

Witness name: Jennifer Collard

Witness statement number: 1

Dated: 17 March 2025

**IN THE THIRLWALL INQUIRY
BEFORE LADY JUSTICE THIRLWALL**

**WITNESS STATEMENT OF JENNIFER COLLARD ON BEHALF OF THE NURSING AND
MIDWIFERY COUNCIL ('NMC')**

1. I, Jennifer Collard, am authorised by The Nursing and Midwifery Council ('the NMC') of 23 Portland Place, London, W1B 1PZ to provide this witness statement. I will say as follows:

Introduction

2. The facts in this witness statement are true, complete and accurate to the best of my knowledge and belief. Where I refer to my beliefs, those beliefs and my knowledge contained in this statement, are informed by the work and support of colleagues who have assisted me with the provision and collation of relevant documents and evidence to ensure we have responded appropriately to the Inquiry's request dated 31 October 2023. In sourcing the materials for disclosure and to inform the content of our witness statements, I have collaborated with colleagues in a number of teams and directorates across the NMC and I have set out the nature and extent of the requests and that collaboration in this statement.
3. Our approach to collating the information was overseen by Eva Whittall in her capacity as a Principal Legal Adviser within the General Counsel Team. Ms Whittall is now the Assistant Director for Professional Regulation (Legal) but I continue to be supported by a Principal Legal Adviser in the General Counsel Team, from 24 May 2024 that has been

Zahra Anderson Nanji¹. The approach taken to disclosure has also been approved by Matthew McClelland, Executive Director for Strategy and Insight.

4. I have had overall responsibility and oversight for requesting and collating documents for the purpose of fulfilling the Inquiry's request. I have also led in supporting the provision of documents when drafting the NMC's witness statements to date. I am the Head of Regulatory Policy at the NMC. I am the appropriate person to provide this witness statement on behalf of the NMC because I am the Head of function with overall responsibility for managing the relationship with and responses to inquiries at the NMC. As set out above, I have been the individual responsible for requesting and collating information required by the Inquiry. I joined the NMC in May 2021. I have a good understanding of how our regulatory processes work both through my current policy role as I work with teams from across the NMC and because I have worked in healthcare regulation for 18 years, having previously worked at the General Dental Council in the fitness to practise, professional standards and project and improvement teams. I also have an understanding of how information for each of our regulatory processes at the NMC is collected and stored. I was a member of the internal working group that was established to scrutinise our operational handling of the Lucy Letby (LL) and associated cases in 2023 and I have directed members of my team to help me with finding information to support that work.
5. Throughout this process, we have sought to take transparent approach to disclosure whilst also being mindful of the Inquiry's request to ensure that our responses to requests for information are proportionate and focused. Our focus throughout the disclosure process has been to disclose materials to the Inquiry that we considered to be relevant to the Inquiry's terms of reference which include the fitness to practise concerns which were raised with us and our fitness to practice processes against Lucy Letby (LL) or Alison Kelly (AK), rather than providing all documentation which included references to LL or AK in an unfiltered way. We therefore have not currently disclosed documents relating to our internal consideration of our management of the LL and AK cases and preparation for our corporate response as we consider the appropriate time to do this will be when we file our detailed reflective statement, which I have covered below. Our first statement of Andrea Sutcliffe included details of initial learning that had been completed

¹ We informed the Inquiry that Eva Whittall would be replaced by Zahra Anderson Nanji as our Recognised Legal Representative on 3 June 2024 and she was designated as such by the Chair on 3 June 2024.

at the time of providing that statement, as well as some learning where we were continuing to reflect. At that time, we did not disclose documents relating to our internal consideration of these cases and preparation for our corporate response because the internal working group created at the time was to prepare for the end of the criminal trial (whatever its outcome). The focus was on:

- a. Assuring ourselves there were no obvious regulatory risks that need to be addressed.
- b. Making sure we are in the best possible position to effectively communicate our role, actions to date, and next steps.
- c. Putting ourselves in the best possible position to expedite the fitness to practise cases after the end of the trial.
- d. Getting the NMC ready for any potential public inquiry.

Our document management systems and repositories

6. Our documents are stored in various ways and on systems according to the work carried out by a particular team and these are explained below. Our approach taken to sourcing information for the Inquiry has varied depending on the function of the team that held the information and how that information was stored.
7. Colleagues working in each of our functions are expected to save information relevant to their processes and work in the appropriate systems. We have not conducted a key word search of all our operating systems as we consider that this would result in a disproportionate number of documents which will not assist the Inquiry's work as those searches would contain duplicate and unrelated documents. We are not able to say how many documents we have that may refer to LL and associated cases. We have undertaken some key word searches in areas which we consider to be relevant to the Inquiry, and I will outline the outcome of those searches below.
8. Our main document management systems and repositories are as follows:
 - a. Registration database – database contains all our registration information.
 - b. Total records information management (TRIM) – is the NMC's records management system and access to files contained within the system is restricted to files according to those who need access to them.
 - c. Case Management System (CMS) – this is used to record the progress of an investigation into and outcome of a nurse, midwife, or nursing associate's fitness

to practise. It contains records of all parties associated with the case as well as any events that take place for the case including decisions, legal advice, follow up actions, and hearing dates. It is also used to store our engagement with our registrants' employers through our Employer Link Service (ELS)

d. S Drive – this is the local Network system used at the NMC. Folders are grouped together by Directorate.

