make a step change in the performance particularly of the FtP process?

One note – the employers support team was grown from 8 to 12 FTE and was very successful in reducing the number of referrals from employers. Why was this resource not then doubled, given that it was a) a very small part of the budget, b) so successful in reducing referrals, c) was becoming a source of expertise, d) was then repurposed to support the work of initial investigation.

The potential to raise income through increasing fees is something Council considers in Open session every year. The issue is kept under constant review. Our resource needs must be balanced against our responsibility to ensure that our fee level is affordable to the nurses, midwives and nursing associates on our Register. Any proposal to increase will require approval by Parliament. More information on our thinking and the process involved is contained in our 'Financial Strategy 2024-25', agreed by the Council in March 2024 and available on our website [financial-strategy-2024-2025.pdf \(nmc.org.uk\)](https://www.nmc.org.uk/financial-strategy-2024-2025.pdf). This issue was also considered as part of our annual budget setting discussions in March 2024 ([open-council---27-march-2024.pdf \(nmc.org.uk\)](https://www.nmc.org.uk/open-council---27-march-2024.pdf)). This paper also sets out our thinking on reserves and our plans to reduce them significantly in the near future.

We expanded the Employer Link Service (ELS) from eight Regulation Advisers to 12 at the end of 2019. We undertook a review of the function in 2021, which suggested further expansion of the team over the following three years. We initially allocated resource to ELS to develop a further ten new advisor roles that would work alongside the senior regulation advisors. In the event our decision to reprioritise the team's work towards helping address the fitness to practise caseload and responding to the computer-based training fraud identified in early 2023, meant the team was not able to support the development of these new roles as originally planned. We are now looking to return to the original plan with six new advisor roles expected to be recruited to support social care employers later in 2024-25. We are currently reviewing the case to reinstate funding for the remaining four new roles.

Nasreen Anderson, Senior Associate, Financial Conduct Authority

8. *Sue Whelan Tracey - do you have any comments about your silence when colleagues were reporting these concerns prior to the review but shedding tears now*
<https://www.theguardian.com/commentisfree/2018/may/08/how-wh>

We do not respond to questions about individuals.

Tamara Wasylec, Senior Education QA Officer, NMC

9. *Nazir urged NMC staff to hold the NMC leadership to account to deliver the recommendations. By what formal mechanisms are the NMC staff empowered to do this - which isn't whistleblowing? Will the oversight group for ensuring the recommendations are delivered include external stakeholders and a cross section of the NMC staff and employee networks to ensure delivery?*

All colleagues are able to attend Open Council meetings and ask questions to be answered by Council and the Executive. Attendance is only limited by capacity (for in person meetings) and whether the operational needs of specific teams or departments is able to accommodate attendance. Colleagues are also able to ask questions through the All Staff Briefings and People Briefings. Network discussions take place with senior leaders in the organisation and colleagues can ask questions via the Networks as well. The NMC also recognises Unison as a trade union and colleagues who are members can raise questions with them.

The Oversight Group is being organised and administered by the Professional Standards Authority. Whilst the NMC has no control over the membership, we understand that this will include NMC colleagues.

Kelley Webb-Martin, Programme Director, NHS

10. *Self-education on anti-racism is important. I'd invite the members here to educate themselves on how oppression/racism presents, to include Tears and the further damage it often inflicts on those impacted*

Thank you for the comment.

Meldrum, Gillian (Chelsea And Westminster Hospital NHS Foundation Trust)

11. *Which 'stakeholders' do you plan to engage with? Would you agree to include, for example, NMCWatch and Equality4BlackNurses and also create a channel for unaffiliated registrants and members of the public to contribute?*

We are in the process of mapping out what our engagement will be and we are at very early stages of this work.

Cathryn Watters

12. *Who has been held to account in the leadership - what has this looked like?*

The leadership team opened themselves and the NMC to the external scrutiny of a high-profile independent review, and they have committed to delivering a culture change programme rooted in the report's 36 recommendations. The author of the report, Nazir Afzal OBE, has stated his confidence in the current leadership team's ability to respond positively to his recommendations, and that is what they intend to do.

