nmc Insights

Spotlight on Nursing and Midwifery

Report 2024

Contents

Sharing insights, improving care

Foreword

Welcome to our second edition of Spotlight, our annual insight report. Spotlight is part of our commitment to using and sharing insight, to improve our own performance as a regulator, and to uphold standards of nursing and midwifery by positively influencing the context in which our professions learn and work so that they can provide the best care possible.

Our primary purpose is to protect the public by regulating nurses, midwives and nursing associates in ways that support and encourage safe, effective and kind treatment and care. For this reason, the theme of Spotlight 2024 is the public: their expectations and experiences of health and care, and of regulation. People's views and feedback are a valuable resource for monitoring the quality of care and improving patient safety. We are committed to learning from people's experiences to help improve what we do and to sharing these insights so that others can benefit from them.

People have high expectations of the professionals on our register, and they are very clear about what they value in the care they receive, emphasising the importance of listening, respect, understanding and kindness alongside clinical competence. Happily, in most cases, nurses, midwives and nursing associates meet these expectations, as captured in our **Code**. However, there are some groups who have less positive experiences, and we know that there are also some stark disparities in terms of health outcomes.

In common with our professions, the public tends to attribute poor care to contextual factors such as staff shortages, and this can inhibit people from making complaints or raising concerns about their care. They also fear negative consequences for themselves or their loved ones. This makes it important that we continue to use our regulatory tools to encourage our professionals to seek and learn from feedback.

We have been exploring the experiences of members of the public who raise concerns about nurses, midwives and nursing associates with us, and you can read about what we learned in this report. Our findings will help us to deliver the sustainable long-term improvements that we have set out in our fitness to practise plan, by enabling us to signpost swifter routes to complaints resolution and give people a clearer picture of what raising a concern is likely to involve. We recognise the impact that fitness to practise has on everyone involved in our processes, with fitness to practise cases taking too long to resolve. Members of the public will benefit from our wider work to reduce the time taken to investigate and act on concerns about our professionals.

From time to time, we check in with the public on areas of professional conduct, to make sure that we are proportionate in the seriousness we attach to concerns. You can read here about research we undertook to understand how the public viewed sexual misconduct and matters such as domestic abuse and neglect, and we revised our guidance to fitness to practise panellists accordingly.

You may be aware that we recently commissioned an independent external report into our culture, which made a number of recommendations that we are actively taking forward. Among these are to become a more data-driven regulator, recognising that data maturity and regulatory effectiveness are closely linked. Spotlight is one of the ways in which we demonstrate our commitment to using data to improve how we regulate and sharing it for wider use in our sector.

We hope you value reading about our insight – what we are learning and how we are using it. We want this publication to be of practical value to others who are responsible for seeking and acting on public feedback about services.

Matthew McClelland
Executive Director of Insight and Strategy

Introduction

In the course of our work as a regulator, we generate and review a variety of data and research. We use these insights to inform our own work and share them with our partners and stakeholders for the benefit of those receiving care.

About this publication

Over the course of the last year, we have increasingly heard from our partners and stakeholders about the need to understand public perceptions and experiences of nursing and midwifery and to ensure that we are people-focused in everything we do. This includes the advice and expertise of our Public Voice Forum. Our Public Voice Forum members helped shaped this report by sharing their views on the proposed content. They emphasised the importance of us recognising and celebrating good care as a way to influence and improve people's care. Our engagement has underlined the importance of hearing and learning from the public about their expectations and experiences of care, so that when we set standards or investigate concerns, we focus on the right things from the perspective of the people we are here to serve.

What matters most to people who use health and care services? What are their expectations of the professionals on our register, and what are their experiences of care? How are they treated if they raise concerns about their care?

We draw on research we have commissioned or undertaken ourselves, as well as relevant studies undertaken by others. Information about our research is provided in the annexe, (see supplementary publication: **Spotlight on Nursing and Midwifery 2024: Underpinning research)**, while wider research is referenced in the report itself.

Reading this report

This edition of Spotlight is divided into three sections:

1. **Expectations of care.** This section explores people's expectations of the care they receive and of the professionals that provide it. It highlights what people say about what matters most to them.
2. **Experiences of care.** This section looks at people's experiences of care and how these differ across different groups and care settings. It looks at the factors that shape people's positive and negative experiences of care and how this is reflected in the concerns raised by members of the public in our fitness to practise process.
3. **Experiences of raising concerns about care.** This section explores people's experiences of raising concerns both in general and to health profession regulators. It sets out what people want from a complaints process and their experiences of making a complaint.

Each section of the report concludes with a 'Using insights' section that details how we and others can make use of the insights included in the report.

Context: Health and care in the UK today

Health is ranked as one of the most important issues facing Britain today and demand for health and care services is increasing across the UK.[1-5]

Across the UK, millions of people access health and care services each day. For instance, in 2022–23, one in every nine people in Scotland was admitted to hospital,[6] while over two million requests for adult social care support were received by local authorities in England.[7]

Satisfaction with the NHS has declined to historically low levels among people across England, Scotland and Wales, with long waiting times for appointments and staffing shortages cited as top reasons for dissatisfaction.[8] Satisfaction with the Health and Social Care System in Northern Ireland also declined between 2020–21 and 2021–22.[9]

Nevertheless, trust in nurses and midwives remains high,[10,11] and despite some concerns about services at a national level, people are generally positive about their local health and care services.[12]

Evidence about people's experiences can provide useful insights into the quality and safety of health and care provision and often identify issues not covered by other monitoring, such as incident reporting systems.[13,14] These insights can help to shape services to better meet people's needs, which in turn improves experiences.[15]

Chapter 1: Expectations of care

The public have high expectations of care and of the health and care professionals that provide it. This includes expectations about the behaviour of professionals, both within and outside of work.

