



Coleg Nyrso Brenhinol
Cymru
Royal College of Nursing
Wales

2023

Nursing in Numbers



SAFE STAFFING SAVES LIVES

MAE STAFFIO DIOGEL YN ACHUB BYWYDAU



FAIR PAY FOR NURSING

TÂL TEG AR GYFER NYRSIO

September 2023

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TÂL TEG AR CYFER NYRSIO

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About the Royal College of Nursing (RCN)

The Royal College of Nursing is the world's largest professional organisation and trade union for nursing, representing over 500,000 nurses, midwives, health visitors, healthcare support workers and nursing students, including over 29,500 members in Wales. RCN members work in both the independent sector and the NHS. Around two-thirds of our members are based in the community. The RCN is a UK-wide organisation, with National Boards in Wales, Scotland and Northern Ireland. The RCN represents nurses and nursing, promotes excellence in nursing practice and shapes health and social care policy.

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About this report

The Royal College of Nursing (RCN) Wales produces this report annually. It is designed to provide an annual statistical overview of the strengths and vulnerabilities of the nursing workforce in Wales with recommendations to the Welsh Government for improvement.

Data on the nursing workforce in Wales is published by the Welsh Government through StatsWales, Social Care Wales (SCW), and Health Education and Improvement Wales (HEIW).

The latest Welsh Government data on the NHS nursing workforce was published by StatsWales on 8 August 2023. Since 2019, StatsWales data has been published quarterly. In previous years, nursing data was published annually on 30 September. Data is rounded to the nearest whole number and shown as Full-Time Equivalent (FTE).¹

The latest HEIW workforce trends report was published in June 2023. The biennial report provides information on workforce demographics and sickness trends.²

The latest SCW data was collected in 2022. The data is gathered using a voluntary survey. The response rate from commissioned care providers for 2022 was 58%. The response rate for 2021 was 72%.

The RCN Employment Survey is undertaken biennially and began in the 1980s. This is a significant source of UK nursing workforce data. The RCN published the 29th edition of the survey in 2021. There were 1,556 respondents from Wales. This edition of Nursing in Numbers uses data from the 2021 survey. The next edition of this publication will include data from this year's survey.

In 2022, the RCN also undertook a survey asking members about staffing levels on their last shift. The "Last Shift" survey received 974 responses from members in Wales.

In this report, the term "nursing staff" includes healthcare support workers. "Nurses" refers specifically to registered nurses.

Please contact Policy&PublicAffairs.Wales@rcn.org.uk for more information.



RECOMMENDATIONS

- 1 Improve data for workforce planning:** To improve workforce planning, the Welsh Government must improve the quality and availability of workforce data. This should include publishing agency and bank spending annually and ensuring the accuracy of nursing and midwifery workforce data, including the newly published vacancy data.
- 2 Ensure nursing retention:** To retain the existing nursing workforce, health boards must fully commit to, and deliver, the Health Education and Improvement Wales (HEIW) nursing retention plan.
- 3 Sustain nursing in social care.** Social Care Wales must develop a strategic plan to ensure the recruitment and retention of a sustainable nursing workforce to meet the needs of the population receiving social care.
- 4 Deliver safe and effective care:** The Welsh Government must prioritise safe and effective patient care. To do this, the Welsh Government must ensure the compliance of health boards with the Nurse Staffing Levels (Wales) Act 2016 and set out a timeline for the extension of its Section 25B to community nursing and mental health inpatient settings.
- 5 Support nursing education.** The Welsh Government must ensure that any new system of funding nursing education provides the higher education sector with a strong foundation to develop the provision of nursing education and research, and that it ensures student uptake and access through good financial support.
- 6 Strengthen and diversify the nursing workforce.** The Welsh Government and HEIW must develop a national post-registration commissioning strategy that commissions post-registration nursing education (e.g., community nursing, neonatal, health visiting, occupational health) strategically as required by the needs of the population and works with higher education to ensure this provision is developed sustainably in Wales.

Section 1: How many nurses and health care support workers are employed by NHS Wales?

