I welcome the fact that the NMC plans to cut down on the time – and heartache for nurses – involved in processing unnecessary investigations. I read that it is expected this will cut costs, but my colleagues and I are not hopeful of this, given the NMC’s history.

Your story (news, 2 November) states that remuneration for the chief executive of the NMC went up 7.7% last year. Why and who gave permission? Is the NMC like parliament and able to grant itself an increase when it wants?

When nurses are undergoing pay restraint in the interest of ‘pulling together’ and suffering increased NMC fees because of rising costs, how can our regulator justify this increase in one salary?

The NMC also allocated £570,000 for recruitment. Surely that covers more than advertising and interviews?

I do not feel the NMC itself is accountable and I am not sure that these costs are justified.

Malcolm Harrison

Graham Scott’s editorial (2 November) regarding money saved by the NMC’s new approach to inappropriate referrals is to be applauded.

It is disappointing that many nurses, such as Pauline Cafferkey, have had to experience much personal trauma before something is done.

This inappropriate use of individuals’ fees and taxpayers’ money is mirrored in other areas of our health service.

Changes to NMC hearing procedures are expected to cut costs

There should be much stricter regulation of those managers who are given responsibility for stewardship of public money.

There may never be enough money in the kitty, but there would certainly be more if managers allocated it more responsibly.

Perhaps league ratings for the way public money is spent might help?

Michael Owen

‘Pull together’ as NMC spends

Ban leaves a sour taste

Your online story says nurses and NHS staff face a ban on sugary drinks at work.

If NHS England are so concerned about staff wellbeing, how about giving us decent staffing levels so that we are not plagued with stress, free parking so we are not walking to work in pitch darkness, or adequate pay so we are not resorting to food banks?

But no, let’s focus on the cans of Coke.

Lauren Justice

How about the NHS gives us access to decent catering facilities or even tables and chairs that aren’t a 10 to 15-minute walk away from the ward or unit – which must be taken out of the already paltry half-hour meal break?

Sometimes a bag of sweets or can of cola is all we have time for.

When was the last time one of these people started work at 7.30am and didn’t have a break until 3pm?

Adrian Whelan

Nursing associates should be regulated, along with HCAs. If not, where’s the accountability?

@FatheadsSon

As an STN training at degree level, can I ask the logic for NOT regulating?

@NaomiFleming81

Wouldn’t a focus on HCA training & development WITH regulation be a more sensible approach?

@Leanne_Dee

Fix what we have not add more

As a former SEN converted to RGN can’t believe 36yrs on we are having this discussion

@wendyjpi61

They are expecting NAs to deliver higher quality care. They need to be regulated

@shaniepoo2000

TWEETS OF THE WEEK

Join the @NurseStandard Twitterchat every Thursday from 1pm to 2pm using #NScomment

Last week we asked: Should the nursing associate role be regulated?

Charles Milligan