Beyond their baseline expectations of safe and effective care, people value professionals who treat them as individuals. This means nurses, midwives, and nursing associates listening and acting on their concerns, while also taking time to explain their care clearly and thoroughly. People also value being actively involved in decisions around their or their family's care and want timely access to services. Where possible, people want dedicated points of contact to ensure a seamless experience across different providers and systems.

People expect professionals to be trustworthy and confidence-inspiring and for them to work to high standards with the right knowledge, skills and behaviours to meet their needs. While people generally make a distinction between the behaviours they expect to see in professional life compared to private life, they take incidents of sexual misconduct, domestic abuse and discrimination seriously both in and out of work. People have concerns that this type of misconduct in a professional's private life could spill over into their professional life or demonstrate flaws of character that make them unfit to be a health or care professional.

Expectations of nursing and midwifery care

We commissioned quantitative and qualitative research with the UK public to better understand their experiences and expectations of nursing and midwifery care and how these experiences and expectations align with our standards of proficiency and the Code.

We found that the public have a nuanced understanding of what good care looks like. As a minimum, they expect fair, dignified treatment, respect for privacy and to be kept safe. Beyond that, they believe that good and excellent care are demonstrated when there is effective communication and deep listening, continuity of care, and personalised interactions that make patients and people who use services feel they are being treated as individuals, with their particular needs understood. Some people we spoke to as part of our research described non-clinical aspects of care, such as attentive listening, being personable, taking time to answer questions, being easy to contact and providing advocacy, as 'going above and beyond'.

Some define excellent care as having a consistent point of contact. This is felt to foster trust and enable positive outcomes. This is particularly important for people with experience of midwifery care, because of midwives' key role during pregnancy and labour journeys.

"To be honest, I expected the nurse to just refer me to a pharmacy or say wait until things get worse. But she really looked into what had happened, took note of my history and took advice from senior clinical staff, which was great."

Female, aged 35-44

Figure 1 - Public views on the factors contributing to good and excellent care

"Excellent care" is delivered when all the factors at the bottom of the pyramid are in place and the person is able to develop a personalised relationship with the nurse, midwife or nursing associate. Factors such as **continuity of care** and **emotional wellbeing** are important.

When thinking about **"good care"**, the public are often thinking about the quality of the conversation with the nurse, midwife or nursing associate. Factors such as **effective communication** and **listening** are important.

Hygiene factors are those which are basic requirements which are often taken for granted. These factors will only often become **noticeable by their absence**. They include factors such as **safety, privacy, and fairness**.

Nursing case study Jane*

Context

Jane is in her sixties and lives in Wales. She has struggled with her mental health from a young age and has been under the care of a psychiatric team since she was 13. Later on in life she also developed arthritis, meaning she uses a wheelchair.

Expectations of care

The most important thing for Jane is that the nurses she sees are compassionate, non-judgmental and caring.

She finds this approach helps to build trust, making it much easier in allowing her to open up and be honest.

"When people find out I'm bipolar they immediately judge. Ensuring nurses communicate well in a way that suits their patient's needs is so important **– it's not just their words, but their body language too."**

Experience of care

In the past, Jane has experienced nurses coming into her home who have made her feel like a hindrance, and she has asked them to leave.

However, Jane describes her current psychiatric nurse as the 'best she's ever had', because there is no hierarchy - the nurse has the attitude that they are in this together and Jane is not alone.

When there was confusion over Jane's medication and the doctor made changes to her prescription without consulting her, Jane's psychiatric nurse worked tirelessly to support Jane and resolve the problem. Despite the distress that the change in medication caused, this made Jane feel that someone was in her corner.

Outcome

Jane has made a complaint towards the doctor due to the mishandling of her prescription. This complaint is still ongoing.

However, Jane is thrilled with the care she has received from her nurse. She is planning to write a thank you note to show her appreciation for her ongoing support and care.

* Name changed to protect anonymity.

What we heard in our research is echoed in wider research. Numerous studies show that people expect and consistently express the desire to be actively involved in their care, to have their voices heard and preferences considered, to have trust and confidence in the professionals caring for them, and to be treated with dignity, respect and kindness.[16,17] People also want clear, transparent communication about diagnosis, prognosis, care plans and about any uncertainties. They want to be able to access health and care services in a timely and straightforward way.[18-20]

Although the expectations outlined above are universal across studies, our research and wider evidence suggests that some groups have additional needs:

- **Acknowledgment of mental wellbeing.** Many people we heard from, particularly disabled people or those caring for someone with a disability, stress the importance of being able to discuss mental as well as physical wellbeing. Simply being asked how they are goes a long way to making them feel looked after and has a hugely positive impact on their day.

> **"I was only booked in for a smear but was in the room with the nurse for a further 20 minutes as she asked if I was OK. I broke down and we had a long chat about the stresses of my life. She was very empathetic, caring and made sure I had the correct support."**
>
> Female, aged 25-34

