

The NMC Perceptions Audit: Exploring stakeholder views

The Nursing & Midwifery Council

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60 second summary

Most stakeholders felt that the Nursing and Midwifery Council (NMC) is on the right trajectory, having been making gradual improvements since c.2012 and being well placed to continue with positive change under Andrea's leadership.

However, it was felt that positive initiatives and changes are *not fully embedded throughout the NMC* and more work needs to be done in terms of:

- Continuing to build an open and collaborative ethos
- Communicating strategic priorities – and creating a joined-up engagement plan reflecting these priorities
- Taking a wider, proactive view of the NMC's role in the wider healthcare system
- Being sensitive to the needs of all 4 countries
- Reducing employee turnover
- Being clear on the remit of consultations
- Finding new ways to use data and communicating the intelligence available widely

1 Introduction

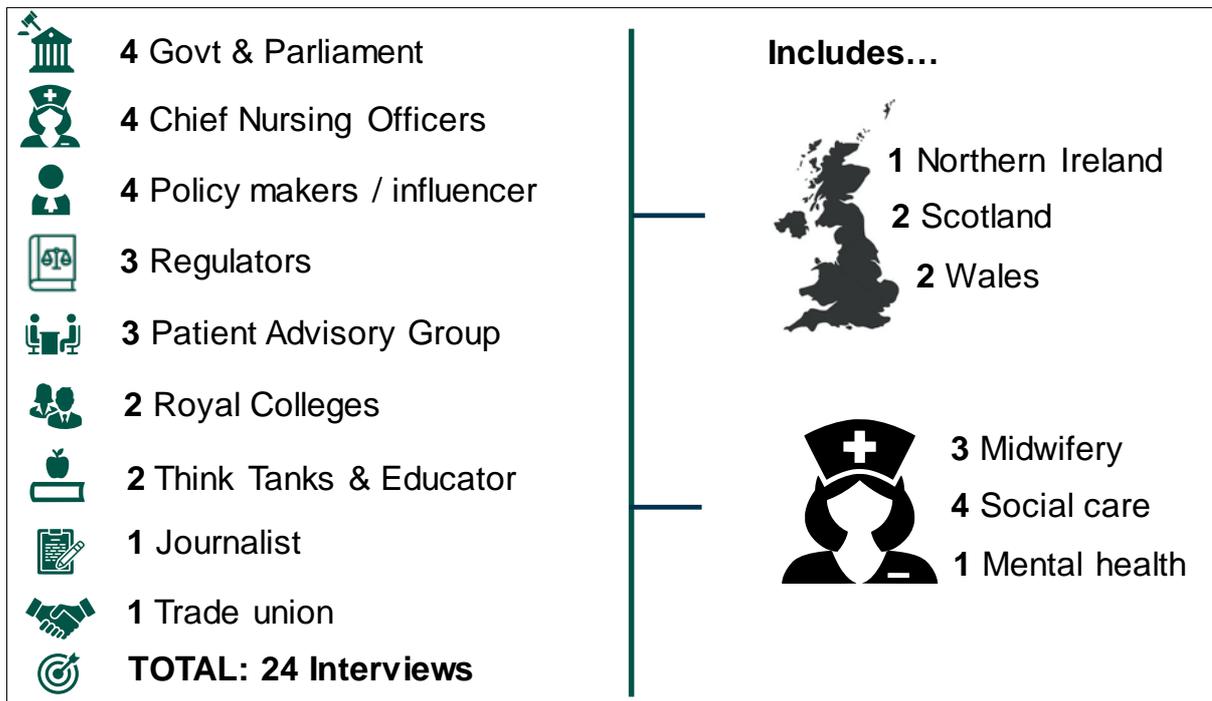
Background and objectives

- 1.1 The NMC is the independent regulator of the UK's 690,000 registered nurses, midwives and nursing associates. Better and safer care for people is central to the NMC's mission, through supporting all on their register to strive for the highest standards.
- 1.2 At the beginning of 2019, Andrea Sutcliffe CBE, joined the NMC as its new Chief Executive and immediately embarked on a programme of engagement with key stakeholders to start the work of setting out a new strategic direction for the organisation.
- 1.3 To support the Chief Executive, and the wider executive team, the NMC commissioned IFF Research to undertake a perceptions audit of key stakeholders with the following objectives:
 - To take a snapshot of key stakeholders' opinions of the NMC at the start of 2019;
 - Support the new Chief Executive understand the NMC's relationship with the external environment;
 - Inform the NMC's business planning and strategic development.
- 1.4 In order to achieve the research objectives, the topic guide, which was used to direct the focus of the interview, covered two broad areas:
 - Stakeholders' general perceptions of the NMC;
 - Stakeholders' working relationship with the NMC.

