

The Nursing and Midwifery Council


Independent Culture Review

July 2024



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Foreword

All of us will have been touched by the extraordinary efforts of nursing and midwifery professionals in helping us through the pandemic. Many will have a story of how a nurse or midwife steered them through some of the most challenging periods in their lives. A lot fewer will have given much thought to what it must be like for them.





When my mother was receiving palliative care at home at the beginning of the first Covid-19 lockdown, like most of us I couldn't be with her for much of the time. However, a couple of district nurses took it in turns to visit her and my brother and tend to her throughout her final days.

On the rare occasions when we were all there, I saw professionalism of the highest order delivered with empathy and compassion. The nurse told me that one of her friends had died from Covid-19 recently but that 'we just have to get on with the job.'

The 'job' is one of the most difficult and emotionally draining of any that we ask of our fellow citizens. We also know that people don't go into nursing for great financial rewards and yet it is one of the most important roles for a fully functioning society.

How they are valued, how they care for their patients and the families, and how

their profession is regulated should be the subject of public scrutiny all the time. Public safety is on the line in every decision taken.

A good workplace culture drives performance, it delivers better outcomes, it celebrates success, roots out poor behaviour and embraces continuous learning. Leaders, through their actions or inaction, determine the culture that the organisation accepts.

Therefore, when I was asked to review the culture of the NMC, one of the world's largest regulators for nurses, and midwives and nursing associates, I saw it as a duty and a privilege. The 800,000 nursing and midwifery professionals and over 1,250 NMC staff deserve a working environment that is fair, kind, collaborative and ambitious - the values the regulator is meant to live by - and anything less needs to be identified and remedied. My review will begin to do that. It's the least they deserve.

Nazir Afzal OBE



Introduction

The Nursing and Midwifery Council (NMC) is one of the largest healthcare regulators in the world, regulating more than 808,000 nursing and midwifery professionals in the UK. It has been a statutory body since 2002 after succeeding the United Kingdom Central Council for Nursing and Midwifery and Health Visiting (UKCC) (1985-2003) and the four National Boards for Nurses, Midwives and Health Visitors for England, Northern Ireland, Scotland and Wales.

It exists to protect the public and has a vital role in building a safety culture that's open and fair. During the course of our review we met many dedicated, driven and highly capable staff who embodied its purpose of upholding the highest standards to protect the public and inspire confidence in the professions.

This review, however, has come about because of a clear threat to that purpose and the NMC has admitted that it is currently going through a "period of challenge and change" that requires improvement for it to operate effectively as a regulator.

Rise Associates and Nazir Afzal OBE were commissioned to undertake an independent cultural review of NMC in January 2024 following a series of disclosures by a whistle-

blower in 2023, which claimed a "deep seated toxic culture" was leading to skewed and failed investigations. Our remit was to review the workplace culture over the last five years.

This is not the first time, though, that the NMC has come under scrutiny regarding its culture. For well over a decade now, the regulator has been dogged by claims of bullying, racism, incompetence and a dysfunctional workplace culture that fails patients and families.

It is important to note that many of the challenges we encountered upon embarking on this review appear to pre-date the whistle-blower's concerns that appeared in the media last year. As far back as 2008, a special report for the Department of



Health investigated allegations of racism and bullying and serious concerns around processes to manage the risk that a nurse or midwife poses to people receiving care. A few years later in 2012, a strategic review of the NMC for the Council for Healthcare Regulatory Excellence found weakness in governance, leadership, decision making and operational management.

A year later further criticism was levelled at the NMC in the Francis Report, which examined the causes of failings in care at Mid Staffordshire NHS Foundation Trust. Further concerns around workplace culture were highlighted in a 2016 whistleblowing report. And in 2018 an independent audit of NMC's handling of documentation relating to midwives at Furness General Hospital was also critical of a culture that failed to act with an appropriate level of care and compassion.

The Professional Standards Agency, which reviews the work of regulators of health and care professionals, also published a 'Learned Lessons Review' at the same time into handling of concerns relating to the fitness to practice of nurses at the hospital by the NMC. It found further cultural failings and concluded that the NMC had adopted a "defensive approach", communicated without empathy and made puerile and derogatory comments about the public.

A whistleblowing report in 2019 and a review of the culture in specific directorates in 2020 unearthed even more failings, noting that staff often did not raise concerns because they were fearful of repercussions and apathetic about things ever changing.

Additional reports around race equality, inclusion and the NMC investigations team in the last few years have shone a similarly harsh light on a culture of fear inhibiting honesty and learning, and which also normalises a tolerance of race inequalities.

The substance of these reports weighs heavy on our review. When studying them, we have also noted the repeated response from the NMC is a promise to learn lessons. Yet,

given the frequency of reports and continual criticisms, questions have to be asked as to whether this commitment is genuine.

Over the following pages, we will document the painstaking evidence we have gathered from staff across the NMC to produce the most comprehensive picture of the culture there yet. As you will see, the volume of evidence we have gathered is extensive and speaks of a genuine desire and need from staff to see positive change.

With the NHS facing unprecedented challenges and a need to speed up workforce supply, equip practitioners to deal with future challenges in how care is delivered and close safety gaps to protect patients and service users, strong and capable health regulators are needed more than ever.

It is our hope that this review can help build on the NMC's strengths, highlight areas that need clear improvement and provide recommendations to start a programme of urgent change that will ultimately help the NHS meet future challenges and better protect the public.

Terms of Reference

The following are the main elements for the terms of reference for this review. The full terms of reference are in Appendix A.

Key principles for the review

1 As part of the review into people and culture across the NMC, we should consider:

1.1 the specific concerns raised about NMC staff and culture by whistleblowing concerns and referenced in The Independent, and any other concerns that may be raised during the course of the review

1.2 the behaviours and decisions of leaders at all levels and the impact they have on people and culture

1.3 The NMC's 'speak up' culture and barriers that might exist. And to specifically but not exclusively consider the barriers for Black and Minority Ethnic colleagues who wish to raise concerns and any intersectional considerations

1.4 how the nature of the NMC's work (its profile, sensitivity and volume) impacts on our people and culture, and whether our internal people and management policies, processes, systems and working practices support everyone to perform at their best

1.5 the way in which internal people management policies, processes and systems are applied and interpreted by NMC colleagues and how that impacts on the NMC's people and culture

1.6 the way in which the training, guidance and experience of independent panel members impacts on the NMC's people and culture

1.7 the impact of barriers to progression, real and perceived, on people and culture at the NMC. This should be from recruitment to leaving the organisation

1.8 the effectiveness of our interventions to date and the opportunities to scale up and further invest

1.9 the difference in experiences of colleagues, based on, but not limited to their:

1.9.1 age

1.9.2 disability and neurodiversity

1.9.3 gender reassignment

1.9.4 marriage and civil partnership

1.9.5 pregnancy and maternity

1.9.6 race

1.9.7 religion or belief

1.9.8 sex

1.9.9 sexual orientation;

1.9.10 socio-economic status and

1.9.11 (where possible) the intersectional experiences of colleagues.

1.10 where differences are found, how the NMC can advance equal opportunities and foster good relations between colleagues who have a protected characteristic and those who do not.

1.11 the need for the NMC to have a supportive, inclusive culture that delivers on its agreed corporate outcomes.

Sources of information

2 The review should consider the following sources of information and any other that are considered relevant from the last five years:

2.1 Recommendations about the NMC's culture of previous reviews and reports (both external and internal) and how they have responded to the learning and implemented any recommendations. This should include scrutiny of the steps taken by HR and others to ensure compliance with recommendations.

2.2 The NMC's workforce data, staff surveys, HR casework, exit interview data and feedback from staff who have left the NMC.

2.3 Our People, EDI and Corporate Plans (and anything else deemed relevant) and the impact they have or are having on the people and culture.

2.4 Insight and lived experience of colleagues across the organisation and at all levels, former employees and key stakeholders.

2.5 Insight from independent panel members of the NMC^[1]

Learning and recommendations

3 As part of the review, you are asked to

3.1 provide us with a picture of our culture as it is now and any sub-cultures across directorates

3.2 identify and share examples of where you see good and poor practice in our people and culture, highlighting outcomes arising from actions

3.3 identify and share good practice from

other organisations and good practice from within the NMC, informing us of outcomes from actions which will help us to implement the recommendations.

3.4 advise on strengths and weaknesses in our culture and where weaknesses are identified, how we can learn and implement sustainable and measurable improvements to develop the open, inclusive and high performance culture we want

3.5 provide us with prioritised recommendations which will enable us to embed sustainable change and avoid the failures of the past where action has not happened or improvements have not been embedded

3.6 advise on the capacity and capability that we will need to ensure that we can implement recommendations

3.7 advise us on the success and accountability measures that we will need to measure progress, change and whether it is achieving the impact required, and how this information can be shared with the public to build trust

3.8 work with leadership on the recommendations to ensure that they can be delivered in an inclusive and sustainable way, including strengthening organisation wide capabilities to deliver the recommendations.

[1] Our panel members are independent, and it is not the aim of this review to undermine their independence. Their engagement with this review will be entirely voluntary. This is an opportunity to inform our understanding around important aspects of our culture in and around hearings, so we can learn and improve.

Methodology

Over a period of five months, a team from Rise Associates that was led by Nazir Afzal OBE gathered evidence from staff across the NMC, and also former employees, about what they experienced in the workplace and the wider culture. We also spoke with key stakeholders such as trade unions, staff networks and chief nursing and midwifery officers.

We did this through the following stages:

- **A desk review of existing documents and reviews that provided insights into workplace culture at NMC.**
- **A review of current data around attrition levels, sickness and absence, disciplinary and grievances, exit interviews etc.**
- **An online survey that was emailed to all NMC staff and which was completed by 1,044 employees. However, not all respondents replied to every question.**
- **A separate survey was sent out to panel members and was completed by 224 people.**
- **Over 200 hours of interviews with current and former members of staff. These were completed in person at multiple locations or via video calls or telephone.**
- **Multiple focus groups with staff networks, panel members, lawyers, black minority ethnic groups, staff etc.**
- **Staff were also invited to make submissions through a secure and private email and we received hundreds of documents, letters, personal accounts and other related evidence.**



by offering clear assurances around confidentiality and a desire to faithfully record people's concerns, experiences and hopes for an improved working environment. We benefited from word of mouth advocacy and received such high levels of requests for one-to-one discussions and focus groups that we were unable to speak to everyone.

We also visited all offices in London and Edinburgh, did office walkarounds to speak to staff at work and attended multiple meetings including leadership huddles, all staff sessions and leadership awaydays.

Our surveys were promoted through posters with QR codes in all offices and through emails sent to all staff and through various leadership networks.

Interviews, focus groups and online engagement captured diverse views that were representative of race, gender, age, sexuality, disabilities, neurodiversity and geography.

The team worked hard at the beginning of our engagement activities to establish trust

We did, however, engage with over 85% of staff members and many felt frustrated that previous reviews and reports into cultural problems within the NMC have failed to deliver the changes needed. Their voices have been overlooked for far too long. We have endeavoured to ensure they are heard throughout this review and we have taken considerable care to ensure their experiences are told without identifying individual staff.

We believe this is one of the most thorough investigations into the culture of a UK health regulator and the high levels of engagement reflect a sense of emergency among staff to restore a clear sense of purpose and push through reforms that are long overdue.

Executive Summary

In the last month a Gallup report on the global workplace identified how the problem of ‘quiet quitting’ is costing the UK economy £257 billion annually in lost output. Burnout and toxic management have ensured UK employers are among the least motivated in Europe, with workers said to be feeling anger, stress and sadness in the workplace. The impact of this toxic culture is adding to the UK’s productivity crisis. But it is not just in the corporate environment where this problem is taking root. And it is not only in lost GDP where its impact is being felt.



As our report shows, it's also having a direct impact on public safety.

One of the first things you will see upon entering one of the NMC's London offices is an orderly mosaic declaring their values. Every day as staff make their way to desks in a large open plan office, they pass brightly coloured tiles containing statements such as 'we value fairness', 'we value people' and 'our mission: to protect the public'.

Such values, according to the NMC's website, are the foundation to promote excellence in nursing and midwifery for the benefit of the public. They are supposed to "guide the way" for how staff behave individually and collectively. But as we found in many areas of the organisation, from junior to senior roles, these values are not always lived and there is a fundamental disconnect between what the NMC embraces and what it practises.

That is not to say we didn't see good practice. More than half the staff said they were positively managed at the

NMC. We saw clear evidence of staff supporting each other and many were happy with how they were managed and confident that they could discuss issues that concern them with their line manager. But while these voices represent the best of the NMC, they don't tell the whole story.

The NMC is a complex organisation, consisting of six directorates, and while there are many staff content in their roles, we found far too many that were struggling. They were angry, frustrated and exhausted. We saw staff break down in tears as they recounted their frustrations over safeguarding decisions that put the public at risk. We heard staff talk about taking antidepressants, managing their hair falling out and not being able to sleep because of bullying and bad management. And we heard staff angrily recount experiences of racism in the workplace.

These voices came from across the organisation, as part of a large number of responses. Indeed, our engagement exceeded expectations as we heard from over 85 per cent of staff through our staff

survey and around 65 per cent of panel members through a separate survey. We completed over 200 hours of interviews, met with trade unions, staff networks and chief nurses and midwives and other health stakeholders. We also ran multiple focus groups, received hundreds of documents, personal accounts and other related evidence via email, and comprehensively analysed HR data, policies and processes.

An early indication of some of the cultural problems we would go on to encounter was found in our online survey.

Over 30 per cent of staff said that they felt emotionally drained from their work often or all of the time and over 40 per cent of staff said they had witnessed or experienced micro-aggressions in the last 12-months. More than half of staff also said that it was either unlikely or very unlikely that they would be able to fulfil their career aspirations at the NMC.

This provided a useful baseline to help us evaluate their workplace culture. But it was only when we started meeting with staff on a one-to-one basis and carrying out focus groups that we began to identify much more serious failings.

At virtually every level of the organisation, across all directorates, we witnessed a dysfunctionality that was causing emotional distress to staff and preventing the organisation from properly

functioning. This is perhaps best illustrated through comments from a senior leader who referred to a “low trust environment characterised by suspicion, fear, blame, resistance and silos”.

“It is personally and professionally upsetting to be part of a leadership team which is allowing its poor behaviours and differences in view to open up old divides, destabilise the organisation and distract from its core focus of protecting the public,” they added.

This final point looms large over our findings. In the course of our review we heard of many poor behaviours including racism, bullying and discrimination. But while these combined to create a toxic culture in certain parts of the organisation, it begged the question: how have these deep-seated issues ultimately impacted on the NMC’s mission to protect the public?

Concerns around the NMC neglecting its core purpose were frequently shared throughout our engagement not just from staff, but also from senior nursing and midwifery stakeholders from outside the organisation. They felt there had been a cultural shift in the last few years, away from the NMC’s core business

of Fitness to Practise and moving into trying to influence other areas such as policy.

Currently, the NMC is trying to get through a huge backlog of Fitness to Practise cases, which is close to 6,000. Maintaining a register of nursing and midwifery professionals, and investigating concerns to keep the public safe is the core business of the NMC. And yet because of the heavy backlog, nurses, midwives, nursing associates, patients and families are being forced to wait for years until cases are heard.

Cases vary from the extremely serious to baseless complaints where no further action is required. In all cases, it is taking too long for decisions to be taken and the delays are having a serious impact on those nursing and midwifery professionals that have been referred. In the worst cases, nurses have taken their lives during investigation for Fitness to Practise and, as senior nursing and midwifery stakeholders told us, the delays are taking a heavy toll on everyone.

Nurses are incredibly stressed,” explained one senior nursing figure. “They are having problems with their mental health, visas and many are leaving the profession. There have been six suicides in the last year of registrants who are going through the Fitness to Practise process and some have been waiting for four or

five years. The NMC are leaving people in limbo and because there are too few clinical voices in the process they often don’t understand what they are investigating.”

Others added that nursing and midwifery professionals in Fitness to Practise went through an incredibly slow screening process and that the system was not sufficiently attuned to differentiate between serious and minor issues.

“We have some nurses that have been in the Fitness to Practise process for nearly 10-years,” added another senior NHS figure. “I know the NMC needs to be an independent professional body but it’s too adversarial and disrespectful towards nurses and midwives. There is no compassion and it’s affecting their health. They have been off sick and people are taking their lives because they just can’t cope with it.”

Other senior nursing and midwifery figures said that the process had become “too legal, combative and procedural” and that unless the process was reformed, the NMC would struggle to reduce the backlog no matter how much extra resources were pumped in.

They added that this was having a direct impact on patient safety. “There will be some nurses who are not performing and there is a danger to the public. Interim

In one case, a nurse had been accused of sexually assaulting patients and raping a colleague after spiking their drinks. This was closed down on the basis that the rape was done outside of work after a social event and the sexual assault on a patient was carried out outside of a hospital as the nurse had instigated a meeting. The nurse had also been accused of asking patients to go on dates and requesting their phone number. Seven years after the NMC first received complaints, the nurse was finally struck off in 2024.

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suspension orders are very difficult to get when you have a significant concern around an individual so we have problems at both ends. We have problems with people who are demonstrably a danger to the public and also those who should not be in the process and pose no danger whatsoever to the public. It's not working."

This view was also shared among many in the NMC, with many staff experiencing high levels of stress over their workloads and feeling under immense pressure to get through the backlog. There was clearly a divide among lawyers around safeguarding. One member of staff, for example, told us that they were appalled at decisions made by the screening team to close down cases where nurses posed a danger to the public.

"The reasoning was 'this is not for us', they can do what they want outside of work. It made me sick," the member of staff added. "We know the conviction rate for rape is very low at the moment, but that doesn't mean we turn a blind eye. I looked at this case and the nurse was clearly a sexual predator. We should have taken action."

We heard of similar cases involving racism and drunk driving, with lawyers expressing deep frustration at the lack of action taken. "Some people don't perceive racism to be a problem," they said. "But I wouldn't want my mum treated by a racist nurse." In all of this, a common theme was that the NMC did not learn from its mistakes. "We handled a fitness to practise case really terribly and children were harmed because we

didn't intervene and I said to senior people afterwards, 'do we apologise?'," asked another colleague. "It was like tumbleweed. How are we ever going to learn if we don't open our minds? We are asking health professionals to be honest and have a duty of candour but we don't do this."

Others spoke of safeguarding generally being devalued across the NMC. "Unless you're from a legal background you know your expertise isn't valued in the same way that it is, if you're from a clinical or a safeguarding or any other expert background."

We went on to discover that it wasn't just value judgments that clearly fall short of what is expected by the Charity Commission which were impacting on the NMC's work. The threat to staff welfare and a lack of training was also a significant factor.

We heard how training and development were historically treated as a nice to have option rather than an essential component of a culture of continuous improvement. And multiple accounts showed us that career progression did not appear to be structured, meritocratic or properly planned. "There is a terrible culture of cronyism here," was an oft repeated phrase.

Similarly, feedback showed that performance management has, until the appointment of its new HR leaders, been perfunctory and not

undertaken in any meaningful way. Bullying is clearly a problem and the NMC's response has focused on the movement of complainants either elsewhere in the organisation or to a rapid exit.

We spoke to multiple black and ethnic minority workers who had left, in part, because of this – and, worryingly, they had all gone on to get better jobs and argued that their abilities had been overlooked at the NMC.

In interview after interview, the experiences of staff stood in stark contrast to the NMC's declared behaviours of treating everyone fairly and acting with kindness, and the staff knew it.

Ethnic minority staff recounted sitting on recruitment panels where colleagues expressed racist views towards the candidates. "Look at the rubbish we've got today," one colleague is alleged to have said as they trawled through a list of foreign sounding names. "How are we supposed to appoint anyone from this garbage?" Another colleague who has since left the organisation said that after an interview, a member of staff said to him that they were going to complain to HR because "they tell us we have to promote minorities but this is the shit we are getting."

The fact that over 40 per cent of staff said they had witnessed or experienced micro-aggressions in the last 12-months was telling – and

we heard multiple accounts of clumsy and ignorant remarks being directed towards ethnic minority colleagues. In one case a Muslim member of staff came into work with a cold, which was observed by their boss. “Why don’t you have a Guinness,” they said. “It will make you better.” “I don’t drink alcohol,” responded the colleague with a cold. “Surely you do at Christmas?”, the boss persisted. Similarly, we heard complaints about the lack of diversity among panel members and how this manifested itself in a lack of courtesy to members and participants. “I was told my name was ‘very difficult and did I have a shortened version?’. I have an Indian name,” recalled one.

At times, we also saw this decency deficit extending to staff with serious illness and disabilities. We heard from people diagnosed with serious life threatening illnesses who had decided to continue working, despite making regular trips to the hospital for treatment. “Not only did I not feel supported, I felt like I had work piled on me when I was really ill,” they explained. “I like the work I do but there are a lot of pressures and support never materialised. I feel really angry about this. Do we just care about numbers? Because it doesn’t look like we care about people.”

In other cases, workers who have disabilities told us that managers and HR had little understanding of their

condition, made no reasonable adjustments and put them on formal performance improvement plans. “It was cruel and heartless,” one explained. Managers also told us they had struggled in vain to get home assessments for a worker with disabilities. “They ignored it, the worker’s condition deteriorated and it was an abject failure,” they explained. “It was negligent, that worker left and lessons have not been learned. It’s symptomatic of everything that happens here. They just think let’s keep a veneer of niceness, but don’t scratch the surface. Unless this changes there is no future for the NMC because we are not fair to the people we are supposed to be protecting and we are not fair to the staff that are desperately trying to do the right thing.”

In the pages that follow, we document many other cases of bullying and bad behaviours that are wholly inconsistent with the NMC’s values.

This frequently manifested itself through a deeply shocking and visceral sense of anger from employees. “The organisation is truly appalling and it should be razed to the ground,” said one. “I am ashamed to say I work for the NMC,” said another. “I had to leave because I couldn’t take it anymore but to this day I still feel sorry for members of staff that I couldn’t protect,” admitted a former manager.

If this paints a bleak picture

it is because our team heard hundreds of hours of traumatic testimony. But there were positive examples too. Some managers were said to be incredibly supportive. And although we heard far too many examples of a failure to show a human touch, there were clearly examples where empathy was not in short supply. One worker, for example, told us how the team in Edinburgh was incredibly supportive when his partner died.

We were also moved by the allyship shown by a number of white colleagues who approached us to say that, while they had not experienced unfairness, they were upset at having witnessed their ethnic minority colleagues being treated unfairly and wanted to advocate on their behalf.

There are also clearly a lot of talented, committed and purpose-driven staff at the NMC and a frustration that this is not being properly harnessed because of an unhealthy and excessively process-driven culture. “We are not saving lives, we’re saving PDFs,” said one.

At a fundamental level we found the NMC has strayed from its central mission and in the 36 recommendations that conclude our report, we hope there is a roadmap to rediscover its core purpose. These include measures to create greater transparency, dignity in the workplace and ensure the leadership is

more representative of the professionals it regulates. They seek to improve the experience of minorities, encourage more collaboration with other agencies and ensure there are appropriate levels of staffing to meet the NMC’s safeguarding obligations. They are also ambitious about tackling the backlog and ensuring nurses, midwives, nursing associates and the public can have greater confidence in the regulator.

We are confident these can be delivered, as we saw plenty of encouraging signs that the NMC’s leaders must now focus on. These were seen most notably in the strong appetite among staff to strengthen the culture, get the NMC back on track and make sure the values on the wall that staff pass every day finally start to ring true.

Introducing the Nursing and Midwifery Council: profile and governance

As the professional regulator for nurses, midwives and nursing associates in the UK, the NMC holds the register of nurses and midwives who can practise in the UK, and nursing associates who can practise in England. The people on their register deliver care in a wide variety of settings including hospitals, GP practices, care homes, maternity units, community services, prisons and in education.

The NMC is a statutory public body accountable to Parliament through the Privy Council which has responsibility for certain functions assigned to The King, as Head of the Privy Council, and the Council, by Acts of Parliament or by Royal Prerogative. The Privy Council is responsible for some of the affairs of statutory regulation bodies; one of these bodies is the NMC. The NMC is also a charity registered with the Charity Commission in England and Wales and in Scotland

with the Office of the Scottish Charity Regulator (OSCR).

The NMC's role, functions and powers are set out in The Nursing and Midwifery Order 2001 (SI 2002/253). This Order establishes the NMC, sets out its primary purpose, structure, functions and activities. Other pieces of secondary legislation stipulate in greater detail the governance structure and the operational rules which the NMC rely upon to carry out its core regulatory functions.

The Orders made by the Privy Council relating to the NMC's governance processes are:

- The Nursing & Midwifery (Constitution) Order 2008 (SI 2008/2553): sets out the requirements and process for becoming a member of the NMC Council.
- Nurses & Midwives (Parts of and Entries in the Register) Order of Council 2004 (SI 2004/1765): sets out the structure of the register of nurses, midwives and nursing associates, and protected titles which may only be used by persons on the register.
- The Nursing & Midwifery Order 2001 (Transitional Provisions) Order of Council 2004 (SI 2004/1762): sets out how arrangements for registered nurses and midwives, fitness to practise proceedings and so on were transferred from the NMC's predecessor organisation to the NMC when the Order was implemented.
- Nursing & Midwifery Order 2001 (Legal Assessors) Order of Council 2004 (SI 2004/1763): sets out how legal advice should be given by legal assessors to the NMC on points of law at hearings.

The Rules made by the NMC Council relating to the NMC's education, registration and fitness to practise processes include:

- The Nursing & Midwifery Council (Education, Registration and Registration Appeals) Rules 2004 (SI 2004/1767): sets out our power to set education and registration requirements, what they are, establish and maintain a register of nurses, midwives and nursing associates, and rights of appeal against decisions.
- The Nursing & Midwifery Council (Fitness to Practise) Rules 2004 (SI 2004/1761): sets out how the NMC will investigate and take action on allegations that a registered nurse's, midwife's or nursing associate's fitness to practise is impaired. This includes the hearings process, appeals and sanctions that are available.
- The Nursing & Midwifery Council (Practice Committees) (Constitution) Rules 2008 (SI 2008/3148): sets out statutory practice committees for the NMC's key areas of activity, what they do and who is eligible to be a member.
- The Nursing & Midwifery Council (Fees) Rules 2004 (SI 2004/1654): sets out the fees that the NMC will charge to registrants.

These pieces of legislation form the legal framework which governs how the NMC operates. Any changes require parliamentary approval.