9. Since September 2022 every colleague has their own personal drive which is called 'Onedrive'. This is used for collaborating on draft documents and final versions are saved in the appropriate repository above. Before that we had our own G drives which were used for storing personal documents. We have not searched individual Onedrives or G drives.

Retention and deletion

10. We have a corporate information and retention policy which is published on our website². Our fitness to practise case records, registration records and Employer Link Service records are retained for 70 years from receipt or creation of the records or from the date of registration. Our Council and Committee documentation is retained permanently. Reports from our quality assurance programme approval and monitoring reports are retained permanently. Our emails are retained for seven years in our email archive system, known as Mimecast. Any emails relating to fitness to practise investigations must be saved on our case management system (CMS) and once saved the 70-year retention period is applied.

11. As outlined in our retention policy, we stopped retaining hard copies of information relating to our regulatory functions in 2001. If hard copies of information are sent to the NMC, they are scanned into our electronic systems and the relevant retention period then applies to those documents. We have not searched any hard copies of material held by colleagues such as personal notebooks.

12. On 13 September 2023 our Chief Executive and Registrar received a letter from William Vineall, Director at the Department of Health and Social Care which requested that we take steps to 'make sure that no material of potential relevance to the Inquiry is destroyed, deleted or disposed of.' On the same day, the Chief Executive and Registrar

² [corporate-retention-and-disposal-schedule.pdf \(nmc.org.uk\)](#)

sent this letter to all Executive Directors and relevant Assistant Directors and Heads of function in Policy, Fitness to Practise and the Employer Link Service (ELS) who may hold documentation relevant to the Inquiry. That email requested that the recipients of the email should make other colleagues aware of this request.

13. On 4 October 2023, I emailed all the Heads of function at the NMC to reiterate the request for teams to not destroy any information that may be of interest to the Thirlwall Inquiry and asked for the message to be cascaded to teams. There are just under 40 Heads of function at the NMC and we have approximately 1,100 colleagues.

Requests for disclosure

Initial Rule 9 request - 31 October 2023

14. We received a request for evidence under Rule 9 of the Inquiry Rules 2006 from the Thirlwall Inquiry on 31 October 2023. That letter stated:

- a. 'The Inquiry is keen to ensure that responses to its requests for documents are proportionate and focused, and that it is not overwhelmed with large quantities of materials which are unlikely to touch upon the matters being investigated in accordance with the Terms of Reference and the questions which the Inquiry seeks answers to. In the first instance we request that documents that you consider will assist in answering the questions relevant to this Rule 9 request letter, are exhibited to the requested witness statement or provided with an index in response to any specific request as set out in Annex A'.

15. Annex A of the Inquiry's request provided 34 areas that the Inquiry asked us to cover in our statement. We were also asked to include exhibits where relevant. The Inquiry made clear that the expectation was for any relevant documents to be exhibited to the statement but that the following information which, if not exhibited to the statement, should also be provided:

- a. Copies of all concerns or complaints made to the NMC about Letby, Kelly and any other nurse who worked on the neonatal unit at the Countess of Chester Hospital (CoCH) between June 2015 and June 2016, and related correspondence.

- b. Copies of any written responses of the NMC, notes of NMC meetings (internal or external) where such concerns or complaints were considered, correspondence sent or received, orders made and case notes.
- c. Copies of the NMC's policies, protocols, standards and guidance that are relevant to the Inquiry's Terms of Reference

16. We met with the Inquiry solicitors on 22 November 2023 to discuss our disclosure and the potential volume of materials we would hold if we conducted a key word search of all our emails and systems. We arranged this meeting as we were being mindful of the Inquiry's request to ensure we were being proportionate and focused and did not overwhelm the Inquiry with large quantities of documents which may not be relevant. We agreed at that point that we would include key decisions and dates for the LL and AK investigations in our statement with relevant exhibits. We also agreed that we would disclose the detailed chronologies for the LL and AK cases so the Inquiry could see the additional documents we held and could disclose if required.

17. We submitted our draft statement on 11 December 2023 in Andrea Sutcliffe's name. We included 102 exhibits with that statement and we also disclosed two chronologies, for the AK and LL cases. This was finalised on 2 February 2024.