Methodology

- 1.5 In-depth telephone interviews were conducted with 24 key stakeholders of the NMC. Interviews took place between 28 January and 11 March 2019. Most interviews were around 30 minutes in length, but there was some variation, with the shortest interview taking 25 minutes and the longest a little over an hour.
- 1.6 The sample of c.70 key stakeholders was provided by the NMC.
- 1.7 Stakeholders from a range of different organisations and sectors were invited to take part in an interview, as shown in Figure 1 below. Quotas were set to ensure a range of stakeholder types were recruited, including stakeholders from each of the four UK countries and from within midwifery, social care and mental health.

Figure 1. Profile of stakeholders interviewed



Reporting note

- 1.8 Throughout the report, some quotes are attributed by stakeholder type and others are reported as 'anonymised'. Quotes were anonymised when the stakeholder indicated that they wished to remain anonymous or when making a quote attributable would jeopardise the anonymity of another stakeholder.
- 1.9 This report covers qualitative research, intended to understand individuals' perceptions in depth and detail, rather than to measure the incidence of these attitudes/behaviours amongst all key stakeholders. Results, therefore, show a range of opinions and give an indication of the in-depth reasons for these opinions. When describing the results, terms such as 'many', 'some' or 'a few' are used to give a relative indication of the extent to which views were expressed.

2 Overall perceptions

- 2.1 Across the interviews with stakeholders there was an overarching theme that the NMC is on the right trajectory. Before delving into the nuanced range of views that different stakeholders held, it is important to acknowledge that stakeholders tended to have broadly positive views of the NMC. This chapter will address these overarching perceptions.

Positive perceptions of the NMC

- 2.2 Many stakeholders viewed the NMC's overall performance positively. Working relationships were broadly viewed as positive and improving, with a majority of stakeholders speaking about having a good personal relationship with specific people at the NMC.
- 2.3 Nearly all stakeholders recognised that the NMC had been through some challenges in recent years, including media scrutiny and leadership changes. However, stakeholders broadly thought the NMC was doing a good job of fulfilling its primary role – which most identified as protecting the public.

Fundamentally I see a commitment to minimising and preventing harm to the public.
Policy maker / influencer

The NMC is on the right trajectory, but change must continue

- 2.4 Stakeholders were asked how their views of the NMC had changed, if at all, over the last 12 months. However, it became clear that the last 12 months was not a timeframe which particularly resonated with stakeholders in terms of having had a great impact on their perceptions. Rather, many considered that the NMC has been gradually improving for several years, with a handful of stakeholders mentioning that this has been since the appointment of the previous Chief Executive, Jackie Smith in 2012 (following a strategic review of the NMC by the CHRE, which strongly criticised the organisation for its fitness to practise backlog).¹

*They're doing pretty well.
They've made a lot of progress...I think they're on an upward curve.*
Anonymised

I think it's been on the improvement path and needs to remain on it for the next couple of years and then I hope that it would be returned to an element of long-term stability. Its on the right trajectory.
Govt & Parliament, UK

¹ <https://www.professionalstandards.org.uk/docs/default-source/publications/special-review-report/strategic-review-of-nmc-2012.pdf?sfvrsn=2>

2.5 The publication of the Lessons Learned Review by the Professional Standards Authority (PSA) in May 2018² - and the NMC's reaction to the review - did not tend to change stakeholders' perceptions of the NMC. This was chiefly because stakeholders thought the NMC had by this point already demonstrated improvement since Morecambe Bay. Some of the improvements noticed by stakeholders – notably around the NMC becoming more transparent and accountable, as well as collaborating with families and communicating more clearly with them – were also present in the themes of the Lessons Learned Review but it is felt that the NMC had taken these themes on board before the report was published.

[The NMC has] become less defensive and a little bit more open to conversation and challenge.
Policy maker / influencer

The NMC [is] much stronger on working in partnership with people and enabling them to share in decisions on their healthcare and respecting their values and preferences and so on.
Patient advisory group

Stakeholders welcomed the appointment of Andrea Sutcliffe and expected that with her as the new Chief Executive, the NMC is likely to continue along an upward curve.

2.6 Some stakeholders felt that the NMC are facing similar challenges to those Andrea faced, and overcame, in her former role at the Care Quality Commission. Andrea was also seen as embodying the values and attitudes which many stakeholders think the NMC should carry forward. These values included: collaborating with peers, making decision-making open and transparent and orientating the organisation towards meeting the needs of the public and patients. Andrea's use of social media was cited as an example of public-facing engagement, which the NMC could benefit from.