How the NMC reports to the Privy Council

Each year, the NMC submits an annual report and accounts to Parliament, through the Privy Council. This annual report sets out the NMC objectives, describes what the NMC achieved during the year and explains its governance, financial resources and future plans. The NMC accounts detail its income and its spending in line with requirements laid down by the Privy Council. The NMC must comply with the Statement of Recommended Practice for charities and with any other requirements. The annual report and accounts are subject to external audit and are also certified by the Comptroller and Auditor General. As a registered charity, the NMC also submits its annual report and accounts to the Charity Commission in England and Wales and to the Office of the Scottish Charity Regulator.

The NMC performs a number of key functions. It maintains the register of nurses and midwives who meet the requirements for registration in the UK and nursing associates who meet the requirements for registration

in England. The NMC also sets the requirements for the professional education programmes that support people to develop the knowledge, skills and behaviours required for entry to, or annotation on, their register. It shapes the practice of the professionals on their register by developing and promoting standards including their Code, and promoting lifelong learning through revalidation, encouraging professionals to reflect on their practice and how the Code applies in their day to day work. Critically, where serious concerns are raised about a nurse, midwife or nursing associate's conduct or practice, the NMC investigates and, if needed, takes action to protect the public.

What the NMC does not do is represent nurses, midwives, or nursing associates (other bodies perform this role), regulate health and care settings, commission training places, have a role in funding training or continuing professional development, or have powers to regulate employers.

The role of the Professional Standards Authority for Health and Social Care (PSA)

The Professional Standards Authority for Health and

Social Care (PSA) oversees the work of the NMC and reviews its performance each year. The PSA was set up by Parliament to oversee the work of all professional healthcare regulators in the UK and social work in England. Each year, the PSA reviews the NMC's overall performance and reports on this to Parliament. The NMC performance is assessed against the PSA's Standards of Good Regulation (18 standards around general aspects, guidance and standards, education and training, registration, and fitness to practise). In spring 2024, the PSA reported that six out of the ten regulators it oversees do not meet Standard 15: The regulator's process for examining and investigating cases is fair, proportionate, deals with cases as quickly as is consistent with a fair resolution of the case and ensures that appropriate evidence is available to support decision-makers to reach a fair decision that protects the public at each stage of the process.

The NMC was one of the regulators not meeting this standard, alongside the General Dental Council (GDC), the General Pharmaceutical Council (GPhC), the Health and Care Professions Council (HCPC), and the Pharmaceutical Society of Northern Ireland and Social Work England. The PSA has since escalated the NMC,

GDC, HCPC, and GPhC for not meeting this Standard to the Secretary of State for Health and Social Care and the Health and Social Care Committee. Specifically, in the PSA's monitoring report for the NMC 2022/23 (covering the period 1 July 2022 to 30 June 2023), a key highlight was that:

"The NMC has not met Standard 15 again this year, because it is still taking too long to conclude fitness to practise (FTP) cases. Safely reducing the FTP caseload remains a clear focus for the NMC and it is working to achieve this. Although the caseload has reduced during 2022/23, there is more work to do to address the backlog." This Standard was also not met in the NMC's last three performance reviews because of concerns about the length of time it takes to conclude fitness to practise cases. Although the NMC has taken measures to improve this (e.g. establishing additional team of decision-makers at the Screening stage; commissioning external reviews of the Screening and Adjudication processes to identify opportunities for improvement; delivering management and leadership training for FTP managers), caseload still remains high.

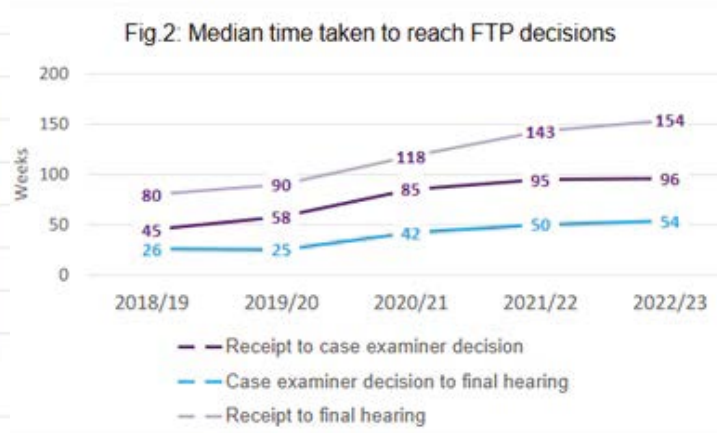
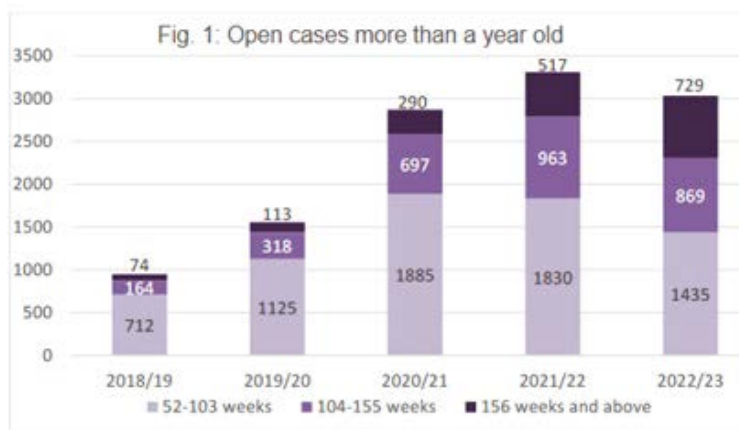
The PSA reports that the NMC's overall FTP caseload was 5,577 at the end of March 2023 demonstrating a 14%

reduction from the same point in 2022. However, the number of cases open for three years or more has increased from 517 in 2021/22 to 729 in 2022/23 (see Figure 1). On average, it took longer for the NMC to reach decisions in 2022/23 than previous years (see Figure 2).

The NMC Council

The NMC Council is the governing body of the NMC. It sets out the NMC’s strategic direction and holds the Executive to account. The members of the Council are the trustees of the charity and are collectively responsible for ensuring that the NMC is solvent, well-run and delivers

public benefit. The Chair and Council members are expected to uphold the Council’s Code of Conduct based on the Seven Principles of Public Life. The Council is committed to openness and transparency, holding meetings in public at least six times a year. The Chief Executive and Registrar of the NMC is accountable to the NMC Council. The Nursing and Midwifery (Constitution) Order 2008 (SI 2008/2553) sets out the requirements and process for becoming a member of the NMC Council. The NMC Council consists of six registrant members and six lay members, all appointed by the Privy Council.



Source (Fig 1 & 2): https://www.professionalstandards.org.uk/docs/default-source/publications/performance-reviews/monitoring-report-nmc-2022-23.pdf?sfvrsn=c8c44a20_7

The NMC Council Members:

- Provide strategic direction for the NMC:
 - Taking responsibility for corporate strategy, business plans and budgets and the development of the framework for reviewing policy and operational performance.
 - Overseeing the development of policy and taking major policy decisions.
 - Ensure and review the effectiveness of the NMC in fulfilling its statutory purpose:
 - Ensuring that the focus of the organisation is on the core purpose of public protection.
 - Evaluating the effectiveness of the Council in fulfilling its statutory purpose.
 - Provide oversight of NMC operations, ensuring that they are aligned with strategic direction:
 - Holding the Executive to account for the management of day-to-day operations, ensuring that resources are used effectively and appropriately.
 - Holding the Executive to account for ensuring that NMC operations
- are organised in ways which facilitate the delivery of core functions to best effect, and that this is kept under review as circumstances change.
- Monitor the external relationships of the NMC, to ensure that the confidence of the public and of stakeholders is maintained:
 - Ensuring that the NMC has measures in place to engage with stakeholders and with other relevant organisations and government agencies in the four countries of the UK.
 - When appropriate, act personally to support and promote the interests of the NMC externally.
 - Fulfil all responsibilities as charity trustees for the NMC:
 - Ensuring that the NMC acts at all times within the framework of charity law, and fulfils its charitable purposes.
 - Taking responsibility for all appropriate functions, including property management; the employment of staff; health and safety; and equality and diversity.

How the NMC relates to the wider NHS

The NMC is the independent regulator for nurses and midwives in the UK and nursing associates in England.

All nurses and midwives working in the UK and all nursing associates working in England, whether within or outside the NHS, must be registered with the NMC. Prior to registration, they must have successfully completed a programme of education that is approved by the NMC. They must also meet the NMC requirements of good health and good character.

It is important to note that there is a clear distinction to be made between the NMC staff on the one hand, and the nurses, midwives and nursing associates that are on the NMC's register on the other hand. NMC staff are employed by the NMC and work within the organisational boundaries of the NMC. The NMC employs them to deliver its mission and strategy as an independent regulator. The nurses, midwives and nursing associates on the NMC register are not employed by the NMC. They are employed by other employers, such as the NHS, private healthcare providers, charities and other non-profit organisations etc. The culture of the NMC that this report captures, therefore, is not reflecting the culture of the NHS. This is because the NMC is an organisation operating independently from the NHS and exists to cater for nurses, midwives and nursing associates employed by a range of employers, not just by the NHS.

NMC Values

NMC operates under four core values that drive behaviours in the organisation:

1. Fairness:

Treat everyone fairly, emphasising equity in regulatory and employment practices.

2. Kindness:

Act with compassion, valuing individuals and their unique situations

3. Ambition:

Take pride in responsibilities, embracing innovation and striving for excellence.

4. Collaboration:

Value relationships, both within and outside the NMC, recognising the importance of working well with others.

Purpose & Vision

The NMC's purpose is to “Promote and uphold high professional standards in nursing and midwifery - protecting the public, inspiring public confidence”.

Its vision is “Safe, effective and kind nursing and midwifery, improving everyone's health and wellbeing”. NMC's strategy is based on three key roles that underpin its purpose:

Regulate [accurate and transparent register; robust professional and educational standards; assuring education programmes; responding fairly to fitness to practise concerns]

Support [promote understanding of our professions and our role; provide practical tools to help embed standards; emotional/practical support for people involved in our processes]

Influence [promote positive and inclusive professional working environments' share data and insight to identify risk of harm and address workforce challenges; encourage regulatory innovation]

**Chief Executive & Registrar
Andrea Sutcliffe**

| Communications and Engagement Director: Edward Welsh Headcount = 41 | People and Organisational Effectiveness Executive Directors: Ruth Bailey & Lise-Anne Boissiere Headcount = 136 | Professional Practice Executive Nurse Director: Sam Foster Headcount = 74 | Professional Regulation Executive Director: Lesley Maslen Headcount = 763 | Resources and Technology Services Executive Director: Helen Herniman Chief Information Officer: Tom Moore Headcount = 161 | Strategy and Insight Executive Director: Matthew McClelland Headcount = 66 |
|--|---|--|--|--|---|
| Executive Team C&E (=2) | Executive Team POE (=6) | Executive Team Professional Practice (=22) | Executive Team Professional Regulation (=25) | Executive Team RTS (=8) | Executive Team S&I (=8) |
| Mass Communications (=15) | Change and Improvement (=40) | Education and Standards (=19) | Adjudication (=121) | Data & Analytics (=15) | Evidence (=6) |
| Public Engagement & Strategic Communications (=9) | Enquiries and Complaints Team (=19) | Advanced Practice (=10) | Case Examiners (=40) | Digital Services (=8) | FtP Legislation & Policy (=6) |
| Stakeholder & Events (=15) | Equality, Diversity and Inclusion (=6) | Employer Link Service (=23) | Case Investigations (=137) | Estates (=14) | Insight Analysis (=19) |
| | General Counsel (=13) | | Case Preparation and Presentation (=150) | MOTS (=35) | Insight Programme (=1) |
| | Governance (=10) | | International Registration (=28) | Procurement (=9) | Policy (=11) |
| | Panel Support Team (=8) | | MOTS = PR (=4) | Technology Services (=43) | Regulatory Reform (=10) |
| | People & OD (POD) (=30) | | Quality of Decision Making (=12) | Finance (=29) | Strategy Unit (=5) |
| | Private Office (=4) | | Registration Centre (=35) | | |
| | | | Registration Investigations (=22) | | |
| | | | Screening (=110) | | |
| | | | Specialist Services (=47) | | |
| | | | Test of Competence (=15) | | |
| | | | UK Registration (=17) | | |

Organisational Structure

The NMC is organised under six Directorates, with the Professional Regulation Directorate being the largest one in terms of headcount.

Survey findings

85%

Over 85% of those currently employed by the NMC completed the staff survey.

The vast majority of those who completed our survey were current employees, with just 3.8% of respondents being previous employees.



A third of all respondents were aged between 31-40 and the age of those who completed the survey ranged from 21+ to between 66 and 70.

Over 60% of respondents were female with 27% identifying as male.

Over 50% (53%) of respondents identified as White (British, English, Northern Irish, Welsh or Scottish)

82% identified as straight/heterosexual.

Nearly 30% (29%) were the primary carer of a child or children

Almost 20% (19%) identified as having a disability

70% identified themselves as British.

Some 40% identified as having no religion

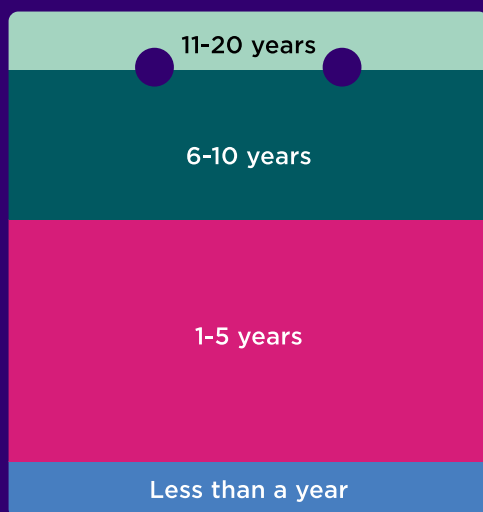
The vast majority of respondents were from professional regulation (52%), which is the largest directorate.

More than a third (34%) of respondents had management responsibilities while two thirds did not.



Our survey also looked at the socio-economic background of staff and just over 50% (51%) of respondents who answered questions on this topic had professional and managerial parents.

Nearly 50% of respondents had only worked for the NMC between 1-5 years, while 29% had worked there between 6-10 years and a further 11% between 11-20 years.



Our survey showed that a majority felt positive about the way they were managed and a slight majority felt that opportunities were shared in a transparent way. Most people felt confident to talk about issues that concerned them at work with their line manager and peers. However, that figure changed sharply when asked if they were confident to talk about issues that concerned them with HR. A majority were not.

Similarly, a considerable majority did not feel confident to talk about issues that concerned them with staff networks.

Interestingly, staff felt slightly more confident to talk about issues that concerned them with their employee forum representative over a trade union representative.

Positive and challenging aspects about workplace culture

Respondents were given the opportunity through an open question to explain what they liked and disliked about workplace culture. The following are a sample of representative responses.

“There are great people in my team.”

Positive

“An incredibly kind, welcoming and supportive environment.”

“There are people here who want to make a difference.”

“I genuinely feel that the work I do can make a difference and my team mates and immediate line manager make challenging work a positive experience.”

“It is interesting and worthy work.”

“We get things done in a crisis.”

“I’ve had an overall good experience at the NMC. There is a lot of kindness, I’ve got great friends, my line manager really cares about me and there is a lot of flexibility to work around the needs of my young children.”

“Colleagues who are knowledgeable, professional, committed and serious about what they do.”

“I have recently joined and am currently in the induction process. The organisation has been very welcoming and the induction has been well planned and scheduled. Lawyers have made themselves available to assist and guide me when asked.”

“I have found the NMC to largely be an extremely caring and supportive employer. I have become a parent while working here, and have been supported to embed flexible and hybrid ways of working which have supported me to balance work and family life.”

“Personally, I have a very supportive and understanding manager and senior case officer. They push you to your best and will think of your well-being. They also encourage personal and professional development.”

“The phrase I would use to describe some of the challenges is ‘toxic positivity’. It’s hard to bring concerns or challenges up as you are often labelled as a negative person and there is no recognition that you can still want the best for teams and the business and still recognise and describe things that don’t work or are challenges.”

“WFH [work from home] culture that came about due to lockdown has broken what was once a good collaborative culture and has led to some really siloed work practices. People seem to have forgotten how to interact with people in other teams/ departments and often seem reluctant to just pick up a phone. This has also made hosting ‘whole team’ or office events next to impossible and this has also really eroded a lot of the other social stuff that used to go on in the office, which is a huge change for the worse.”

Challenging

“Complete lack of understanding when it comes to hidden disabilities and everyday practicalities. They treat microaggressions on race seriously but not disabilities. Their new office is not accessible. Some of their policies are not accessible.”

“There is a culture of promoting people that you like/are friends with. I have seen this myself from being on interview panels where senior team members use coercive methods to pressure you into recruiting individuals that they have earmarked for jobs.”

“Leadership doesn’t always feel authentic - it’s like the whole organisation is managed like some kind of media company - always got to say the right thing to each other can’t let our guards down and show genuine, authentic selves.”

“The open office environment is challenging. A month or two into my role a colleague who sits nearby reported myself and a colleague to our manager for ‘inappropriate’ conversations. No further action was taken but it left us feeling irritated and unjustly under surveillance. I can see others constantly watching and listening to conversations. Private conversations take place in whispers by desks rather than in private, which is unsettling.”

“The gap between what our leaders say and do is worrying. For example, saying that equality is important, but then not acting on research findings for registrants and colleagues, instead prioritising numerical targets such as getting the FTP [fitness to practise] caseload down. It’s also difficult to see the lack of diversity at senior levels. There is a lack of transparency. Policies are implemented inconsistently. Knee-jerk reactions to things happening, rather than strategic, long term work tackling issues.”

“There’s a perception that speaking up will make things worse for you on an individual level.”

“There is no support for colleagues who are exposed to extremely troubling material on a daily basis (I’ve reviewed CCTV of vicious patient assaults, CCTV of incidents involving rape threats, regularly reviewing bundles of graphic sexual material including images/screenshots of hardcore pornography etc. etc. that’s on top of talking to people about their family members who’ve passed away, sexual harassment or assaults that they’ve endured, recounting traumatic experiences in mental health settings etc.) - we’ve been begging for YEARS for something more than the Thrive app or mental health first aiders to provide real and proper support but nothing ever happens. You’re reliant on colleagues (who aren’t trained) to support you. None of us are oblivious that this job inherently involves dealing with this kind of material but it can be haunting and no one senior cares.”

“Senior colleagues use outdated language/tropes and it goes unchallenged. I’ve heard people talk about ‘cripples’ and talk about sending the ‘young pretty’ colleagues to try and get information. Even though they were corrected that ‘child porn’ isn’t appropriate terminology, but they continued to use it immediately after and on an ongoing basis because ‘well you know what I mean’. The person also aired insensitive comments when we were discussing proper language around trans patients giving birth, talking about it being ‘ludicrous’ and comparing it to people identifying as trees. They’re entitled to hold their beliefs but it crossed a line into just being unnecessarily disparaging - again, unchallenged.”

“The main challenge is the workload, it is high and never ending.”

“The culture in my Directorate is extremely toxic - my previous manager was forced out of her job due to the bullying, harassment and racism. It set the standard of behaviour for the team namely do not raise concerns, do not raise issues and if you don’t like it leave, hence the fact that seven people have been recruited and subsequently left during the last two years. The team is massively under-resourced and there are so many incidents of unfair treatment.”

The style of line management

Respondents were also asked to describe the style of their current line managers. Feedback was varied and ranged from very positive responses to critical ones. As our survey indicates, many valued their line manager and there are clearly very good examples of team leaders supporting colleagues at the NMC. This does beg the question as to why cultural issues remain so widespread – and we are bound to ask whether this is because not enough power is devolved to managers to set the culture.

“The reason I like my line manager is because he’s down in the trench with us,” explained one respondent. “But he has the same pressures as us and can’t do anything about it.”

Where critical styles are highlighted, favouritism, cronyism and micromanagement were some of the most unappealing traits that were used to describe bad management and leadership.

Representative examples of positive feedback include:

“My current line managers are very approachable, friendly, and flexible. I know I can go to them with any issue and they will listen and help me to solve it. They are flexible around time off, and I can take time out during the work day, as long as I make up the time later. I don’t feel micromanaged, and most importantly I feel trusted to get on with my job; they care about overall results rather than managing every aspect of my work. This is empowering and encourages me to do my best.”

“Absolutely fine. It’s trusting, quite laid back, and it feels like a two-way conversation regarding my work and not like I’m being dictated to or told off. I’ve always had amazing managers at the NMC and have been very lucky. I’ve got on with them in both a professional and social-professional way and do feel like I could open up to them about most things.”

“My manager is incredibly supportive and encouraging and I feel she has my back at all times. I have the freedom to work autonomously which as a Head of function I really appreciate but I also feel incredibly supported in my role and am able to openly provide feedback.”

Feedback tended to be more positive than negative, but a good number of responses noted that their line manager was unable to deal with some of the more problematic and wider behaviours often cited in our survey, which may indicate that key problems lie with the organisational culture and leadership rather than line managers. Example responses include:

“Trying their best under difficult circumstances. Their hands are tied when it comes to helping us in any meaningful way.”

“They mean to do their best but I also see that they’re overworked and this means that they don’t have enough time to dedicate to line management and support. We have a risk averse culture at the NMC and decision making has been overly centralised, this has meant that at times I’ve felt disempowered and struggle to make decisions without consulting with my manager first. Because of their own workload, my work can be delayed because I’m waiting to talk to my manager about decisions and this causes additional pressure as work can then be delayed.”

“Having been a salaried partner in the past I know what it is like to be the jam in the sandwich so I have a lot of empathy for my line managers, and am aware that it is easy to criticise. There seems to be a lot of fire-fighting right now, some of which may be self-inflicted.”

While more critical feedback covered some of the following:

“Micromanagement to a ridiculous level, even to be told what area you have to sit in in the office. The time that is spent micromanaging to a level that makes you feel like an incompetent child is quite unbelievable.”

“Highly Toxic! Managers laugh with you but gossip about you behind the scenes. They are more concerned with getting evidence against you instead of working to support you. They overload you with work and once you raise concerns you are singled out and tagged as difficult. They place loyalty over skill, competence and delivery. They use scare tactics to keep you quiet. It’s incredibly depressing here.”

“Mostly dismissive. Feel like my current line manager is too busy for me. Not sure I would get adequate support even if I did ask. Most line managers in my area have little knowledge in the area they are managing in.”

Bullying, harassment and seeking help

We asked respondents if action had been taken to support them if they had raised a concern at work.

The majority (53%) said this was not applicable to them. Of those who had raised a concern there was a narrow difference in that 25% said they had been supported and 22% had not.

Some 12 % of staff had experienced bullying or harassment in the last 12 months, and this rose to 17% when people were asked if they had witnessed bullying or harassment in the last 12 months.

This figure rose to 40% when respondents were asked if they had experienced or witnessed microaggressions in the last 12-months. We define microaggressions as the everyday, subtle, intentional – or frequently unintentional – interactions or behaviours that communicate some sort of bias toward historically marginalized groups.

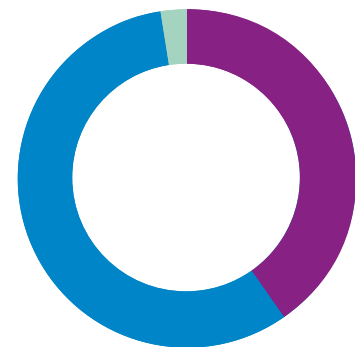
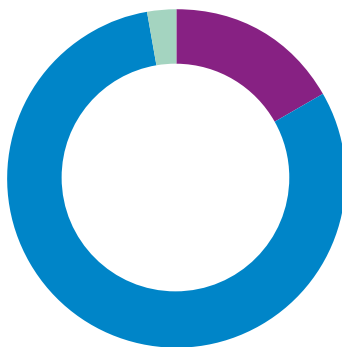
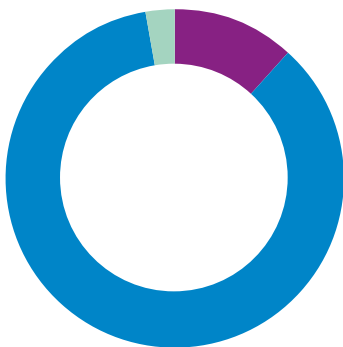
If you have raised a concern about an issue affecting you at work, has action been taken to support you?



Have you experienced bullying or harassment in the last 12 months?

Have you witnessed bullying or harassment in the last 12 months?

Have you experienced or witnessed microaggressions in the last 12 months?



● Not Applicable ● No ● Yes

Inclusion

There is a lack of awareness about policies and procedures for bullying and harassment, and a significant number of respondents expressed scepticism that reports were acted on by the NMC. Ninety four per cent of respondents said that racial, ethnic and sexist jokes were not tolerated within their team. But almost a third (31%) of respondents said that procedures for bullying and harassment were not clearly outlined, and a further 36% of respondents said that procedures for bullying and harassment were not acted upon.

Over 90% (91%) of respondents said that information about the NMC's Equality, Diversity and Inclusion goals had been communicated. But a further 21% of respondents said that if they witnessed someone being discriminated against or experienced this themselves, they would not feel confident to report it.

We asked respondents to say whether they agreed with the statement that employees are rewarded and recognised

fairly at the NMC – and there was a roughly even split between those who felt they were treated fairly and those who did not. This changed to a much more positive score in favour, when they were asked whether employee differences were integrated.

Feedback was also largely positive around other team members' views being considered and whether staff were able to express their true feelings at work. The balance was also more favourable around open and honest communication from the NMC and people in the organisation caring about staff. However, the balance was more negative when asked if managers at the NMC were as diverse as the wider organisation.

The balance reverted to a more positive score when asked to rate action taken by management around discrimination and also on whether staff were confident to talk about their social and cultural background in the workplace.

Are the procedures for dealing with bullying and harassment:

a) clearly outlined

No

Yes

b) acted upon?

No

Yes

If you witnessed someone being discriminated against, or experienced this yourself, would you feel confident to report it?

No

Yes

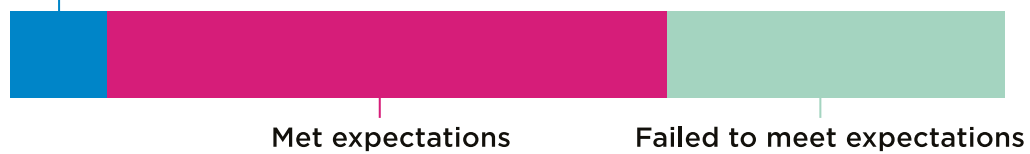
Career development

However, when asked to assess their career so far, over a third of staff (34%) said that progression within the NMC had failed to meet their expectations.