Supplementary statement request – 27 March 2024

18. In paragraph 254 of our first statement, we indicated that we were considering whether to make further amendments to our interim order guidance. We received a request from the Inquiry on 27 March 2024 for a supplementary statement to exhibit our revised interim order (IO) guidance and explain the rationale for the changes made to the IO guidance.

19. This second statement was submitted in draft in Andrea Sutcliffe's name on 12 April 2024 with four exhibits. It was finalised on 31 May 2024.

Supplementary statement request –April 2024

20. After submitting our first two statements, I was made aware of confidential correspondence between the Chair of our Council and the Executive Director of Professional Practice that was copied to the Chief Nursing Officer (CNO) for England. Due to the confidential nature of the correspondence neither I, Eva Whittall or Matthew McClelland were aware of its existence at the time we submitted our first and second

statements. As we outlined in paragraph 5 of our third statement, at the request of the Executive Director of Professional Practice, this correspondence had been treated as strictly confidential and had only been shared with Andrea Sutcliffe on 25 March 2024 and then with Executive Directors shortly afterwards. We later discussed this correspondence with the Inquiry and agreed that we would draft a third statement exhibiting the correspondence referred to above, with agreed redactions to remove issues not relevant to the Inquiry. We submitted this statement on 7 May 2024.

Additional disclosure request - 17 May 2024

21. We received a further request for disclosure from the Inquiry team on 17 May 2024. They asked us to disclose:

- a. Fitness to practise information from November 2023 to date (as our initial statement covers matters up to November 2023).
- b. Our handling strategy governing the work following the LL convictions, including an oversight document and meeting minutes from an operational working group.
- c. Council and EB papers and minutes where updates on LL and associated cases may have been discussed.
- d. Summary reports of local reflections.

22. We were also asked to account for other categories of documents.

Summary

23. To date, the information we have disclosed to the Inquiry is as follows:

- a. We included 102 exhibits with our first statement and we also disclosed the two chronologies for the AK and LL at the same time. Broadly, those documents included education and standards documents, fitness to practise guidance, fitness to practise case papers, and registration documents for LL and AK.
- b. We included four exhibits with our second statement. These documents were our updated interim order guidance.
- c. We submitted a further five exhibits with our third statement. The documents related to the investigation into whistleblowing concerns and the review into our organisational culture and confidential correspondence.
- d. On 25 March 2023 we sent the Inquiry an Excel spreadsheet which indexed the documents sent to us by CoCH for the AK case.

- e. On 3 May 2024 we disclosed 59 documents to the Inquiry upon its request which related our third statement.
- f. On 7 June 2024, we disclosed an additional 315 documents. These documents were shared upon receipt of a request from the Inquiry for documents relating to local learning and actions taken, additional fitness to practise documents relating to LL and AK and Council and Executive Board papers where AK and LL were discussed.

Methodology for identifying documents

24. When our first request for a witness statement and disclosure was received, I reviewed the request in detail with Eva Whittall. Together we identified which questions related to each of the relevant areas of operation within the NMC and identified colleagues who would be able to help with searching for relevant documents, providing draft content for the witness statement and identifying any other relevant information. The colleagues on this list were identified as the subject matter experts (SMEs) and were Heads of function or Assistant Directors. I sent that list of SMEs to Executive Directors and Assistant Directors and they approved my approach and allocation of tasks.

25. I then emailed the SMEs I had identified with my requests for information, making clear that the information was required for the Thirlwall Inquiry. I had already set up a Thirlwall Inquiry folder on the S drive and made a separate folder for this Rule 9 request. When information was sent to me by colleagues, I saved their emails and documents in this folder. Some of my requests were delegated from the SME to other team members, but the expectation was that due to the seniority of the SMEs even if there was any delegation, they would account for the information provided to me.

26. At the same time, I had one of my team members specifically trained to search for documents on CMS and TRIM. Where they identified documents, these were also saved into Thirlwall Inquiry folder on the S drive.

Registration documents

Where we store registration documents

27. We maintain a database of all professionals with both active and lapsed NMC registration. This database was called WISER and we have been migrating onto Microsoft Dynamics 365 over the past twelve months. That migration happened in

stages but the information has been retained across both systems. We can search that database using a variety of search terms, but a PIN (personal identification number) is the most reliable search term as that is a unique identifier. An individual's PIN is a unique registration code, no registrants share the same PIN. The registration databases contain all the documents submitted for any registration applications, revalidation information and correspondence relating to all our registration and renewal processes.