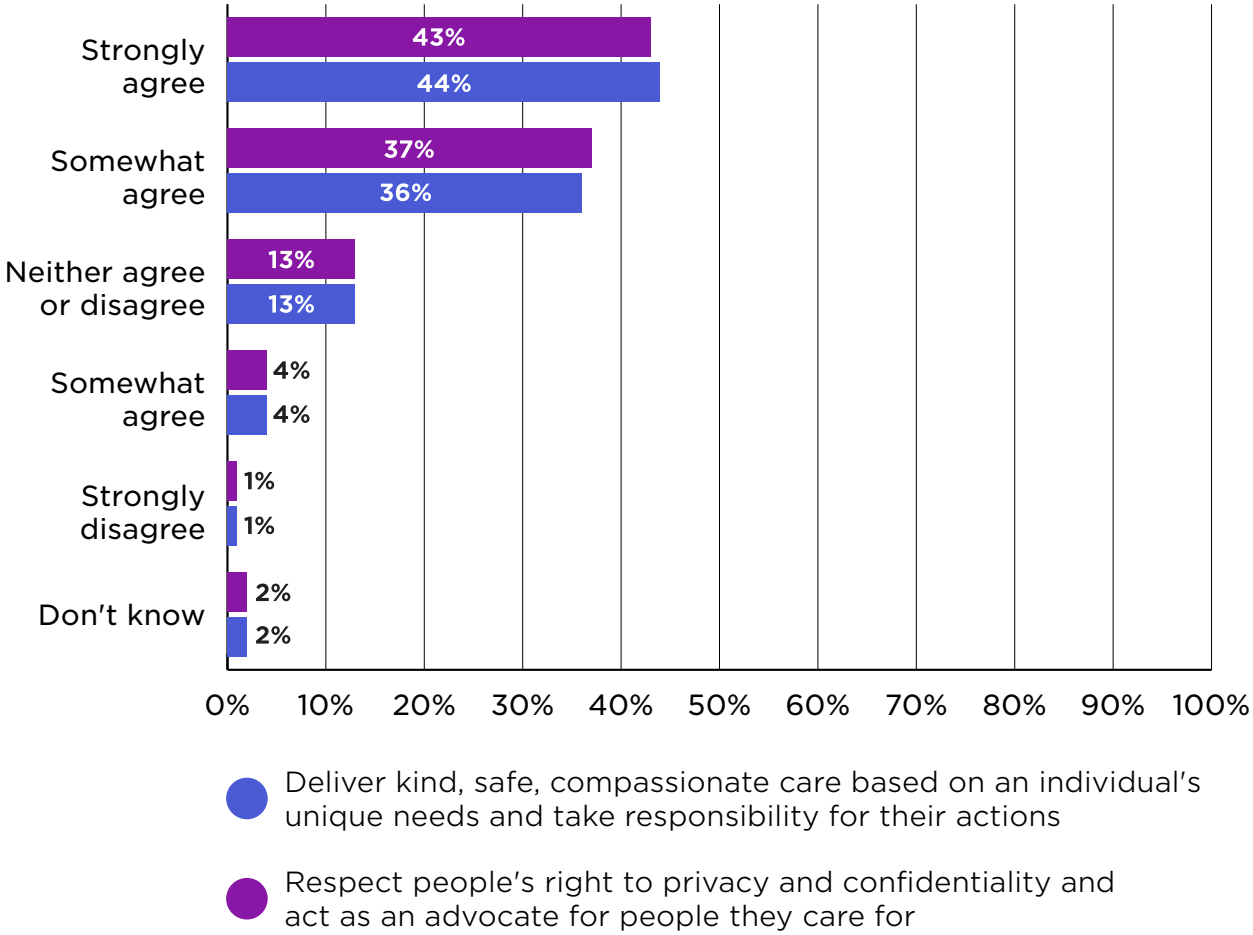
- **Culturally appropriate care.** Several studies highlight the expectations of people from ethnic minority backgrounds of receiving culturally appropriate care and awareness of diversity of beliefs and customs, including within maternity care and from mental health providers.[21-23]
- **Care that gives people a sense of 'normality'.** Young people in inpatient child and adolescent mental health services highlight their expectations of care that fosters a sense of normality. For instance, having access to technology, such as phones and social media – so as to maintain social connections and continuity of education during periods of care.[24]

Expectations of health and care professionals

Nursing and midwifery professionals are widely expected to work to high standards, providing the right knowledge, skills and behaviours to meet the needs of those in their care. Over three-quarters of the people we heard from described the typical standard of care delivered by nurses as excellent with a slightly lower proportion (70 percent) doing so for midwives.

When asked about the standards of care set for professionals, more than three in four of the people we surveyed agree with the statement that nurses and midwives deliver kind, safe, compassionate care, that they respect people's right to privacy and confidentiality, and act as an advocate for patients.

Figure 2: People's views on the standards of care delivered by nurses and midwives. *Generally speaking, do you agree or disagree that nurses and midwives…*



n=3,267

Wider research shows that people expect to have trust and confidence in the professionals caring for them.[25,26] Nurses have consistently been voted the most trusted profession in a long-running poll on trust in professions in Britain,[27] and while midwives are not included in this poll, a recent survey of women and other pregnant people found that over three-quarters 'definitely' had confidence and trust in the staff caring for them during their labour and birth.[28]

All nurses, midwives and nursing associates have the right to a private and family life. However, we sometimes receive concerns about behaviour outside professional practice. As part of our work to protect the public, we continually review how we deal with different types of concerns, taking into account people's views when doing this. The recent independent investigation into our culture touched on the need to make the right judgements about behaviours outside of work[29] and the research shared here has informed changes to our fitness to practise approach.