Figure 1: Nursing, midwifery and health visiting staff employed by NHS Wales, 2013-2023
 (Source: StatsWales)

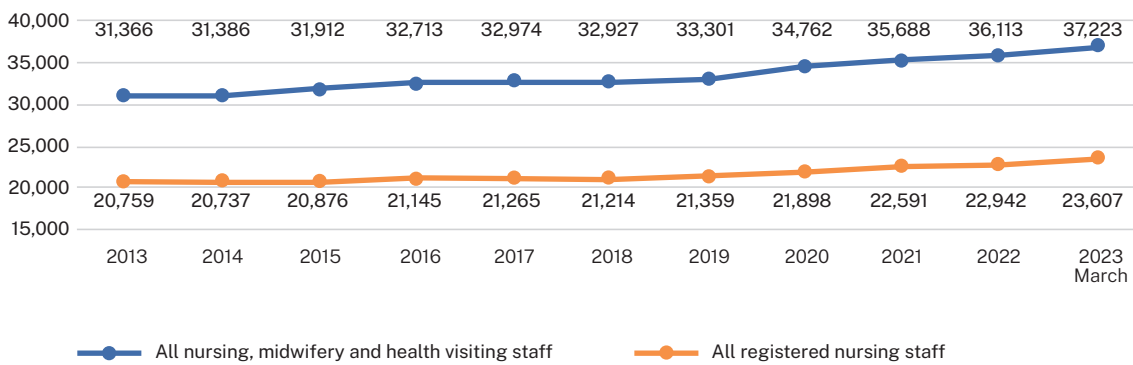


Table 1: Health boards and NHS trusts in Wales by number of nurses employed

Betsi Cadwaladr UHB	5,049
Cardiff and Vale UHB	4,145
Aneurin Bevan UHB	3,603
Swansea Bay UHB	3,565
Cwm Taf Morgannwg UHB	3,411
Hywel Dda UHB	2,786
Powys THB	528
Velindre NHS Trust	218
Welsh Ambulance Services	199
Public Health Wales	87

There are 37,223 full time equivalent (FTE) nursing staff employed by NHS Wales, of which 23,607 FTE are registered nurses. The nursing and midwifery workforce is the largest workforce in the NHS, making up over 40% of the entire NHS Wales workforce.

The nursing and midwifery workforce is 19% larger than it was in 2013, but in that time the registered nurse workforce has grown by only 14%. This does not reflect the increase in patient need.

“
 The nursing and midwifery workforce is 91% female compared to 9% male. Over a third (34%) of the nursing and midwifery workforce are over 51, compared to 17% that are under 31. Only 6% are under 25.”

Health care support workers

The term “health care support worker” (HCSW) refers to a wide range of supporting roles in health care. They are a vital part of the nursing team. RCN Wales is clear on the importance of making sure these roles exist, are appointed to, and are supported by employers to work at a sufficiently advanced level within their scope of practice. This includes band 4 assistant practitioners.

Assistant practitioners

Assistant practitioners (APs) are not registered nurses but experienced staff working in support roles who have undergone further training. They have an in-depth understanding about factors that influence health and ill-health. APs will undertake defined clinical or therapeutic interventions as appropriately delegated by a registered nurse. They can assist in assessing and caring for patients and managing risks, monitor infection control, and refer patients to a registered practitioner.

In recent years, Wales has seen a rapid expansion in its use of assistant practitioners. The number of ‘nursing’ assistant practitioners, as classified by StatsWales, increased by 231% between September 2020 and March 2023. From September 2022 to March 2023 alone, the number of assistant practitioners grew by 49%. This rise far exceeds those seen in any other nursing occupational groups.



Heather Fleming, Early Years Bladder and Bowel Assistant Practitioner, Cardiff and Vale University Health Board

Winner, Health Care Support Worker of the Year (RCN Wales Nurse of the Year Awards 2023).

Heather has reduced the distress experienced by children and their parents and carers around childhood continence.

Heather gave education and training to staff in early years settings in the community, such as children’s centres, preschools and nurseries, ensuring continuity of care. She also gave one-to-one support in the home, building trusting professional relationships.

The contribution she made to overall health and wellbeing was pivotal at a time which can be extremely challenging and upsetting. Her support helped to reduce the waiting list for the paediatric continence service and helped to increase the number of fully toilet-trained children starting nursery or school.

The awards panel saw numerous examples where Heather’s work led to significant impact and improved outcomes for children, and it was clear that she continually strives for excellence.

Section 2: How many nurses and nursing staff are employed in the independent sector?

Nurses and nursing staff employed in the independent and social care sectors work for a range of non-NHS employers including hospices, nursing agencies, prisons, GP practices, private hospitals, charities, and voluntary community services.