Identifying registration documents for the Inquiry

28. The Inquiry asked us to reference from our records, details of LL's education, training, qualifications, registration and revalidation. We were also asked to provide the documents we relied on as part of LL's revalidation process in 2017. We were also asked to provide information on the process and requirements for registration and revalidation with the NMC between 2011 and now. We used LL's PIN number, PD to search for relevant registration documents.
29. As we stated in paragraphs 194-195 of our first statement, we also searched our registration database to establish whether Karen Rees, Eirian Powell, and the former Chief Executive of CoCH, Antony Chambers were registered. We were able to establish that they were no longer on our register and we therefore had no legal power to consider allegations made against them. We have an alert in place on our system for all three individuals so if they want to return to our register, we will be able to consider any allegations at that stage.
30. We established there was one other nurse mentioned in the post-trial coverage, Ruth Millward, who was the Head of Risk and Patient Safety at the CoCH at the time that LL committed her offences. As outlined in paragraph 196 of our first statement we established that she is on our register but that we had not received any allegations about her fitness to practise.
31. In relation to the policy and guidance documents for registration, current versions are available on our website. For previous versions, I asked colleagues to search the relevant S drive folders to provide me with copies and these were included as exhibits when we submitted our first statement.

Registration documents we provided to the Inquiry in December 2023

32. As a result of our searches, we exhibited three documents to our first witness statement – LL’s original registration application form which included the declaration of good health and character, her renewal declaration and her revalidation application. There were no other records found to disclose.
33. We also exhibited three versions of our health and character guidance along with two Continuing Professional Development (CPD) and revalidation documents to our first statement.

Additional searches and disclosure of registration documents

34. We have not conducted any further searches of our registration database since we submitted our first statement, nor have we provided the Inquiry with any further registration or revalidation documents since then.

Fitness to practise documents

Where we store fitness to practise documents

35. All fitness to practise concerns are logged on our CMS against individual registered professionals, where one has been identified³. Where a concern is received, once we have identified a registered individual, all the fitness to practise information is then saved against that individual on CMS. CMS also records case names and case references of linked cases. Colleagues working in fitness to practise are expected to save any information relevant to the progression of a fitness to practise investigation on CMS. This expectation is made clear during the induction for all colleagues and through ongoing training and performance review. Due to the nature of the CMS system, and the fact that information must be manually inputted onto the system, there may be instances where documents are not saved due to human error or oversight. However, with the messaging and training for these teams, we think that almost all relevant information will be captured. We consider that the documents identified within CMS as recorded on the chronologies for LL and AK show a complete picture of the regulatory processes. The documents saved on CMS include:

³ We have a pilot in place where new concerns are logged on Dynamics and only transferred to CMS where the case passes the screening stage of our process. This does not affect the LL and AK cases.

- a. Case notes
- b. Communications log
- c. Documents relating to the cases including: all letters, decision outcomes, case and meeting bundles, legal advice⁴, disclosure requests, court certification (if applicable), correspondence with legal and union representatives, correspondence with Police (if applicable), interim order details, media coverage (if applicable).

36. The guidance that supports our fitness to practise processes is all publicly available on our website. Previous versions of that guidance are saved on TRIM and these were exhibited to the first statement.

Identifying fitness to practise documents for the Inquiry

37. The Inquiry's Rule 9 request asked us to set out with reference to our records, the details and dates of LL suspension and other regulatory action taken. We were asked to provide a chronology of complaints and concerns received about LL and AK, our response, actions and relevant exhibits. We were also asked specific questions around the concerns raised and our actions and were asked to provide relevant documents. Additionally, we were asked whether there were any concerns raised about any other nurse who worked in the neonatal unit.

38. We were asked to outline our processes for investigating concerns, the operation and management of key stages of our fitness to practise process, our interim order powers and the criteria for taking fitness to practise action and asked to outline how they changed over time.

39. We conducted a comprehensive search of all the information held on our fitness to practise CMS 'Perito Case' system using the case numbers for LL and AK. We reviewed the communications logs and documents for each case. To ensure that all relevant evidence had been considered for the chronologies, we searched TRIM using LL and AK's case number to cross reference against CMS and ensure that all documents had been automatically saved on TRIM. We then copied all those documents from the CMS

⁴ With the exception of some legal documents which contain privileged legal advice, which may not be saved on CMS

or TRIM and saved them as PDFs in the Thirlwall folder on the S drive. This search was undertaken by colleagues under my supervision.