Over 50% of respondents also said that it was either very unlikely or unlikely that they would be able to fulfil their career aspirations at the NMC.

So far, my career progression at NMC has...

Exceeded expectations



Is it likely that you will be able to fulfil your career aspirations at NMC?

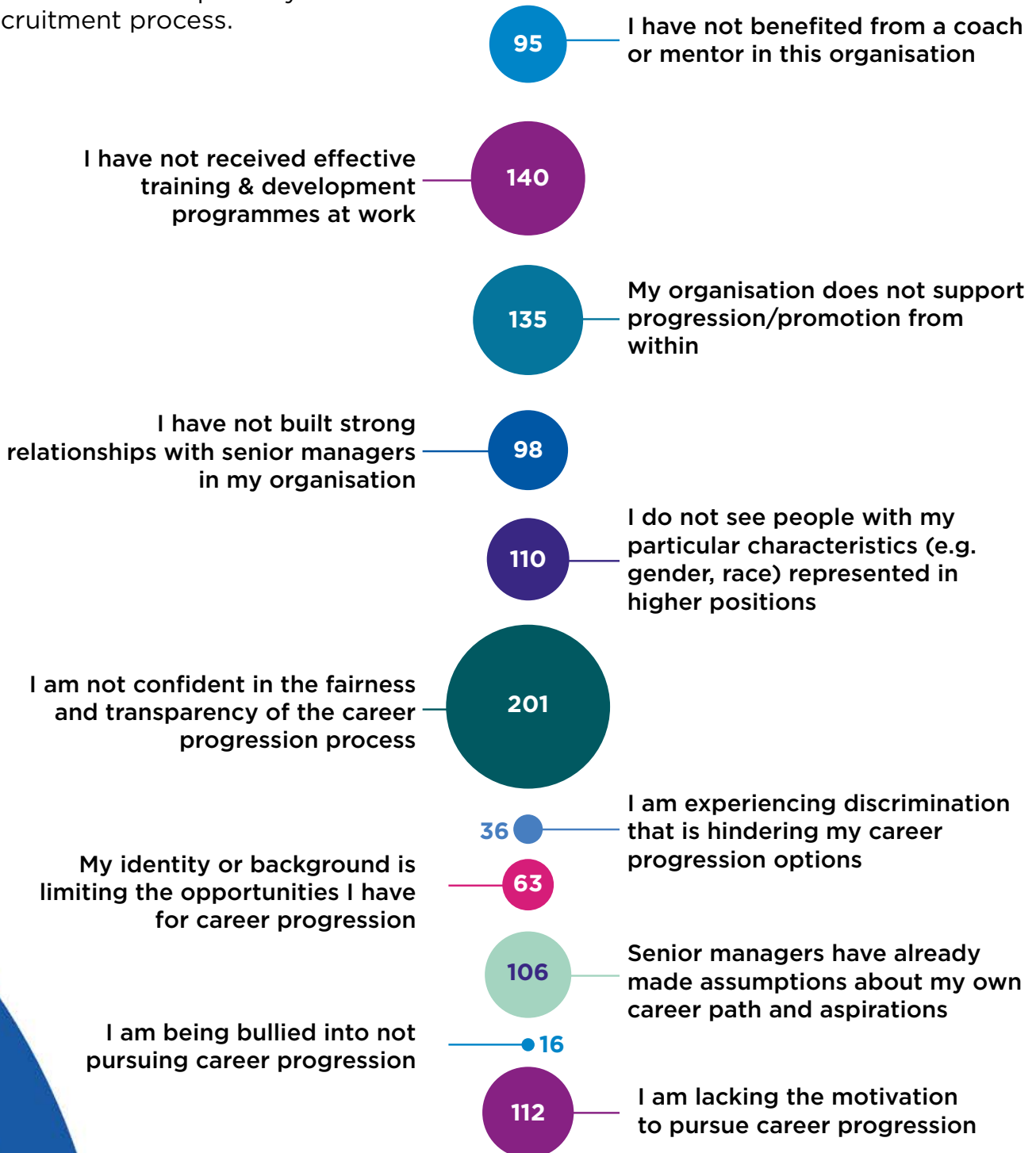
Very likely

Unlikely



Respondents who had answered unlikely or very unlikely were asked why they felt this way – and the most popular reason put forward was that it was because they were not confident in the fairness and transparency of the recruitment process.

If you answered unlikely or very unlikely, why do you feel this is the case? (Please select all that apply)



In interviews it was clear that career progression was a sore subject for some and there were multiple reasons for this. An open text box was provided in the survey for respondents to include other reasons and some sample reasons included:

Unlike every other position in the NMC, the Screening Decision Makers have no senior roles. It has been like this since inception (2020) and we keep being told that it is being considered. 4 years later, there is nothing. The only alternative is to become a case examiner but these roles almost never come up.

I believe that lawyers are more respected in this organisation than other groups of staff, especially registrants.

The trouble that I have found is that I cannot seem to make myself understood. When I talk about and explore challenges, ideas, and aspirations etc. senior colleagues don't listen and make assumptions about me. I feel like the more I try to make myself understood the more I am misunderstood, and it is so frustrating. So, I have given up. Now I just keep absolutely quiet.

I feel that when candidates are chosen internally, a decision has often been pre-made.

My two previous roles before joining the NMC were managerial roles. I took a demotion when I joined as a senior officer hoping that it wouldn't take long to progress. I've applied three times for managerial roles, two I got an interview for and one I didn't. Each time I was told I didn't answer the STAR method across all four categories, but my presentations for the test were excellent. So clearly, I can do the job based on the test scores, and in interviews, I'm marked down.

Nepotism is rife. There are clear 'favourites' among senior managers. Incompetence at a managerial level overlooked. Poor recruitment policies. Too much of a reliance on temporary contracts.

I am expected to work a lot harder and work for longer without guarantee of progression/development. For example, the former head of my department had remarked that I needed to be 'hungry' for development and so I should be taking up extra work, and be working until 1/2am.

Further questions on career progression highlighted some of the concerns around career pathways and the fairness of recruitment. Over 40% of respondents, for example, were either dissatisfied or very dissatisfied with the possible career pathways.

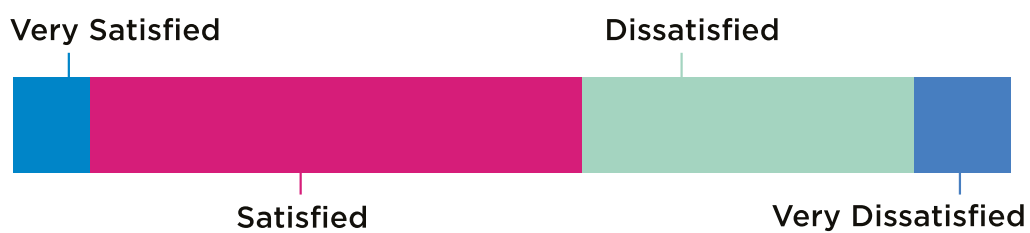
Almost 50% of respondents added that they were either dissatisfied or very dissatisfied with the information provided regarding what they needed to do to progress their career.

And over 50% said they were either dissatisfied or very dissatisfied with the organisational support available for career progression.

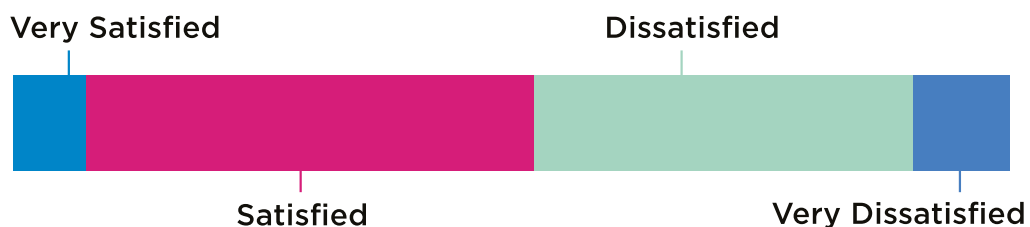
This measure of dissatisfaction around career progression rose further when respondents were asked about the guidance they received from HR to support career progression. Two thirds of respondents (67%) said they were either dissatisfied or very dissatisfied with the guidance received.

With respect to your own career progression at NMC, are you satisfied with the information provided regarding:

a) The possible career pathways



b) What you need to do to progress your career





However, and in keeping with the positive scores that line managers received in this survey, this figure was much more positive when respondents were asked about the overall support they received from their line manager around career progression. In sharp contrast to HR, three quarters said they were either satisfied or very satisfied with the support they received.

A similarly high score followed when respondents were asked how satisfied they were with their immediate line manager when discussing their training and development needs. Almost three quarters (73%) said they were either satisfied or very satisfied.

hope this culture survey helps identify what is really going on and provides the recommendations to sort the problems.

d) The guidance that HR provides to support your career progression



With respect to your own career progression, are you satisfied with the overall support you are receiving from your immediate line manager?



Barriers to accessing opportunities

To learn more about how career progression could be improved, we asked staff whether they experienced any barriers to opportunities to develop or progress in their careers at the NMC. Below are some representative responses.

Unfortunately, the team is not diverse - people of colour on the team have left due to the culture of the team and the bullying they witness or are subject to, or racism. We are currently in a situation where people from [one particular university] are recruited and it seems no other candidates are considered. It's very female based which is positive but negative in that the men in the team are not given the opportunities for progression.

In some teams, the managers promote their own officers rather than taking the new people from other teams across the organisation. Therefore, this makes it harder to progress within the organisation by changing the field of the work. Also, this stops the teams from learning other ways of working.

Some hiring managers find it difficult to trust someone who doesn't look or think like them. There is an overriding perception that certain people, particularly from Black and ethnic minority groups are just not good enough for certain positions, so I have found it difficult to get the exposure to be seen to belong in certain spaces.

It often feels like roles are already earmarked for people.

Access to training is inconsistent and training requests are dealt with in a disjointed way. There are several locally kept lists for training requests that seem to get disregarded. It took me three years to get onto the training I requested but other peers received the training immediately.

There is not enough training and development. It is something that I have asked for several times in the past and have been told that colleagues are too busy to support. I've had two roles within the NMC and both times training came from two one-hour sessions and the rest was finding the answers myself through documents that I found on drives, or asking other team members.

I think the NMC has a history of being cliquey...people get opportunities because they know people.

There is a real bias against Scottish based staff.



There is no clear allocation of training budget - we have to push really hard to get funding to attend appropriate conferences and training etc - this is just not in the mindset of the NMC.

One of the most glaring barriers I've encountered is the lack of representation of individuals from diverse backgrounds in senior roles. Despite efforts to promote diversity and inclusion, there remains a significant disparity in the representation of ethnic minorities at the leadership level. This lack of representation not only deprives employees of diverse role models but also creates an environment where advancement opportunities for individuals from minority backgrounds are limited.

The level of training and development available to staff was seen as a further barrier to progress with 44% of respondents stating that they were either dissatisfied or very dissatisfied with it.

This level of dissatisfaction was even more pronounced for those returning to work from long term leave, such as maternity/paternity leave etc. Of those, 59% said they did not have access to training and development opportunities to accommodate their return to work and enable career development.

How satisfied are you with the level of training and development available to you?



If you returned to work from a long-term leave (e.g., maternity/paternity leave, sick leave, career break etc.), did you have access to training and development opportunities to accommodate your return to work and enable your career development?



Health and wellbeing

Respondents were asked a series of questions on the workplace culture's impact on their health and wellbeing and 87% said they knew where to find information on getting help for their mental health. Just under 60% (58%) said they had not raised a concern about their mental health or wellbeing, but of those who had, 14% said action had not been taken to support them.

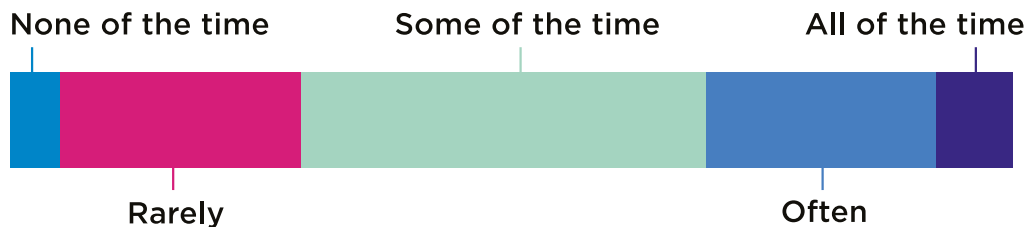
Over 30% of respondents said they felt emotionally drained from their work often or all of the time. And a further 20% said they rarely felt energised by their work.

Almost a quarter of staff (24%) added that they felt fatigued often or all of the time when they got up in the morning and had to face another day on the job.

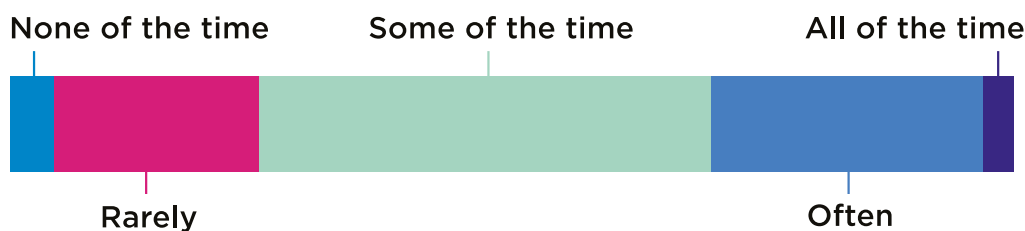
But despite the draining nature of the work, many noted that they had a strong sense of purpose. Over 40% (43%) said they felt the work was inspiring often or all of the time and 62% said the work felt meaningful often or all of the time.

How frequently would you say you experience these emotions?

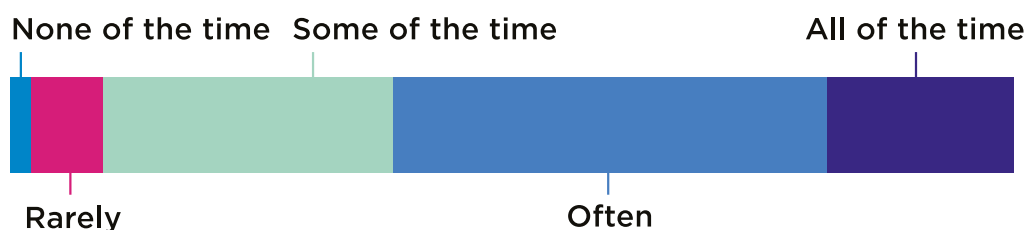
a) I feel emotionally drained from my work



b) I feel energised by my work



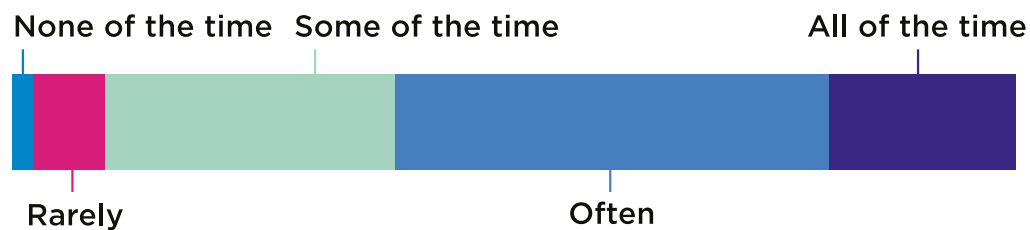
e) My work feels meaningful



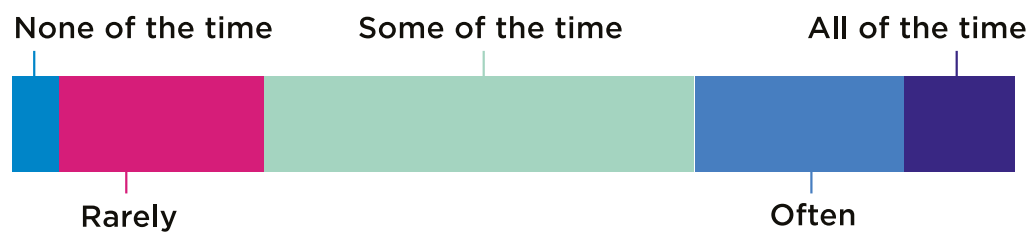
Despite this sense of meaning and purpose, a significant majority - over 70% - admitted to feeling frustrated by their job some of the time, often or all of the time.

And almost a third of staff (32%) felt they were working too hard at their job often or all of the time.

g) I feel frustrated by my job



h) I feel I'm working too hard on my job



Results were mixed when people were asked to assess the morale in their team. On balance more people felt it was positive overall, but more described it as poor than excellent. Respondents offered a wide range of suggestions on how to improve the health and wellbeing of their team - and some of the areas covered included working from home, treating staff better, recognising how emotionally draining the work can be, appropriate staffing levels to address heavy workloads and tackling bad behaviours. On the issue of working from home, it is worth noting that there were conflicting views. Some felt it was beneficial while others preferred to work in an office environment.

A representative sample of responses are below.

Allow workers to make a decision to come into the office or not. Team morale has dropped since being forced to come into the office and the data clearly shows the negative impact it has had since October 2023. I would simply want senior management to listen to what juniors are saying and to not keep towing the party line and banging the drum that comes from the director (very senior people) in Professional Regulation.

Make it more common and accepted that if you go to a manager and say "I need a break from child death cases, I need a break from care home abuse cases" etc. that's not a big deal and is respected.

There needs to be a recognition that some behaviours by members of the team are racist and there is no safe space to raise concerns. Nothing is confidential - the staff surveys go to the assistant director who identifies who submitted the responses and then basically gaslights people into not raising concerns. If you do manage any concerns, line managers make it about them again gaslighting staff into believing they should not be raising anything.

I think we need to walk the talk on mental health better. There's a lot of discussion about the resources we have, mental health first aiders etc., but when it comes to making organisational decisions that have direct impacts on people's wellbeing, it seems like this is often an afterthought. Workload, particularly in PR, is a huge issue and staff are completely overworked. They don't have time to do anything else and it's no surprise that many colleagues have left. There needs to be more real engagement about what the impact of these decisions are, and whether it's reasonable to ask so much of people.

The thrive app is not a meaningful intervention and is just a legal tick box. It is widely joked about that if you died tomorrow the NMC would replace you and forget you as they have done with previous staff who suffered suicide/mental health issues. The NMC only cares about the output you can offer them in your work.

Better support about the challenges of working from home. It can often feel isolating.

Much responsibility had been placed on managers but managers have not been given the training and the tools they need to better support health and wellbeing at work. As a manager I've had many distressing, difficult, and challenging conversations with my team members and have never felt supported to do my best for them. Much of the time I'm just trying to do my best but it's a heavy burden when you know the things you say and do can impact on the people in your team.

We all work many hours for free that impacts our lives very badly. There are tears and the stress is off the scale. I have worked in many stressful, time critical roles in my career and this is the worst role I have ever had. The micro management and lack of time to complete a case is not considered and the registrants get a poor deal. There is no consistency and the systems are not fit for purpose. You just get made to feel incompetent when you are always told 'this job is hard' or 'it's not for everyone'. The truth is that the job is fine but it's not respected as a career path and the way it is managed and run is totally inefficient. you are bullied and pushed to try and attain targets that are unrealistic. It's like being in a cult or a violent relationship. People who leave have said they felt trauma from working there. It is a massive issue and they will never clear the backlog they have by bullying really good and hardworking staff.

We have been providing this information for years to anyone who will listen: we need smaller, more manageable caseloads. We need stability in our teams. We need strong administrative and assistant support. We need to be paid appropriately (we are still paid less, compared to other regulators for the same roles). If these things are implemented, people will want to stay and they will thrive in their roles. They will be able to meet targets. We won't lose so many staff to other regulators and to long term sick leave. Management knows the issues, however caseloads are only increasing, targets are increasing, and jobs are being threatened with PIPS [performance plans] if not met. People are leaving every week.

Kindness. Too many people are two-faced and/or have poor attitudes. The sad thing is the chronic repeat offenders are widely known, but it is shrugged off. Therefore they are permitted to continue with impunity.

A quarter of the staff added that they did not feel they had sufficient resources on health and wellbeing to do their job well.

Do you feel you have sufficient resources on health and wellbeing to do your job well?



Some of the suggestions as to what could be done differently to address this included:

Workplace risk assessment and support plan needed as well as reasonable adjustments. More disability awareness. More tolerance for people with disability and diverse needs on Teams calls, face to face attendance etc.

Resource appropriately. Too many Managers instead of administrators. Inadequate systems causing more manual interventions which are stressful.

We have an infrastructure in place to support mental health wellbeing (i.e. mental health first aiders; EAP; Thrive app) but all of this is pointless if the behaviour causing people to resort to the means available are not meaningfully addressed.

I would appreciate better support from HR. As a manager I have had to support team members with many different concerns including cancer diagnoses, stress and depression. I feel I got no practical help from HR and a lot of the messaging that comes from HR and the people team invites staff to speak to their managers if they need support or have questions but more often than not managers have no information to be able to address these.

More help for neurodivergent colleagues experiencing issues of burnout and low self-esteem.

Defining the culture

At the conclusion of the survey, staff were invited to offer any final thoughts on their experiences at the NMC. Some of the issues raised included a failure to tackle racial discrimination, bullying and address challenging feedback.

Again, we have listed a representative sample of voices below.

LGBTQ+ issues are seen as the only issue in terms of discrimination at the NMC. You do not have to declare your sexuality, gender, and most of the time this isn't evident from meeting the person. Skin colour cannot be hidden, non-white names cannot be hidden and yet nobody wants to address the issues of racism that affect each Directorate not just FtP. Even after the whistleblowing, staff are still saying that racism and discrimination isn't an issue and white staff have basically said 'it's a storm in a teacup' and a waste of money. People of colour want to be able to come to work and do the job to their best of their ability. Why is this so hard to achieve?

I have directly experienced racism and detriment in my time with the NMC and it is not a good place to work for people from my background. But I stay because I believe I make a difference to the handling of black minority ethnic registrant cases.

Once you go up in management it gets very toxic. You don't have to look far, people surveys, Glassdoor reviews and now the whistleblowing to see what has been going on for years in investigations. The fact that nothing has been done, shows the toxic culture and unwillingness to change and look after the staff's welfare. The thrive app is a box ticking exercise and not effective. I really want things to be better as I love being an investigator.

The history looms large and there isn't a strong feedback culture, which means people are nervous about collaborating/ seeking views and are very sensitive to any suggested improvements. This 'fear' of negative feedback is often construed as people disrespecting colleagues' professional skills. This has to change as we won't deliver better outcomes without multi-disciplinary teams, collaboration and real time feedback.

I care so much about the work of the NMC and i do believe that there is absolutely a desire by many to improve and be the person-centred organisation we set out to be, but I remain concerned that our current approach in FtP, where we prioritise caseload progression over everything else means we are not looking or even properly considering other really important aspects. We're not fully considering the impact our work has on external stakeholders particularly registrants. We are not allowing sufficient time to grapple with complex issues such as discrimination, safeguarding and wider systemic issues, which is impacting our decision making. And we're not understanding that our internal culture and our attitudes are permeating how we make decisions which affect public protection and patient safety. The pressures on timeliness and caseload are not allowing this important reflection to happen and I think this is the biggest barrier to effective and meaningful change.

I feel this organisation has a lot of potential to do amazing work. However, the executive management's lack of motivation to change and do things differently is holding it back. There is always a lot of talk and numerous published reports but little action. Theory without practice.

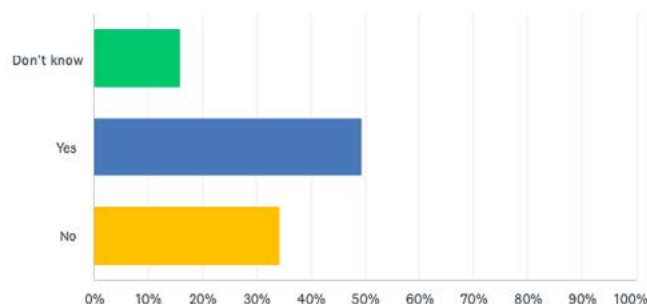
It feels like there may be two NMC's, the team I work in is supportive and friendly. We're all busy and have the occasional whinge, but generally it's fine. The 'other' NMC, that I read about in the published articles, seems to refer to a different team with a different culture. I do not doubt for a moment their experiences, and it's bad that they have to live through that. I hope this culture survey helps identify what is really going on and provides the recommendations to sort the problems.

Panel member survey findings

We conducted an online survey during March and April 2024, gathering 224 responses from members of the NMC's Fitness to Practise panels. We did not collect demographic or location data to protect people's anonymity and give them the opportunity to speak freely.

Q1 Do you know who to approach if you would like to raise concerns about discrimination at the NMC in confidence?

Answered: 224 Skipped: 0



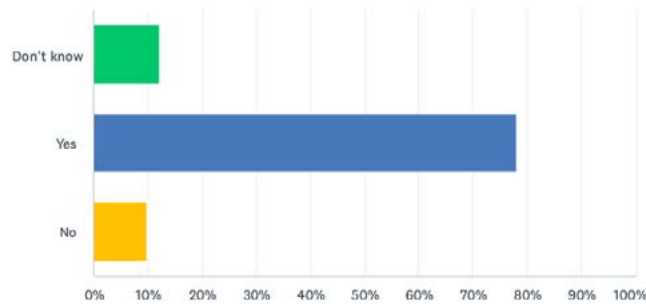
| ANSWER CHOICES | RESPONSES | |
|----------------|-----------|-----|
| Don't know | 16.07% | 36 |
| Yes | 49.55% | 111 |
| No | 34.38% | 77 |
| TOTAL | | 224 |

Almost half of respondents (49.55%) said they knew who to approach to raise concerns about discrimination at the NMC in confidence – but slightly more (50.45%) felt that they did not or were unsure.

More than three-quarters of respondents (78.03%) felt that they would be able to express concerns about discrimination. Less than 20% (19.98%) said that they did not feel they could speak up, or they did not know.

Q2 If you have concerns about discrimination in the NMC, do you feel you are able to speak up?

