

Supporting people through collaboration and learning



Shaping our work through experience and learning

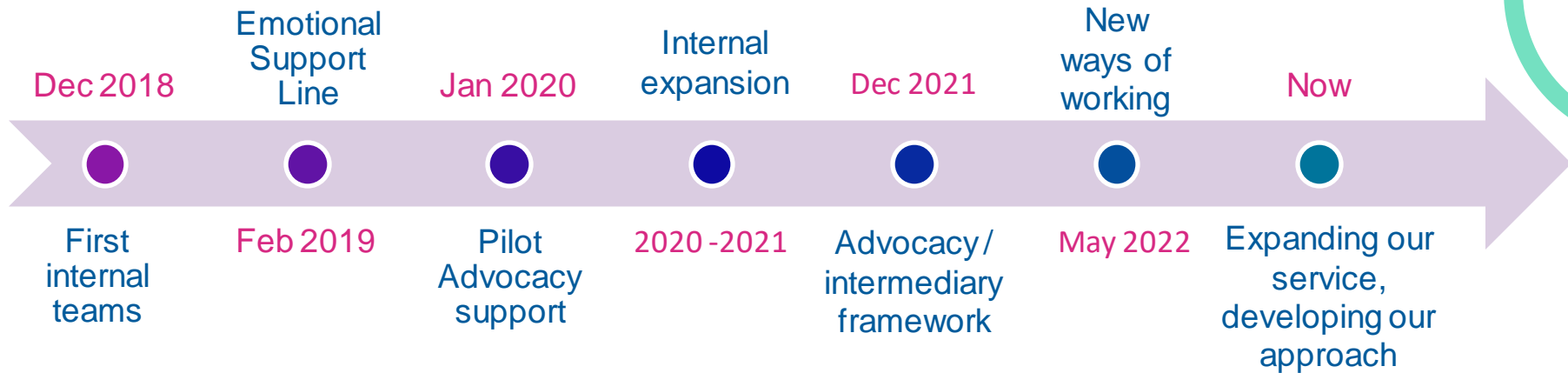
- PSA's Lessons Learned Review into our handling of concerns about midwives' fitness to practise at the Furness General Hospital published in 2018 highlighted that we did not engage with families and patients properly or recognise the value of their evidence.
- NMC-commissioned independent report said we had failed to take the needs of families and patients seriously.
- We were prioritising process over people.

Our Public Support Service

- Supportive role in helping us as an organisation to make raising a concern accessible for all.
- Helping us to ensure we understand the concerns being raised - supporting peoples individual needs to enable them to engage fully.
- Helping to aid understanding of our regulatory decisions and the presentation of those decisions.
- Helping to support people dealing with the impact of raising concerns with us.
- Building trust and engagement so voices can be heard.
- Signposting where we are unable to help.

Evolving our service – listening to & learning from people's experience

Timeline of Public Support at the NMC:



An overview of our work

- **Needs assessment** to identify adjustments or additional needs
- Reviewing and tailoring written communication with a focus on person centred and **accessible** language
- Advice and support with verbal communication for our colleagues
- Continuous **point of contact** throughout FtP process
- Support for witnesses at hearing centres
- Tailored support plans
- Specialist support for those with **complex or multiple needs**
- **Signposting** to organisations that can help in ways we can't
- Referrals to local safeguarding teams and engaging with people's treating teams to influence support
- Referrals to our **support advocacy** service, or **communication intermediaries**

Support for those with additional needs

- We know that some people face additional barriers or have more complex needs.
- Informed our advocacy pilot in early 2020 working with a mental health advocacy service.
- Recruited two specialist members of the team with experience of increasing access to services for groups who may have more complex needs, including:
 - people who are experiencing, or have experienced mental health difficulties
 - people with learning disabilities
 - people with a cognitive impairment and/or neuro diversity, including people on the autistic spectrum
 - people with an acquired brain injury

Developing the advocacy and intermediary framework

- Collaboration with the other health and social care regulators
 - The vision
 - The need
 - The interest
 - The framework
 - Requirements
 - Tender

Support for those with additional needs

Support advocates and communication intermediaries

- **Support advocates** provide non-legal advice and support to people who find it difficult to express their views or represent their needs in a formal process.
- **Intermediaries** are communication specialists who can assist our panels to facilitate effective communication with a participant, including recommending adjustments if needed.



The framework in practice

- **Embedded the framework** through internal presentations and working with colleagues
- As of May 2023, the NMC is the only health and social care regulator to have used an intermediary
- Since November 2021: **14 advocacy cases, 4 intermediary cases** (2 more scoped) - only a handful a year
- Supporting people with autism, complex PTSD, learning disabilities, mental health complexities (including people sectioned under MH Act), EUPD
- **Annual event in November 2022** with all regulators – learnings and case studies shared
- **Supporting other regulators** to put both processes in place – e.g. GMC, HCPTS, SSSC

Case Studies

Advocacy support

Patient A has multiple diagnoses including autism, anxiety and psychosis. They are currently sectioned under the Mental Health Act and have been an in-patient for a number of years.

They made two referrals which are at different points in our process. The Public Support Service has been involved with the referrer since the early stages of the cases.

According to the treating team Patient A has capacity in relation to some aspects of their life. At times Patient A can communicate verbally or in writing but they can also have difficulties with communication at other times and with decision making.

Advocacy support (cont.)

A POhWER advocate was suggested when Patient A was having difficulty making a decision in relation to the disclosure of a key piece of evidence on the case.

A 3-way referral call to POhWER was organised. This enabled Patient A to give their contact details and consent to be referred verbally with the support of NMC staff. A second 3-way call with the advocate and Patient A took place to explain the current status of the cases and what needed to happen next. They were also able to agree with Patient A that some documents could be shared with the advocate to help the advocate understand the case and avoid Patient A having to repeat information.

Patient A and the advocate are currently having regular calls and working on providing further information to the team to help with their enquiries.

The support will help deal with any issues arising in the case at investigation, and to offer long term support should either case go to a hearing.

Intermediary input

The allegations relate to multiple and prolonged breaches of professional boundaries by a nurse.

Patient B has complex needs.

The intermediary produced a report (which we shared with Patient B), where they highlight the adjustments that could be made at the hearing to help the person give their best evidence.

Adjustments at the hearing

The intermediary was able to present the report to the panel during the first part of the hearing. The panel directed several measures to support Patient B at the hearing when they give evidence.

This included the reformulating of questions to make them comprehensible.

The Public Support Service liaised with the Clinical Advice team and formulated a comprehensive support plan for Patient B that sought to manage and mitigate identified risks.

The intermediary was present at the hearing. This enabled Patient B to engage fully with the process and put forward their best evidence.

Looking ahead

- So much more we can do, both individually and working with others
- Our shared challenge is to keep the focus:
 - What more can we do to support people to engage in and navigate complex processes?
 - What are the opportunities to collaborate to help to reduce harm, to limit the times people need to repeat their experience, to partner in processes, to share learning?
 - What would integrated and effective support for people affected by harm look like? How can we deliver this? What are our barriers?
 - Are we visible and accessible to all? How do we know? How do we reach excluded groups?

Wider collaboration

- Building wider opportunities for people and communities to shape our policies, standards and ways of working
 - Public Voice Forum
 - Relationships with partners and stakeholders
 - Building engagement into projects and programmes
 - Ensuring learning from our engagement shapes what we do
 - Sharing ideas with other regulators inside and outside health and care