I think it'll be in a much better place under her leadership. She's a very emotionally intelligent person, with a patient-value centred approach.
Anonymised

² This report (https://www.professionalstandards.org.uk/docs/default-source/publications/nmc-lessons-learned-review-may-2018b2851bf761926971a151ff000072e7a6.pdf?sfvrsn=34177220_0) addressed the NMC's handling of concerns about midwives' fitness to practise at the Furness General Hospital in Morecambe Bay.

Change must continue at all levels

- 2.7 While many stakeholders were optimistic that the NMC will remain on an upward trajectory, they caveated this expectation by stating that in order for this to happen, the NMC must continue to make changes at all levels of the organisation.
- 2.8 Without deeply embedding some of the positive change seen within the culture of the NMC, there is a perceived risk that the NMC might revert to its 'old ways' of doing things, for example being internally focussed, suspicious of peers and lacking transparency.
- 2.9 A few stakeholders mentioned that there is insufficient 'proof' at the moment to say if the NMC has changed in a systematic way. They considered that with more time, they will be able to see if the changes promised by senior figures at the NMC will play out through the organisation.

If you think just having the Chief Exec fall on her sword is fixing the problem, then that's not the right thing. So unless that action plan [from the Lessons Learned Review] with all of those things in actually comes fully to fruition, and are embedded in your culture, then you will have failed.
Anonymised

I think [the NMC is] on a good trajectory now and I'm confident that the new Chief Executive will continue and deliver, so I'm not worried. If I didn't have faith in the new Chief Executive, then I would be worried.
Govt & parliament, UK

- 2.10 Although the overall research themes reflect optimism and positivity towards the future of the NMC, stakeholders identified two broad areas which they believe the NMC needs to focus on if the organisation is to continue moving along its positive trajectory, namely:
- Being more transparent and open
 - Widening and communicating strategic priorities.
- 2.11 The rest of the report looks in some detail at these suggested areas of focus.

3 Be more transparent and open

3.1 Stakeholders suggested that the NMC should become more transparent and open. This chapter will explore stakeholders' views and suggestions regarding the NMC:

- becoming more open with partners;
- conducting more targeted consultations; and
- making use of the NMC's data and sharing it widely.

Be open with partners

3.2 Across the board, stakeholders thought the NMC should try to be more open and share learnings with other organisations. There were instances in which the NMC had tried to conceal internal developments rather than being open about them or frankly saying that they were not in a position to discuss them. This had damaged relationships and affected some stakeholders, who felt that it reflected the wrong attitude from the NMC towards organisations which should be treated as partners. Affected stakeholders acknowledged that such instances do not happen often but emphasised that when they do happen it is very damaging to their working relationship with the NMC.

[We felt that we] weren't being told the whole truth.
Anonymised

3.3 A few stakeholders suggested that the hesitation to share information on internal developments reflected an attitude of seeing partner organisations as threats, rather than partners within the healthcare system. This was thought to obstruct effective collaboration. A handful of stakeholders said that the NMC came across as suspicious of its peers and, at times, defensive. This defensive attitude could, in turn, lead stakeholders to become more suspicious of what is truly happening at the NMC.

[The NMC need to continue] treating us like full partners, not just people to keep sweet.
Anonymised

3.4 There was acknowledgement across the interviews that the NMC seems to be making some attempts to be more open with partners, but it is not felt that this is embedded throughout the organisation or that it goes far enough.

I think they have become more open and more willing to look at things from the different perspective, I think it is the key change beginning to occur.
Govt & parliament, UK

3.5 One regulator used this perceptions audit as an example of how the NMC might evidence that they are becoming more open with their partners. The regulator said that in the past they would expect the NMC to restrict access to this sort of information but would be interested in reading the findings as they might also apply to their own organisation. Consequently, there was a hope that the NMC might make the report available either publicly or to stakeholders.

More targeted consultations

3.6 Stakeholders were asked to what extent they felt they have an opportunity to collaborate with the NMC on policy development and about their experiences of such collaboration.

3.7 Almost all stakeholders wanted to be involved from the beginning and throughout policy development. Some thought it was just as important to be consulted regarding policy implementation as the creation of the policy while others thought there was little point to being consulted on policy implementation alone. The stakeholders who voiced their desire to be included earlier, did recognise that involvement from the beginning and throughout every stage of policy development isn't always possible – but where it is, they would like to be invited. Notably, government and parliament stakeholders were less inclined than other stakeholder groups to want to be involved from the inception of policy development.

3.8 Broadly, stakeholders felt that when they fed into consultations and discussions, their ideas were taken on board and listened to. In particular, the fitness to practise consultation and process of development was repeatedly cited as an excellent piece of work by the NMC.