Answered: 223 Skipped: 1

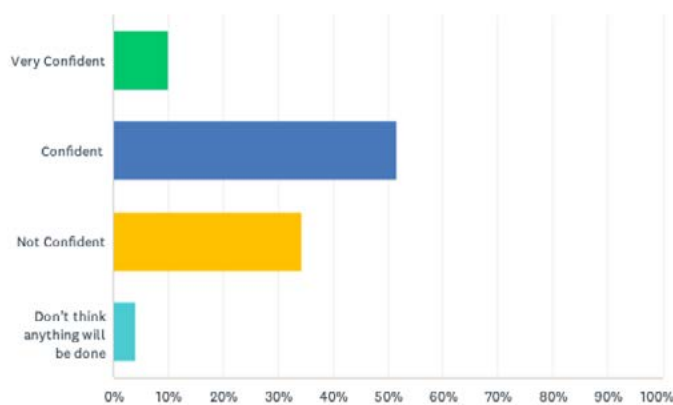


| ANSWER CHOICES | RESPONSES | |
|----------------|-----------|-----|
| Don't know | 12.11% | 27 |
| Yes | 78.03% | 174 |
| No | 9.87% | 22 |
| TOTAL | | 223 |

Approximately two-thirds of respondents (61.53%) were either very confident or confident that appropriate action would be taken if they raised concerns – but more than one-third (34.39%) were not confident and 4% (9 respondents) felt that no action would be taken.

Q3 If you choose to raise concerns about discrimination at the NMC, are you confident appropriate action will be taken?

Answered: 221 Skipped: 3

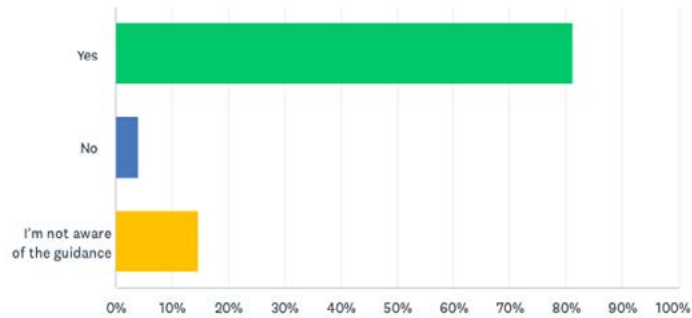


| ANSWER CHOICES | RESPONSES | |
|-----------------------------------|-----------|-----|
| Very Confident | 9.95% | 22 |
| Confident | 51.58% | 114 |
| Not Confident | 34.39% | 76 |
| Don't think anything will be done | 4.07% | 9 |
| TOTAL | | 221 |

A large majority of respondents (81.25%) felt confident they understood NMC guidance on discrimination – but almost one-fifth were either unaware of guidance (14.73%) or responded that they did not understand it (4.02%).

Q4 Do you understand the NMC's guidance in relation to discrimination?

Answered: 224 Skipped: 0

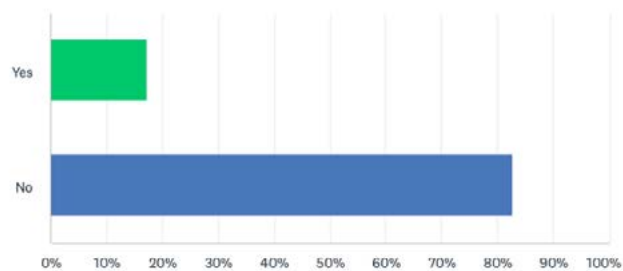


| ANSWER CHOICES | RESPONSES | |
|-------------------------------|-----------|-----|
| Yes | 81.25% | 182 |
| No | 4.02% | 9 |
| I'm not aware of the guidance | 14.73% | 33 |
| TOTAL | | 224 |

A large majority (82.81%) of respondents said they had not witnessed discrimination, victimisation or harassment while acting as a panel member for the NMC during the last 12 months. Seventeen per cent (38 respondents) said they had witnessed such incidents.

Q5 In the last 12 months, have you witnessed discrimination, victimisation or harassment in your role as a panel member at the NMC?

Answered: 221 Skipped: 3

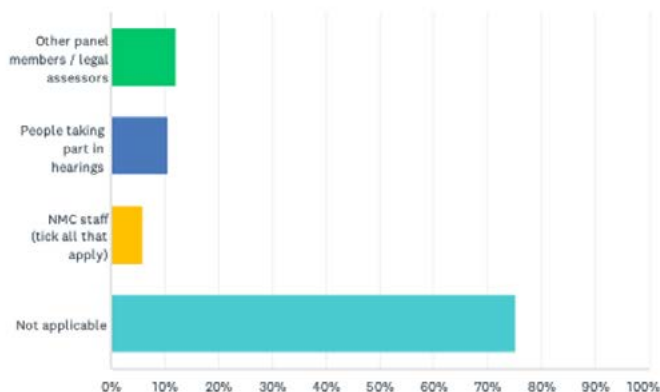


| ANSWER CHOICES | RESPONSES | |
|----------------|-----------|-----|
| Yes | 17.19% | 38 |
| No | 82.81% | 183 |
| TOTAL | | 221 |

The majority of respondents (75.17%) responded 'not applicable' to this question, but 18.12% claimed to have witnessed discrimination, victimisation or harassment from other panel members (12.08%) or NMC staff (6.04%). More than one-tenth of respondents claimed to have witnessed such behaviour from people taking part in the hearings. Respondents could select more than one answer for this question.

Q6 If yes, was this from

Answered: 149 Skipped: 75

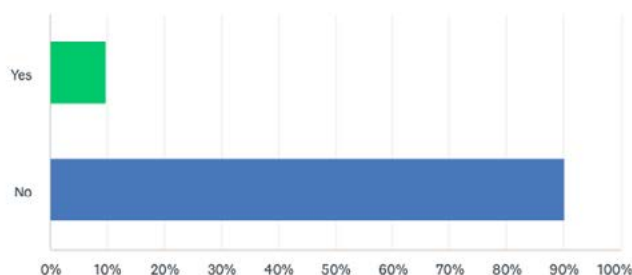


| ANSWER CHOICES | RESPONSES | |
|---------------------------------------|-----------|-----|
| Other panel members / legal assessors | 12.08% | 18 |
| People taking part in hearings | 10.74% | 16 |
| NMC staff (tick all that apply) | 6.04% | 9 |
| Not applicable | 75.17% | 112 |
| Total Respondents: 149 | | |

More than 90% (90.13%) of respondents had not themselves been the subject of discrimination, victimisation or harassment during the last 12 months.

Q7 In the last 12 months, have you been subject to discrimination, victimisation or harassment in your role as a panel member at the NMC?

Answered: 223 Skipped: 1

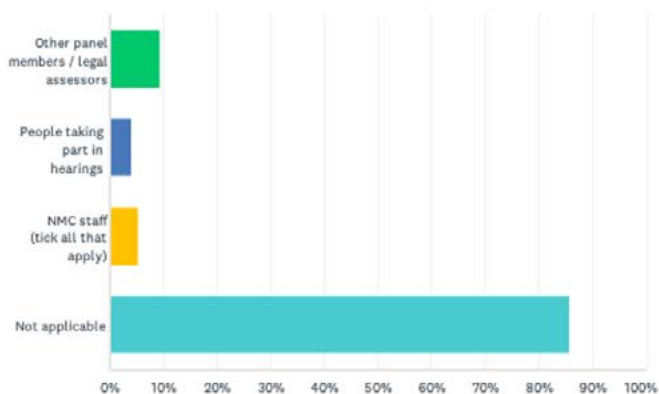


| ANSWER CHOICES | RESPONSES | |
|----------------|-----------|-----|
| Yes | 9.87% | 22 |
| No | 90.13% | 201 |
| TOTAL | | 223 |

This question was not applicable to the majority of respondents. Of those who did respond, 14.87% had experienced discrimination, victimisation or harassment by other panel members or NMC staff, while 4.05% had been subject to discrimination, victimisation or harassment by people taking part in hearings. This was a question with the option to tick more than one box.

Q8 If yes, was this from:

Answered: 148 Skipped: 76

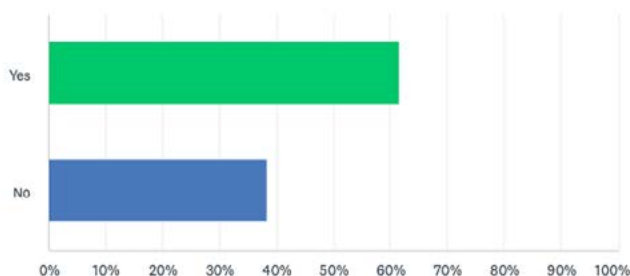


| ANSWER CHOICES | RESPONSES | |
|---------------------------------------|-----------|-----|
| Other panel members / legal assessors | 9.46% | 14 |
| People taking part in hearings | 4.05% | 6 |
| NMC staff (tick all that apply) | 5.41% | 8 |
| Not applicable | 85.81% | 127 |
| Total Respondents: 148 | | |

The majority of respondents (61.71%) felt clear on the NMC's position on how to address discrimination, victimisation or harassment. Slightly more than one-third (38.29%) did not.

Q9 Do you feel the NMC position is clear with regards to how you can address discrimination, victimisation or harassment?

Answered: 222 Skipped: 2

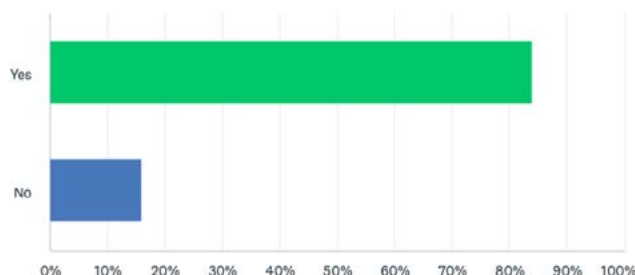


| ANSWER CHOICES | RESPONSES | |
|----------------|-----------|-----|
| Yes | 61.71% | 137 |
| No | 38.29% | 85 |
| TOTAL | | 222 |

A large majority of respondents (83.93%) felt confident in addressing issues of discrimination, victimisation or harassment in their role as a panel member.

Q10 Do you feel confident and able to address issues of discrimination, victimisation or harassment in your role as a panel member?

Answered: 224 Skipped: 0



| ANSWER CHOICES | RESPONSES | |
|----------------|-----------|-----|
| Yes | 83.93% | 188 |
| No | 16.07% | 36 |
| TOTAL | | 224 |

Q11: How would you describe the culture around hearings at the NMC?

This was an optional free text response, with 201 respondents submitting comments. They were very mixed and covered a lot of ground including:

- Administrative experience of panel members and the management of cases
- Attitudes between panel members, legal assessors and registrants
- Approach of NMC to its role overseeing Fitness to Practise among nursing and midwifery staff.

Positive comments included:

“Fair and inclusive, I have not been aware of any bias nor breaches of the relevant legislation.”

“To date I have found the culture in the hearings I have sat on as largely collaborative from all those involved, open and inclusive in terms of people being able to raise questions and requests, respectful in how each person interacts with everyone else, positive in the sense of acknowledging contribution, time and effort, constructive in any feedback and comments. I also find them to be professional and impartial but inclusive in how those present go about ensuring

all relevant evidence can be heard and those involved can participate when determining the issues addressed.”

“The culture is one of inclusion and is supportive to all participants.”

Critical comments included:

“I think hearings are often chaired by white, middle-aged ex-policemen. I think they genuinely do not understand what discrimination is... They see it as a sort of ‘weakness’ or not ‘proper’ somehow to support vulnerable people and make necessary adjustments. I have had another recent case where I felt that the race of the registrant affected panel member attitudes.”

“Hearings can be slow and drawn out. Some charges can be excessive (to show impairment) and unnecessary as well as the delay in getting substantive hearings listed.”

“White men have humiliated me. I am a Black woman... I have never had to complain to other professionals that the way in which they treated me was humiliating and belittling. Within two years at the NMC, I have had to do it twice. I wonder whether there is something about the culture of the NMC panel discussions that enables this behaviour to take place.”

Q12: Are there things you think may help us improve the culture around hearings at the NMC?

This was an optional free text response, with 165 respondents submitting comments. Suggestions covered a wide range of issues including:

- More diverse panel members, who are often retired professionals and don’t mirror the people who come before them.
- Better training on cultural awareness for panel members, with several respondents mentioning the need for prayer breaks or accommodation for Ramadan, for example.
- Better communications, particularly in relation to acknowledging and addressing feedback from panel members.
- Better case management and preparation before hearings, where the NMC was compared unfavourably to other regulators.
- Linked to this was work to improve the timeliness of hearings,

as panel members in some cases were dealing with cases dating back four years.

- Better support for unrepresented registrants.
- More training and support for Hearing Co-ordinators, who are under pressure when cases and hearings overrun.
- Reviewing paperwork for registrants to make it more accessible.
- More support for panel members on challenging, distressing cases.

Representative quotes:

“Often not all of the papers have been made available in advance, there may be issues about redaction, unforeseen/unexplored potential applications etc. I feel that sometimes this impacts on the atmosphere and environment in a hearing. Sometimes I think it means people are not bringing their best selves to a hearing and there is a time pressure which adds to the mix. I think that... hearings would benefit from a case management hearing by a Chair perhaps 4-6 weeks in advance so that issues can be surfaced at that stage which would mean that hearings run more smoothly and everyone can bring their best [self] to the hearing itself.”

“The organisation of hearings (and the various management challenges) can indirectly have prejudicial effects e.g. pressures on Hearing Coordinators who are mainly from racial and ethnic minority backgrounds and have to deal with the fall-out from poor case management or the failure to set up physical hearings when warranted (for instance, for witnesses who require a translator).”

“I did observe in the training of new panel members that a lot of the members were of a certain demographic.”

“More ethnic minority groups to be included on the panel. And regular mandatory, anti discrimination training on study days.”

“A small point but some panel members really don’t make an effort to pronounce other panel members’ names correctly, I was told my name was ‘very difficult and did I have a shortened version’. I have an Indian name.”

“Hearings I have been involved in have all been very respectful. Perhaps reminders to staff and panel members could be alerted to any specific needs and made aware of particular

religious times when it may impact participants. Ramadan for instance, and enabling prayer time when necessary.”

“I run my hearings as fairly as I can, based on facts and evidence. I want to be able to finish a hearing and if it involves a nurse from a minority community I want people to be confident that race did not adversely affect the decision one way or the other.”

“I think that the NMC could do more to engage with registrants to demystify the FTP process. Generally Registrants appear to assume that they are going to automatically lose their right to practise and therefore their livelihood. This culture of fear of punishment could be alleviated if the NMC could engage more with Registrants in general about the FTP process. This could lead to Registrants feeling more able to engage with the process.”

“My biggest concern is about the make-up of the panels and how representative they are of the people coming before them. My assumption would be that employed panel members would be unlikely to secure the time off and, therefore, those able to commit to these hearings are more likely to be retired. I think having an age range on the panel is important to ensure that views that aren’t aligned to current thinking are challenged. This is a difficult challenge to overcome. It is a balance of trying to get a diverse panel, whilst not delaying proceedings for the registrant. However, unlike other regulators, procedural rules are limited in relation to NMC matters. There are no requirements to lodge documents in advance, confirm witness attendance etc. this often means that things first come up at day one of the hearing, causing delays and part heard matters. I think more accurate listings would be possible with tighter rules. This could lead to some estimates being reduced and a wider group of the panel member pool able to accept the hearings. If case progression were quicker, it might allow time to seek a more inclusive, diverse panel.”

“Address racism in the staff, e.g. HCs and Senior HCs, some

of whom are now promoted to hearings managers despite unprofessional, harassing and discriminatory behaviour.”

“Genuinely more diverse (in terms of experience and perspectives) panel member pool. Less ‘ little England’ mentality.”

“It now makes me laugh when I hear the value of Kind being mentioned in communications - it doesn’t feel like that it is a value that is adopted - it’s just a word bandied about that makes it sound like that kindness is an embedded value - I don’t believe it is.”



Review and Analysis of Human Resources Policies and Management Practices

At the time of this review, the People & Organisational Effectiveness Directorate had a recently established team. The Executive Directors joined the NMC in November 2022 and focused on building the senior leadership team of the Directorate. Their approach emphasised collaboration with Executive Board colleagues to build confidence in the Directorate and systematically address organisational challenges in an open and transparent manner. The team led the production and publication of the 2023-2026 People Plan in June 2023 (more information on the People Plan can be found in the appendix).



The Executive Directors acknowledge that much work remains to be done on all fronts to improve the organisation. Meaningful change requires time to build the structures, processes, skills, and feedback loops that ultimately underpin a positive and empowering culture. Given this context, and during this review, we had access to a substantial amount of data and internal analyses, some of which were work-in-progress. In the sections that follow, we provide an overview of key HR areas based on data made available to us during our review to contextualise the experience of staff at the NMC.

A range of HR policies exist at the NMC to guide people management. The 2023-2026 People Plan is clear on the need for a continuous review of HR policies to ensure that they capture best practice and are fit-for-purpose, demonstrating the commitment that the Executive Directors of People & Organisational Effectiveness and their newly established senior leadership team have in this respect. As a result, a set of HR policies were reviewed last year, while another set is currently reviewed to establish if some are needed (e.g., dressing for work policy, smoke free policy), if some need updating (e.g., capability policy, dignity at work policy, time off to raise a child policy, transitioning at work policy) or if some new policies are required (e.g., secondments, advances of salary, menstruation).

Workforce Distribution

The NMC workforce distribution has not demonstrated great fluctuations between 2018-2023 (measured in December each year). Most of the workforce is made up of women (69% in December 2023), white ethnicities (46% in 2023) and people

without a disability (72% in 2023). Men (31% in 2023), people from a black ethnic group (38%) and people with disabilities (9% in 2023) can be considered minorities in the NMC workplace.

A consistent trend over the years is showing a slight decrease in the percentage of women in the workforce and a slight increase in the percentage of men. December 2023 data of the workforce distribution by grade indicates that women are well-represented across all grades, including in senior positions. There is a noticeable drop in the representation of black minority ethnic staff in higher grades (e.g., 15.6% staff from black ethnic groups at grades 8-11 vs. 65.3% of white staff) indicating a lack of ethnic diversity at senior levels. Notably, staff from a black ethnic group have the highest representation in the lower grades 1-4. There is also limited representation of staff with disabilities in grades 1-11 and Director levels.

A key factor influencing the workforce distribution is recruitment decisions both for internal and external recruitment. Data for recruitment campaigns run in 2023/24 (year to date; December 2023) highlight that although applicants from a black ethnic group are almost double in numbers than white applicants (3,316 vs. 1,978 respectively), applicants from black ethnic groups are hired at almost half the rate in comparison to white applicants (4.4% vs. 8.0% respectively).

Recruitment

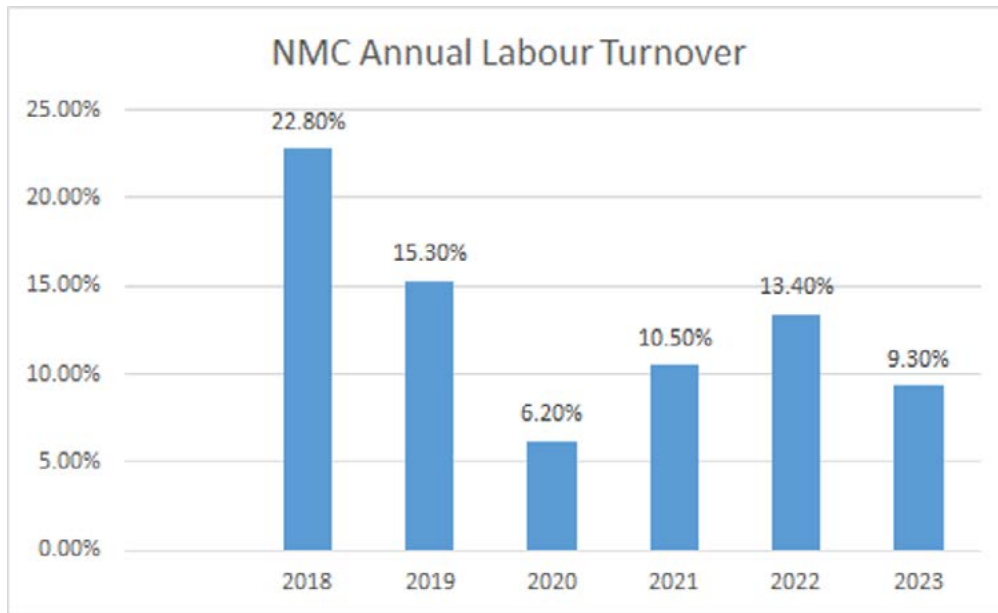
| Recruitment | Applicants | Hire Rate % | Internal | External |
|-------------------------------|------------|-------------|----------|----------|
| Male | 1,985 | 4.1% | 19.2% | 2.6% |
| Female | 3,471 | 6.6% | 19.9% | 5.0% |
| Black, Minority Ethnic | 3,316 | 4.4% | 15.3% | 3.4% |
| White | 1,978 | 8.0% | 24.0% | 5.4% |
| With Disability | 342 | 5.6% | 13.7% | 4.1% |
| Without Disability | 4,818 | 5.6% | 19.8% | 4.1% |
| NMC | 6,275 | 5.6% | 20.4% | 4.1% |

*This data is for campaigns run in 23/24 open or closed

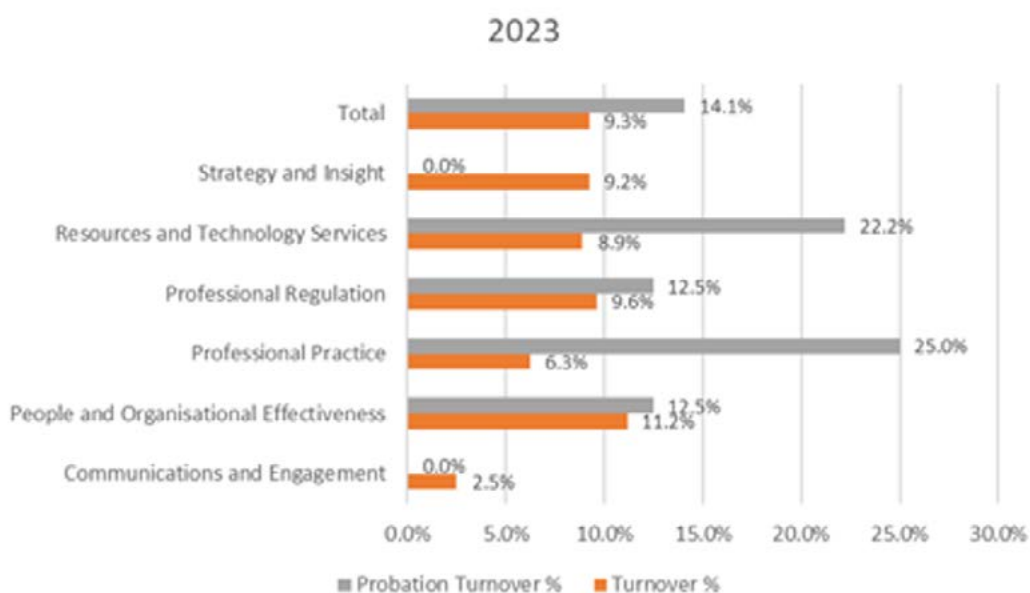
Employee Retention

The annual labour turnover at NMC demonstrates yearly fluctuations and an overall decrease from 22.8% (157 leavers) in 2018 to 9.3% (97 leavers) in 2023, an approximate 60% decrease (see graph over).

NMC Annual Labour Turnover 2018-2023



The Directorate with the highest turnover in 2023 was People and Organisational Effectiveness (11.2%), followed by Professional Regulation (9.6%). However, the Directorates with the highest probation turnover were Professional Practice (25.0%) and Resources and Technology Services (22.2%) (see graph below) meaning that a significant percentage of new hires leave the organisation during their probation period. A higher rate of attrition among employees in their initial months of employment signals potential issues with recruitment, job fit, or the organisation's ability to integrate new employees effectively.



Exit interviews are offered face-to-face with an option to complete them in writing if the leaver prefers this instead. The focus has been on offering all permanent staff leaving the NMC the opportunity to complete an exit interview (there are currently gaps in this respect concerning temporary staff and contractors). The interviews are conducted by an HR Business Partner or HR Adviser. There are 20 questions guiding the exit interview (interview questions were updated at the start of 2023). The anonymised data is captured monthly and shared with the People and Organisational Effectiveness senior leadership team, and then the Executive Board in conjunction with the employee engagement surveys to ensure challenges are identified and concerns addressed where possible. If any responses indicate bullying, harassment and/ or discrimination, the individual is asked if they want to take this forward as a formal grievance. Career progression has historically been the top reason reported for leaving the NMC (see table below).

| Year | Top 3 reasons for leaving the NMC (exit interview data) |
|---------|--|
| 2023-24 | Career Progression; Challenges in the Role; Relationship with Line Manager |
| 2022-23 | Career Progression; Challenges in the Role; Career Change |
| 2021-22 | Career Progression; Challenges in the Role; Pay & Benefits |
| 2020-21 | Career Progression; Challenges in the Role; Relocation |
| 2019-20 | Career Progression; Challenges in the Role; Career Change |
| 2018-19 | Pay & Benefits; Career Progression; Challenges in the Role |

However, not all staff leaving the NMC wish to engage in exit interviews, while many of the people we interviewed who had left the NMC (often in difficult circumstances) said they were not offered an exit interview.

Equality, Diversity & Inclusion

The NMC’s Equality, Diversity and Inclusion Policy (was published in August 2020 and is overdue for a review) highlights the NMC’s commitment to ED&I (equality, diversity & inclusion):

“We’re committed to a non-discriminatory approach that gives

equal opportunity for employment and advancement in all our directorates and work locations and fulfils our obligations under the Equality Act 2010 in relation to age, disability, gender identity, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation.”

It further stipulates the NMC’s commitment to:

- Place equality, diversity and inclusion at the heart of everything we do – this is critical to ensuring the wellbeing of everyone who works here and who we work with
- Provide ways for everyone to be heard and to respect what they say
- Challenge assumptions about what it means to be a strong NMC leader or manager so we get the best out of our people
- Commit time and resources to increase the diversity at all levels of the organisation and promote leadership based on respect and tolerance
- Act as soon as we know about any discrimination, victimisation, bullying and harassment or any other actions that undermine our commitment to ED&I
- Acknowledge inequities in our policies, systems, processes and work, work to correct them and report on our progress
- Look for and explore underlying assumptions (unconscious biases) that interfere with inclusiveness
- Encourage thinking at all levels about how systemic inequities hamper our work and how we can overcome them

To help promote ED&I, the policy stipulates specific actions taken. For example, developing transparent policies and guidelines, measuring the impact of policies before they are published through Equality Impact Assessment, offering learning materials, information and resources on ED&I for managers and staff, designing appropriate recruitment practices, offering equal opportunities in employment, learning/development and progression, inviting feedback on policies through the Employee Forum and the staff networks, gathering ED&I data to monitor progress, promoting work-life balance and offering opportunities for flexible working.