40. Both CMS and TRIM save information chronologically by the date information was added, rather than by the date the information was created, so in order to ensure we had a comprehensive picture of our management of the LL and AK cases, we decided to develop a chronology which set out all activities on the cases. One of the lawyers in Specialist Services Department had drafted a chronology which combined the activity on LL and AK cases in 2020. This chronology was updated in Summer 2023 as part of the Executive Directors' consideration of our initial learning exercise conducted by the small internal working group as outlined in paragraph 235 of our first statement.
41. We used this updated chronology as the starting point for creating two new chronologies, one for LL and one for AK. Each entry on the chronology was supported by a relevant PDF saved from CMS or TRIM and saved into the Thirlwall folder on the S drive. We merged some of these individual documents into longer single PDFs for ease of understanding with long email chains, for example, but we kept all the individual PDFs in the folder for completeness.
42. The initial chronologies did not include links or references to specific documents from CMS so we labelled all the PDFs, coding them according to whether they were relevant for the LL or AK case. We then used these documents to ensure all activities on the case were included in the chronology. Once we had completed this work, we asked fitness to practise colleagues who had been managing the LL and AK cases to review the chronologies and related PDFs for accuracy. This included ensuring that the summary of activity listed on each entry of the chronology was correct. These colleagues were aware that this information was needed for the purposes of the Inquiry.
43. These PDFs also included documents found when we searched for ELS documents; we did not separate out the PDFs into folders according to their source as our focus was to ensure we had the full picture of our interactions on the relevant chronology. We asked ELS colleagues to review these chronologies to ensure they provided an accurate reflection of their engagement with the CoCH.
44. The Inquiry also asked us to provide details of specific parts of our fitness to practise process with reference to guidance. The current guidance is available on our website

and I asked colleagues working in the team responsible for managing that library to search the S drive, provide me with an overview of how the relevant documents had changed over time and to send those documents to me. These were all saved as PDFs in the Thirlwall evidence folder on the S drive.

45. As outlined in paragraphs 240-241 of our first statement, we also searched the fitness to practise history of the registered professionals who signed LL's application for registration and her revalidation submission.

46. As outlined in paragraph 193 of our first statement, colleagues in our Insights analysis team conducted a search of our data from June 2015 to June 2016 using CoCH as an employer

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Fitness to practise documents we provided to the Inquiry in December 2023

47. When we completed the initial search for and selection of relevant documents for disclosure in November 2023, we had 514 PDFs saved in the folder on the S drive. The PDFs ranged in content from administrative letters to file notes, emails and case management documents used to progress our investigations. The size of these PDFs also varied considerably ranging from bundles for hearings to single emails.

48. After merging PDFs to avoid duplication and identifying documents that we did not consider were relevant (as they were administrative documents including requests for passwords to access secure emails) we had 243 PDFs for the LL chronology and 115 PDFs for the AK chronology.

49. As per the Inquiry's initial request, our approach was to provide materials that we considered were relevant to the questions in the Rule 9 request letter. I reviewed the two chronologies, identified the key activities (which includes decisions and updates) for both the LL and AK cases, included those in the first statement (paragraphs 183 and 191), and then moved the relevant PDF into a new Thirlwall exhibits folder on the S drive.

50. Once complete, the statement and exhibits were sent to relevant Heads of function and Assistant Directors, all Executive Directors, our General Counsel Team and our instructed Counsel for review to ensure that the information being provided to the Inquiry was transparent and helpful in addressing the key terms of reference set out by the Inquiry.

51. When we provided the Inquiry with our first statement and exhibits in December 2023, we included fitness to practise case documents for LL and AK, we also disclosed the complete chronologies which included references for all the fitness to practise information we held for LL and AK. We did this to ensure we were transparent about the information we held and we offered to share any further documents listed on these chronologies with the Inquiry if required.

52. We also disclosed copies of the current fitness to practise guidance relevant to the questions asked as well as previous versions to show amendments that had been made over time.

Additional searches and disclosure of further fitness to practise documents

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 we had not acquired further materials which were potentially relevant to the Inquiry's Terms of Reference.

54. We had received extensive disclosure from CoCH and we disclosed this to the Inquiry team on 25 March 2024.

55. Following the Inquiry's request on 17 May 2024 for additional disclosure of fitness to practise information relating to LL and AK, between 20 and 28 May 2024 a member of my team under my instruction followed the same approach as we had taken before. This resulted in additional PDFs being saved for the LL and AK cases.

56. The LL and AK chronologies were updated and colleagues managing these cases in the relevant fitness to practise team checked the chronologies and documents to ensure they were an accurate reflection of the activity on each case.

57. I again identified which documents I considered to be relevant, discounting those that did not relate to the progression of the cases, and at the request of the Inquiry, we disclosed additional fitness to practise documents on 7 June 2024. We also disclosed the updated chronologies and highlighted in yellow all the documents disclosed to date from those two chronologies.

58. We plan to submit a reflective statement to the Inquiry by the end of July 2024 in line with the Inquiry's request of 17 May 2024. We will include updates on the progress of the LL and AK fitness to practise cases between November 2023 and July 2024 in that reflective statement and will exhibit most, if not all of these documents referenced in the chronologies to that statement. The reflective statement will be taken as an opportunity for the NMC to review both our internal and external learning.