Anonymous User (Guest)

13. *What mechanisms are open to NMC staff to express our dissatisfaction with the Council and the Chair? Can we call for a vote of no confidence? If Council won't take real accountability, we want to make it happen.*

Open Council Meetings include question and answer sessions in which members of NMC staff can express their views. There are other staff meetings at which individuals can give their feedback, which will be shared with Council. As an independent regulator, the NMC is accountable to Parliament and Council members are appointed by the Privy Council. The Chair and the members of Council are appointed by the Privy Council, and the terms on which they may be suspended from office are set out in the NMC Constitutional Order, 2008. There is no provision for a vote of no confidence in the Council in this or the NMC's Standing Orders.

Michelle Russell, Whistleblower

14. Rhiannon I would respectfully suggest listening to trusts for their opinions on staff vulnerability may be part of the problem. Robust safeguarding and knowledge of this should be part and parcel of the skill set at the NMC

Thank you for the comment.

Sally Nyinza

15. It would be great to have a registrant be a CEOR and have more nurses or midwives into the executive as well as in the council. It feels we are being worked at instead of working with. It also needs to be diverse. Looking at the panel today, it is no where near diverse. 27 lives lost is too many lives that should not have been lost! Shouldn't there be calls for an inquiry?

While the NMC's role, as a professional regulator, is distinct from that of the professional bodies representing nurses and midwives, the role of Chief Executive and Registrar (CER) and that of any other member of the Executive, is open to any suitably qualified and experienced applicant. There is no bar to a registrant applying to be CER or serving in any other Executive position. The number of registrant Council members is mandated by the Constitution Order at six members.

The NMC will support any Inquiry that covers its areas of work.

Linda Martin

16. How can staff be reassured that management at all levels will change/implement the recommendations, given management at all levels throughout the NMC have been complicit/condoned the behaviours described in the Report and in previous reports?

Also as there does not appear to be any accountability by those complicit in these behaviours at all levels, what does the Council intend to do about this, as it makes whistleblowing invaluable and meaningless. Other organisations faced with the same recommendations, would have taken immediate action to reassure staff that these behaviours will not be tolerated.

There is no place for bullying, harassment or discrimination at the NMC and, where colleagues experience it, they should speak to their line manager, a colleague who can help to raise it, a UNISON representative, or the Freedom to Speak Up Guardian.

Colleagues have told us that they want to see action, we have communicated the immediate action in response to the plans widely to colleagues; it is available to view [here](#).

Kelvin Ossai (RN), Health protection practitioner, Local Authority

17. What can the NMC do regarding the culture of nurses being treated as "guilty until proven innocent". Most nurses end up losing their jobs even when the police has found them not guilty. Nurses get ostracised by work colleagues and employers. How can the NMC mitigate such culture?

The proportion of nurses and midwives who are subject to FtP processes is extremely small; the number who are restricted by us as a regulator whilst our process is ongoing is even lower and the total number who are then subject to some form of formal restriction at the end of our process is smaller still.

Our processes are not there to prove guilt or punish. They are there to manage future risk, where possible, in a way which enables professionals on our register to return to safe practice. We need to do more with students so they understand the role of Fitness to Practise, and we need to reinforce with employers that being involved in FtP processes does not necessarily mean someone cannot work.

We recognise that individuals sometimes feel unable to work and we have a careline for individuals who need support if they are involved in our processes.

Sharon Aldridge-Bent, Leadership Consultant Independent

18. Apologising, showing emotion, remorse and ignorance does not reassure me as a registrant.

The council must ask themselves 'why' they were not aware and or looked the other way?

Please consider how as a council you can reassure registrants that the action plan will not just be another 'lip service' exercise. Based upon the fact that the membership of the council is unchanged.

We recognise that actions matter more than words going forward and we will openly report on the actions we are taking to implement the report's recommendations over approximately the next two years. This will include transparent reporting at our public Council meetings. We will also keep the wider professions up to date at key junctures. The PSA's independent Oversight Group will also be reporting on our progress and we will be appointing two independent advisers to the Council to provide further assurance.