It is difficult to establish the total number of nurses working for employers in this sector as there is no single source of data. While the Welsh Government does provide data on certain nursing groups in the independent sector, no overall figure is published.

There are, however, 39,219 nurses registered with the Nursing and Midwifery Council (NMC) with a residential address in Wales.³ Meanwhile, NHS Wales employs 27,127 (headcount) registered nursing staff.⁴ That leaves 12,092 registered nurses working elsewhere – potentially in the independent sector. However, it is important to note that some of those registered may not be practicing. Additionally, RCN Wales estimates that around 7,844 nurses with a Welsh residential address, in fact, work in England.

General practice nurses (GPNs)

In September 2022, there were **1,023 FTE registered nurses working in general practices** in Wales.

Over half of general practice nurses are aged 50 or over. Less than one in twenty (4.3%) are under 29.

The majority of GPNs and nursing support workers are directly employed by general practitioners (GPs) who are subcontracted by the health boards to deliver the General Medical Service (GMS) contract. A small number of GPNs and nursing support workers are employed directly by health boards.

There are 1,023 FTE registered nurses working in general practices in Wales. To put this in perspective, there are 1,445 GPs.⁵

A large majority of nurses working in general practice are female (96% compared to 4% male).

The age profile of nurses working in GP settings is concerning. Fewer than one in twenty (4.3%) of female nurses are 29 or younger; 41.5% are aged between 30 and 49; while over half (54.2%) are aged 50 or over.

In addition, 14.8% of all nurses with known age and gender are aged 60 to 64, and 4.5% are aged 65 or older. Nearly all nurses aged over 60 are female.

The small number of male nurses is spread across a wide range of ages, with a slight concentration aged between 45 and 54.⁶

GPNs provide direct patient care. They assist patients in managing long-term conditions such as diabetes and epilepsy, provide respiratory care, carry out vaccinations, and take blood tests. The age profile of GPNs is concerning: nurses approaching or older than 55 may be considering leaving the workforce as they near retirement age. Owing to their numbers, this could have a devastating impact on the delivery of primary care. The Welsh Government should ensure that nursing in GP settings is seen as an attractive career option for newly qualified nurses.

GPNs are essential for delivering the Primary Care Model for Wales. GP practices work in clusters. There are currently 64 clusters in Wales which seek to develop services across their geographical areas. GP practices are central to each cluster. GPNs work on a cluster basis to ensure consistency in care and ease of communication between GPs, GPNs, and the wider community workforce including district nurses. GPNs need to be included in the design and delivery of cluster care.

Care home nursing

Care home providers and RCN Wales members have reported an acute shortage of registered nurses in the care home sector. The majority of nurses working in social care will be working in care homes or mental health residential facilities.

The Welsh Government's strategic objective to deliver care closer to home has led to a rise in care in the community. This means that when people enter residential care today, many do so with health conditions that have reached a more advanced stage than might have been the case in the past. Their needs are often greater and more complex, and this requires highly skilled nursing care.

Social Care Wales gathers social care workforce data from commissioned care providers. It does so by asking providers to complete a survey, but participation is voluntary. The last survey was completed in 2022 and received a response rate of 58%, meaning that published workforce data omits more than one in three social care providers. This is problematic for building an accurate picture of the social care workforce.

Social Care Wales recently consulted publicly on its workforce strategy. Responding, RCN Wales called for organisations that deliver or commission social care to be compelled to complete the Social Care Wales workforce survey. This issue is critical to Social Care Wales's ability to discharge its remit of promoting and maintaining standards. The absence of an accurate picture of the workforce and number of vacancies in social care will hold back workforce planning in the sector until it is resolved. To fully understand the workforce capacity within social care and permit effective workforce planning, the gathering and publishing of coherent, consistent data is critical.

Nevertheless, the data that has been collected shows worrying trends. The number of nurses working in social care is decreasing. Figure 2 shows the decline from 2018 to 2022. No data was published for 2020.

In 2021, 319 registered nursing staff left the sector, and only 204 joined. In 2022, 83 registered nurses joined the profession, while 88 left.