Employer Link Service (ELS)

Where we store ELS documents

59. Colleagues in our ELS team save their activity with employers on our CMS but use a section of the CMS named 'Parties,' which is separate to the sections used to store fitness to practise information. There are profiles on CMS for all NHS Trusts Health Boards and any independent providers across the UK that have called the ELS Advice Line. Colleagues in ELS save documents and emails which detail their engagement with specific employers as an activity on CMS and these are then automatically saved in TRIM.

60. Colleagues in the ELS team are expected to save all relevant information to CMS as an audit trail and this is a key part of their induction and training. We have a good degree of confidence that the vast majority of documents relevant to ELS engagement with employers are stored in the 'Parties' section on CMS. However, due to the nature of the CMS system, and the fact that information must be manually inputted onto the system, there is a small risk that all documents are not saved on CMS due to human error. However, with the messaging and training given to these teams, we consider that the likelihood and occurrence of documents being omitted is minimal. We would like to be clear with the Inquiry that not all of the early communication between us and CoCH was stored in CMS because of the way we recorded things at the time. There were only codes to record activities when there was progress or an outcome, so emails requesting updates would not have been saved, but they are now.

Identifying ELS documents for the Inquiry

61. The Inquiry's Rule 9 request asked for details of how ELS operates including the process for employers to refer a nurse to the NMC, the extent of the NMC's involvement with local investigations, a chronology of concerns or complaints received about LL and AK with exhibits. We were also asked when we were informed about the arrest of LL, about the key contact at CoCH, the training we delivered to employers and whether AK specifically had had any training.
62. In order to inform the development of the chronologies and to ensure that we captured all the engagement colleagues in ELS had with CoCH, we initially asked colleagues in ELS to provide a list of all the engagement with the CoCH from July 2016 to 10 November 2023. We then asked for an updated list on 8 December 2023.
63. This list is called an activity log. Each entry on the log relates to an interaction that has been recorded on CMS. These entries were then linked to a document in TRIM. We searched the TRIM records to identify the relevant document and ensure that it was accurately reflected and referenced in either the LL or AK chronology. The documents on TRIM include email chains, notes of telephone calls and meeting notes.
64. We copied all those documents from TRIM and saved them as PDFs in the Thirlwall folder on the S drive. This search was undertaken by colleagues under my supervision.
65. We added the ELS activity onto the LL and AK chronologies and asked both Regulation Advisors who had interactions with CoCH and the Head of function to review the chronologies for accuracy and to address any evidence gaps where supporting information could not be immediately found to match an entry on the activity log.
66. I asked the Head of function who was the SME to provide me with content for the witness statement which included relevant documents and/or guidance used by the ELS team. The SME's response to me outlined the work of the team and provided answers to all the points asked by the Inquiry team in the Rule 9 response. Where links were provided to documents, in line with the Inquiry's request I saved these as PDFs in the Thirlwall folder on the S drive.

ELS documents we provided to the Inquiry in December 2023

67. As outlined above, the total number of PDFs we had from searching for documents was 514 in December 2023. These were a combination of both fitness to practise and ELS PDFs.
68. I reviewed the two chronologies, identified the key activities for both the LL and AK cases and included those in the first statement (paragraphs 183 and 191). I then moved the relevant PDFs into a new Thirlwall exhibits folder on the S drive.
69. When we provided the Inquiry with our first statement and exhibits in December 2023, we included ELS documents for LL and AK. We also disclosed the complete chronologies for both LL and AK.
70. We also exhibited guidance and supporting documents relevant to the work of ELS to that first statement including documents aimed at supporting employers to raise concerns.

Additional searches and disclosure of ELS documents

71. Following the Inquiry's request on 17 May 2024 for additional disclosure, between 20 and 28 May 2024 a member of my team conducted the same exercise as outlined above. They saved the documents as PDFs in the Thirlwall folder on the S drive and also updated the chronologies.
72. We asked colleagues to review the chronologies and PDFs for accuracy and provided additional disclosure to the Inquiry on 7 June 2024.

Education, training and standards

Where we store education, training and standards documents

73. Each of our Approved Education Institutions (AEIs) has a named folder where programme approval documentation, monitoring information, correspondence, exceptional reporting and extraordinary reviews are stored. Before April 2020 these documents were stored on a combination of the S drive, our Approved Programmes Database (APD), TRIM and also on a QA Hub which was held by Mott MacDonald who were our quality assurance contract provider. We started using Dynamics 365 to store

this information from April 2020 and the documents relating to education and standards are saved here.

74. Critical concerns for AEIs were saved on the S drive and an Excel spreadsheet until late 2022. Since then, they have only been saved on the S drive.