Manjit Darby, Non-Executive Director, Leicestershire Partnership Trust

19. We need to see quick wins. Addressing the backlog is critical. I suggest you urgently review why panel member contracts can't be extended. I asked Andrea this in January- the answer was no can do- if GMC can I'm sure we can! There were plenty of us with significant experience who's contracts were ending volunteering to stay on but this came to nothing.

The appointment and reappointment of Panel Members is set out in legislation and, at present, there is no option to extend panel members beyond two terms. The GMC has this option because its legislation contains a provision for them to extend Panel members in a way that our legislation does not. We hope that this is something we can consider more fully through the process of Regulatory Reform.

Keelie Grindley (RBT) Mid Cheshire Trust

20. As a midwife teaching Black maternal health and anti-racism at my trust, how do I encourage my students to report racism as a pre requisite of the NMC when racism is clearly rife within the NMC, our regulator? Trust is unfortunately lost with me as a mixed race midwife and those I'm teaching of all ethnicities.

One of our aims for Fitness to Practise is to support a professional culture that values equality, diversity and inclusion, and prioritises openness and learning in the interests of public safety.

We are clear that there is no place for racism in health and social care and would encourage individuals to either raise issues of racism with us or to let us know if they consider any complaints made against them to be a result of racism.

Shona Hamilton, Midwife, NHSCT

21. Will nurses and midwives who have had difficult and lengthy FTP processes that has been detrimental to their mental health and well-being receive an apology? What work will you undertake with your FTP panels to ensure fair and reasonable processes? Will you increase professionals on the panels that have a good understanding of current clinical practice

We are sorry for the impact delays in our Fitness to Practise process have had on individual nurses, midwives, members of the public and our own staff.

Our FtP panels receive regular training to ensure fair and reasonable processes and over the past three years we have focused on equality, diversity and inclusion, sexual misconduct and how to run effective hearings where individuals are, and feel, supported.

All of our panels have at least one professional on them and we encourage applications from individuals in current clinical practice.

Stuart Tuckwood, National officer for nursing, UNISON

22. Thank-you for answering the first two questions which were from me at UNISON. To add, there is no mention anywhere in the actions identified to date - nor has it been mentioned in the discussion at Council today - of working with the UNISON branch for NMC staff on this. To be clear, having freedom to speak up guardians and ambassadors are no substitute for working with the union representatives your staff elect. This needs to be explicitly identified as an action and addressed.

We are pleased to have recognised UNISON in the last couple of years as our first Trade Union at the NMC. UNISON has played an important role in shaping and influencing the People Plan and EDI plan for the NMC and has been representing and supporting colleagues across the organisation. The Chair and Chief Executive had a useful meeting with UNISON representatives on 21 August and we look forward to continuing these contacts.

Cathryn Watters

23. Sue Whelan Tracey - do you have any comments about your silence when colleagues were reporting these concerns prior to the review
<https://www.theguardian.com/commentisfree/2018/may/08/how-wh>

We do not answer questions about individuals.

Anonymous User (Guest)

24. As a former employee, I have personally experienced (including before and after the publication of the culture review) extreme defensiveness from both Council and members of the Executive Team. If you are unable to recognise defensive behaviour when it is still happening, how can you reassure members of the public that you are capable or have the necessary insight to implement change?

We are sorry to hear of your experience; former colleagues have contributed to the People and Culture Report and we would like to thank them for doing so.

Staff have told us that they want to see action and we have communicated the immediate action in response to the plans widely to colleagues, it is available to view [here](#) and includes diversifying and improving the capabilities of senior leaders.

Manjit Darby, Non-Executive Director, Leicestershire Partnership Trust

25. As a non-exec in a Trust if I found myself in this position I would be asking why didn't we know. To provide confidence going forward the Board has to understand and articulate what has gone wrong at board level and how this will be addressed.

As the Chair made clear at the meeting, the Council will need to consider what questions it should have asked and what assurances it should have questioned, as part of the process of understanding what happened.

Cathryn Watters

26. Are these answers to the questions - scripted ?? looks like they are being read out...

Some of the questions received ahead of the Open Council meeting were replied to on the basis of notes prepared in advance. This is in the interests of both time and accuracy. The Council also answered as many of the questions raised in the meeting as the extended time allowed.