According to the policy, responsibility for ED&I falls to everyone in the organisation. The Executive Board has primary legal responsibility for ensuring compliance with the requirements of the Equality Act (2010). In addition, everyone working for the NMC has a collective responsibility to raise awareness of this policy and be part of implementing it, while managers have a specific responsibility for “promoting a positive work culture by setting a good example of positive behaviour, raising awareness of this policy, and appropriately challenging any unacceptable behaviour”.

Despite the above commitments, our report shows – also to the NMC’s acknowledgment – that there is still more than needs to be done to ensure the implementation of ED&I policies and practices across the organisation. The NMC’s 2022-2025 Equality, Diversity and Inclusion (EDI) Plan features a foreword by the Chief Executive who states:

“We’ve made progress on our EDI work, but we still have a long way to go until it’s embedded within the NMC. We are clear about our responsibility to promote equality, diversity and inclusion in everything we do as a regulator and as an employer”. (Andrea Sutcliffe, Chief Executive and Registrar)

The ten priority EDI themes for 2022-2025 are presented below:

1. Take a more sophisticated approach to collecting and using EDI data
2. Learn from EDI evidence to create targeted interventions
3. Co-produce EDI solutions through collaboration with informed, diverse external partners
4. Enhance the EDI competency and accountability of our leaders
5. Enhance the EDI capability of all staff
6. Map and improve EDI-informed decision-making
7. Address evidence of discrimination or barriers in our processes
8. Use our influence to support the prevention and reduction of health inequalities
9. Strengthen our EDI governance
10. Use regulatory reform as a vehicle to embed EDI in our structures and ways of working

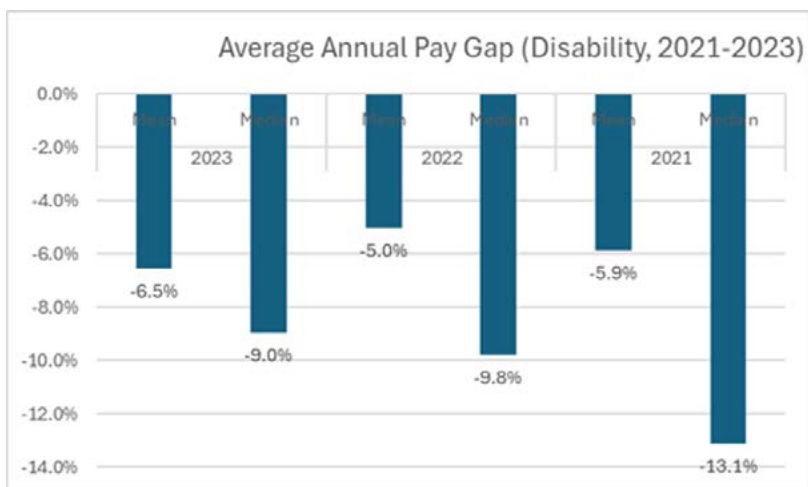
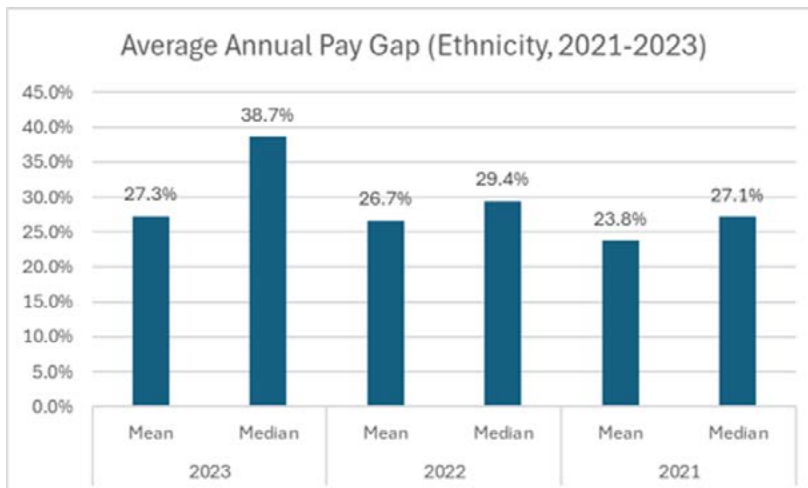
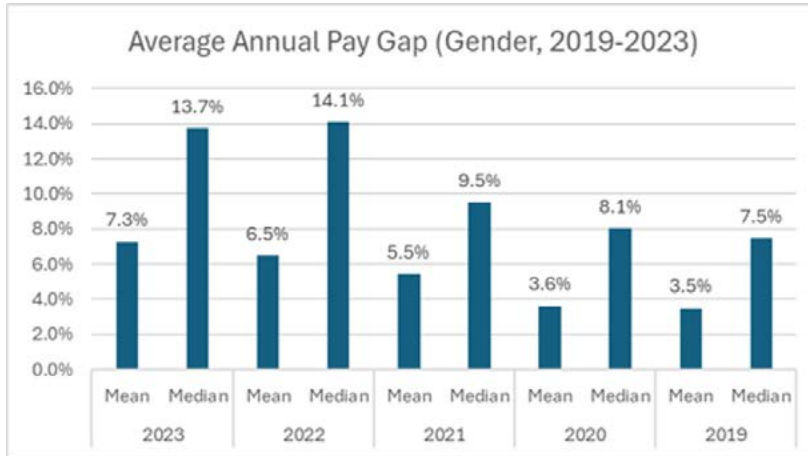
Pay Gaps

The NMC has published annual gender pay gap reports since 2018, and ethnicity and disability pay gap reports since 2020. The reports are publicly available on its website¹. The data are monitored on a monthly basis through the NMC’s HR dashboards and EDI dashboards. Available data for the years 2019-2023 indicate that there is a persistent gender pay gap. Across all years, both the mean and median pay gaps are positive, suggesting that, on average, women earn less than men. Available data for the years 2021-2023 reveal a consistent ethnicity pay gap. Across the three years, both the mean and median pay gaps are positive, indicating that, on average, staff of an ethnic background are paid less than white staff. Available data for the years 2021-2023 indicate a consistent negative disability pay gap. Across all three years, both the mean and median pay gaps are negative, indicating that, on

¹ <https://www.nmc.org.uk/about-us/reports-and-accounts/gender-pay-gap-report/>

average, people with disabilities earn more than those without disabilities, however, to the NMC’s acknowledgment, this is likely to be the result of under-reporting disabilities. The graphs below indicate the average annual pay gap by gender, ethnicity and disability based on the publicly available pay gap reports.

Average annual pay gap by gender, ethnicity and disability



Career Progression

Staff from black ethnic groups have historically not been as successful in promotions as white staff, particularly at the more senior grades within the organisation. Although there is good diversity in lower grades with respect to ethnicity, this is not being translated to higher grades. For instance, December 2023 year-to-date data show that 17% of promotions in grades 8-11 were among staff from black ethnic groups, compared to 67% among white staff (see table below):

Promotions

| [YTD Dec 2023 data] | Grades 1-4 | Grades 5-7 | Grades 8-11 | Director | CEO |
|-------------------------------|------------|------------|-------------|----------|-----|
| Male | 31% | 23% | 33% | - | - |
| Female | 69% | 77% | 67% | - | - |
| Black, Minority Ethnic | 55% | 46% | 17% | - | - |
| White | 41% | 49% | 67% | - | - |
| Disability | 7% | 5% | 50% | - | - |
| Non-Disability | 86% | 90% | 42% | - | - |
| Total number of people | 29 | 39 | 12 | 0 | 0 |

Note: staff with undeclared EDI characteristics are not included

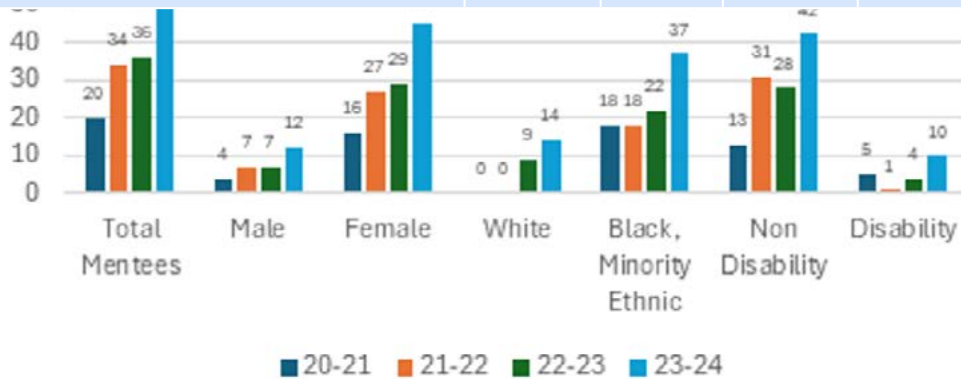
A voluntary six-month mentoring programme, Rising Together, was launched in 2020 to address the under-representation of certain groups of people, particularly people from black ethnic groups, at senior roles across the organisation, and the barriers these groups face when trying to progress their careers. The programme also aimed at promoting a culture of openness surrounding the challenges that individuals may face with respect to career progression and was a key initiative that supported the NMC's EDI action plan with respect to increasing diversity in promotions, enabling all staff to realise their potential, and breaking down barriers to inclusion.

The premise of the programme is to support staff to achieve their career goals. These goals are set by the individual at the start of the programme. Some staff join the programme looking for increased confidence at work, some to gain promotion, and some to change career anchors. The programme aims to support all individuals in achieving their goals. NMC acknowledges that mentoring alone will not remove the barriers to career progression, but the programme offers benefits to

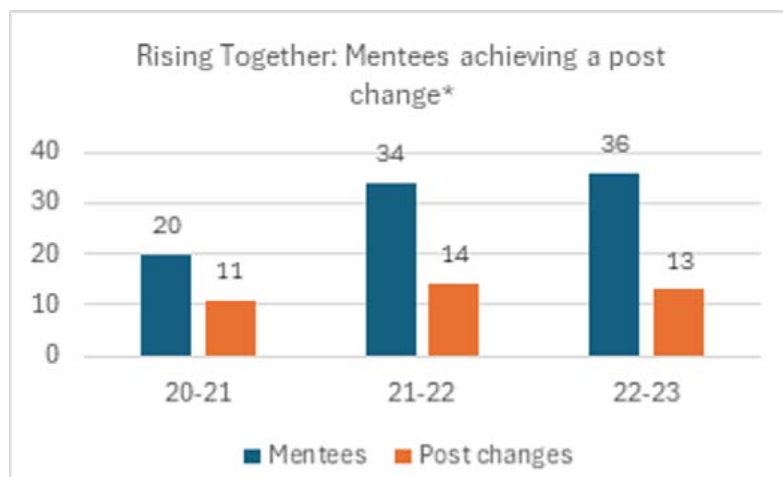
mentees and mentors. For mentees, the programme aims to empower them with the necessary skills and knowledge to progress their careers. For mentors, it provides a platform to enhance leadership abilities and gain a deeper understanding of the challenges faced by individuals from diverse backgrounds in the workplace.

The programme consists of sessions facilitated by a combination of internal and external speakers. Sessions cover a range of topics, including building and fostering inclusive teams, engaging in difficult conversations, identifying and addressing microaggressions, and becoming effective allies. In the 2022/23 cohort, peer-to-peer learning was introduced, which created a collaborative environment for participants to explore their perceptions, exchange thoughts, and share ideas with the programme peers. The table and graph below indicate the number of mentees and mentors on this programme.

| Rising Together | 20-21 | 21-22 | 22-23 | 23-24 |
|------------------------|--------------|--------------|--------------|--------------|
| Mentee | 20 | 34 | 36 | 57 |
| Mentor | 20 | 35 | 36 | 55 |



The Rising Together programme has had some positive impact on mentees' post changes (see graph below). The recorded post changes do not only refer to receiving a promotion, but also to securing a secondment or changing job roles.



Note: *post change refers to securing a secondment, receiving a promotion, or changing job role; 23-24 data not yet available.

Performance Appraisals

The appraisals process prior to 2022-23 was paper based, thus it proved difficult to obtain past data regarding appraisal completions. Also, 2022-23 was a partial year as the NMC transitioned to a new appraisal system in September 2023. The end-of-year data for 2022 and 2023 (captured in January each year, which also acts as the 'year-end' assessment point) indicate a 78% and 65% completion rate respectively.

Ambitious Appraisals is the new approach to appraisals at the NMC, developed in principle as part of the Total Reward review earlier last year and formally launched in September 2023. As part of Ambitious Appraisals, staff now have quarterly conversations throughout the year which take a more holistic view (objectives, wellbeing/workload, performance, development) with the aspiration that they will include better-quality conversations.

The '1:1 and Ambitious Appraisals Policy' details NMC's approach to 1:1s and appraisals and aims to provide staff with information, guidance and transparency to the overall appraisals structure and process. The policy is for all NMC employees, but not agency workers or contractors. Line managers are supported in conducting appraisals through the compulsory Management Essentials programme and through regular 'bitesize' HR workshops for managers run by the People and Culture team.

Yearly objectives are set in January of each year. By April, finalised end-of-year outcomes are submitted to payroll. Quarter 1 conversations also start in April and need to be concluded by mid-May. Quarter 2 conversations start in July and need to be concluded by mid-August. Quarter 3 conversations start in October and need to be concluded by mid-November. In December, an end-of-year review takes place. Therefore, Ambitious Appraisals are intentionally aligned to the calendar year and form a cycle of continuous conversations.

The policy explains how objectives need to be assessed as part of the quarterly conversations. There is also a moderation process in play that informs pay progression. The policy further provides information on actions with respect to individuals that are assessed as not meeting objectives in two or more quarterly conversations and for staff with less than three quarters of appraisal data across the year.

Despite the launch of this new way of conducting appraisals, there are certain Directorates that are failing to complete appraisals. Indicatively, the 2023 year-end data indicates 10.8%

of non-completions across the NMC, with the Professional Practice Directorate recording a 20% non-completion rate, followed by the Professional Regulation Directorate (11.6%):

Year End 2023 Annual Check In - Completed Objective Manager Ratings

| Directorate | Not Completed |
|---|---------------|
| Communications and Engagement | 10.3% |
| People and Organisational Effectiveness | 10.9% |
| Professional Practice | 20.0% |
| Professional Regulation | 11.6% |
| Resources and Technology Services | 7.4% |
| Strategy and Insight | 1.8% |
| NMC | 10.8% |

What is particularly problematic is the observation that a percentage of the executive teams in certain Directorates demonstrate non-completions, therefore, not leading by example in this crucial area. It further undermines team and organisational performance by reducing accountability and leading to inconsistent performance management across the NMC. This can decrease employee morale and engagement as it fosters a perception of unfairness. The 2023 non-completion rate per executive team per Directorate is illustrated in the table below:

Year End 2023 Annual Check In - Completed Objective Manager Ratings

| Directorate | Department | Not Completed |
|---|--|---------------|
| Communications and Engagement | Executive Team - C&E | 0.0% |
| People and Organisational Effectiveness | Executive Team - POE | 0.0% |
| Professional Practice | Executive Team - Professional Practice | 7.7% |
| Professional Regulation | Executive Team - Professional Regulation | 25.0% |
| Resources and Technology Services | RTS - Executive Team | 14.3% |
| Strategy and Insight | Executive Team - S&I | 0.0% |

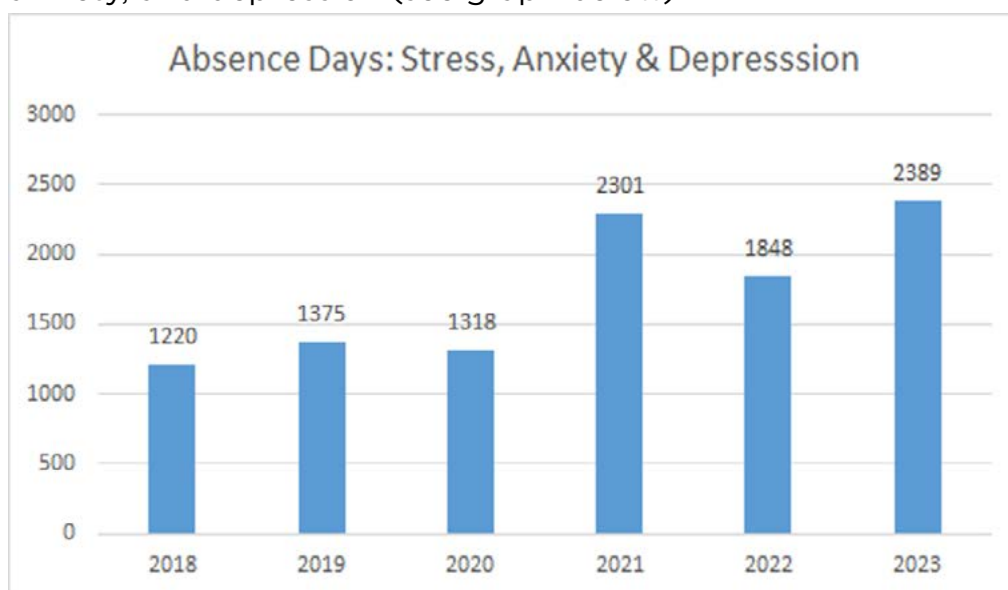
Wellbeing

The NMC pays for a number of services which include the provision of counselling services and provides signposting for various mental health and wellbeing resources, including an Employee Assistance programme accessible via phone line and web portal, and support from staff trained in Mental Health First Aid across the NMC. Additionally, there are services available through the Occupational Health service, support from line managers, reasonable adjustments, the Perkbox wellness hub, and the Thrive App. Comprehensive information on these resources for all staff is available in the Employee Toolkit, and also on the intranet.

However, limitations include, first, Mental Health First Aiders are not utilising the reporting function, making the data outdated, and second, the Mental Health eLearning course for managers was discontinued due to limited interest and high costs. Furthermore, it is acknowledged that these support initiatives did not operate cohesively as a network in the past. However, health and wellbeing support and resources have very recently moved under the management of the HR and Organisational Development teams in order to increase the coherence of their operation.

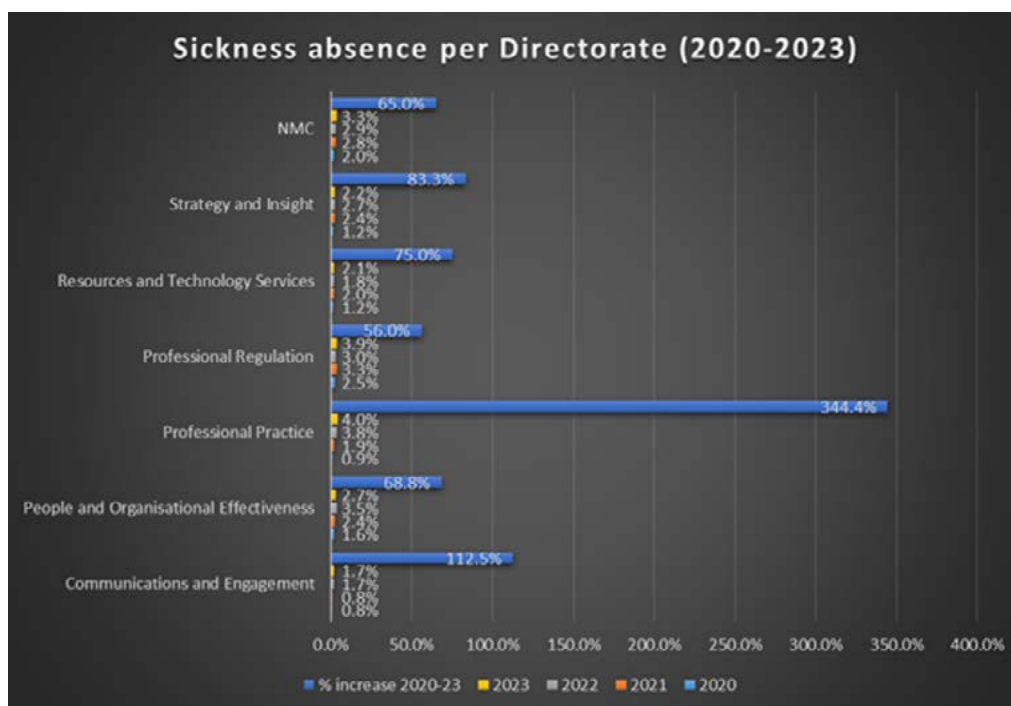
Employee Sickness: Stress, Anxiety & Depression

There is approximately a 96% increase between 2018 and 2023 in the number of sickness days at the NMC due to stress, anxiety, and depression (see graph below).



Note: the rise in absence days in 2021 are likely to be influenced by the pandemic which had an impact on stress, anxiety and depression globally.

Overall, the NMC saw an increase in absence rates from 2.0% in 2020 to 3.3% in 2023, representing a 65% increase. However, it is important to note that the NMC headcount (excluding agency workers and contractors) increased by 21.5% between 2020 and 2023, which contributes to the overall percentage increase in absence rates. All Directorates exhibited increases or fluctuations in sickness absence rates during this period, with the Professional Practice Directorate experiencing a significant rise from 0.9% in 2020 to 4.0% in 2023, representing a 344.4% increase, albeit consideration is needed on the impact of relatively small numbers of long-term absences in smaller directorates, like the Professional Practice Directorate (see graph below).



Data between 22-23 confirm that the absence rate for the Professional Practice Directorate was significantly above the NMC average of 3.3%. Other Directorates that were above the NMC average absence rate were People and Organisational Effectiveness and Professional Regulation. Thirty six percent of the total sick days taken related to mental health issues.

Absences related to mental health are of particular concern as 52% of those who reported such absences in 22-23 (107 staff) were classified as long-term absences lasting 10 days or more. This represents approximately 10% of all NMC staff reporting long-term mental health absences, which is a significant number. When comparing mental health-related absences to all other types of absences, it becomes evident that staff taking time off due to mental health reasons are more likely to be absent for extended periods.

Sickness in comparison to reported disability: Staff with disclosed disabilities had a 5.5% absence rate in 22-23, which was approximately 67% higher than the NMC average of 3.3%, and approximately double than staff with no disclosed disabilities (2.7% absence rate). The top five absence reasons recorded for staff with a disclosed disability were stress related, coronavirus, anxiety, depression, and other infections.

Return-to-work interviews & reasonable adjustments: There seems to be a concerning gap in how mental health absences are handled at the NMC. A large portion of employees reporting mental health absences do not receive proper follow-up support, as evidenced by a lack of referrals to Occupational Health and a lack of return-to-work interview notes. For example, in 22-23, of 110 staff reporting mental health absences (relating to stress, anxiety and depression) in return-to-work interviews, only 2.7% were referred to Occupational Health. Also concerning is that there were no return-to-work interview notes for 146 staff with mental health absences, which suggests that more needs to be done to effectively report and refer staff with such absences. Where there were no interview notes for mental health absences, approximately 66% were in relation to the Professional Regulation Directorate (see table below).

| Directorate | No. of staff reporting mental health absence | Mental health referrals to OH | No RTW interview notes |
|---|--|-------------------------------|------------------------|
| Communications and Engagement | 5 | 0 | <5 |
| People and Organisational Effectiveness | 17 | 0 | 27 |
| Professional Practice | <5 | 0 | <5 |
| Professional Regulation | 67 | <5 | 97 |
| Resources and Technology Services | 11 | 0 | 10 |
| Strategy and Insight | 8 | <5 | 5 |
| NMC | 110 | <5 | 146 |

Notes: 2022-23 data; OH = Occupational Health; RTW = Return-to-Work interview; the number of RTW interview notes is higher than the number of staff reporting mental health absence because an individual may have more than one instance of mental health absence recorded.

Furthermore, the NMC does not consistently record reasonable adjustments and may be failing to support employees with mental health issues. Reasons for this include (1) Line managers do not always update the system when they make an adjustment; (2) The HR team is not involved in the final record of what was provided; (3) There are too many Display Screen Equipment (DSE) assessments to review and update individually; (4) IT does not share information about the software and equipment they provide; (5) Staff cannot add their own adjustments to the system.

Adjustments, according to the NMC guidance, should be reviewed regularly (at least annually) to check they still meet the needs of the individual and the organisation. Such reviews can take place at one-to-one meetings, at a return-to-work meeting, at a mid or end of year meeting, before a change of job or duties, before introducing new technology or ways of working, before or after any change in an individual's condition, or before any change in location. To assist individuals with role transitions at the NMC, the Reasonable Adjustments passport provides a voluntary record of any reasonable adjustments discussed and agreed between an employee and their manager. When individuals move to new roles, this passport can be shared by the individual or HR with the new line manager if requested, thus, enabling the new manager to see what adjustments the individual has had in the past and might need in future.

In addition to the existing mechanisms for managing reasonable adjustments, performance appraisals now enable the NMC to pinpoint individuals with a need for reasonable adjustments, identify the specific nature of these adjustments, and assess their ongoing effectiveness. Also, a Reasonable Adjustment Working Group has been designed to assist in implementing changes or updates to the process, step-in and support requests that are taking longer to be put into action and resolve any issues causing delays in requests. This working group has highlighted the need to improve how reasonable adjustments are recorded and handled, as feedback indicated that even with valuable resources such as the policy, guidance, and Reasonable Adjustments passport, resources are scattered and not well-integrated. Overall, there is recognition by the NMC that the return-to-work process and the reasonable adjustments process can be improved.

Mental Health

Indicatively, from December 2022 to July 2023, there have been a total of 78 referrals to Occupational Health. Out of the 78 individuals, 43 were referred for mental health concerns, 28 for other reasons (e.g., covid-19, maternity/pregnancy, menopause and short term sickness) and 7 for Musculoskeletal issues. Most referrals were from the Professional Regulation Directorate (Case Investigation 24 referrals; Change and Improvement 11 referrals; Adjudication 10 referrals). There were 61 adjustments made to address issues raised.

As of August 2023, Thrive (NMC's mental health app) had a total of 436 users (numbers include current and past staff). From August 2022 to August 2023 there were 58 'active users' in the app (unique users completing a session and/or screening in the app) and 71 new staff that signed up to the app. In the same period, 84 individuals were screened positive for anxiety and/or depression at their last check-in, while the total of therapy sessions conducted was 170.

The Employee Assistance programme is used much less. Between July 2022 and June 2023, the service was used by a total of 24 colleagues, while there had been no calls to the 24/7 helpline during this period.