We reviewed wider research on public attitudes to particular areas of concern relating to sexual misconduct, domestic abuse and discrimination. We found that over time the public have increasingly seen a range of behaviours related to sexual misconduct, domestic abuse and controlling behaviour as wrong. People understand these issues to include a broad range of behaviours and actions – physical, verbal, emotional and psychological.[30-32] When asked about incidents that occur in the workplace, such behaviours are seen as particularly serious and deserving of sanctions.[33,34] There was also a common view that the police and courts are not currently taking these issues seriously.[35-38]

Research on how people see these concerns in relation to health and care professionals reflects these findings. People feel that all health and care professionals – including nursing and midwifery professionals – should be held to high standards of behaviour. A survey of the public and professionals on professionalism in dentistry found that 95 percent of respondents consider sexual advances towards patients in the workplace as highly unprofessional.[39] Focus groups on public confidence in doctors underlined the seriousness with which the public regard a doctor-patient sexual relationship, varying from being thought of as always wrong to being dependent on consent or initiation by the patient.[40]

While people make a distinction between health and care professionals' personal and professional lives, incidents of abusive or discriminatory behaviours outside of work that don't involve those currently or formerly in their care are still taken seriously. People have concern that this type of misconduct in a professional's private life could spill over into their professional life or demonstrate flaws of character that make them unfit to be a health or care professional.[41,42] As well as the risk for patients, they recognise the risk of knock-on impacts for colleagues and teamwork.[43]

Using insights

These findings informed our recent strengthening of guidance on concerns about sexual misconduct and other forms of abuse outside professional practice. These changes make it clear that whether they occur within or outside a work setting, we take these behaviours extremely seriously. We have commissioned further independent work into our handling of fitness to practise cases[44] and are committed to taking further action as necessary in light of the findings.

We will use the insights about what people want and expect from their care and those providing it in our upcoming review of the Code and revalidation – the process by which the professionals on our register demonstrate their continuing effectiveness every three years.

Care that is safe, fair and maintains people's dignity and privacy are seen as basic requirements. Taking time to listen and getting to know people's concerns and preferences, make a profound difference. We know that system-wide pressures can make this difficult and so, where possible, employers need to allow professionals the space to have meaningful communication with those in their care.

Chapter 2: Experiences of care

The public is familiar with the pressures on today's nursing and midwifery professionals and are sympathetic about the challenging context in which they are working.

In general, people continue to believe nurses, midwives and nursing associates are kind, effective and that they deliver good care. We found that people receiving care are mostly positive about their treatment, and their experience of nursing and midwifery care is exceeding expectations. Our professionals also tend to be confident that they are providing a high standard of care in challenging circumstances.

However, we know from wider research that people's experiences can differ depending on who they are and the type of care they are receiving. In many cases, pressures such as staffing shortages and the aftermath of the Covid-19 pandemic have had a negative impact on experiences and widened health inequalities across the UK. People from Black, Asian and minority ethnic groups and disabled people are less likely to report positive experiences of care.

Three main factors appear to shape people's experiences of care: the degree of involvement they have in their care, how easy it is to access, and how they're treated and spoken to by professionals providing care.

These issues are also reflected in the concerns that have been raised with us by members of the public. These concerns highlight issues around the care that people have received and the behaviour of the professional – including how the professional communicated with them and instances of poor behaviour, violence or dishonesty.

People's experiences of receiving care from nursing and midwifery professionals

The people we spoke to in our research understood the pressures on nursing and midwifery professionals and expressed sympathy for the context in which they are working. When asked about the biggest challenges to nursing and midwifery professionals delivering excellent care, people point to a lack of funding in health and social care, and to understaffing. Overwork was identified by 40 percent of respondents. Many participants in our research mentioned long hours and staff shortages. There was consensus that all staff, but particularly nurses, are time-poor and that this causes significant stress. These themes are also highlighted in wider research that reveals dissatisfaction with the NHS among people across Britain is linked to long waiting times for GP and hospital appointments, staffing shortages, and a view that the government does not spend enough on the health service.[45]

"They're in such a rush. They're understaffed. It's just a process line at the moment, they're under pressure to get everyone in and out as fast as possible – it's not their fault. Standards have dropped because they've just not got time."

Male, aged 55+

Overall, the people we heard from felt that professionals are delivering a largely good standard of care in a challenging context and meet our standards. 82 percent said their nurse or midwife was a kind, caring professional, 80 percent said that they were respectful of their right to dignity, privacy and confidentiality, and 80 percent said that they found them open and honest about care and treatment.

People were even more positive when asked to reflect on their most recent experience of receiving care. When asked whether they would be happy if a friend or relative was to experience the same standard of care from a nursing or midwifery professional, over three-quarters of people we heard from said they would.

Those surveyed said that the standard of care in their most recent experience with a nurse, midwife or nursing associate had met or exceeded their expectations. Nine in ten participants rated their recent experience of nursing care as good or excellent, and the large majority (78 percent) also gave this rating for midwifery.

"I expected the nurse to listen, show concern, not be in a hurry to dismiss me, and to ask open ended questions to gain a better understanding of the situation. My expectations were met."

Female, aged 35-44

Aspects of care highlighted as positive

In our research, people said nurses were more accessible than doctors or other specialists and were generally considered good listeners, professional and empathetic.

Most people we heard from described midwives as professional and knowledgeable, attentive and personable. They particularly valued qualities of patience and calm, which provide reassurance and support during pregnancy and labour.

"Compassion is an absolute must for nurses and they provide it in spades. They help everyone and are very in tune with their patients' emotional state."

Male, aged 25-34

Midwifery case study Cynthia*

Context

Cynthia is in her thirties and lives in England. She is currently on maternity leave after having her third child.

Expectations of care

Cynthia expects midwives to be patient, kind, and to clearly communicate what she should expect going into to each appointment or home visit.

Experience of care

Cynthia's experience of care exceeded her expectations. The midwives she encountered were knowledgeable about each stage of her pregnancy and labour, and communicated well. She found her midwife easily contactable and accessible through home visits or over the phone. Cynthia felt nervous going into her third pregnancy, but she received emotional support and reassurance from a midwife. She appreciated this as it helped her feel better about her ability to parent her third child.