Ruth Oshikanlu (Registrant)

27. You keep stating that you are a Learning Organisation. Why did the NMC Chair and Council not see the need for an EGM following the report? This would have been a real opportunity to show that the Chair and Council really do want to engage with registrants and the public.

The Independent Culture Report was published on 9 July and the Council had an Open meeting planned on 24 July. Holding a meeting sooner is unlikely to have allowed as many stakeholders to join the meeting. The Council also used the short time between publication and its scheduled meeting to prepare an outline paper on how we planned to respond to the report.

Anonymous User (Guest) Ruth Oshikanlu (Registrant)

28. The Chair stated that he does not know how things got this bad. Could it be a case of group-think, no diversity of thought within NMC Council and members of the Executive team?

The NMC is committed to improving the diversity, in all senses, of the Council, the Council's Committees and the Executive leadership of the organisation.

Neomi Bennett BEM RGN

29. Will the NMC address anti-blackness in their EDI attempts? This type of discrimination became obvious after the 2017 University of Greenwich research

We are carrying out more work with the University of Greenwich to address disproportionate referrals and we also have a workstream in our Fitness to Practice plan which is targeting this issue.

Work is scheduled within the ELS team to hold discussions with the top 10 employers in terms of disproportionate referrals to understand and attempt to resolve the situation.

Dale Cooper

30. As Co-Chair of the LGBTQ+ Network I would like to ask the chair to ask Nazir for clarification on the process involved in the selection of feedback and in particular the feedback on page 54 of the report. This feedback is the only reference to the LGBTQ+ community we understand that this quote can be heard differently by different people and the person who made this comment wasn't having their needs met. As the only mention of the LGBTQ+ community in the report it was difficult to read as it felt:

It is triggering in the way LGBT+ people experience discrimination.

- We feel this comment is inflammatory and serves to turn under-represented and marginalised demographics on one another, when in actuality, anybody from minority backgrounds should be working together to educate and inform those who are not, with the common goal to unify in our approach to equality.*
- There are no clear conclusions about what is being drawn from this feedback.*
- It feels very noticeable as this is the only reference to LGBTQ+ people in the report and feels quite negative towards these people's experiences and the LGBTQ+ community.*
- It is also divisive for people with non-visible disabilities.*

Thank you for the comment. We will forward this on to Nazir Afzal.

Anonymous User (Guest)

31. Nothing that has been said has identified who is responsible/how this happened. NMC Context Commitment 8:

We'll need to consider whether we need to take any action against those in senior positions who were responsible for the poor culture and for ensuring correct processes were in place, known about, understood and adhered to.

If managers knew poor practices were happening and did nothing, it might call their management arrangements and the level of support they provided into question. It might also be a concern if managers didn't know of a widespread cultural issue.

Who is responsible for the poor culture at the NMC?

The Council and the Executive commissioned the independent investigations and review into the NMC following the whistleblowing concerns that were raised in September 2023. They have accepted the recommendations in full from the Rise Associates Report and are committed to implementing wider cultural change. The Council and Executive have apologised to colleagues, professionals and stakeholders for the findings of the report.

As the Chair made clear at the meeting, the Council will need to consider what questions it should have asked and what assurances it should have questioned, as part of the process of understanding what happened.

The experiences set out in the report were shared on a confidential basis and it is of concern that some colleagues have felt unable to speak up on these issues. We have established an independent Freedom to Speak Up Guardian to help colleagues raise concerns and provide a signpost to support.

Gillian Meldrum, (Chelsea And Westminster Hospital NHS Foundation Trust)

32. Does the Council understand that apologies expressed at this meeting (for things that happened rather than things they have done) are mostly not being heard or received by the individuals who have been harmed, and not all of the victims with have the means to raise complaints through formal processes or litigate in order to receive either apologies or compensation - which make the repeatedly expressed sincere and personal apologies fairly meaningless and means that amends will not be made to the individuals affected?

We recognise that actions matter more than words going forward and that the Council and leadership of the NMC have significant work to do to regain the trust of colleagues and stakeholders. We will openly report on the actions we are taking to implement the report's recommendations over approximately the next two years. This will include transparent reporting at our public Council meetings. We will also keep the wider professions up to date at key junctures. The PSA's independent Oversight Group will also be reporting on our progress and we will be appointing two independent advisers to the Council to provide further assurance.