[There is] a real desire to listen and see what sensibly can be done.
Anonymised

3.9 However, some stakeholders had experiences of consultations where it was perceived that the NMC had already made their mind up, and the consultation was just a 'window-dressing'. One stakeholder thought the consultation around the supervision of midwives was a 'window dressing' consultation. They explained that 80% of contributions to the consultation on whether supervision for midwives should be abolished were against abolition: nevertheless, the NMC went ahead and abolished it. Another stakeholder mentioned that if the NMC needed to increase fees, there would be no point inviting stakeholders to a consultation about this. Only a few stakeholders noted the legal obligation that the NMC has to consult on issues such as fee increases.

Why consult if findings are ignored.
Patient Advisory Group

If the government is imposing something, go ahead and impose it, don't pretend you are consulting us on it.
Anonymised

3.10 The implication of this is that the NMC should be more targeted in which issues it consults on. Stakeholders felt that they should only be invited to contribute to consultations on issues where they can influence the outcome: where an issue has been mandated by government, or something has already been decided, then the NMC should not go out for consultation. A few stakeholders noted that their time was a precious commodity and they didn't want to waste it on consultations where there is little or no scope for change.

Make use of data and share it more widely

- 3.11 In line with the NMC corporate strategy, stakeholders said that they wanted the NMC to ensure that using their data intelligently and sharing it more widely was a strategic priority. They thought the NMC needed to embed a greater willingness to share information throughout the organisation. Examples were given by a few stakeholders where, in the past, they have needed to appeal to senior persons within the NMC, who understand the need to share information, to access data. They thought that the process to access such information should be simplified and not require such senior level sign-off.
- 3.12 Across the interviews it also became apparent that some stakeholders were requesting data that must exist as other stakeholders mentioned having it.
- 3.13 On a positive note, in several cases stakeholders praised the NMC's use of data. They commended the NMC for producing some well-written and useful pieces on the movement of nurses to and from the EU, relevant impartial briefing notes prepared in advance of parliamentary debates and the establishment of an intelligence group (Healthcare Regulators Analysts Network) to identify trends and areas for improvement.
- 3.14 However, there was a feeling the NMC could still
1. do more with the data it has; and
 2. communicate this better to the public and other organisations.

There is ... [a] gap at the NMC in terms of the data they hold on nurses and midwives, and the intelligence and insight they can accrue...
Regulator

There is knowledge [in the NMC] which could be utilised as an asset. It could be used productively to inform some bigger debates.
Anonymised

- 3.15 Some stakeholders noted that working more collaboratively with other organisations could enhance the NMC's own data and knowledge base. One trade union stakeholder gave the example of how they could be part of the NMC's "early intelligence" - in their role, they learn about issues like bullying and staff shortage quickly and they could raise these issues to the NMC.

4 Strategic priorities: Take a wider view

4.1 This chapter explores stakeholders' views and suggestions regarding the NMC taking a wider view of their strategic priorities. It covers the following recommendations:

- That the NMC should take a wider, more proactive view of its place in the healthcare system;
- That the NMC should pay more attention to workforce pressures and workforce planning;
- That the NMC should become more dynamic and enact change more quickly; and
- That the NMC should be more sensitive to the needs of all four UK countries.

Take a wider, more proactive view

4.2 Some stakeholders made the general point that the NMC should think of itself as part of a wider system of healthcare-related institutions and contribute more to debates outside its immediate mandate.

4.3 They felt that the NMC should think about what is **best for the wider healthcare system**, rather than what is best in terms of a narrow focus on the regulation of nurses and midwives. As part of this, some suggested that the NMC should become more active in areas which aren't immediately related to their direct regulatory remit and the maintenance of a register, for example:

- Workforce pressures and workforce planning (see next sub-section);
- Professionalism;
- Whistleblowing;
- The interface between nursing and social care, such as the role of nurses in care homes;
- Over-working and under-staffing; and
- Collaborating more extensively with other regulators on medicine-related issues.

[The NMC should] see itself as part of a wider system and operate and behave in that way. Which essentially means, when somebody asks a question about workforce the NMC's answer should not be 'sorry I don't do workforce I am the regulator therefore I don't engage'. Their answer should be 'as the regulator this is my role, and this is how I can contribute'. We need to see more of that.