Outcome

Cynthia feels very happy about the recent midwifery care she received. She believes midwives provide invaluable support for expectant parents. She therefore thinks that midwives should be able to take more time off to prioritise themselves, which will help ensure they can provide good care to others.

"During the home visits **I was constantly reassured about my concerns** of becoming a new mum again. After already having two kids, at that point in time, I felt like I was failing my children. The midwife reassured me, telling me that I am a good mum and still will be a good mum to my baby."

* Name changed to protect anonymity.

People's positive experiences of care are also reported in wider research. Studies involving people with long Covid, those receiving palliative and end-of life care, and some accessing primary care services, report people feeling empowered and cared for by knowledgeable, responsive and compassionate healthcare professionals.[46-48]

Aspects of care highlighted for improvement

Both members of the public and the professionals we heard from in our research felt that nurses, midwives and nursing associates were performing well against our standards. However, people want to see improvement on those standards related to listening. For example, listening to patients' preferences and concerns, working with them to make decisions related to their care, and considering people's needs holistically (for example their mental, physical, cognitive, social and behavioural needs) when planning care.

Our research also highlighted some differences in experiences of care among certain groups.

Experiences based on age

Younger people we spoke to were less likely to be positive than older age groups about their most recent experience of care. Just over three-quarters (78 percent) of the people aged 18-40 years rated their most recent experience of nursing care as good or excellent, compared to 91 percent of those aged 41-55 years and 89 percent of those aged 56 years or above. Ratings for midwifery care also reflected this trend, with people aged 41 years and above rating their care more positively compared to those aged 18-40 years.

Wider research highlights that older men and younger women are less likely to feel that their care and treatment had been explained in a way they could understand, that their views were considered or that they were involved in decisions. They felt this undermined their sense of autonomy and agency in their healthcare decisions.[49,50]

Access to women's health services also differed among age groups. Younger women, aged 16-24 years old, faced challenges in accessing services like gynaecological consultations and screenings for cancers particularly prevalent among women.[51]

Experiences based on ethnicity

Although in our research, White people and those from minority ethnic backgrounds were broadly similar in citing recent care experiences as positive, White people were more likely to say that their care was excellent. In midwifery, only a third of people from minority ethnic groups rated their experience as excellent, compared to nearly half of White respondents.

Wider research also points to poorer access to, and experiences of, healthcare for people from Black, Asian and minority ethnic backgrounds.[52-60] Across these studies, people from Black, Asian and mixed ethnicity backgrounds reported feeling ignored and disbelieved, and expressed frustration and alienation, feeling that their needs are not met by existing services. For instance, people from ethnic minority backgrounds described having to "shout to be heard" within mainstream services and perceive themselves as "battling against" a system that perpetuates their marginalisation.[61,62]

There is also extensive research on the intersection of ethnicity and disability, which suggests that people with a learning disability from ethnic minority backgrounds experience compound discrimination. Examples include a lack of culturally appropriate services, a lack of reasonable adjustments and a failure to recognise and accommodate an individual's needs and being spoken to in a distasteful or derogatory way.[63]

Negative experiences were exacerbated for those with limited English proficiency. They often relied on interpreters to communicate with healthcare professionals but felt this sometimes hindered effective expression of needs and preferences.[64-66]

Experiences based on disability

Although not reflected in what we heard from people, several studies report disabled people's difficulties getting appointments with GPs and accessing other care, often because reasonable adjustments are not made.[67-69] Disabled people in hospital have also reported not being fully involved in their care and treatment. In many cases, this is because there is not enough listening, communication and involvement. For instance, staff do not always give disabled people sufficient information about when they will be discharged and what will happen regarding medicines or medical equipment once they are home.[70]

Aspects of care highlighted in concerns raised with the NMC by members of the public

To help us understand the issues affecting people's care, we looked at the concerns that members of the public raised with us since April 2017. The number of concerns we receive about professionals each year amounts to less than one percent of the people on our register. Since 2019–20, members of the public have been the largest source of concerns raised with us, representing around one third of all the concerns we have received each year. The number of concerns we have received from members of the public equates to less than 0.4 percent of the professionals on our register.[71]

When concerns are raised with us, we code them to describe the nature of the allegation/s made about the professional on our register (what we refer to as 'allegation coding'). As several allegations may be made about a professional, any one concern may have multiple allegation codes linked to it. In the early stages of our process, this coding is based on the information provided to us by the person/organisation that has raised the concern and as such, may not reflect all of the issue/s involved in a particular case. As we investigate cases, the allegation codes attached to a case may change as we find evidence to support or refute the specific allegations made or highlight different concerns than those that were raised with us initially. It is only at the hearing stage of our process that the allegations attached to a case represent those that we have found to be proved. Decisions at the hearing stage will not relate specifically to a single allegation but are a result of a combination of allegations (for example, a striking off order for a social media or motor vehicle related allegation may be the result of the allegation being combined with another allegation such as dishonesty or patient care).

We looked at the allegations attached to those concerns raised with us by members of the public. To give us a clearer picture of the issues of most concern to people, we focused our analysis on allegations attached to cases when they are initially raised with us. As cases may have multiple allegations attributed to them the number of allegations we refer to does not match the number of cases.

We found that the most frequently raised concerns relate to issues where standards of care have fallen short of the requirements of **the Code**, communication issues, behaviour or violence, and dishonesty. This pattern of issues was similar across all four nations of the UK and across different professions.