Employee Engagement & Voice

Your Voice' is an annual survey of staff engagement delivered by Peakon. Peakon is a technology platform that converts confidential employee feedback into insights that organisational leaders can use to monitor employee engagement and initiate necessary change. The platform enables employees to instantly and confidentially share their thoughts, concerns and ideas with their organisation and their leaders. The platform collects employee feedback in real-time, analyses it and delivers insights to leaders and managers.

The True Benchmark factors in location, age, seniority level, department and tenure and corrects for biases caused by these factors. The True Benchmark is generated by first looking at the composition of an employee population, and then looking at how this differs from the norm in the specific company or industry. In groups of employees that differ greatly from the norm, Peakon takes this into account when calculating the benchmark.

The last survey was in September 2023 in which 717 of 1097 employees participated, indicating a participation rate of 65%. For context, the highest participation was 78% in May 2020 and the lowest participation was 49% in August 2019. Participation rates are affected by the timing of the survey. For example, the 2023 survey was administered towards the end of the summer period, a time of peak annual leave and increased workload in registration and education business areas.

Quantitative Results. The overall engagement score has increased year on year since 2018 (score of 5.8 out of 10). The score increased from 7.0 in 2022 to 7.3 in 2023 yet is still 0.5 below the True Benchmark® (7.8 Engagement). The True Benchmark analyses the demographic makeup of teams and slightly adjusts the benchmark based on what the expected engagement levels should be of a team of this type. This avoids misleading conclusions on engagement trends based on the specific demographic makeup of a team/department. Peakon has standardised data across industries about the key demographic attributes, making it possible to calculate how the typical driver answer varies with attribute values. The 7.3 engagement score for 2023 puts the NMC in the bottom 25% of all organisations on Peakon for engagement scores.

Eleven out of fourteen drivers of engagement saw an increase from the previous year (Goal-Setting, Peer Relationships, Freedom of Opinions, Meaningful Work, Accomplishment, Organisational Fit, Recognition, Environment, Workload, Growth, Reward), one driver saw a decrease (Autonomy) largely

driven by the decrease in the remote working sub-driver, and two drivers saw no change (Management Support, Strategy). The drivers of engagement that are furthest away from true benchmark are “Reward” and “Environment” which are 0.7 points and 0.6 points away from true benchmark respectively. The graph below shows the ‘Your Voice’ 2023 scores compared to 2022 scores and the True Benchmark®.

‘Your Voice’ 2023 scores compared to 2022 scores and the True Benchmark®



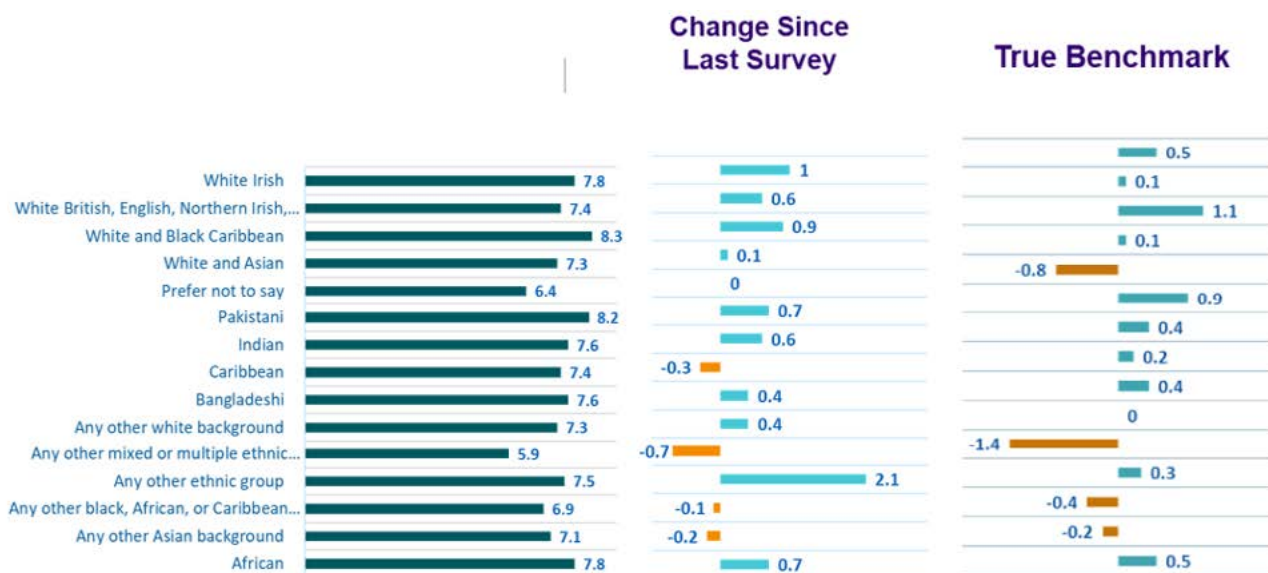
Gender: The drivers for engagement where male staff scored higher than female staff were organisational fit, reward and workload. Any other mixed or multiple ethnic background female staff have the lowest engagement score at the NMC (-1.3 engagement points less than the True Benchmark®). In terms of differences since the last survey, female staff of any other Asian background (-0.7), of any other mixed or multiple ethnic background (-0.6) and of a White and Asian background (-0.1) were the groups that saw a decrease in overall engagement.

Ethnicity: The drivers furthest away from the True Benchmark® for minority ethnic groups were reward, freedom of opinion, growth and organisational fit, all reported for staff of mixed or multiple ethnic backgrounds (see table over).

| Ethnic group | Drivers furthest away from True Benchmark® |
|---|--|
| Any other black, African, or Caribbean background | Accomplishment (-0.7) |
| Any other Asian background | Goal setting (-0.6) |
| Any other mixed or multiple ethnic background | Reward (-1.3) Freedom of opinion (-1.2) Growth (-1.2) Organisational Fit (-1.2) |
| Bangladeshi | Reward (-0.9) Autonomy (-0.7) |
| Any other ethnic group | Reward (-0.9) Organisational Fit (-0.6) |

The graph below shows the disaggregated ethnicity engagement scores and how they have changed since the last survey and compared to the True Benchmark®. We observe that people from the Caribbean, any other mixed or multiple ethnicities, any other Black, African, or Caribbean background and any other Asian background have seen a decrease in the engagement score since the last survey.

Disaggregated Ethnicity Engagement Scores



Disability: Staff without a disability are more engaged than staff with a disability, however the difference is marginal at 0.2 engagement points. There are six drivers for engagement which are below the True Benchmark® for staff with a disability. These are accomplishment, autonomy, growth, organisational fit, recognition and workload.

The tables below indicate the variation in engagement scores between different staff groupings. There are notable differences in perceptions of staff from black minority ethnic groups and staff with a disability with respect to fair treatment and confidence in the organisation to act against serious misconduct.

“People from all backgrounds are treated fairly at the Nursing and Midwifery Council.”

| Protected characteristic | Sept 23 | Aug 22 | Change |
|--------------------------|---------|--------|--------|
| Male | 7.9 | 7.8 | +0.1 |
| Female | 7.3 | 7.3 | - |
| White | 8.0 | 7.9 | +0.1 |
| Black, Minority Ethnic | 6.9 | 7.2 | -0.3 |
| Disability | 7.3 | 7.5 | -0.2 |
| Non-Disability | 7.6 | 7.5 | +0.1 |

“If I experienced serious misconduct at work, I’m confident the Nursing & Midwifery Council would take action to rectify the situation.”

| Protected characteristic | Sept 23 | Aug 22 | Change |
|--------------------------|---------|--------|--------|
| Male | 7.5 | 7.4 | +0.1 |
| Female | 7.1 | 7.1 | - |
| White | 7.5 | 7.4 | +0.1 |
| Black, Minority Ethnic | 7.0 | 7.1 | -0.1 |
| Disability | 7.0 | 7.1 | -0.1 |
| Non-Disability | 7.4 | 7.3 | +0.1 |

Qualitative Results. A total of 7,070 comments were submitted by the survey participants in 2023. Participants were able to score (0-10) their experience with drivers of engagement and further add any comments they wished to offer. Our independent analysis focused on the responses provided to the lower scored (0-4) drivers of engagement (diverting slightly from Peakon’s detractor scores which capture scores between 0 to 6) . We focused on areas of concern not to disregard the many positive comments offered in the survey, but rather to pinpoint specific areas where employees are dissatisfied or encountering challenges. This can enable the strategic allocation of resources and the implementation of targeted interventions to address underlying issues and bolster overall employee satisfaction. Overall, 1,325 comments were made under the lower scores (0-4) drivers of engagement, representing approximately 17.2% of the overall comments.

From the presentation that follows, we exclude the drivers of engagement that attracted less than 100 comments and focus on Autonomy (n=115), Environment (n=129), Growth (n=143), Organisational Fit (n=226), Reward (n=186), and Engagement (n=119).



Across areas, common concerns revolve around communication and consultation, recognition and support, and toxic work environment and management practices.

First, perceived poor communication and consultation. This is a recurring theme across various feedback categories. Employees express dissatisfaction with the lack of transparency, consultation, and communication from management. Whether it is regarding hybrid working arrangements, career advancement opportunities, or organisational decision-making, employees feel left in the dark and perceive a disconnect between leadership and staff.

Second, perceived lack of recognition and support. Employees consistently voice concerns about feeling undervalued, overlooked, and unsupported within the organisation. This sentiment spans across issues related to career progression, reward and recognition, training and development, and overall organisational fit. Many employees feel that their hard work and contributions are not adequately acknowledged or rewarded, leading to feelings of frustration and dissatisfaction.

Third, perceived toxic work environment and management practices. A prevalent concern is the presence of a toxic work culture characterised by bullying behaviour, unfair treatment, and poor management practices. Employees report experiencing or witnessing bullying from higher management levels, which creates a hostile and demoralising work environment. Additionally, there is a lack of trust in management's response to feedback and concerns, exacerbating feelings of disengagement among staff.

NMC actions taken to improve Your Voice results. The 23/24 People Plan is aimed at addressing much of the 'Your Voice' feedback. Growth is a focal point as part of NMC's commitment to be a continuously learning organisation and culture. 'Growth' for the NMC means to have a way of learning through people that are open when things go wrong and being supportive of learning and improving from them. The development and roll out of the NMC's first competency framework will form the basis for wider work supporting staff growth and career development. This area of priority is based on staff feedback through Your Voice, UNISON, the Employee Forum, and the Networks. In 2023/24, the Executive Board were given



objectives that directly link to the areas of improvement regarding (a) growth, (b) freedom of opinion, and (c) workload (linked to wellbeing). At the local level, actions are also led by executive directors and their teams. Teams decide where they focus improvement and how. Finally, the Executive Directors of People & Organisational Effectiveness have made specific recommendations to the Executive Board following these results.

Workforce Race Equality Standard (WRES) Survey

NMC signed up to the NHS Workforce Race Equality Standard (WRES) in 2019, and in 2020 submitted its first set of data to WRES. This is now an annual exercise. In April 2023 the NMC started collecting the fourth round of data to monitor progress. The WRES survey and associated action plan forms one part of the NMC's EDI plan in line with the NMC Strategy 2020-25. It is considered a key component of their EDI work in relation to the NMC as an employer, setting their direction in terms of achieving good practice in race equality across all areas of the employee lifecycle, helping to reduce the ethnicity pay gap, ensuring staff feel they have fair access to career opportunities, development, and progression, and that they receive inclusive and fair treatment in the workplace.

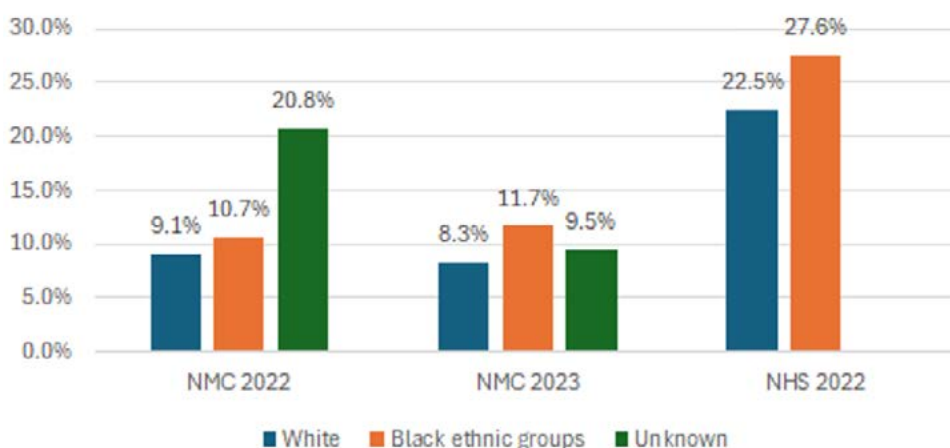
The 2023 WRES survey ran in June 2023 and received a 34.3% response rate. This was a slight decrease of 0.6 percentage points from the previous year. The NMC's action to address this reduction is through integrating WRES within their 'Your Voice' survey in future, streamlining the number of surveys running across the organisation.

Three areas stand out with respect to the WRES 2023 data. These relate to (i) the percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months, (ii) the percentage of staff believing that their organisation provides equal opportunities for career progression or promotion, and (iii) the percentage of staff who have personally experienced discrimination at work from a manager / team leader or other colleague in the past 12 months.



Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

The graph below presents how NMC staff answered this question in the 2023 WRES compared to 2022 and to the NHS 2022 survey. In 2023, the percentage of staff experiencing harassment, bullying or abuse from staff decreased (-0.8%) for white staff and increased (+1.0%) for people from black ethnic groups compared to the 2022 survey. For context, this represents 18 white respondents, 19 respondents from black ethnic groups and 2 respondents whose ethnicity is 'unknown'. This is 39 out of the 399 staff who responded to the survey or 9.8%. The NMC scores remain significantly below the NHS 2022 scores for both white and black ethnic minority staff, however any score above zero is a cause for concern.

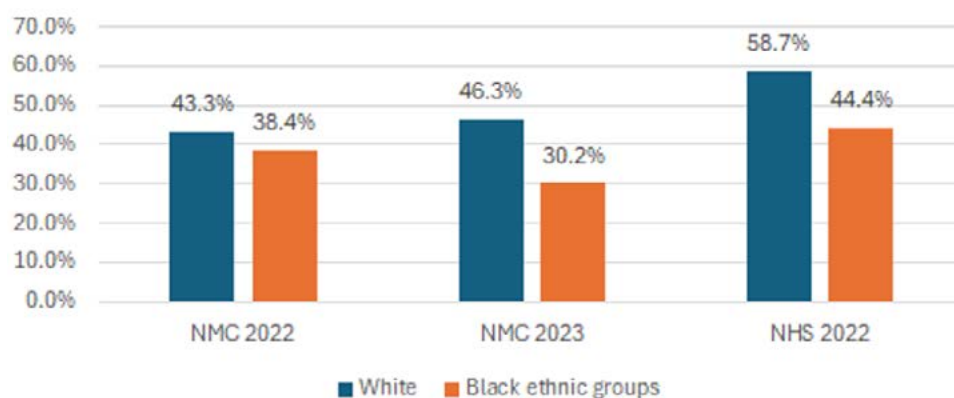


Source: Workforce Race Equality Standard (WRES) Survey 2023 - Initial Findings. Available at: https://www.nmc.org.uk/globalassets/sitedocuments/annual_reports_and_accounts/edi/2023/0128-wres-report-web.pdf

Percentage of staff believing that their organisation provides equal opportunities for career progression or promotion

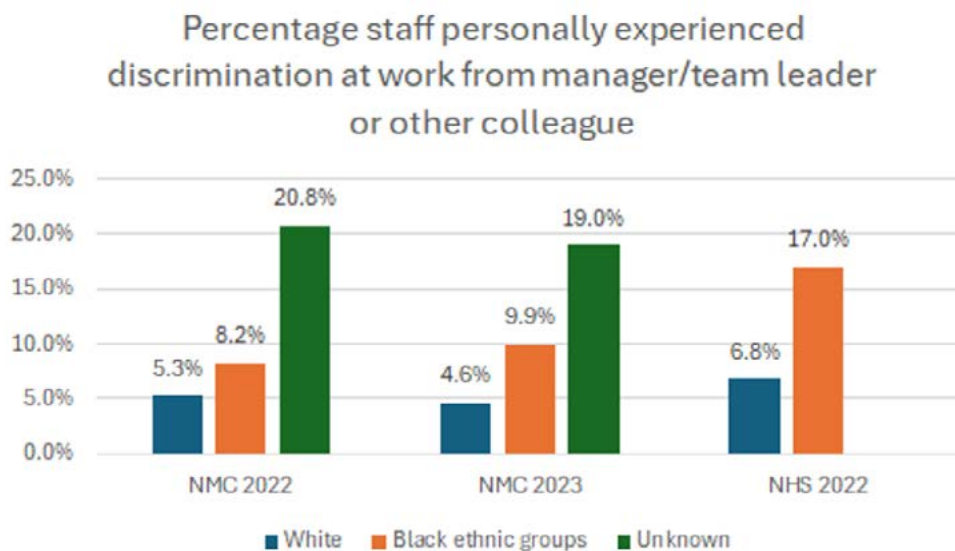
The graph below presents how NMC staff answered this question in the 2023 WRES compared to 2022 and to the NHS 2022 survey. In 2023, the proportion of staff from black ethnic groups believing that the NMC provides equal opportunities decreased by 8.2%. For context, this equates to 100 out of 216 white respondents agreeing there is equal opportunity for career progression, and 49 out of 162 respondents from black ethnic groups agreeing. The NMC has committed to action to improve opportunities for career progression as part of the People Plan and have specific actions aimed at improving career progression for staff from black ethnic groups.

Percentage of staff believing that their organisation provides equal opportunities for career progression or promotion



In the last 12 months have you personally experienced discrimination at work from a manager / team leader or other colleague?

The graph below presents how NMC staff answered this question in the 2023 WRES compared to 2022 and to the NHS 2022 survey. In 2023, 9.9% of respondents from black ethnic groups said they had personally experienced discrimination at the NMC in the past 12 months. This represents an increase of 1.7% from 2022. There was a decrease for white staff with 4.6% saying they had personally experienced discrimination; down by 0.7% from 2022. For context, this comprises 10 white respondents experiencing discrimination in the past 12 months, 16 respondents from black ethnic groups and 4 respondents for whom their ethnicity data is unknown. This represents a total of 30 out of 399 NMC staff who responded to the survey or 7.5% of respondents.



Grievances

The grievance policy in place is comprehensive and applies to all NMC employees, regardless of role or pay level. The policy enables employees to raise issues regarding the way they have been treated, or any other matter regarding working at the NMC. The policy does not apply to agency or self-employed contract workers. These groups of workers are advised to consult their own terms and conditions and to discuss with their manager or HR to find the best route to support them with any issues. Provisions are also made for grievances from colleagues who have left the NMC or colleagues leaving the NMC with an outstanding grievance. It is important to note that this grievance policy is targeted towards NMC employees and is separate from the NMC's fitness to practise policy which enables the NMC to investigate complaints about nurses, midwives or nursing associates who are on its register.

The policy outlines both informal and formal routes to raising a grievance. The informal route includes speaking up about the issue to the manager, another manager, someone in the NMC networks or HR. Coaching, mentoring, learning & development, and mediation are offered to support the informal process. The formal route is advised when the informal route has not brought a resolution. It includes a written complaint (including any evidence), investigation, a grievance hearing, and an appeal process.

The number of informal and formal grievances on record are staggeringly low, reflecting feedback we received regarding a mistrust in the grievance process and difficulty of obtaining evidence for formal cases, particularly relating to micro-aggressions, bullying and harassment. Indicatively, the number of active formal grievances measured in December of each year between 2018-2023 was:

| Year (December data) | Number of active formal grievance cases |
|-------------------------|--|
| 2018 | 2 |
| 2019 | 3 |
| 2020 | 2 |
| 2021 | 3 |
| 2022 | 4 |
| 2023 | 6 |

Despite the small number of formal grievance cases, based on the information we were provided about grievances since 2021, some observations can be made:

- 1.** Common grievances include issues related to line management, bullying, harassment, and pay/grading. Specific issues include unfair treatment during probation, discriminatory behaviour, failure to manage probation policies, and excessive workload leading to health issues.
- 2.** Formal grievances are more often not upheld or partially upheld, rather than upheld. There was only one case where the grievance was upheld, and disciplinary action was recommended.
- 3.** Most grievances originate from the Professional Regulation Directorate. Issues include bullying, harassment, pay/grading errors, and discrimination. The Resources and Technology Services Directorate has fewer cases, but notable issues include line management behaviour and recruitment processes. Other cases relate to the Strategy and Insight Directorate (issues related to harassment, bullying, and management support) and the Professional Practice Directorate (issues related to reasonable adjustments and line management).
- 4.** Demographic patterns: both male and female employees file grievances, with a slight predominance of cases involving female employees. Cases involve individuals from various ethnic backgrounds. Most cases involve individuals without recorded disabilities.

Beyond formal and informal grievances, there were limited avenues for employees to raise workplace issues until April 2024 when the Empowered to Speak Up Service was put in place.

Empowered to Speak Up Service

In response to the Your Voice survey and the whistleblowing concerns, the NMC is introducing the Empowered to Speak Up Service (soft launch April 2024; full launch June 2024). It has been developed as a proactive effort to tackle these issues and provide a safe place for staff to speak up about concerns. The proposal is to create a network with 1) An outsourced professional Freedom to Speak Up Guardian that will help the NMC establish an infrastructure that will give staff an independent and professional service and 2) An internal group of staff that will be trained and supported to act as NMC Empowered to Speak Up Ambassadors.

The Empowered to Speak Up Service is designed to empower staff and ensure that they feel confident in raising issues, sharing ideas, and expressing their opinions in the knowledge they will be respectfully listened to without fear. The aim is to foster a transparent and inclusive environment. It will also include an independent and confidential service offering 1-2-1 support, 24/7 confidential advice and support for staff and the Empowered to Speak Up Ambassadors.

Training & Development

Learning Interventions by Gender, Ethnicity & Disability (2022-2024)

A total of 3,931 learning interventions (138 paid interventions and 3,793 face-to-face/virtual/online interventions) have taken place across the NMC in the past two years. This includes participation in mandatory e-learning/training, the Management Essentials programme, manager inductions, recruitment & selection training for managers, various types of EDI training, appraisal training and role-specific training. A particular observation is that the combined number of staff from an ethnic background have received, overall, fewer learning interventions than their white counterparts (1,291 vs. 2,262 learning interventions respectively) (see table over).

| Learning Interventions 2022-2024 | Paid | Face-to-Face/Virtual/Online | Total |
|----------------------------------|------|-----------------------------|-------------|
| Gender | | | |
| Female | 89 | 2528 | 2617 |
| Male | 46 | 1265 | 1311 |
| #N/A | 3 | 0 | 3 |
| Grand Total | | | 3931 |

| Learning Interventions 2022-2024 | Paid | Face-to-Face/Virtual/Online | Total |
|--|------|-----------------------------|-------------|
| Ethnicity | | | |
| Asian or Asian British | 31 | 592 | 624 |
| Black, African, Caribbean or Black British | 18 | 423 | 441 |
| Mixed or Multiple Ethnic Groups | 8 | 152 | 160 |
| Other Ethnic Group | 3 | 63 | 66 |
| Sub-total ethnic groups | | | 1291 |
| White | 63 | 2199 | 2262 |
| Prefer not to say | 1 | 104 | 105 |
| #N/A | 3 | 0 | 3 |
| Blank | 11 | 259 | 270 |
| Grand Total | | | 3931 |
| Disability | | | |
| No | 109 | 2930 | 3039 |
| Yes | 10 | 513 | 523 |
| Prefer not to Answer | 2 | 69 | 71 |
| #N/A | 3 | 0 | 3 |
| Blank | 14 | 281 | 295 |
| Grand Total | | | 3931 |

Management Essentials

Management Essentials is a compulsory 8-session leadership programme for line managers that came into force in 2023. Approximately 300 managers across NMC attended this course last year. The sessions covered a variety of topics including what is an NMC manager; building a culture of inclusion and belonging; giving and receiving feedback; holding difficult conversations; creating a performance management framework; developing teams in a hybrid environment; developing a team culture.

The content received mixed reviews from staff. Many found the opportunity to network with peers the most beneficial aspect of the programme, while others suggested that some of the content could have been more tailored to being a manager at the NMC. Based on the feedback received, the programme has now been

reduced to 2.5 days and is mandatory for new starters and anyone who missed the programme last year.

Training for Hiring Managers and Panel Members

In January 2024, a mandatory recruitment and selection training was introduced for all hiring managers and panel members which staff need to complete in order to be part of a recruitment panel. The training provides guidance and support on recruitment best practice. Some of the topics covered included: developing effective adverts; giving constructive feedback and avoiding unconscious bias in the hiring process.

EDI Training

The range of training on EDI topics is currently under review. The existing EDI learning suite includes the following topics:

New Starter/Mandatory Training

- Mandatory Equality and Diversity e-learning: Completed by all colleagues during their first month and then refreshed every two years.
- A dedicated EDI session within the monthly Welcome Event for new starters, delivered by a member of the EDI team.
- EDI for New Starters training delivered by Inclusive Employers.
- Additional e-learning topics available via the Learning Management System
- Deaf awareness
- Mitigating bias (previously called Unconscious Bias)
- Equality Act 2010
- Down syndrome awareness
- Learning disability awareness
- Basic autism awareness
- Epilepsy awareness
- Visual impairment
- Disability and discrimination
- Mental health awareness
- Legal learning programme/leadership
- Tackling prohibited conduct through regulatory decision-making (open to all, mandatory for legal professionals)
- Eliminating discrimination and bias within processes (open to all, mandatory for legal professionals)
- Supporting people through processes (open to all, mandatory for legal professionals)

The EDI training review is envisaged to include different

learning materials (e.g., case studies, role-playing, multimedia) and more learning, such as on challenging attitudes, beliefs, and behaviours towards EDI, cultural competence, inclusive leadership, microaggressions, active allyship, ongoing support and resources, and inclusive language. The launch of the new EDI learning suite is planned for September 2024.