Anonymised

- 4.4 Some stakeholders suggested that the NMC should take a **more proactive approach** towards addressing issues – thinking about problems that might arise in future, rather than simply reacting to problems as and when they arise.
- 4.5 Connected to this was the suggestion that the NMC should strive for **greater “visibility”** in discussions on areas such as professionalism, developing education programmes, and leadership – some noted that this could happen through working together with other regulators and public bodies to enhance their message. A few stakeholders felt there were opportunities for collaboration on policy development being missed. For example, one Government and Parliament stakeholder said there was room for the NMC to engage more to help shape legislation.

They do not flex their muscles enough in some debates
Policy maker / influencer

[They need to be] proactive and seeking opportunities to have a strategic conversation at points along the year, instead of waiting for an issue to arise and then find a way around it
Chief Nursing Officer (CNO)

Pay attention to workforce pressures and workforce planning and development

Workforce pressures

- 4.6 Several stakeholders felt it was important that the NMC focus more on ‘context’ and the impact of workforce pressures on the performance and standards of nurses and midwives.
- 4.7 Linked to this, one stakeholder said that a concern for the mental health of registrants didn’t appear to feature prominently in the NMC’s strategy. Specifically, they felt that the NMC had failed to address the stigma that exists around registrants disclosing mental health problems due to misplaced worries that this would raise questions about their fitness to practise. This stakeholder felt that the NMC should make better use of their “soft power” by introducing a theme of mental health in the workplace, and that engaging more with mental health issues would help improve confidence in the NMC as a “21st century regulator”.

[There is] a big opportunity to ... [bring] clarity about the relationship between a nurse or midwife who develops a mental health problem and their fitness to practise ... We hear quite often from doctors and nurses that they are afraid to be open [about their mental health] because they are worried it will have an impact on their fitness to practise ... What is the role of the regulator in terms of giving people reassurance that the disclosure of a mental health problem doesn’t mean they are going to lose their jobs?

Patient advisory group

- 4.8 A few stakeholders said that the NMC was already doing a good job of focusing more on context when evaluating fitness to practise incidents and moving away from a ‘punitive’ model towards one in which understanding the context of why incidents happen was prioritised. One

cited the ‘context tool’ as an example of this – the fact that this is currently being piloted rather than fully embedded as ‘business as usual’ may explain why it is not more widely known.

Workforce planning and workforce development

- 4.9 A number of stakeholders suggested that the NMC could be more active in making useful interventions in the field of workforce planning and workforce development.

[There needs to be more focus on the] broader perspective of 'What are the kind of nurses and midwives the UK will need in 10 – 15 years' time, and how do we influence the government and others ... which will enable the UK to have the best possible workforce?

Regulator

[The] NMC don't see or don't recognise or don't want to get involved in issues that we would consider are public protection
Anonymised

- 4.10 With respect to workforce planning, several stakeholders felt the NMC should have a louder voice. One suggested that the data the NMC hold on registrants – in particular, the movement of registrants between different specialisms and the ratios of registrants to general population in particular regions – could be used more effectively to inform debates in this area.

- 4.11 With respect to workforce development, some felt that the NMC should focus more on updating standards and “modernising clunky legislation”. The work that the NMC had done on fitness to practise was cited as a good example of this – some stakeholders suggested that the NMC should look for other areas in which they could engage in a similar process of modernisation, and that they should make efforts to engage stakeholders in the process. One stakeholder noted that for some levels of nursing there are no standards relating to revalidation and returning to practice and recommended focusing on this.

Be dynamic and enact change more quickly

- 4.12 Some stakeholders felt the NMC were slow to make internal changes and certain decisions, such as those relating to the reviewing of standards and around the changes to English language requirements for registrants. This perception was linked to the suggestion that the NMC needs to be more proactive in addressing problems.

I think [the appetite for change within the NMC] needs transforming, I think it means bringing [the NMC] into the 21st century
Anonymised

[Slowness to review standards is] a big frustration ... we've been asking for years for these standards to be revised, and they are on the agenda ... [but they] are so out of date and so ... [nurses] are practising outside of that
Anonymised

- 4.13 The slowness of fitness to practise judgements was mentioned on a number of occasions, although stakeholders usually also mentioned that this had improved considerably over recent years.
- 4.14 Not all stakeholders had the same view on the NMC needing to become more dynamic: one stakeholder worried that the NMC was possibly changing too much, too quickly, and over-promising in terms of what it could deliver – which they were concerned could lead to unintended consequences.
- 4.15 It is worth noting that better, more joined up communication of strategic priorities might help counteract the perception of the NMC being slow to make changes as it could give stakeholders a clearer idea of what actions or changes are for now, and what changes are being planned in future.

Be sensitive to the needs of all four UK countries

- 4.16 Some stakeholders based in the devolved nations felt that the NMC's strategy and policy making needed to become less England-centric and more oriented towards their needs. They stressed that the devolved nations aren't just another group of stakeholders and needed to be involved in policy development and strategic planning from the beginning.