- A quarter (25 percent) of the concerns raised with us by members of the public since April 2019 relate to allegations about patient care, and these make up the biggest proportion of concerns from members of the public. Concerns about diagnosis, observation and assessment comprise the biggest proportion of concerns, with others relating to inappropriate or delayed responses to negative signs.
- Under a fifth (13 percent) of concerns raised with us by members of the public refer to issues with professionals' communication. Of these, most highlight rudeness or a poor bedside manner with others citing a failure to provide sufficient or accurate information. Our analysis of a sample of these concerns shows that members of the public often cite relevant sections of **the Code** in support of their referral.
- Just over a tenth of concerns raised by members of the public relate to professionals' behaviour or violence (11 percent). Here, concerns about bullying, intimidation or harassment comprise the biggest proportion of the allegations with a smaller number relating to discrimination and violent behaviour.
- Under a tenth of concerns relate to professionals' dishonesty (nine percent). Most refer to dishonesty about people's care with others relating to employment-related dishonesty or other forms of dishonesty.

Members of the public raise slightly different concerns with us compared to other sources of referrals, such as employers. Across all the sources of referrals we received in this period, the most common allegations made against professionals were around patient care (21 percent), prescribing and medicines management (11 percent), and behaviour or violence (nine percent).

Professionals' perceptions of the care they provide

We surveyed nearly 3,000 nurses, midwives and nursing associates across the UK to find out what they thought about the standard of care they are providing. Professionals and members of the public agreed on many areas.

As with the members of the public we heard from, most professionals who responded to our survey believe that nursing and midwifery professionals in the UK are meeting our standards. Professionals from minority ethnic backgrounds were significantly more likely than their colleagues to agree that those on our register are delivering these standards. Slightly more professionals felt that they delivered care that met all NMC standards in their most recent interaction compared to the public we heard from. More than 9 in 10 professionals felt that they delivered care that met all NMC standards in their most recent experience of caring for someone compared to just under 9 in 10 of people describing their most recent experience of receiving care from nurse and just under 8 in 10 of people for midwives.

Similar to what we heard from members of the public, perceptions of midwifery were less confident than those in nursing with midwives significantly less confident than nurses and nursing associates that the standard of care had been 'excellent'. Midwives also revealed that, compared with their professional counterparts, they feel less able to speak up about concerns, including concerns about the quality of patient care. This reflects findings from the most recent NHS staff survey in England, where midwives were less likely than nurses to say they would feel secure raising concerns about unsafe clinical practice or to be confident that their organisation would address their concern.[72]

As with the public, where professionals believe they have fallen short, they largely attribute this to system-level factors such as staff shortages, lack of resources and inadequate support, and organisational factors such as defensive work cultures (where people are afraid or discouraged from asking for help). Some also made suggestions of bullying. Our previous **Spotlight report** highlighted the impact of such contextual factors on people's care and professionals' abilities to act appropriately and provide care that is safe, effective, and kind.[73]

Using insights

There is lots to celebrate about the positive experiences that people have shared with us about the care they have received from nurses, midwives and nursing associates. It is also reassuring to know that our Code broadly captures the professional behaviours that are valued by the public.

We will be using insights into experiences of care in our forthcoming review of the Code and revalidation. Insights about persistent disparities in experiences of care, particularly for those from Black, Asian and minority ethnic groups and disabled people, and those from our previous **Spotlight report** about newly qualified professionals' apprehension about meeting the needs of a diverse population, suggests that when we revisit our Code and standards of proficiency, we should go further in setting expectations about equitable and culturally appropriate care. We have already taken steps to strengthen our handling of concerns related to professionals' discriminatory behaviour and will take further action as necessary in light of the findings from the independent investigations we have commissioned into our handling of fitness to practise cases.[74]

What's also clear is the role that other organisations can play. Employers can support by making sure that professionals have the time to talk and listen to people in their care. Health and care providers can support by ensuring that reasonable adjustments are adhered to, and environments are made more accessible, for example, by offering different ways of booking appointments or communicating with GP surgeries, providing easy read versions of health information or interpreting or translation services. Education providers can reflect on the content of programmes to ensure that students understand the importance of addressing health inequalities and have the knowledge and skills to do so. They can reflect on the language used in education and training so it is appropriate to people from all backgrounds in areas such as neonatal assessments, for example.

Chapter 3: Experiences of raising concerns about care

Most experiences of care are positive but where care falls short, people can raise concerns about it. It's not always easy to know how or where to go with concerns, and people can be hesitant about speaking up for a variety of reasons. Fewer than half of people who experience poor care report it, which is a significant challenge for regulators and complaints bodies to address.

People want complaints processes to be clear, straightforward, timely and effective, but the reality of making a complaint can be very different. Complainants can be frustrated and distressed by the lack of a single, clear pathway to resolution.

Those people who raise concerns with regulators have often approached several organisations beforehand and are unhappy because they haven't been able to get a timely or adequate response to their concerns. They can then experience long wait times for decisions and a lack of support – particularly for those whose concerns go further in a fitness to practise process. People's initial distress can also be magnified by regulators' fitness to practise processes and they often end up feeling bewildered, excluded, frustrated, let down and hurt.

These insights and those in the recent investigation into our culture highlight the impact of fitness to practise investigations on all those involved – nursing and midwifery professionals that have been referred, people who have raised concerns with us and those required to be involved in cases as witnesses, for instance. We want our fitness to practise process to be timely, considerate and straightforward for everyone involved and are committed to making the changes set out in our **fitness to practise plan** to achieve this.