Exiting the NMC

Special Payments

Severance packages are declared in NMC’s annual reports and include a breakdown of compulsory redundancies, other departures, exit packages and special payments. Special payments refer to special severance payments paid to employees and others that are above normal statutory or contractual requirements when leaving employment, whether they resign, are dismissed or reach an agreed termination of contract. In accordance with governance arrangements approved by the Council, the Remuneration Committee is responsible for approving such payments in accordance with criteria agreed by the Council. The governance of special payments are also externally audited as part of the finalisation of the NMC’s annual report. The table below highlights the use of special payments between 2019-2023.

| Year ended 31 March | Number of special payments | Approximate amount (£) | Total cost (£) |
|---------------------|----------------------------|-------------------------|----------------|
| 2023 | 1 | £10K - £25K | £23,500 |
| 2022 | 2 | £50K - £100K > £150K | £182,804 |
| 2021 | 0 | £0 | £0 |
| 2020 | 0 | £0 | £0 |
| 2019 | 1 | £10K - £25K | £22,785 |

NDA, Confidentiality Clauses & Non-Disparagement Clauses
 Past data on the use of NDAs, confidentiality clauses and non-disparagement clauses is not comprehensive. Since the new Executive Directors of People & Organisational Effectiveness came in post, their use was reviewed (in July 2023) and the team will continue to look at the inclusion of confidentiality clauses and non-disparagement clauses on a case-by-case basis.

For the purpose of our review, it was agreed that anyone who had signed an NDA would be able to speak to us. A good number of people took advantage of this.

Further findings from interviews

Leadership (values)

We carried out interviews with the executive and senior leadership and it was clear this team was not functioning properly. It would be wrong to assume that it was only one or two differing voices. We observed a major split between long standing leaders and newer members who could not understand why problems repeat, why there has been a lack of urgency on the case backlog and why progress to make change is slow.

The NMC is beset with systemic issues which have not been addressed with a sustainable approach. The lack of visible diversity in the top leadership team is in stark contrast to the junior bands and the nursing and midwifery profession as a whole. Worse, there is little evidence that efforts are being made to improve things. “Things are done for show” was a common refrain from staff, but “nothing changes” is the disheartening conclusion.

The leadership deserves credit, though, for the way it handled the pandemic. Chief Nursing and Midwifery Officers acknowledged that the NMC adapted their registration and revalidation and regulatory regime to take account of the demands put on registrants. This was very much welcomed.

However, during the pandemic another challenge arose which the NMC did not handle so well. This was the rise of the Black Lives Matter movement following the murder of George Floyd. This shone a harsh light on the lack of visible diversity at the top of the NMC and a prevalent view that ethnic minority talent was held back in the organisation.

“Do colleagues understand the risk around the NMC not meeting its Public Sector Equality Duty?” was one of the questions being posed by staff. As demands continued to be made on companies and organisations to increase workplace diversity and inclusion, staff from minority communities at the NMC felt they would be finally heard.

A dozen employees met the CEO to share their powerful testimony. They were asked to pose for a selfie and left the room with promises of action. Within two years half of them had left the NMC entirely and cited inaction and broken promises as the reason why.

There have been other actions by the leadership, which have also served to alienate key groups and create tensions. One of these is the oft-repeated messaging that “nurses should not mark their own homework” used repeatedly to justify the lack of a clinical voice in the NMC.

Many senior nurses find this offensive, arguing that it implies a lack of integrity on the part of nurses and that they would somehow want lower standards. On the contrary, they argue, higher standards are needed and there is an urgent need for more clinical voices in the NMC to achieve this.

There was also a widespread view that leadership sets a tone where warm gestures and signals were more important than tackling poor behaviours. “Everything is masked in a smokescreen of positivity. Issues that should be raised aren’t raised because people are too frightened to speak up,” explained one senior member of staff. There’s no point in taking out a grievance or raising issues because if you do there’s no decent investigation and nothing happens. So what’s the point? Apathy reigns.”

Other members of staff went even further, arguing that the current leadership did not have a sufficiently deep understanding of patient safety. “We need a team at the top that really gets patient safety beyond platitudes of ‘we must keep people safe’. They need to really understand what that means,” stressed one. “We have a responsibility not just to manage those people who should not be nurses or midwives, but to also understand the environment in which they work and whether that environment allows them to adhere to the code and standards. I don’t think anyone in our top team other than the Nurse Director of Professional Practice understands that.”

In focus groups and other discussions, staff also raised how incongruous the NMC’s values were when compared to their experiences in the workplace. They could see through the high turnover that staff were not being treated fairly and that often registrants weren’t either. Similarly, when staff were working excess hours with the barest recognition, kindness was also in short supply. And so was collaboration as silo working is embedded in the NMC. The final value of being ambitious was also ridiculed. “We have to beg to get training and we’re far too risk averse,” explained one staff member. “Innovation is a pipe dream.”

Criticism around the leadership centred on its failure to reduce the backlog and maintain a clear purpose, crony culture where talent was side-lined in favour of friends, a lack of diversity at senior levels and the creation of a closed culture with an unwillingness to brook criticism or properly learn from mistakes.

However, in a purpose-led organisation where many of the staff were highly motivated and wanted to serve the public, the largest criticism came through the cognitive dissonance people felt at not being able to live by the values they expected of nursing and midwifery professionals.

“We investigate nurses and midwives but turn a blind eye to bad behaviours in our own workforce,” said one. “We’re looking to set standards around conduct and performance and yet ours are falling all the time. If we can’t properly regulate ourselves, how can we regulate others?”

Safeguarding and Public safety

Interviews with senior leaders and staff across the NMC showed a deep concern around safeguarding and it was worrying to hear about the lack of a safeguarding lens in casework despite the availability of expert advice and support internally. Safeguarding has been a national policy focus over the last decade and the fact that the NMC has only recently strengthened its commitment to it was troubling. A Safeguarding Action Plan is currently with a working group to plan delivery and this is a welcome start on rooting out some of the negligence that was raised with us.

We heard of good work being done in assuring the quality of nursing and midwifery degrees across the UK – particularly in withdrawing approval of one particular programmes that was not meeting standards.

But a number of seasoned professionals shared candid concerns that the current safeguarding function was not delivering the NMC’s duty as required by the Charity Commission. In the last year there has been multiple Serious Event Reviews relating to the potential failure of the NMC to appropriately handle allegations of physical or sexual abuse against children occurring outside of clinical settings. Some of these cases were closed at screening due to allegations that include accessing category A child pornography. When staff questioned why these cases were not being pursued, senior leaders responded that, “this is our guidance”.

We are also aware that the NMC is reviewing registrants’ conduct in private life as part of this process, as there are

multiple examples where safeguarding cases have been closed down by screening teams on the basis that risks occurred in registrants' private lives.

The absence of a clinical voice in this process was highlighted as a key reason why public protection was not paramount, as was the oft repeated claim that some of the teams did not fully understand safeguarding and were trapped in a dangerous groupthink.

Another high profile case was also raised with us by a number of people, which involved vulnerable patients being physically and mentally abused by staff. In this case we are aware that nursing figures are urgently pushing for the NMC to take action but progress has been slow.

“This is not acceptable as a regulator because their core function is public safety,” argued one senior nursing figure. “The level of decision makers in some of these high profile cases just don't have the skills, they don't know the detail and they don't have the confidence to take the action that needs to be taken. And the public are at risk.”

We also heard of other cases relating to alcohol dependency, racism, inappropriate behaviour with patients and sexual assault that were not acted upon. We have also seen multiple letters and documents where concerns around the handling of these cases have been shared with senior leadership. This highlights that there are many cases that have been under or over investigated without clinical advice- which was a key criticism of the NMC post Morecambe Bay by the PSA several years ago.

“As a registrant I have always been very proud to be on a regulator,” another senior nurse told us. “I've been very proud of the NMC but in response to recent safeguarding cases I have been shocked to my bones about their processes. The legal team is arrogant and really does not give credibility to the level of skills and experience that we all cover. They need to look at the skills and knowledge of people in their Fitness to Practise team. There is a problem in the NMC around how they escalate concerns.”

This view was shared by other senior nurses we spoke to who highlighted their reliance on the regulator to keep the public safe. “The NMC need to understand that they are the only people that can put in interim conditions of practice or interim suspension orders pending an investigation where a registrant is deemed a threat to the public,” they stressed. “I don't understand why they haven't got the systems in place for safeguarding that you would expect. In these high profile

incidents where people have come to harm or there is abuse, the NMC are the only ones that can put in these conditions of practice. And we don't know how many of these cases are sitting in the backlog.”

The ‘processes’ referred to above were raised by a number of staff at the NMC who felt they were seriously flawed. “I am amazed that a registrant can be in possession of category A child pornography and we determine that’s part of their private life so no action is taken,” said one.

There were a number of NMC lawyers who also shared these views, though they acknowledged that they were in a minority and that it was very hard to challenge the safeguarding orthodoxy.

“I have seen mishandling of Fitness to Practise cases relating to racism and sexual assault and we haven’t protected the public,” said one. “Racism cases are dropped in screening because it’s outside of the workplace and the view is, and I’m obviously paraphrasing, that ‘people are free to be racist in their own time’ because they are not involving patients.”

Another example was cited as a sexual assault case that was closed on the basis that the nurse drugged and raped someone outside of work. “We also had similar allegations against patients, but still this case was dropped,” they explained. “This mindset comes from the screening team and their view is ‘this is not for us. We don’t deal with that’. That’s the view that prevails and, although it’s not in our guidance, there’s an unwritten rule that ‘we don’t deal with these cases’. So, they just get shut down and that’s the end of the matter.”

To try and understand where this pushback came from, we asked if it was related to the pressures of dealing with a backlog or because of judgments affected by prejudice such as racism or misogyny?

“It’s a combination of both,” we were told. “Some people don’t understand racism because it doesn’t affect them and that’s why diverse teams are important. They will always try and make it sound more complicated when it’s actually just straightforward racism.”

Many highlighted safeguarding mistakes to us and others added that they were afraid that lessons were simply not being learned and that there was no learning culture in place. “There was a fitness to practise case that we handled really badly and children were harmed because we didn’t intervene and we didn’t apologise,” explained another member of staff. “We are

asking professionals to have a duty of candour but we can't bring ourselves to say sorry. Because it's not what the NMC does."

Safeguarding failings also extended to how nursing and midwifery professionals were treated in Fitness to Practise cases, and we spoke to several people who argued that drawn over investigations were a contributory factor to six nurses taking their lives in the last year. We also saw correspondence from a mother who directly blamed the NMC for her daughter's death because of an incompetent and biased investigation.

It also came to our attention that a number of people have taken warnings to the senior leadership team over a number of years now about safeguarding failures. We have been repeatedly told that these have not been taken seriously.

"It's made me feel that we are letting people down," said one senior figure in response to this. "It's made me feel not proud to say that I work for the NMC and it's made me really upset."

Others added that until the leadership acknowledged a blind spot around these failings it would be difficult to make the changes needed.

"Behaviour breeds behaviour and if you're not led right then people will feel it's not worth speaking up. When you have this command and control leadership that just squashes everyone down, there's no space for people to challenge."

Whistleblowing disclosures

On 1 April 2017, a new legal duty came into force which requires all prescribed bodies to publish an annual report on the whistleblowing disclosures made to them by workers. The NMC is part of a joint whistleblowing disclosures report along with a number of other health and social care professional regulators. Examples of whistleblowing concerns that could be raised to the NMC include the fitness to practise of nursing and midwifery professionals, non-compliance with legislation, policies, standards or processes, the registration and revalidation of nursing and midwifery professionals, or the education of those wishing to gain a pre or post registration nursing or midwifery qualification.

Concerns meeting the whistleblowing criteria can be reported to the NMC via a dedicated email address and a telephone number which can be used to access advice. Concerns can also be raised through the NMC's fitness to practise referral process. The table below highlights the qualifying disclosures

(2017-2023) made to the NMC that met all of the whistleblowing criteria.

Qualifying disclosures

| Year (01 April to 31 March) | Regulatory action taken | Other action |
|-----------------------------|-------------------------|--|
| 2017-2018 | 53 | 7 (onward referral to alternative body and regulatory action taken) |
| 2018-2019 | 18 | 16 (onward referral to alternative body and regulatory action taken) |
| 2019-2020 | 107 | 24 (onward referral to an alternative body) |
| 2020-2021 | 192 | 27 (onward referral to an alternative body) |
| 2021-2022 | 152 | 19 (sharing information with another body) |
| 2022-2023 | 167 | 47 (sharing information with another body) |

Speaking up

This review would not have taken place without the actions of a whistleblower last year who brought to the attention of the media a litany of bad behaviours and concerns that the NMC were failing to protect the public.

In the course of interviews with staff it quickly became apparent that there was anger felt towards the whistleblower from senior leaders and that issues raised were seen as a source of irritation rather than an opportunity for learning.

We saw emails and letters that expressed frustration at the whistleblower's disclosures. One in particular shows this being discussed at a senior level meeting where language described as "inappropriate" was used about the whistleblower.

The resistance we saw to the whistleblower encapsulates a willful deafness to criticism and a culture that is seemingly not open to feedback and opportunities to improve when things go wrong.

We heard this mentioned repeatedly - both in our survey and in interviews and focus groups. Many said that the resistance to

criticism came from a place of wanting to continually maintain positive mood music.

“We call it ‘toxic kindness’ among colleagues,” said one. “There’s this push of the word ‘kind’ all the time and this value of ‘kindness’ that’s talked about all the time and this view that ‘everything is fine’ is not helpful because everything isn’t fine at the NMC. But you’re not allowed to talk about it and there’s a culture of denial.”

Those who did complain told us accounts of grievances taking a long time to be heard and going nowhere, complaints being ignored or the complainant being punished or demoted. Consequently, without feeling they had the recourse to be heard, many members of staff suffered greatly because they felt there was nothing they could do about bullying and unfair practices.

We spoke to one former member of staff who was hospitalised because of stress. They said their directorate was a hotbed of bullying, racism and toxic behaviour. But the people running it were too powerful and complaints were always ignored.

HR was also frequently cited as a major barrier to complaints being heard. “It was completely dysfunctional and a waste of time,” said one. “The hierarchical structure here is so bad,” added another. “I’ve never seen it anywhere else. There are people here who enjoy a God-like status. They can never be challenged.”

Others noted that there was a clear trend of discouraging people from taking out grievances. “People warn you that it will go nowhere and you’re left thinking what am I supposed to do other than leave? The bullies always win.”

One person described the grievance process as “terrifying” and said that after raising a grievance they had been given a short meeting with senior management and told to informally resolve the issue with their line manager. After trying this approach, the line manager then accused the person taking out the grievance of ‘bullying’ and the situation escalated. HR were forced to mediate; every issue was dismissed and the situation became worse. To this day there has been no resolution.

Hearing experiences like this gave us a strong sense that many staff felt powerless to effect change.

Early on in our review we got a clear sense that staff felt that this would be another ‘managed process’ rather than a genuine opportunity for people to speak out. We had multiple emails to

this effect and had to provide assurances at every turn around confidentiality and our independence. Some employees said that when they had filled in staff surveys in the past, they had been called by managers to discuss what they had submitted.

It was also noted by several employees that the whistleblower's disclosures had been a long time coming - and that the official response by the NMC was inadequate. "Their instincts are not to be open and acknowledge issues," said one. "There isn't a learning culture here," added another. "The culture is about protecting the reputation of the NMC at all times and trying to make sure that staff keep drinking the Kool-Aid."

Over time we spoke to many who could easily have been the whistleblower. They all had similar stories of toxic behaviours, safeguarding failures and a see-no-evil-hear-no-evil culture.

We did, however, speak to the whistleblower and learned that their disclosures had taken a heavy toll. "I am utterly broken by this experience and my physical and mental health has really suffered," they said. "I can't sleep, am taking antidepressants and worry that it will all be for nothing because they refuse to change."

They added that they didn't regret exposing cultural failings but said anyone doing the same would be treated harshly. "They will turn it against you, just as they have done on me. The NMC will accuse you of taking the wrong tone, of undermining them, anything but confront the substance of what you are saying."

The NMC's website acknowledges that whistleblowing can be a "force for change" and was what "led to the Francis inquiry and a number of changes across the healthcare sector". It also notes that whistleblowing is important to help "a workplace to be open, transparent and accountable, to be able to learn from events, prevent future concerns and therefore protect the public."

However, many of those we spoke to argued that in order for employees to feel confident that concerns raised would be taken seriously, there needed to be a step change to show that the NMC was prepared to learn from mistakes and acknowledge when things go wrong.

The whistleblower added that they loved the job, but having stumbled across dangerous practices early on it was impossible to ignore. "I thought it was amazing work and I would have stayed there forever. I believed in the NMC's values and it was a job where you had real purpose. But when you see toxic behaviours and dangerous decisions being taken it's too

important to stay quiet. I saw the NMC taking action against good nurses and letting bad nurses get away with it. This is not what a health regulator should be doing.”

Barriers to progression and experiences of staff

Our survey noted that many felt the NMC had a problem with cronyism, as personal connections with managers and those in charge of hiring appeared to be more important than ability. HR data showed us that, despite being a very diverse organisation, fewer staff from black ethnic groups were promoted to senior grades and there was a very palpable sense of injustice around this in the interviews and focus groups we conducted.

This is especially important in the context of diversity in nursing and midwifery. As the largest collective professional group within the NHS, 29% are from ethnic minority backgrounds and this rises to much higher levels of up to 40% in some regions such as London. For any regulator to properly represent nursing and midwives, diversity is therefore critical.

This formed the backdrop to much of our discussions. Ethnic minority staff were baffled at why the leadership was so homogenous and failed to represent the nursing and midwifery workforce. All of the executive leadership team is white.

We also spoke to a number of former black minority ethnic employees who had left to go on to better jobs and it was hard not to conclude that the NMC was failing to properly harness the potential of employees.

Far too many people told us that ethnic minorities were held back and treated differently. This manifested itself through bullying, double standards regarding opportunities and discrimination. And, for many, what made this even worse, was the external commitments to anti-racism.

“There is lots of rhetoric, lots of words, but nothing underneath it,” explained one staff member. “I’ve never known an organisation that talks so much about anti-discrimination and does so little about it. There are lots of words about public protection and anti-racism but nothing underneath it and no delivery.”

Others said there was a great show of being seen to be a progressive organisation, but this was wholly incongruous with experiences of black minority ethnic talent being sidelined and overlooked. “The leaders are busy giving speeches quoting

Maya Angelou but meanwhile every black minority ethnic candidate pushing for a promotion is rejected.”

Sometimes this disconnect verged on the farcical.

“The first event hosted by the NMC for Black History Month 2023 was a conversation about maternity,” explained an employee. “It was not even acknowledged that it was Black History Month and Black colleagues were left baffled why we had a white midwife who wasn’t even talking about health inequalities. It just felt like an example of an organisation which is tone deaf.”

However, on many occasions, the progressive veneer gave way to something more ugly.

“I am also constantly unsettled that there is someone in a senior leadership position who apparently struggles with any name or surname that isn’t ‘English’ in origin and they constantly make a joke of mis-pronouncing names or saying someone has a ‘great name’,” explained another employee. “When they can’t pronounce things they will often add ‘doo dah’ on the end and make a joke of it without any apology. I find this completely unacceptable in a meeting involving colleagues from across the organisation where individuals will sit and laugh at someone trying to pronounce something unfamiliar given the organisation’s apparent focus on EDI.”

This was recognised by all colleagues – and indeed a number of white employees shared their concerns around the discriminatory culture that existed in their directorates.

“There was a lot of racism in my team,” explained one ex-employee. “I always heard people complaining that there were too many of them, referring to Asian lawyers.”

Others shared experiences of employment panels where senior staff complained at the number of ethnic minority applicants, asking colleagues, how could they possibly appoint anyone from “this garbage”?

We also spoke to a number of people who had been criticised for their accent and command of the English language – and yet we found them to be articulate and easily understood.

Others highlighted how even a simple task of preparing a presentation on midwives in the NMS showed up a uniform mindset. “I couldn’t get a single image of a black midwife because we didn’t have one.”

Few spoke positively about the Rising Together scheme, a mentoring initiative for people of black minority ethnic backgrounds. “It isn’t making a difference,” argued one.

We also heard many difficult accounts from people who said they had worked incredibly hard and not been able to become a lawyer or progress their career – and had been sold false hopes about opportunities in the NMC in the process. Some had been used in brochures to promote diversity at the NMC, others were asked to go to events at Parliament to promote diversity and then told afterwards they weren’t good enough to progress. For those involved, it felt like they were being deliberately humiliated by the NMC.

This sense of humiliation even extended to some black minority ethnic employees being told that they were on a list of people that could not be promoted past a further level. “It was only when I left that I was told by someone in HR that I was on a list of names that could not be promoted beyond a certain point,” one ex-employee explained. “that rumour of the list was always around from when I first joined. It’s always stayed with me.”

A further humiliation was achieved through bullying and we heard many detailed stories of sadistic managers who seemed to take pleasure in reducing staff to tears. “We should never have hired you,” “you are utterly useless and should not be here” and “why don’t you just leave?” were some of the more polite comments that were relayed to us. Others are unprintable.

In one case, an employee described being so traumatised by bullying that he crashed his car while thinking of an abusive conversation he’d had with his manager.

Throughout all these discussions, the NMC is described as a pressure cooker environment where managers are struggling to deal with bad media coverage, missed targets and poor case outcomes.

“The only way they can deal with it is to crack the whip and sound off like a 20th century factory foreman,” explained one. “They think getting angry and shouting at staff will motivate them. It’s an aggressive environment and it’s no wonder that the best people leave because you don’t develop people like that.”

The same person added that the workload was not only difficult but also emotionally distressing. “When you’re dealing with a stream of sexual harassment and child molestation cases and you’ve got a condescending, aggressive manager it’s hard to deal with.”

We heard from so many people that it is impossible to include all their voices here. But suffice to say many had experienced deeply upsetting experiences and felt wronged by the NMC. Many had either left or were planning on leaving and it's no exaggeration to say that we saw vast amounts of talent going to waste in an organisation that desperately needed this talent for public good.

In all of these conversations it's worth noting that trade unions did not have a particularly active role at the NMC. They have only recently been recognised in the workplace and must quickly become more embedded across the organisation to push up standards and root out some of the issues we have referred to.

However, others felt one of the solutions was actually quite simple.

“We are there to protect the public and the only way you can do this job is by showing a measure of compassion towards each other - and that is the missing thing at the NMC. There is a lack of compassion towards each other.”

At times we saw glimpses of this. Despite the negativity of much of the feedback we received, there were occasional positives that we would like to highlight. One relates to a black minority ethnic member of staff's experience of mentoring.

“I was one of the lucky ones in that I got a great mentor. She had a lot of empathy and would listen to the challenges I was facing in my work. She seemed to care and helped me believe in myself. She made me look at the world differently and realise that I could do much bigger things.”



Conclusion

At any given point two workers might pass each other in the corridors of the NMC with experiences that are worlds apart. One may be on an upward career trajectory, highly motivated and satisfied with their work. While the other may be subject to bullying and harassment, struggling to sleep at night and feeling trapped in their work.

In many ways this is the story that our review of the NMC has uncovered.

There are at least two cultures operating at the UK's nursing and midwifery regulator. Our extensive engagement with over 80 per cent of staff, combined with hundreds of hours of interviews and focus groups, showed that some of the staff respect their line manager and are content in their job. There are directorates possessing healthy cultures that support the essential work of the regulator. But there are also a growing number of staff who are trapped in a dangerously toxic culture and feel deeply frustrated and upset in their jobs. And it's this latter culture that is starting to overwhelm the good work and do enormous damage.

The origins of this review lie in claims of a toxic culture made by a whistleblower last year. The reported claims of racism, people being afraid to speak up and nurses accused of serious sexual, physical and racial abuse being allowed to keep working on wards were all repeated to us on multiple occasions. Everything the whistleblower documented was corroborated and we spoke to many others that had similar experiences. On reflection, given these patterns, it's remarkable that there have not been more whistleblowers coming forward.

Previous reports show that this toxic culture has a long history at the NMC, but while it might have previously been contained, our concern is that it is now widespread. Even those who are happy in their jobs are not impervious to it. Some came to us and said that, while they liked their job, they knew of colleagues who were suffering and this troubled them.

The combination of the pandemic, the pressures of a growing backlog and a senior leadership team that has failed to meet the challenges in front of them has created a perfect storm that's doing great damage to the NMC. We spoke to hundreds of people who were deeply unhappy in their jobs and this is also borne out by key facts and admissions in the HR data and the many staff surveys.

That there has been a significant increase in the number of sickness days at the NMC due to stress, anxiety and depression shows that the workplace is making people ill. Our survey revealed that over 30% of staff said they felt emotionally drained from their work often or all of the time. We also know that there's a high probation turnover and 10% of all NMC staff are reporting long-term mental health absences. Nearly 40% of all staff are now using NMC's mental health app and their recent Workforce Race Equality Standard survey indicated worrying findings with respect to the percentage of staff experiencing harassment, bullying or abuse and the percentage of staff who have personally experienced discrimination at work from a manager / team leader or other colleague in the past 12-months.

Add to this a recent review of legal services acknowledging that they are working in a blame culture where people are afraid to speak up and it's clear that a toxic culture is no longer operating in the shadows. The same report also recognises that there are barriers to progression for black and ethnic minority staff and women, and that there is a problem with siloed working.

If this evidence seems troubling, it pales beside the compelling and distressing accounts we heard in one-to-one interviews with staff. "I have never experienced anything like the NMC in a 30-year career," "I wish I'd never taken this job, they've destroyed my confidence" and "this place is run like a cult" were some of the feedback we received.

It is worth mentioning that these comments came from a place of hurt and sorrow rather than malice, and they were frequently combined with a deep commitment to the work of the NMC and with reflections on how this culture is preventing the NMC from fulfilling its key purpose.

"I don't want to turn the TV on and see any more nursing scandals," said one. "I want nurses and midwives to have a better environment where people have confidence to come forward when they see something wrong because they know the regulator will protect them."

The approval of £30 million of funding for the Fitness to Practise plan is an opportunity for the NMC to take a decisive and transformative shift in how it tackles the backlog, and make this a reality. But for the NMC to succeed in its mission, the culture has to change.

Transformation doesn't come through policy, process or even technology, it comes through people and the NMC's people are often fighting to stay afloat, let alone innovate or improve.

An innovation culture is essential when public safety is at stake and our interviewees told us that the risk to public safety has increased because of the strains faced by the NMC's staff and the registrants they register, revalidate and regulate.

The tragic incidents of registrant suicide, of self-harm and untreated trauma both within NMC and by those they regulate is a call for immediate action, not a five year strategy.

This requires the NMC's leadership to depart from a position where bad behaviours are tolerated, where they consult but fail to collaborate and where confidence is replaced by defensiveness. Over time, these behaviours have created a risk averse organisation, allowing a blame culture to thrive. The complexity of governance in the NMC has led to mistrust, there is little faith in decision making and the duty of candour responsibility for healthcare professionals to be honest when things go wrong has become anathema at the NMC.