[They need to work on] becoming less London-centric and having a more of a presence and a dialogue in the three Celtic countries.
CNO

I think some of the contention comes with seeking reviews as though we are some other stakeholder or employers, when actually we're the government of this country, we fund and set policy, legislation. So there is something to me about the parity and status of our views that I find difficult. And it is hard to have non-devolved administration in a devolved political environment.
CNO

- 4.17 There was a sense that the NMC is influenced by its proximity to English institutions, meaning that the NMC overlooks country-specific differences and is inadvertently guided by England-specific issues. At the same time, one English stakeholder noted that the NMC had failed to pay sufficient attention to the “complexity and politics” of successful delivery in England (as compared to the smaller and less administratively complex devolved administrations) when it came to the implementation of revalidation.

4.18 A couple suggested that the NMC had become worse at engaging with the devolved nations in the last 12 months or so. Specifically, they felt the nursing associates development was poorly handled from the perspective of the devolved nations. In addition, one Chief Nursing Officer (CNO) was disappointed by a recent case in which the NMC issued a press statement about one of its investigations and they only found out about this through the media.

Their agenda is driven by what is happening in the English health system but also their closeness to the DHSC, and the fact they kind of set the directions for the NMC.

CNO

When faced with people saying 'it doesn't matter that you're a devolved administration, you must comply with what England needs.' I'm sorry, that's not how this game is supposed to work in a devolved world ... [The nursing associates policy] was pushed through very strongly by those in England, the smaller devolved administrations were ignored

CNO

4.19 One stakeholder noted that the problem was not to do with interpersonal relationships between stakeholders in the devolved administrations and the NMC – they noted that these tended to be warm and respectful, and that they had faith in the capabilities of the NMC staff; the issue for them was the lack of a systematic approach to collaboration.

4.20 There was some recognition that the recent deterioration in the NMC's engagement with the devolved nations was in part due to circumstances out of the NMC's control – such as political attention being focused on Brexit, the lack of government in Northern Ireland, and disruption caused by leadership changes within the NMC. However, stakeholders still felt that recent failures of engagement set back the good work that the NMC had done in engaging the devolved administrations more over the preceding years.

4.21 In order to help the NMC become more sensitive to the needs of all four UK countries, stakeholders made the following suggestions:

- That the NMC develop separate strategic plans for each country, rather than a single, overarching plan;
- That systematic, intentional engagement with each country was needed, and that CNOs should be invited to discuss the form their engagement should take. For example, CNOs felt they could help identify the most relevant people for the NMC to talk to;
- That the NMC engage on both a single country basis, and a 4-country basis (with all countries in the room together), to develop strategy together; and
- That the NMC put in place (part-time) employees based in the devolved nations.

4.22 There was a sense that more engagement with the devolved nations would be seen by the CNOs as an opportunity rather than a threat – however it was important that the approach to engagement is discussed first with the CNOs.

5 Communication and engagement across the NMC

5.1 This chapter will explore stakeholders' views and suggestions regarding the NMC improving communication and engagement across the organisation. It will cover the following recommendations:

- That the NMC become more open about its strategic priorities;
- That the NMC embed change at all levels of the organisation;
- That the NMC address employee turnover, which is currently a barrier to communication and engagement with stakeholders; and
- That the NMC improve day-to-day communications and engagement with stakeholders, registrants, and the wider public.

Be open about strategic priorities

5.2 Stakeholders felt that the NMC should be more open about their strategic priorities. For many stakeholders, it was unclear what the NMC's strategic priorities are.

5.3 There was a general lack of awareness of the NMC's different workstreams and how they fit together. This lack of clarity was sometimes reflected in a sense that communications from different departments within the NMC could feel disjointed, with different parts of the NMC seen to have different "voices". Stakeholders felt that the NMC could do a better job of condensing and rationalising their communications, so they are more coherent and aligned. One stakeholder recognised that part of the issue is the complexity of the work the NMC are doing, however they still felt the NMC's overarching strategy could be clearer.

Some pieces of work are quite fragmented and it is unclear for example why they choose this over that and how they prioritise things.

Anonymised

For most people outside it isn't terribly clear what they do

Anonymised

It feels like it is not all connected or all one voice

Think tank / educator

It would be] helpful to see the plan [of NMC's workstreams].

Anonymised

5.4 In order to increase stakeholders' awareness of the NMC's strategic priorities, a few suggested circulating an infographic on the NMC's website and via social media, setting out the NMC's priorities and how they relate to one another. It was felt that this would help to communicate the overall narrative guiding the work the NMC are doing.