Raising a concern about care

In the UK, approximately 1.6 million members of the public engage with NHS health and care services daily, and over 13,140 admissions to accident and emergency are recorded every day.[75] Most people are satisfied with the health and care services they receive, as reported in studies in England,[76,77] Scotland,[78] Wales[79] and Northern Ireland.[80]

However, across the UK the number of complaints to the NHS has been increasing since 2020–21.[81-84] Data obtained from individual NHS trusts and boards suggests that the number of those relating specifically to nurses and midwives (and in England to nursing associates) is lower and is not following this upwards trend in England and Scotland.[85] Wider research suggests that fewer than half of those who experience poor care actually report it,[86] with some groups less likely to make complaints than others.[87]

The health and care landscape is complex. Finding the right place to raise a concern can be difficult and confusing. There are more than 70 different kinds of organisations involved in handling complaints, including service providers, commissioners, regulatory bodies and ombudsmen.[88]

People making a complaint primarily want to understand what happened and prevent it happening to others.[89] Wider research shows that what they want from a complaints process hasn't changed. They want:[90,91]

- a speedy resolution – ideally on the front line
- a simple complaints process
- to feel safe speaking up
- easily available help, if they need it
- an apology, not weasel words
- to know that their complaint will be used to drive improvement.

People's experiences of making complaints are rarely straightforward or positive, however. They often don't know how to complain, whether their concern is sufficiently serious, what the process will require of them and whether it will make any difference.[92]

Raising concerns with health professional regulators

Concerns raised by members of the public constitute the biggest proportion of referrals to several health professional regulators, including ourselves.[93-99] Our detailed analysis of the concerns we received from members of the public between April 2019 and March 2023 revealed that often, when a concern reaches us, it is after the person has already tried several other avenues without success. We found three common journeys that people take before they come to us:

1. Some people approach multiple organisations before coming to us, often starting with the organisation where they experienced poor care, with some people also choosing to contact the police before approaching organisations such as Citizens Advice and regulators as a last resort.[100-103] To learn whether people had approached a health or care provider before coming to us, we added a question to the online form available for people to raise concerns with us in June 2023. We received 301 responses between June and September, 64 percent (193 people) of which indicated that those people had already raised their concern with the employer and now wanted to raise it with us.

2. People can be unhappy with a response they have received regarding their complaint, which adds to their dissatisfaction and leads them to raise their concern with us. They may be dissatisfied with the time it takes to receive a response or with the response itself. Research by Healthwatch in England highlighted that many people who raise a complaint want an explanation, an apology, or a simple change; yet fewer than half receive an apology.[104]

3. People can be confused and overwhelmed by the number of complaints bodies and pathways for concerns (for instance through social media). This can result in them approaching long-established, recognisable, regulatory organisations with their concern before raising it with a health or care provider.[105] One study notes that the availability of multiple avenues for making complaints can encourage people (in their efforts to get their concern heard) to complain to several organisations at the same time. We know from our research that the lack of clarity as to how to pursue accountability can lead to people feeling deep frustration and unhappiness and becoming overwhelmed.[106]

Motivations for raising concerns with a regulator

People can raise concerns for individual motivations (they seek to resolve something for themselves) or altruistic reasons (for a greater good). In most cases, people seek an explanation of how an incident occurred and reassurance that it will not happen again.

Our analysis of concerns raised with us by members of the public shows that individual motivations range from a desire for accountability and a personal apology to seeking financial compensation. For some, the goal is to effect a change in their care. For others, raising concerns offers an opportunity to release strong emotions and to feel heard.

Other concerns are driven by a desire for public good – to protect others by avoiding repetition of mistakes or to improve practice and the experience of others. The intention can be a combination of both the community-minded and the individual – a seeking of justice, to uncover truth, and sometimes a desire to punish.

Our analysis of a sample of concerns raised with us by members of the public shows that people have a range of expectations, some of which are within our gift as a professional regulator. These include expecting professionals to be removed from our register or for us to take action in other ways (for example, to ensure that bullying or harassment stops). Others are outside our control – for example, sometimes people want an apology from the professional, or a change in a decision about personally allocated funding/benefits that has been based on an assessment undertaken by the professional.[107,108] However, for most people the overarching desire is for the process to provide effective learning and improvement.

Barriers to raising concerns with regulators

Barriers to raising a concern with a regulator are similar to those faced by people wishing to make a complaint more generally:

Lack of understanding about the process: Often people don't know how to raise a concern or what this might involve. While three in five members of the public we spoke to in our research said they would know how to raise a concern about a nurse or midwife, few were able to articulate the process. There was limited understanding of the types of things that the regulatory

fitness to practise process can cover and, therefore, whether it is likely to deliver what a complainant wants.

> **"I would have complained but I was too exhausted at that time."**
>
> Female,
> aged 35-44

An arduous process: Once a concern is raised with a regulator, the steps we are required to take make the pace of progress unsatisfactory. This is especially off-putting for someone who may be unwell, bereaved or facing other stresses. Parents and carers, for example, feel that they do not have the time or bandwidth to see a process through.

A traumatic process: A few people we spoke to are put off by the idea of having to relive an experience multiple times to different people along the way. There are some groups of people who already experience having to push harder to be taken seriously in health and care settings. People from minority ethnic backgrounds and those with disabilities consider that making a complaint will be associated with additional distress.

Little personal gain: Many people we spoke to felt there was little to be gained from raising a concern, especially if a situation has already been resolved. These people say the only reason for doing so would be to try to prevent someone else from going through the same negative experience. Alongside this, many have other concerns about such things as legal ramifications, scrutiny and other potentially negative repercussions of taking action. Wider research highlights concerns people have about speaking out – of potential repercussions or impacts on their care or that of their loved ones.[109]

Reluctance to cause trouble: A minority of people are hesitant about 'getting anyone into trouble' or causing someone to lose their job, especially if they consider the situation resolved. Some feel there are likely to be other explanations for a poor experience (for example, to do with system-wide issues or other health and care professionals) and this makes them hesitant.