It's become an article of faith in the NMC that a problem shared is a problem multiplied and difficult conversations are routinely avoided. A significant number of people are on performance improvement plans, but too many of these are not understood by the issuer or recipient. "Any criticism or dissent is suppressed," explained one. "It doesn't matter how bad things are, they only want to hear fairy tales about how we're all performing miracles."

The lack of maturity around risk was palpable and largely explains why Fitness to Practise cases keep going for years when they should have been resolved a long time ago. People are afraid of criticism and anxious about how things will be perceived rather feeling empowered to do the right thing.

At a time when public satisfaction with the NHS has fallen to the lowest level ever recorded, turning around a dysfunctional culture at the NMC is not only critical for the 1,200 or so

employees who work there and for its registrants. It's essential for the wider British public and the millions who come into contact with nursing and midwifery professionals every day.

For the many we spoke to who urgently want to see our review start this process, we hope the recommendations below will help the NMC take the first steps towards achieving this.

Finally, we would like to thank everyone who has contacted us to share their stories, insights and experiences. We have heard many passionate accounts and been moved by your desire to make the NMC a better place to work. Without your honesty and openness we could not have done this review.



Recommendations

A step change in Leadership and Management capabilities

1. The NMC needs to transform itself into a people focused organisation with significant investment in its people. The NMCs values need to be revisited, with a clear understanding of the behaviours expected to uphold these values. This should form part of the soon to be launched competency framework and make colleagues accountable for how they deliver through appraisals.

- a. As part of the commitment to investment in people, starting with its Executive, the leadership group and all line managers should have 360 feedback to inform appraisals, together with feedback from the annual staff survey and other relevant data sources.

- b. Appraisals should achieve at least 95% completion rate next year and include people management objectives for managers and EDI outcomes for all employees. All colleagues should have meaningful career discussions and development plans in place that support their growth. Appraisal completion rates should be monitored by directorates - and line managers need to be trained to address poor performance quickly and effectively.

In teams with high turnover there should also be specific objectives for leaders and managers, around stabilising the team and reducing avoidable turnover (including probation turnover). In teams with high levels of absence due to stress anxiety and depression, or in teams with high numbers of formal and informal grievances, targeted and additional support should be provided on wellbeing, engagement and learning.

2. Senior leadership to engage in reverse mentoring to understand colleagues different lived experiences.
3. NMC should invest in its leadership and ways of working to develop effective multi-professional team-working and ensure that it delivers ambitions in this area, as set out in its Fitness to Practise Plan. It must ensure that the right people are in the right place at the right time to enable the right decisions to be made, whether that's clinical, safeguarding, legal or other specialist areas.

A workplace where everyone is afforded dignity

4. The recently updated Dignity at Work policy should be better communicated to employees and included in mandatory training for managers at NMC. In addition, the newly published EDI dashboard on NMC intranet should be updated to include more transparent information on grievances and bullying, harassment and discrimination (within GDPR considerations) and the related policies that can support people, including Dignity at Work.
5. NMC should consider what more it can do to strengthen policies and learning on bullying and harassment to eliminate it from its culture.

Regulation

6. Commit to eliminating the screening backlog by 2025 so that, on average, cases remain at screening for no longer than two months. A further commitment should be made to eliminating the backlog of cases at investigations by 2026.

The NMC should revisit its Fitness to Practise plan to identify whether additional technology and external resources can be used for further sustained progress and to ensure that the current timeline for removing the backlog in adjudications is brought forward from March 2027.

7. The NMC must engage more effectively with stakeholders to ensure they are efficiently and effectively using resources to complete more adjudications decisions each month.
8. The NMC should improve its operational data and performance reporting, to include publishing the timescales that registrants are in a Fitness to Practise process transparently (min and max).
9. Complex and serious cases should be managed by a specialist team who understand all of the risks involved in not processing these cases appropriately in a timely fashion.
10. To ask the Professional Standards Authority to revert to more detailed annual reviews of the NMC's performance against its standards, conducting a more in-depth review of randomly selected cases at each stage of the NMC's processes.
11. The NMC needs to review the contact and case update

arrangements for registrants and witnesses to ensure they have a better experience and make improvements as needed.

Whistleblowing and public trust

12. Introduce an Independent Oversight Board to manage progress on achieving greater transparency, learning in the organisation and on how complaints/whistle-blowers are dealt with.

Recruitment, retention, development and progression

13. Mandatory training has recently been introduced for all hiring managers. This should be reviewed annually and no hiring manager should sit on a recruitment panel without completing this training. Leadership should tackle biased decision making and ensure fair and open recruitment decisions so the NMC has a diverse and capable team where everyone has equal opportunities to progress.
14. Attrition levels are too high in some directorates and this is causing instability and adding additional workload. The NMC should prioritise reducing avoidable turnover and develop a learning academy to support the induction and development of professionals in the Fitness to Practise directorate. This will enable investment in frontline teams and to improve retention where there is higher turnover.
15. Refresh the hybrid working policy and accommodation strategy with a view to achieving consistency in expectations on office and home working. This should enable collaboration across teams, supporting effective multi-disciplinary working, improved access to on-site learning and development and better visibility and accessibility of senior leadership.
16. The NMC should develop a quality assurance framework which ensures that there are consistent standards across its fitness to practise work which applies to internal and outsourced teams.
17. The NMC needs to improve stability in frontline teams and make workload more manageable. To do this they should immediately reduce and then eliminate the use of fixed term contracts, use interims much less frequently and invest more in learning and development to support skills needed for the future.

18. The NMC needs to invest more to raise the capabilities of leaders and ensure they have access to support to enable them to be effective managers who can lead well and support a culture of learning and high performance.
19. The Rising Higher programme should be revisited within the next six months to reflect the ambition for colleagues who are from Black and ethnic minority backgrounds and who are currently under represented in senior positions. The programme should ensure they are given the opportunity to gain exposure, insight and first-hand experience of what senior leadership involves and to develop their skills and experience to equip them for senior positions.

Equality, Diversity & Inclusion

20. The NMC should develop an Anti-racist Action Plan to ensure racial equity, build trust between staff groups and value the contributions of people of colour. Implementation will require deep and sustained cultural and behavioural change within the context of NMC's four core values: Fairness, Kindness, Ambition, Collaboration.

The immediate focus of the Plan should be to:

- Improve the experience of minorities
- Introduce mandatory and contextualised anti-racism training for all, including Board, Executive, employees, staff groups/ teams eg; Independent Panels, lawyers. The training should be set in the context of NMC's role, baseline data, and go beyond the moral case for anti-racism (the right thing to do).
- Accelerate actions to progress minority ethnic staff into senior positions.
- Review the requirements for the NMC professional education programmes, the development and promotion of standards including their Code to ensure that these are free of bias and embed anti-racism into professional practice.
- Strengthen the People Plan 2023-26 - acknowledge ethnic minorities' experience of racism, weave in specific anti-racist actions into the remaining years of the plan.
- Implement an end-to-end review of the NMC employee life cycle to embed anti-racist best practice.
- An ambitious set of targets (cultural and quantitative) and milestones should be developed to drive forward the Plan, ensuring that there is a clear line to the insights gained from this Review, and that previous research findings and reports are tackled once and for all. Each Directorate should be required to translate the NMC's commitment to Anti-racism within its own context and develop actions.

- 21.** The NHS Workforce Race Equality Standard shows people from Black and ethnic minority backgrounds make up a quarter of the workforce. The NMC should aim to appoint 30% of Black and ethnic minority managers so they can better regulate the communities they serve within the next three years. The measures recommended above, including career pathway planning and management training will facilitate this.
- 22.** The NMC should continue producing its public reports on the gender, ethnicity and disability pay gaps. These reports explain pay gaps at the NMC and set out what actions are taken to reduce these gaps. Thorough analyses by Directorate and by Grade can assist in identifying areas requiring improvement. With respect to the negative disability gap, and to the NMC's acknowledgment, this is likely due to under-reporting of disability at the NMC, so actions are needed to improve the reporting of disability data.

Improved line management, performance management, and Trade Union recognition

- 23.** The NMC should conduct exit survey and/or interviews whenever an employee leaves a team for a different role within the NMC to identify strengths and issues within teams.
- 24.** Line managers frequently fail in their role to hold 'return to work' interviews following mental health absences, or fail to refer people returning to work which may require reasonable adjustments to Occupational Health. Line managers should be held accountable through their annual appraisals with respect to (i) their teams' number, frequency and type of absences (as per health and wellbeing data recorded), and (ii) team members' reintegration to work following sickness as per HR best practices. The reasonable adjustments and return to work processes require improvement by developing a comprehensive policy and process and ensuring its application by line managers.
- 25.** Union membership needs to be encouraged. UNISON should be more involved in induction at NMC and actively supported by the HR team. Senior leadership should be clear in supporting union membership and take immediate action if they suspect union members are disadvantaged or discriminated against for joining the union or for seeking advice or representation.

Safeguarding

- 26.** Urgently review the NMC's responsibilities regarding the delivery of safeguarding requirements in line with what is expected by the Charity Commission. It is critical that this includes plans to give Council assurance that in all regulatory functions, at every stage, employees have the right knowledge and skills to enable the NMC's public protection role to be discharged.
- 27.** Seek to work more collaboratively with other agencies - police, local authorities, other regulators, and healthcare services - in the sharing of information and safeguarding concerns even when the registrant case is not being pursued by the NMC.
- 28.** There needs to be a clearly defined process for managing fitness to practise cases when a criminal case is underway - due to the length of time this can take and also when the criminal case ends with no further action but may have safeguarding concerns for the public because of the role the registrant undertakes.
- 29.** Ensure that the development of a safeguarding hub is underway in this calendar year, with a clear and consistent message from the executive team that safeguarding is a priority. The NMC should ensure that there are appropriate levels of staffing to support its safeguarding obligations and that all staff have an awareness of these obligations.

The work of the NMC

- 30.** Consider different structure of Professional Regulation so as to more effectively manage it.
- 31.** As part of the NMC's upcoming accommodation and estates strategy (due by end 2024), the NMC must ensure it includes a need for greater co-location of colleagues to support cultural change and to improve the visibility and accessibility of the executive team.
- 32.** Clarify the relationships between legal teams across the NMC and the role of legal expertise in multi-professional teams.
- 33.** The NMC needs to retain a focus on its core regulatory purposes, and how best to deliver its mandate to protect the public within a changing environment.

Transparency

- 34.** The NMC needs to transform itself into a data driven organisation to support the more effective and efficient delivery of its regulatory processes.

As part of its Modernisation of Technology Services programme and its data strategy, the NMC should urgently seek to improve its data maturity to enable open access of data in the near future.

- 35.** Greater transparency over the process of auditing the revalidation process is required. Without knowledge of the percentage of cases being audited, or how they are assessed, policy makers cannot have confidence in the effectiveness or quality assurance of a fundamental function of the regulator. The NMC must commit to greater transparency in responding to stakeholder requests.

Supporting panel members

- 36.** The pool of registrant panel members is not sufficiently diverse and is significantly below that of the register. The NMC should target increasing the ethnic diversity among the registrant panel members pool, from under-represented groups, to proportionately reflect the ethnic diversity of the professions.



Introducing the team



Nazir Afzal

Nazir Afzal is the Chancellor of Manchester University and the former Chief Crown Prosecutor for North West England

and formerly Director in London. He was Chief Executive of the country's Police and Crime Commissioners and, most recently, National Adviser to the Welsh Government. During a 30-year career, he has prosecuted many high profile cases, advised on many others and led nationally on several legal topics including Violence against Women and Girls, child sexual abuse, and honour based violence. With responsibility for more than 100,000 prosecutions each year, his prosecutions of the so called Rochdale grooming gang and hundreds of others were ground-breaking and changed the landscape of child protection.

His work to reform organisations includes being the first ever independent Chair of the Catholic Church's Safeguarding Agency and Chair of the Independent Culture Review of London Fire Brigade. He was also an adviser to Baroness Louise Casey on her independent review into the culture of the Metropolitan Police Force published earlier this year and an adviser to the independent reviewer of culture at Torbay and South Devon NHS Trust.

Nazir has received many accolades. He was awarded an OBE by the Queen for his work and was also the recipient of the UK Government's Justice Award. Most recently, he received the Lifetime Achievement Award at the Pride of Birmingham awards 2022.



Matt Baker

An award winning consultant, Matt has over two decades of experience of working on sensitive and challenging stakeholder

engagement and communication projects. He works with public and private sector clients to deliver social change and the campaign he delivered for the Cabinet Office's Behavioural Insights Team to support positive behavioural change during the pandemic won two Chartered Institute of Public Relations Pride Awards in 2021 for best Covid-19 response and healthcare campaigns. Previously an adviser to a former Public Health Minister, he was also project manager for the Independent Culture Review into London Fire Brigade.

Matt has delivered many small and large scale communications projects across the UK, ranging from sensitive engagement with vulnerable stakeholders on the BAFTA award winning drama, Three Girls, to extensive consultations, charrettes and citizens juries to support regeneration and community development projects.



Rea Prouska

Rea Prouska, PhD, is a Professor specialising in Human Resource Management at Hult International Business School. She has two

decades of experience within UK higher education institutions. Prior to joining Hult, she held academic positions at London South Bank University, Middlesex University, and the University of Manchester. Her research focuses on developing theoretical and practical approaches to enhance work relationships, emphasizing aspects such as employee voice, silence, participation, and representation, as well as improving working life and conditions. She contributes as a Member of the UKRI Talent Peer Review College and the British Academy of Management Peer Review College. She is Senior Fellow of the HEA and Academic Member of the CIPD.



Suzanne Marcuzzi

Suzanne Marcuzzi is the Director of Operations at King's Business School where she leads on the development and execution of the faculty's

strategic plans and initiatives and manages a diverse, multifunctional team. She has interests in cultivating authentic leadership, enhancing staff voice and wellbeing, and facilitating collaboration, co-creation and community engagement.

Suzanne has also worked in research development and as a researcher for the BBC. She holds a PhD in the history of political thought from the University of Cambridge.



Dr Renuka Fernando

Previously the director of Corporate Strategy at Kings College London, Renuka is an impact driven board

level executive that specialises in strategy execution and portfolio management with hands-on delivery of transformation programmes.

She was formerly the head of Cross-Government Transformation for the Cabinet Office, and led a transformation strategy on behalf of the Chief Executive of the Civil Service and Cabinet Office Permanent Secretary. This involved 12 departments and three agencies with a cross functional team.

Appendices

NMC Achievements 2015-2020

Prior to the launch of its Strategy 2020-25, the NMC reported the following key achievements in the previous five years:

- Completed a first cycle of revalidation for everyone on their register, commissioning an evaluation to assess the impact and inform next steps.
- Introduced the regulation of nursing associates in England.
- Introduced a new strategic approach to fitness to practise which encourages local action where practicable, facilitates early engagement and takes better care of everyone involved in cases.
- Published new outcome-based standards for nurses and nursing associates, with new standards for midwives in development, which seek to equip people on their register with the knowledge, skills and values that they will need for future practice and allow more diverse placement opportunities.
- Introduced new return to practise standards that allow people to return more easily after a career break.
- Improved the approach to the registration of people trained overseas, in response to applicant and employer feedback.

Strategy 2020-2025

NMC's Strategy 2020-25 was co-produced with nursing and midwifery professionals, partners, the public and NMC staff. The consultation took place from April 2019 and the new strategy was launched in April 2020. The key strategic challenges that shaped the Strategy 2020-25 included:

- 1. Changing context of care:** Increase in complex care needs means that professionals on the NMC register require more expertise to manage this increasing complexity. Medical and technological advances are also changing the way care is delivered and altering the clinical and interpersonal skills required of professionals. Professionals on the NMC register, therefore, need to have access to high quality, career learning opportunities, so that they can adapt their practice to take account of the latest knowledge and thinking in the field. At the same time, changing models of care (integrated and community-based care) are replacing traditional hospital-centric approaches. Home-based care is increasingly prevalent due to advancements in remote monitoring and digital technologies. Consequently, healthcare professionals must adapt their skills to suit evolving demands. Multidisciplinary teams are becoming common, enhancing patient care but complicating governance and decision-making. Professionals are increasingly supporting individuals at home, potentially working in relative clinical isolation amidst these changes. This changing context of care requires new ways of working in new settings and has implications for how the NMC regulates.
- 2. Health inequalities:** There are widening social inequalities in health outcomes in the UK overall. People with disabilities, from lower socioeconomic groups, black and minority ethnic groups, and those living in the most deprived areas of the UK, have poorer health outcomes. Some groups also find it harder to access care or receive poorer care. NMC's professional standards, therefore, need to ensure that healthcare professionals help address these inequalities.
- 3. Workplace culture:** Healthcare professions employ more people from an ethnic minority background and more who identify as lesbian, gay or bisexual, compared to the UK population. Ethnic minority staff are generally

underrepresented in senior roles, are more likely to go through formal disciplinary processes, and are more likely to experience harassment, bullying or abuse from members of the public and colleagues. At the NMC, black and ethnic minority registrants are more likely to be referred for matters that do not, after investigation, require a regulatory sanction.

- 4.** Workforce pressures and shortages: Pose a significant obstacle to maintaining high-quality care across various sectors in the UK, particularly impacting district nursing, learning disability nursing, and mental health nursing. Remote and rural areas face even greater recruitment challenges, exacerbated by the UK's departure from the European Union, which has resulted in decreased recruitment from the European Economic Area. Social care sectors are hit particularly hard by these staffing challenges. Overall, workforce shortages not only compromise the quality of care but also strain nurses, jeopardising their well-being and impacting the education and training of future healthcare professionals.
- 5.** New career pathways and patterns of working: Necessitate a reassessment of how individuals enter and progress in these careers. Not all aspiring professionals may find the conventional three-year full-time education feasible or suitable. Therefore, flexible working options are imperative to accommodate diverse needs, especially considering the predominance of women on the register, many of whom have caregiving responsibilities. Moreover, the perception of these professions as lifelong careers is diminishing, with fewer individuals viewing them as permanent commitments. Many may opt for alternative career paths initially or leave if they cannot find the desired variety or work-life balance within these professions.
- 6.** Changing approaches to regulation: Much of health and care professional regulation is the responsibility of the UK government, while health and care policy and funding are devolved to Northern Ireland, Scotland and Wales. Strong links across the four countries of the UK are needed along with an appreciation of the diverse political, service delivery and workforce planning contexts.

The People Plan 2023-26

The People Plan was produced and published in June 2023 after consulting with NMC staff and staff groups. The plan came after the arrival of the new Executive Directors of People & Organisational Effectiveness in November 2022. Initial review work conducted by the new Executive Directors uncovered some deeply rooted historical issues that required urgent addressing:

- Lack of trust in the People & Culture team;
- Lack of a service ethos in the People & Culture team;
- Lack of a coherent people strategy and implementation plan leading to silo working;
- Lack of collaboration and partnership with the EDI team;
- Insufficient strategic thinking around engagement initiatives;
- Capability and capacity gaps in the HR team particularly in relation to policy development, handling of complex casework and workforce planning;
- Low line management capability in implementing HR policies, especially in relation to grievances and reasonable work adjustments;
- Lack of consistent implementation of hybrid working hindering performance;
- Complicated governance leading to delays in agreeing new policies;
- Outdated HR systems requiring upgrades to deliver data and insights needed to drive actions.

Some initial actions included:

- Fitness to Practise: commissioned and worked collaboratively with all Executive Directors to deliver a fully costed improvement plan. Bought workforce planning capability to match resources to priorities/targets for improvement.
- People and leadership: recruited a capable leadership team in HR, built its credibility by tackling immediate issues, engaged widely to produce a new People Plan and established regular X-NMC leadership huddles, people briefings and a People Leadership group to bring colleagues to support delivery. Brought in the Kings Fund to support Executive Board development and developed a plan for driving culture change which still required Executive buy-in.

- Equality Diversity and Inclusion: increased the size of the team and focussed it on a smaller set of actions within the EDI Plan aligned to what colleagues, registrants and the public most need from the NMC. Also strengthened collaboration with teams relied upon to support delivery.
- Clarity of purpose and governance: worked collaboratively with the Executive Director for Resources and Technology services to lead the organisation through a prioritisation exercise which established five priority outcomes and unlocked £30m for Fitness to Practise. Introduced three modes of Executive Board to focus discussions: Core (performance and risk); Fitness to practise (FtP Plan); and Learning. Also established an NMC Portfolio Board to provide the Executive Board (Core) with an overview of activity and delivery against the five priority outcomes and govern change control.
- Establishing a learning culture: reviewed the incident reporting system and approach to corporate learning and developed plans to depersonalise, risk assess and prioritise learning, and close feedback loops.
- Safeguarding: oversaw delivery of the first year of the plan, secured commitment to additional resources and ensured the senior safeguarding lead reported into an executive director with the capacity and experience needed to deliver year 2 of the plan.

The Executive Directors acknowledge that much more work remains to be done on all fronts to deliver meaningful change through structures, processes, skills, and feedback loops which ultimately underpin a positive, empowering culture. However, the actions that they have taken since joining NMC have been pivotal to driving the organisation forward from a people management perspective. This indicates their commitment to improving the organisation, while the work they have since delivered has been critical at strengthening essential people management areas that can support the NMC in addressing its organisational challenges. The 2023-2026 People Plan includes the following actions/priorities:

For 2023/24, the focus was on stabilising and improving the core people services. This included (1) Supporting recruitment campaigns, workforce planning, implementing the Fitness

to Practise improvement plan, and ensuring recruitment and learning/development for the senior leadership team; (2) Implementing a common framework for appraisals and objectives; (3) Revising policies to support staff (parents and carers in particular); (4) Improving collaboration with the Employee Forum, UNISON, and the new People Leadership Group; (5) Rolling out the Management Essentials programme, and creating a framework for leadership objectives; and (6) Improving the undertaking of casework including oversight, working with General Counsel, training more hearing managers, improving timeliness and implementing more person-centred approaches.

For 2024/2025, the aim is to raise the ambition with a stronger focus on growth and learning and development across NMC. This includes (1) Continuing with on-going interventions to enable the Fitness to Practise improvement plan; (2) Ensuring that people feel supported to develop their career at the NMC through the Rising Together/Higher programmes; (3) Creating a competency framework that clarifies roles and development; (4) Creating a leadership path to support leaders with their development; (5) Improving the Learning Pool, including the provision for 360-degree feedback; (6) Improving onboarding; (7) Piloting succession planning for senior and critical roles with a link to EDI outcomes/pay gaps; (8) Reviewing hybrid and flexible working policies; (9) Refreshing and reviewing HR policies; and (10) Piloting a learning and development initiative that differentiates provision for people in our various functions. For 2025/2026, the ambition is to be ready for the future, having a mature approach to building the capacity, capability and agility of the workforce. Plans include (1) Implementing the right structures and systems that empower staff to deliver for the future; (2) Implementing a Social Mobility network and attraction strategy; (3) Reviewing performance-related pay and current arrangements; (4) Building on the Management Essentials programme to focus on leadership programmes of support, and setting up mentoring and coaching schemes accessible to all staff at the NMC; (5) Reviewing a leadership secondment scheme with other regulators and other suitable organisations to support career progression; (6) Considering a sustainability plan; and (7) Implementing new people systems with improved self-service and manager analytics to support local workforce planning, continuously refreshing and reviewing

HR policies, and supporting any restructure needed to enable the NMC to be better placed to implement Regulatory Reform.

Glossary of people and roles in the Fitness to Practise process
 The NMC has a wide range of roles within the organisation and within the Fitness to Practise casework teams. Its approach to resourcing is predominantly to recruit to permanent or fixed term contract roles. The NMC does use agency workers on a short-term basis when recruitment is ongoing and agency workers often transition into the permanent workforce. It outsources some of its investigations work to specialist legal firms, it has a number of contractors who work as case examiners when there are peaks in work levels, and its panel members are independent of the organisation.

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| <p>Screening</p> | <p>Screening Case Officers: Manage concerns when they are first received into the process, they gather the information required for deciding whether there is a need to investigate a concern or apply for an Interim Order.</p> <p>Screening Decision Makers: Make decisions on whether there is a need to apply to an independent panel for a professional's practice to be restricted and make decisions on whether a case needs to progress for a full investigation.</p> <p>Clinical advisors: Provide advice to decision makers on clinical matters relevant to the decisions they are making.</p> <p>Lawyers: Provide advice to decision makers on legal matters.</p> |
| <p>Investigation</p> | <p>Investigators: Investigate the cases that have been identified as requiring regulatory intervention, gathering documentary evidence, witness statements and information from employers. Produce a report for the Case Examiners to look at.</p> <p>Lawyers: Provide advice to investigators on legal matters.</p> |
| <p>Case Examiners</p> | <p>Case Examiners: Make decisions on whether there is a case to answer for the professional involved that needs to be considered by an independent panel.</p> |

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| <p>Case Preparation and Presentation</p> | <p>Case Coordinators: Ensure that the cases which need to be considered by independent panels are prepared, including liaising with professionals and their representatives and any witnesses whose evidence need to be put to independent panels.</p> <p>Lawyers: Review cases received, decisions on how the case will be presented, and presentation of cases in front of independent panels.</p> |
| <p>Adjudications</p> | <p>Panel members: Independent panels of 3 who consider cases brought to them, considering evidence from the NMC, witness testimony and the evidence of the professional. Responsible for making well-reasoned decisions which protect the public.</p> <p>Legal Assessors: Provide independent legal advice to panels.</p> <p>Hearings Coordinators: Provide support to independent panels considering cases, drafting panel decisions and co-ordinating attendance of those in attendance at the events.</p> |
| <p>Monitoring and Compliance</p> | <p>Case Coordinators: Monitor the compliance of professionals with undertakings agreed with Case Examiners or restrictions put in place by panels. Where evidence is provided that professionals are safe to practise without restriction, those cases are put back to the Case Examiners or panels for review.</p> |
| <p>Roles that operate across the process:</p> <p>Public support: The team works with witnesses and referrers across the process who need additional support in their engagement with the NMC.</p> <p>Registrant support: The team manages the support services which are available for registrants in the process, including Careline which provides emotional support to those involved in what can be a difficult process.</p> <p>Clinical advisors: Whilst the NMC deploys its clinical advisors primarily at the Screening stage of the process, they are able to provide advice when required across different points of the process.</p> | |

More information on the Fitness to Practise process can be accessed here: <https://www.nmc.org.uk/concerns-nurses-midwives/what-is-fitness-to-practise/an-introduction-to-fitness-to-practise/>