75. Standards and guidance are available on our website and previous versions are stored in TRIM and on the S drive.

Identifying education, training and standards documents for the Inquiry

76. The Inquiry's Rule 9 request asked us to provide details on the current process for qualifying as a nurse, the education and training requirements, the code and standards, post-registration qualifications and details of any changes made since 2011. We were asked for details of LL's education, training and qualifications.

77. Members of the quality assurance team searched the AEI folder on the S drive for the University of Chester as well as in TRIM. They also asked Mott MacDonald to provide the documents relating to University of Chester from their QA Hub. From that search, 13 documents relevant to the University of Chester were saved on a shared drive.

78. The SME I identified who was leading on providing the documents to the Inquiry provided an overview of the training requirements for nursing and children's nursing and included links to publicly available documents as supporting evidence of our approach. For older documents, they searched TRIM and the S drive and provided the documents to me as PDFs or Word documents.

Education, training and standards documents we provided to the Inquiry in December 2023

79. I identified two documents from the University of Chester that I considered relevant to the Rule 9 request – the approval of University of Chester as an AEI from 2007 and the monitoring report from 2010. These were saved in the Thirlwall evidence folder on the S drive and we exhibited them to our first statement. The other documents can be provided to the Inquiry if required, but we considered them to be outside of the terms of reference.

80. I saved the relevant current guidance from our website that had been identified by the SME into the Thirlwall evidence folder on the S drive as PDFs. I also saved the historical

versions of the relevant guidance in the same folder and we exhibited these to our first statement.

81. The Inquiry asked us to cover in our statement how people could whistle-blow within the NMC. There is a guidance document on whistleblowing available on our website along with our whistleblowing reports, published annually between 2018-2023. I saved these two documents as PDFs in the Thirlwall evidence folder on the S drive and they are exhibited to our first statement.

Additional searches and disclosure of education, training and standards documents

82. Following the request from the Inquiry for additional disclosure on 17 May 2024, we shared emails from the LL internal working group meeting. We had included a summary of the activity from that group in paragraphs 236 to 239 of our first statement and the emails shared on 7 June 2024 included notes from the meetings colleagues had with the University of Chester in 2023.

Council and Executive Board papers

Where we store Council and Executive Board documents

83. Open Council (which are published on our website), private Council, private Council seminar, Executive Board (core), Executive Board (fitness to practise) and Executive Board (learning) papers are all saved on TRIM.

84. Neither our Executive Board nor our Council are responsible for making decisions on fitness to practise investigations. They received updates on the progression of the LL and AK cases and also on the plans we had in place for preparing for the end of the criminal trial and any subsequent inquiry. Fitness to practise decisions are made by internal decision makers under the authority of our Registrar and by independent decision making committees.

Identifying Council and Executive Board documents for the Inquiry

85. We did not conduct a key word search of our Council and Executive Board papers in preparation for our first statement when we received the Rule 9 request in October 2023. This was because the Rule 9 request asked for copies of all concerns made about LL and AK and any other nurse as well as copies of written responses, or notes where such concerns or complaints were considered. We understood this to mean the fitness to

practise processes rather than our subsequent consideration of how we managed those cases.

Council and Executive Board documents we provided to the Inquiry in December 2023

86. As we had not conducted this search, we did not disclose documents relating to our internal consideration of the LL and AK cases and preparation for our corporate response when we submitted our first three statements. However, the content of the “lessons learned” section of our first witness statement was based on content from two papers written by the Executive Director, Strategy and Insight in June and August 2023 which had been shared with me as a member of the internal working group. As explained above, the internal working group was established to prepare for the end of the criminal trial, with a focus considering any regulatory risks; making sure we could communicate effectively our role, actions to date, and next steps; to put ourselves in the best possible position to expedite any fitness to practise cases after the end of the trial; and getting ourselves ready for any potential public inquiry.

87. This was because the Rule 9 request asked for copies of all concerns made about LL and AK and any other nurse as well as copies of written responses, or notes where such concerns or complaints were considered. We understood this to mean the fitness to practise processes rather than our reflections on how we managed those cases.

Additional searches and disclosure of ELS documents

88. Following the request from the Inquiry team on 17 May 2024 for additional disclosure, I asked colleagues to conduct a key word search of all our Executive Board and Council papers and minutes using these terms – Lucy Letby, Letby, LL, Alison Kelly, AK, Countess of Chester and CoCH. We shared all these papers with the Inquiry on 7 June 2024.

Press statements

89. In the Rule 9 request of 31 October 2023, the Inquiry asked us to provide details of any press or other public comments we made about any matters relevant to the terms of reference and particularly the investigations into LL.