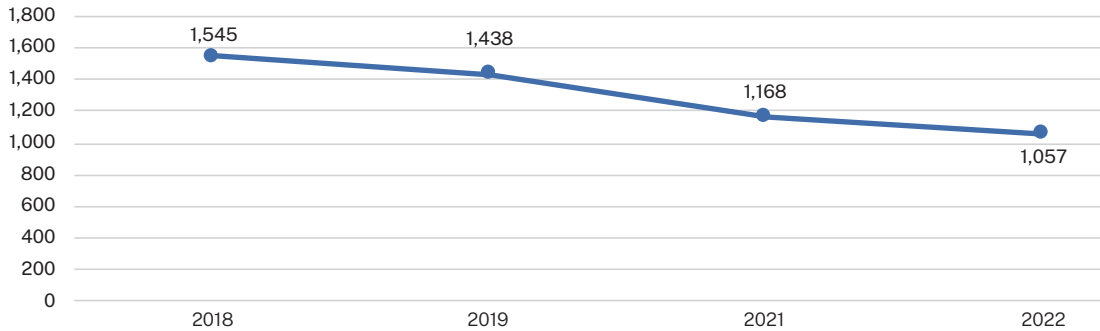
Adding to this, at the time of the survey, there were 50 live vacancies – considerably fewer than in 2021, when 128 live vacancies were reported. This suggests that employers are simply not replacing registered nurses when they leave.

Also concerning is the age profile of the nursing workforce in social care. Less than 3% of nursing staff are under 26, while 7% are over 65. The largest age category is 46-55, making up nearly a third (29%) of all nursing staff employed in social care settings. Age data was missing for 44 nursing staff.

In 2022, there were
**1,057 nursing staff working
in social care**
*(based on a survey of commissioned care
providers with a response rate of 58%).*

Figure 2: **Number of registered nurses employed by commissioned social care providers.**

Source: Social Care Wales.



Over a third (30%) of nursing staff in social care are over 56, while an additional 29% are aged over 46. Only 3% of nursing staff are under 26.

The combination of vacancies and a fall in the number of registered nursing staff working in social care is alarming, given the challenges the sector faces and the ageing nature of its nursing workforce.

If there are not enough registered nurses in the care home workforce then the quality of the nursing care provided will fall, leading to poorer health and reduced life expectancy for people who rely on the sector.

The challenges faced in the care home sector will, in turn, spread to the NHS. The numbers of delayed discharges and repeat admissions will rise.

As autonomous practitioners, nurses' clinical skills are used to recognise and anticipate problems, act when a person's condition is deteriorating, and avoid unnecessary hospital admissions. Registered nurses are key to managing acute illness, making decisions around the management of long-term conditions, and delivering complex interventions in emergency or crisis situations. They also help to support the seamless transition from hospital back into the care home.

The role of nurses in care homes does not end with the clinical needs of the resident. Rather, the nursing workforce is often left to manage and overcome non-clinical challenges, especially at night. For example, a nurse may be left to oversee a fire drill, building maintenance and manage equipment breakdowns. To do this effectively takes responsibility, skill and leadership.

The registered nurse role in care homes is important and should not, and cannot, be marginalised in policy development. Current policy has failed to recognise and articulate the powerful benefits of this role. This has added to the pressure faced by nurses in care homes and dissuaded nursing students from seeking a career in the field.

RCN Wales has recently published a report on nursing in care homes, *Caring for Older People*.⁷ The report highlights the essential role of care home nurses.

Section 3: Are there enough nurses and nursing staff employed by NHS Wales to provide the best care?

No. Unfortunately, the growth in nursing staff is not enough to supply the best care. There are several reasons for this, and these are explored in this report. The first is the change in the needs of the population. Put very simply, it takes a larger number of nursing staff with a greater level of knowledge and skill to care for a person with a broken hip if they are also physically frail and living with dementia, diabetes, a heart condition or a respiratory illness. This is all the more so if the person is being cared for at home, living alone or in poor or ill-suited housing conditions.

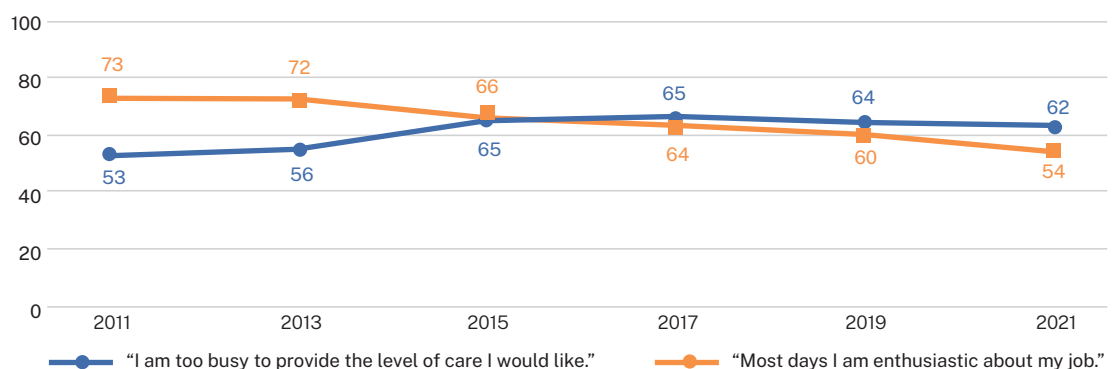
Another significant factor is the number of registered nurses leaving the NHS, which is explored later under “Improving nurse retention” in Section 5.