5.5 Others suggested that the NMC's overall strategy could be more clearly spelled out in their communications and briefing materials, and one stakeholder suggested that the NMC could

establish a clearer Director of Strategy role to help with the setting out and refining of strategic priorities.

5.6 Stakeholders felt that making these changes would lead to the following improvements:

- Stakeholders would have the opportunity to fully consider how their contributions fit within the wider NMC strategy;
- Stakeholders would be able to be more strategic about which consultations they contribute towards. This was particularly significant for smaller organisations that are unable to engage with all relevant consultations due to capacity and funding constraints;
- Stakeholders would have a better understanding of what is driving the NMC's decisions; and
- It would enable more consistent and effective messaging about the NMC and the NMC's areas of focus between and across peer organisations, with the NMC and stakeholder organisations able to work better together to disseminate specific messages.

Embed change at all levels

5.7 Some stakeholders felt that the NMC has the right strategic priorities, attitudes, and positive culture at the top of the organisation, but *weren't sure* if this had spread throughout the NMC.

5.8 Others specifically identified a gap between the priorities voiced at the top of the organisation and how these priorities were implemented in the day-to-day practice of the NMC. For example:

- Some stakeholders reported receiving conflicting information from NMC employees at different levels of the organisations – which is linked to the above point (see 5.3) about the perceived disjointedness between different departments within the NMC; and
- In one case – the Quality Assurance process for Approved Education Institutions – a sense of disconnect was perceived between the NMC's strategic intent and the way in which the process was delivered. While the NMC was perceived to have engaged stakeholders well in terms of the development of the Quality Assurance standards, the process itself turned out to be very burdensome for universities, and the NMC were faulted for not having consulted on the best way to approach implementation.

I appreciate that there are different layers within the NMC: the strategic intent of the council, the directors and how they pick that up, the staff, and then the external suppliers that deliver the quality assurance on behalf of the NMC. It's about getting all those relationships aligned
Think tank / educator

Address employee turnover

5.9 A number of stakeholders mentioned that the extent of employee turnover at the NMC served as a barrier to communication and engagement. In particular, stakeholders suggested that high levels of employee turnover have:

- Made it harder to build trust and relationships;
- Obstructed channels of communication, as stakeholders weren't sure who to contact about specific issues;
 - For example, one CNO reported that they weren't able to get the information they requested at certain meetings because the employees were all new to the NMC;
- Led to a lack of "corporate memory".

That is a problem with the NMC, the lack of continuity within their organisation, there seems to be people coming and going all the time
CNO

I had a series of keeping contact sessions with people from the NMC ... but there was often a fairly high turnover of staff so they tended to fall by the wayside.

It destabilizes [the relationship] because you meet people, have conversations and the next meeting should follow on from it but they are not there any more
Think tank / educator

5.10 A couple of stakeholders felt that the NMC had already reduced its employee turnover, however most stakeholders who mentioned this felt that it was an ongoing problem for the NMC.

Improve day-to-day engagement

5.11 Most stakeholders were happy with their day-to-day interaction with the NMC. As all stakeholders were senior figures, this largely took the form of good personal relationships with senior employees at the NMC – which stakeholders strongly valued.

I have all the information I want ... I know where to go for advice and I know I could pick up the phone to the NMC and ask to speak to the Chief Executive and I would be able to do that
Policymaker / influencer

5.12 Some stakeholders felt that senior-level communications had improved, and that they had recently had more communication from the NMC Chief Executive's office than ever before.

- 5.13 There was some concern, however, that the personal nature of these relationships did not always foster strong organisation-to-organisation relations. For example, such relationships were susceptible to being damaged by employee turnover; and relationships could be concentrated at senior levels, rather than spread throughout organisations. As a result, some stakeholders worried that the (good) relationships between their organisations and the NMC were too fragile.
- 5.14 Some stakeholders also had concerns that their own positive experiences of engagement with the NMC weren't reflected in the 'ordinary' interactions of registrants and patients with other parts of the organisation, which they felt were sometimes less positive (for example, they knew of cases where members of the public and registrants had received slow responses to queries, and in which the NMC had given poor advice to registrants). They also felt that the NMC could have communicated better with registrants on matters such as the introduction of revalidation.