Rosemary IDIAGHE, Surrey And Sussex Healthcare NHS Trust

33. Will the committee give assurance that nurses and midwives will form an integral part of the executive team of the NMC going forward?

A registrant already forms an integral part of the Executive Team in the role of Executive Nurse Director, Professional Practice. All other roles are recruited to with consideration for the specialist skills and experience required for that role. See question 15 for further detail.

Anonymous User (Guest)

34. When he spoke at an internal NMC briefing, Nazir Afzal was unable to explain why he had confidence in the current NMC leadership, but did note that it wasn't his role to set specific actions for leaders following his review. Can the Chair accept that Nazir's refusal to call directly for resignations should not be relied upon as meaning that there is no basis for the same?

In his letter to the Chair of 9 July, Nazir Afzal thanked the leadership of the NMC for opening themselves to scrutiny and expressed confidence that the report could be a turning point for the NMC.

Gillian Meldrum, (Chelsea And Westminster Hospital NHS Foundation Trust)

35. Would the council consider that avoiding giving a direct answer to the questions raised at this meeting comes very close to being 'defensive' - although David has assured the meeting that there has been 'zero defensiveness' in response to the report?

The Council responded to all the questions received in advance of the meeting and then extended the time allotted for responding to questions from the Q&A function within Teams meeting. Any questions that were not responded in the meeting have been addressed within this document.

Michelle Russell, Whistleblower

36. 16 suicides in 6 years just confirmed?

The NMC reports all tragic deaths by suicide by registrants under investigation in our Fitness to Practise processes in the Annual Report and Accounts.

Rebecca Thomas, Health Correspondent, The Independent

37. Following confirmation from the Chair that he was copied into concerns from whistleblowers prior to the commissioning of the Rise and Ijeoma review - what action did he take upon being copied into those concerns?

The Chair is unable to comment on individual whistleblowing cases which are currently under investigation.

Carol Irish, Service Manager, London borough of Newham

38. There are several organisations with independent professionals affiliated who has the expertise 7 experience to address the significant issues identified, what is your procurement processes to foster equity in commissioning procedures, so these organisations and professionals may access the £30M allocated for this work

See Q6 above.

Gillian Meldrum, (Chelsea And Westminster Hospital NHS Foundation Trust)

39. Would the NMC consider putting a statement on the website encouraging & welcoming registrants and the public to forward comments/concerns/suggestions to customer enquiries and complaints team - if they wish to gather representative views from a diverse range of concerned citizens, rather than simply from the most personally aggrieved people and activists?

We are in the process of mapping out what our engagement will look like for longer term culture change. We will actively engage with partners, professionals and the public.

Anonymous User (Guest)

40. The Chair's response about the appointment of the interim CEO is completely unsatisfactory. There has been no acknowledgement that making such an appointment at this time was wholly inappropriate given the need for the interim appointment to give assurance - above all else - that the organisation understood the importance of addressing the concerns about our handling of EDI issues and our culture. That there

has been no recognition of wrongdoing or error in respect of this appointment completely undermines everything else Council has said today about their understanding and accountability.

Thank you for your comment, which that Council has noted.

Joanne Bosanquet MBE, RN

41. We have 100's of Directors of Nursing and Chief Nurses across the system. Why don't you declare a major incident and allocate the lower risk cases to these teams at regional level to assess and work with the employers to resolve? Employers often use the NMC as HR.

Our Employer Link Service works closely with Directors of Nursing and Chief Nurses across the United Kingdom and provides advice on what should and should not be referred to us.

We now have the funding in place that will allow us to rapidly address our aged, low risk cases.

Additionally, as part our plans for FtP, we will be looking at how we might enable employers to support members of the public who raise complaints with us directly rather than raising with employers in the first instance.

Gillian Meldrum, (Chelsea And Westminster Hospital NHS Foundation Trust)

42. Does Council understand that trust can indeed only be earned by actions going forward, and therefore for them to earn trust in the genuineness of their profuse apologies, they would need to act proactively to apologise directly to people who have been harmed, and make amends to them?