> **"I don't think I would complain. There's always someone higher than them [the nurse] telling them what to do, it's not their fault."**
>
> Female,
> aged 35-44

People's experiences of raising a concern with regulators

Our own and others' research show that people's experiences of regulators' fitness to practise processes do not match their expectations. People experience long wait times for decisions and a lack of support, particularly for those whose concerns go further in a fitness to practise process.[110-112]

To help us better understand the impact of our fitness to practise process we took part in an independent cross-regulatory research project into the public's experience of the fitness to practise processes to explore their expectations and experiences.[113] This found that often information about regulators' fitness to practise processes was difficult to find and/or follow, with most regulators' websites not meeting established readability standards, particularly for those with limited literacy or those who rely on audio-visual content.

It also showed how regulators' fitness to practise processes can magnify the initial harm experienced by people and leave them traumatised from having to revisit and explain difficult experiences often multiple times. Delays to case conclusions may compromise the quality of investigations by making it harder for people to recall and articulate key facts about their experience.

The research outlines the distressing and stressful impact of this on people who have raised these concerns, which leaves them feeling disappointed and frustrated.

In the four years up to March 2023, 83 percent of the concerns raised with us by members of the public resulted in decisions not to investigate. Other regulators also close a high proportion of concerns from members of the public at early stages.[114,115] Our qualitative review of a sample of concerns that ended with decisions not to investigate highlighted that often this is because concerns raised relate to behaviours outside of our remit as a health professional regulator and/or are not serious enough to require us to take regulatory action to protect the public, uphold public confidence in the professions or uphold professional standards (for example, custody battles and neighbour disputes). In other instances, we are unable to investigate because people are unwilling or unable to respond to our requests for further information. Nevertheless, the research into the public's experience of the fitness to practise processes outlines the distressing and stressful impact of this on people who have raised these concerns, and shows that it leaves them feeling disappointed and frustrated.

Using insights

There is important learning for us, other regulators and health and care providers from these insights. They underline the importance of reflecting on complaints processes from the perspectives of those using them, ensuring that concerns are listened to and acted on sensitively, effectively and in as timely a way as possible. Fitness to practise processes are an important tool for public protection but can take an emotional toll on everyone involved. But if the process of managing concerns starts well locally, a regulator's process – should they need to get involved at all – can happen more quickly and can lead to better decisions. Our Employer Link Service works closely with employers to help them to resolve as many issues as possible locally, quickly and effectively. This includes developing a resource to support them to effectively respond to concerns raised with them about nurses, midwives or nursing associates' conduct or practice.

We have taken steps to make it easier for members of the public to raise concerns with us. Our Public Support Service works with people who have raised concerns with us that we've decided to investigate. It explains the investigation process, can answer individual questions or provide one-to-one meetings to help explain the different decisions that could be made. People can also be referred to support advocates if they need additional communication support. More recently, we introduced a new helpline for members of the public thinking about making a referral to us. This is designed to guide people on raising appropriate concerns with us and advising them on the information we need to make a decision quickly and safely. Where we're not the right organisation for a particular concern, we'll steer the person toward those better placed to help.

As part of our fitness to practise plan we are working with members of the public and others to ensure the concerns raised with us are appropriate. This will enable us to focus on progressing and resolving cases safely and swiftly.

We are continuing to reflect on our processes and how they can be improved in light of the recent investigation into our culture.[116] An immediate area of focus is to enhance our approach to safeguarding to ensure that for those referrals we do receive and progress, everyone involved is properly supported and that our decision makers have access to the right clinical and safeguarding advice. Our fitness to practise plan commits £30 million over the next three years to deliver sustainable long-term improvements to our processes and people's experiences, improving how we work to support safe and swift progression of cases in a person-centred way.

What next?

Regulators use insight to understand their impact, improve their approaches, and influence the environment for learning and care in their professions. Our research into people's expectations, experiences and perspectives will shape our fitness to practise improvement plans, and our next reviews of our Code, standards of proficiency and revalidation.

We share our learning in the hope that it may be of wider value in our sector. Your feedback is always welcome and helps us to refine and improve what we do.

If you would like to know more about insight at the NMC, please visit the **Insight hub on our website**.

If you are an academic researcher, or a researcher or analyst in a relevant think tank or national body, you may want to be involved in our insight community of interest – you can contact us via **research@nmc-uk.org** to learn more.

Please use the same email address if you want to tell us about or involve us in insight that is relevant to our remit, or if you think we may be able to assist with relevant research.

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What we do

Our vision is safe, effective and kind nursing and midwifery practice that improves everyone's health and wellbeing. As the independent regulator of more than 826,000 nurses and midwives in the UK and nursing associates in England, we have an important role to play in making this vision a reality.

We're here to protect the public by upholding high professional nursing and midwifery standards, which the public has a right to expect. That's why we're improving the way we regulate, enhancing our support for colleagues, professionals and the public, and working with our partners to influence the future of health and social care.

Our core role is to **regulate**. We set and promote high education and professional standards for nurses and midwives across the UK, and nursing associates in England and quality assure their education programmes. We maintain the integrity of the register of those eligible to practise. And we investigate concerns about professionals – something that affects very few people on our register every year.

To regulate well, we **support** nursing and midwifery professionals and the public. We create resources and guidance that are useful throughout professionals' careers, helping them to deliver our standards in practice and address challenges they face. We work collaboratively so everyone feels engaged and empowered to shape our work.

We work with our partners to address common concerns, share our data, insight and learning, to **influence** and inform decision-making and help drive improvement in health and social care for people and communities.

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