Initially there was some hostility [around revalidation] and it quite alarmed people... I think we could have taken out some of the initial antagonism if perhaps there was better communication
Anonymised

Registrants feel that they get stonewalled when they try to contact the NMC, because people do not know, or have the full information
Royal College

- 5.15 Stakeholders made the following suggested changes to the NMC's engagement and communications:

- Many stakeholders wanted more face-to-face meetings with senior figures in the NMC, including the Chief Executive. This was seen as an opportunity for stakeholders to help shape, and gain a better understanding of, the NMC's strategic priorities. However, it should be noted that stakeholders presented a desire for increased face-to-face meetings as more of an 'ideal scenario' than a criticism.
- Some registrant-facing organisations felt they could work with the NMC to help improve communications with registrations – for example through collaborating with the NMC to disseminate key messages that the NMC wanted to share with registrants and helping to explain the NMC's purpose and activities (see also 5.6).

We could be very helpful in terms of sending out some very positive messages about the NMC which eventually will come around to being very positive for them
Royal College

- Some stakeholders felt that the NMC could be more timely with certain communications and publications, such as sending out agendas in advance of meetings, circulating minutes after meetings, and publishing guidance for implementing standards.

What could be better is timing, so some aspects of standards come out and the guidance doesn't follow sometimes
Anonymised

Improve public-facing engagement

- 5.16 Some stakeholders reported that there had already been a noticeable change for the better in how the NMC deals with the public and other stakeholders. In particular, they had noticed this change for the better in terms of fitness to practise, and the NMC's website and digital presence.
- 5.17 With respect to fitness to practise, some stakeholders mentioned the NMC's progress in terms of the management of witnesses, as well as building a much more supportive experience and culture for members of the public.
- 5.18 With respect to the NMC's website and digital presence, some stakeholders felt that the NMC were already doing a good job of engaging with them through the use of digital media, such as Skype meetings, and a few felt that the NMC had improved recently in terms of making the language on their website more accessible and using social media more. As mentioned earlier, Andrea Sutcliffe was praised for her extensive use of social media (for example video blogging), and there was hope that this would be carried through into the NMC's social media activity.
- 5.19 Other stakeholders, however, commented that:
- The NMC could do a better job of explaining what their role is and the work they are doing to the public and to registrants through the use of social media;
 - While its terminology had recently improved, the NMC's website was not very user-friendly or engaging – with the use of complicated medical language, no obvious route to report complaints about registrants, and a lack of links and guidance that was relevant to the public (such as links to charities for providing support in cases of medical accidents).

They could make what they do more accessible to the public
Anonymised

6 Summary and conclusions

- 6.1 Most stakeholders held a fairly positive view of the NMC. Working relationships were broadly viewed as positive and improving and stakeholders tended to feel that the NMC is doing a good job fulfilling its primary role of protecting the public.
- 6.2 In terms of direction of travel, most stakeholders felt that the NMC is on the right trajectory, having been making gradual improvements since c.2012. They also felt that the organisation is well placed to continue with positive change under Andrea's leadership.
- 6.3 However, it was felt that the positive initiatives and changes seen are not fully embedded throughout the NMC and that engagement with stakeholders can, as a result, be patchy and disjointed. While individual relationships with stakeholders were often felt to be strong, there is a lack of systematic and strategic engagement with stakeholders.
- 6.4 Some individuals – often those with closer day-to-day working relationships with the NMC, such as other regulators – spontaneously commended the NMC on recent improvements in areas which other stakeholders said the NMC still needed to improve on. This implies that the NMC are already acting on many of the challenges which stakeholders identified – and the NMC need to further promote their efforts or broaden their audience so a wider range of stakeholders hear about what the NMC is doing.
- 6.5 Stakeholder discussions suggest that the NMC also needs to focus on:
- **Continuing to build an open and collaborative ethos:** treating peer organisations as full partners and (further) moving attitudes from defensive to trusting;
 - **Communicating strategic priorities – and creating a joined-up engagement plan reflecting these priorities:** this would improve both day-to-day communications and help stakeholders know where their contribution to consultations would be most valuable;
 - **Taking a wider, proactive view of the NMC's role in the wider healthcare system:** contributing to debates outside the organisation's immediate mandate, including around workforce pressures and workforce planning.
 - **Being sensitive to the needs of all 4 countries:** recognising that the devolved nations are not just another group of stakeholders; taking account of the differences within each country;
 - **Being clear on the remit of consultations:** and only consulting where things can be changed;
 - **Finding new ways to use data and communicating the intelligence available widely:** including making data sharing embedded in the NMC's culture at all levels;
 - **Reducing employee turnover:** so trusting relationships can be built on over time.
- 6.6 Importantly, changes need to be embedded at all levels throughout the NMC.

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Whether employer or employee, client or collaborator, we are all humans first and foremost. Recognising this essential humanity is central to how we conduct our business, and how we lead our lives. We respect and accommodate each individual's way of thinking, working and communicating, mindful of the fact that each has their own story and means of telling it.

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