90. Colleagues in our Media team searched the website, emails, Vuelio (the press office management system where enquiries and responses are logged) and relevant folders on the S drive and provided me with a list of statements, both published and unpublished. I

saved the summary and published statements in the Thirlwall evidence folder on the S drive, included the published statements as exhibits to our statement, and included the content of other media responses in paragraphs 205-210 of our first statement.

Additional correspondence – May 2024

91. As detailed above at paragraph 20, after submitting our first two statements, I was made aware of confidential email correspondence between the Chair of our Council and the Executive Director of Professional Practice that the Chief Nursing Officer for England intended to exhibit to her statement. As stated above, neither Eva Whittall nor Matthew McClelland were aware of this correspondence and as Andrea Sutcliffe made clear in her third statement, she was not aware of its detailed content until 25 March 2024.

92. We agreed with the Inquiry that we would draft a third statement and exhibit this correspondence. Through discussions with the Executive Directors of People and Organisational Effectiveness, I was made aware that there were an additional 59 items of correspondence between the Chair of Council and Executive Director of Professional Practice. We discussed the existence of this additional correspondence with the Thirlwall Inquiry team and it was agreed that we should share these, which we did on 3 May 2024. Following that disclosure, it was agreed with the Inquiry that we would exhibit one further item of correspondence to our third statement.

93. In order to provide additional context for the content in that correspondence, we also exhibited the terms of reference for the investigation being undertaken by Ijeoma Omambala KC and the culture review being undertaken by Nazir Afzal and Rise Associates. The statement was amended and submitted with these five exhibits.

Learning and reflection documents

94. The first statement of Andrea Sutcliffe dated 2 February 2024 included details of some initial learning that had been carried out in 2023. We have indicated to the Inquiry that we would provide a reflective statement in summer 2024 once we had had an opportunity to review that learning and any other internal learning exercises.

95. We said at paragraphs 235 of that statement that we had established an internal working group at the end of 2022 to prepare for the verdict of the criminal trial. There was no formal governance around that meeting and any actions post meeting were sent on email. There was a summary paper that was drafted by the Executive Director of

Strategy and Insight in June 2023 with annexes and then a second paper was drafted for discussion at an Executive away day in August 2023. We reviewed those papers and the summary findings were included in the learning lessons section of our first statement. We did not initially disclose those documents to the Inquiry at that time.

96. Following an additional disclosure request from the Inquiry on 17 May 2024, we disclosed the two summary reports from the internal working group together with relevant attachments, on 7 June 2024. We also disclosed the emails with attachments and emails between colleagues on the activities of that group. All these documents were uploaded from a folder in my inbox and I added them to the Thirlwall evidence folder on the S drive.

97. I also asked the colleague providing the administrative support for the Thirlwall operational working group to share all the minutes, papers and other relevant documents from that group with me. I saved all of these in their native format in the Thirlwall evidence folder and they were disclosed to the Inquiry on 7 June 2024.

98. Our ELS team conducted their own review of their handling of the LL and AK referrals. The ELS review was conducted after we submitted our first statement. The first ELS paper was drafted in January 2024 and then it was updated in April 2024. These reports were saved on the S drive and were provided to me by the Head of function, they were also contained in the Executive Board papers when we did the key word search of those documents. Both reports were shared with the Inquiry on 7 June 2024.

Additional searches conducted – May 2024

99. Following the request from the Inquiry for disclosure on 17 May 2024, we conducted a search of all our emails between 31 May 2017 and 31 May 2024. As emails are deleted after seven years in line with our retention policy, we have not been able to search back to July 2016. The terms searched and the number of returns for each search term were:

Key word search term	Number of emails
Lucy Letby	48,184
Letby	63,753

LL	21,833,984
Alison Kelly	8,000
AK	206,675
Countess of Chester	33,248
CoCH	4,440
Total	22,198,284

100. I provided the parameters for the search and the colleague who conducted the search of Mimecast stated that searches for initials always return a large volume of results as there is no way for the search to isolate terms linked to particular individual, and the search will return results for any reference to LL or AK in an email or in any attachment to an email. It may also pick up columns on an Excel spreadsheet which are labelled 'LL', as an example.

101. Due to the extensive volume of materials these searches have generated and the requirement for cases relating to the case progression to be included on our case management system, we have not reviewed or disclosed all of the emails listed above due to proportionality to the Inquiry. We are not able to say how many of these are saved on the fitness to practise case management system.

Documents not available

102. We are not able to search emails prior to May 2017 as these are auto deleted from our system in line with our retention policy and in compliance with our GDPR obligations. As outlined in our retention policy, emails saved in our document repositories are retained for longer periods. I have not been made aware of any other categories of documents that did exist but now cannot be located.

Statement of Truth

I believe the content of this witness statement is true.

Statement of Truth

I believe the content of this witness statement is true.

Jennifer Collard

Signed:

Personal Data

Dated:

17/03/25