The Chair repeats his apologies, and those of the Council, to all those affected by the issues reported in the Review and our commitment to implementing all the Review's recommendations.

Anonymous User (Guest)

43. As my pre-sent question was edited and Exec Directors can expect to be named for failings - sharing in full for transparency:

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

- 1. 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?*
- 2. What measures have been put in place to ensure that these leaders are protected from being ostracised or facing reprisal once in post?*

This question was edited as we do not respond to questions about individuals. It has been edited here again for the same purpose to remove the names of individuals. The substance of the question was addressed in the Council meeting.

Manjit Darby, Non-Executive Director, Leicestershire Partnership Trust

44. Closed cultures damage organisations. There are many registrants and nurse leaders who would be happy to help - we want to see a fully functional organisation working to ensure we have a workforce that's safe and fit for purpose. Use our offer of help. It's a tough job for the council and executive for sure so please reach out and use us.

Thank you for your comment.

Gillian Meldrum, (Chelsea And Westminster Hospital NHS Foundation Trust)

45. Would David reflect on his statement that there has been zero defensiveness, as an expression of defensiveness in itself? It seems humanly impossible to not have at least some defensive thoughts and feelings in response to such harsh criticism as the report has raised. Would the Council consider it useful, if they wish to effect genuine change, to actively look for, reflect on and understand their own defensive feelings and reactions - and welcome an acknowledgement of these as helpful in understanding the causes of the some of the problems they wish to solve.

As the Chair made clear at the meeting, the Council will need to consider what questions it should have asked and what assurances it should have questioned, as part of the process of understanding what happened.

The Council and leadership is clear that the task of addressing the issues must start with self-criticism about what led to this situation

Michelle Russell, Whistleblower

46. It is clear from Lesley's report that the culture of the NMC continues to impact on fitness to practice progression and completion. Additionally, with 16 registrant suicides within the last 6 years does Lesley accept the risks are now unacceptable?

The NMC offers its condolences to the family and friends of anyone who has died by suicide while under investigation.

The wellbeing of those involved in our Fitness to Practise process is important to us and to our teams who handle cases every day. The significant investment we are making as part of the Fitness to Practise plan will improve the timeliness of case progression at all parts of our process, reducing the pressures associated with us having cases unresolved for too long.

We are investing further in our safeguarding capabilities and additionally investing in new roles to support the wellbeing of professionals involved in our process.

Longer term, we look forward to the implementation of regulatory reform which is critical in updating our outdated legislation and giving us great powers and flexibility to resolve cases sooner.

Michelle Lyne, Professional Advisor Education, Royal College of Midwives

47. It is important that NMC staff are heard, treated with respect and dignity as stressed in both the report and numerous contributions from the NMC, however this too needs to be afforded to those registrants referred to the NMC. Equally their time as well as those attending with them including their legal support. We recently had members called to

attend for interim orders who arrived at 08.30 and required to attend for the day and then sent home without being seen and required to attend the next day. This added to the stress and anxiety of the process and raises questions about process. Too often we hear from members about how badly they are treated.

We are sorry to hear about this experience, and you are right that everybody involved in our processes deserves to be treated with respect, nobody should be put in avoidable positions which add to their stress and anxiety.

We recognise that our work on the approach to interim orders needs to improve and we have a stream of work in our improvement plan dedicated to improving interim order and substantive order review processes.

Michelle Russell, Whistleblower

48. It is evident that corporate risk and public safety risks were raised some time ago to CEO Chair and other council members, Listening was the problem.

Thank you for the comment, which the Council notes.

Questions submitted after the meeting

Wilfredo Velasco Vitao, Jr., PH-RN, UK-RN, US-RN, Practice Educator, Mid and Late Career Development

*Thank you for the meeting today.
My question is in relation to the OET results believed to be fraudulently procured in India. When do we know the outcome of the OET Malpractice Group Investigations? What is the current guidance around this?*

We are likely to have received all of the information required from the organisation responsible for OET during September; this will enable us to consider if there are any regulatory actions for us to undertake.