The third significant factor is that hospitals, community care and social care lack staff in certain types of nursing role. Post-registration nursing education develops specialist nursing skills. Often it is these specialist nurses who ensure that a person’s health is maintained or, with their timely intervention, prevent it from deteriorating. These roles require investment in nurse education. The last two decades have seen a steady decline in this investment from NHS Wales and a lack of strategic approach to planning this investment from the Welsh Government. Significantly, constant redesigning of NHS health services is now driven by the reduced availability of skills rather than by population need.

There are not enough registered nurses or nursing staff employed by NHS Wales to provide the best care at present. This is having a devastating impact on nursing morale and, potentially, on patient outcomes. A substantial increase in nursing staff is needed to ensure the delivery of high-quality patient care.

In the last ten years, the percentage of nursing staff who feel enthusiastic about their job has dropped by 19%. The number of nurses who feel they are too busy to provide the level of care they would like has grown by 9%. This illustrates the mounting pressure nursing staff are facing in Wales.

Figure 3: **Morale in the nursing workforce in Wales.**
Source: RCN Employment Survey, 2011-2021.



While the number of nursing staff working for NHS Wales has increased over the years, there has also been a rise in patient acuity and nursing workload. Nurses are caring for an ageing population with increased dependency and comorbidities. Patient throughput in hospital has also risen sharply, as has bed occupancy.

Between March 2017 and March 2022, the nursing and midwifery workforce grew by 7%. However, this is relatively small when compared to the growth of other professional groups in the NHS. Over the same period, the number of medical and dental professionals increased by 23%. For allied health professionals, the figure is 28%⁸.

Over a third (34%) of the nursing and midwifery workforce are 51 or older, compared to 17% who are under 30. Just 6% are under 25 years old. Those aged 51-60 make up the largest cohort, at 27%.

Workforce planning in healthcare is an astonishingly under-researched and under-resourced field, especially given that the NHS is the largest employer in the country and takes up the greatest share of taxpayers' money. There is little research available on calculating population need and the required workforce. Gaining an understanding of how many nurses and nursing staff are needed in the NHS therefore requires the use of proxy indicators of workforce pressure. Vacancy rates, agency spend, and workload pressure must be considered.

Registered nurse vacancies

RCN Wales estimates that there are at least **2,717 registered nurse vacancies** in NHS Wales in 2023.

In June 2023, the Welsh Government began publishing NHS Wales vacancy statistics. This follows a long campaign by RCN Wales calling for this data to be published and easily accessible. It is a welcome step in ensuring data transparency and improved workforce planning.

The first release was published on 29 June 2023. It estimated that, on 31 December 2022, there were 2,409 FTE vacancies among registered nursing, midwifery, and health visiting staff, with an estimated vacancy rate of 8.9%. The next update, published in August 2023, estimated that there were 2,290 FTE vacancies as at 31 March 2023.

Among nursing, midwifery and health visiting *support* staff, the Welsh Government estimated a further 813 FTE vacancies as at 31 December 2022, an estimated vacancy rate of 6.2%. This fell to 510 FTE vacancies as at 31 March 2023, a rate of 3.9%.

The Welsh Government warns that because of their 'experimental'⁹ nature, these new NHS vacancy statistics are likely to underrepresent the true vacancy figure. More detail is needed in future releases relating specifically to vacancies among registered nurses, including a breakdown by Agenda for Change pay band. RCN Wales hopes to see this in future publications.

Since 2019, in the absence of official vacancy data specific to registered nurses, RCN Wales has estimated a national figure annually. This figure uses information that health boards themselves have either published in their official board papers or supplied through the Freedom of Information (FOI) process.

RCN Wales estimates that registered nurse vacancies have risen to 2,717 in 2023, up from 1,612 in 2020.

The vacancy figures published by the Welsh Government are lower than the combined totals provided by health boards in response to FOI requests from RCN Wales. Notably, the RCN Wales figure encompasses only registered nurse vacancies, in contrast with the broader scope of the Welsh Government figure. While the RCN Wales figure probably also underestimates the registered nurse vacancies in NHS Wales, RCN Wales believes it to give a more accurate picture.

Table 2: NHS Wales registered nurse vacancies by health board. Source: Freedom of Information requests.

Health board	Vacancies (FTE)
Aneurin Bevan	366.00
Betsi Cadwaladr	882.60
Cardiff and the Vale	314.49
Cwm Taf Morgannwg	283.03
Hywel Dda	311.11
Powys	119.75
Swansea Bay	439.8
All	2,716.78

RECOMMENDATION

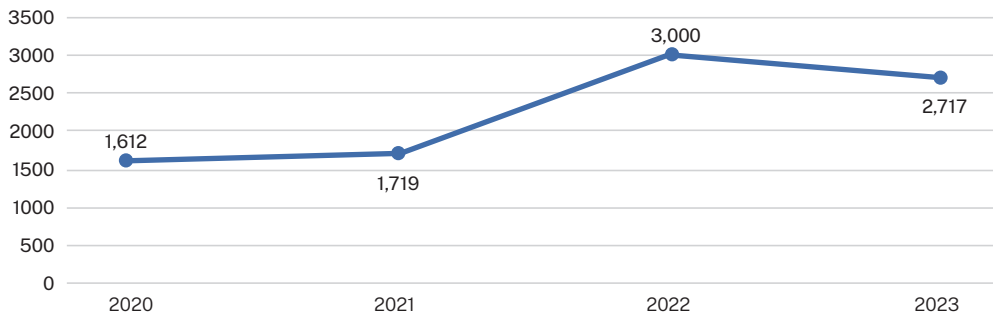
To improve workforce planning, the Welsh Government must improve the quality and availability of workforce data. This should include publishing agency and bank spending annually and ensuring the accuracy of nursing and midwifery workforce data, including the newly published vacancy data.

The difference in estimates may partially be explained by lags in data publication or differences in the types of roles included in each. For example, the RCN Wales figure includes vacancies in nurse manager roles. As the national statistics develop, it may well become possible for the RCN to be able to use this figure confidently in the future.

The way in which health boards gather data regarding registered nurse vacancies changed between 2022 and 2023. Health boards are now using a common model to gather this data. The drop in 2023 should therefore be viewed with *cautious* optimism.

Figure 4: NHS Wales registered nurse vacancies (Agenda for Change Band 5 and above), 2020-2023.

Source: public board papers, Freedom of Information requests.

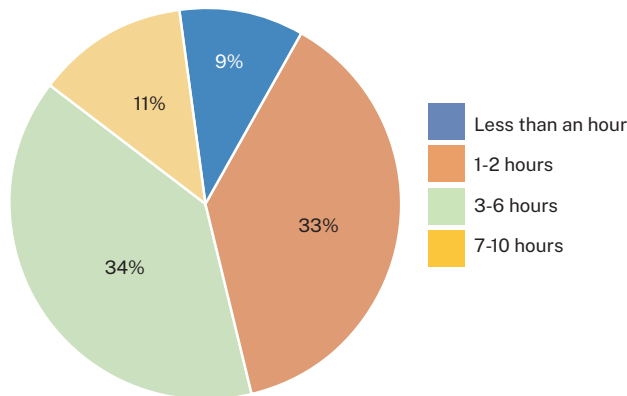


Working overtime

NHS Wales continues to demonstrate a heavy reliance on nurses' goodwill to work overtime. Among respondents to the 2021 RCN Employment Survey located in Wales, 74% worked additional hours at least once a week. Of these respondents, 42% reported that these additional hours are usually unpaid, 29% received time off in lieu of payment, and 34% worked between three to six hours extra a week on average.

Figure 5: Number of weekly additional hours worked by RCN members, on average.

Source: RCN, 2021 Employment Survey.



Nurses give NHS Wales
69,877 extra hours every week
 -the equivalent of 1,863 full-time nurses.

Health boards spent
£33.78 million on nursing overtime
 in 2022/2023.

If 74% of registered nurses employed by NHS Wales work overtime at least once a week, this means the total number working overtime is 17,469 (FTE).

If these nurses all worked an additional four hours a week, this equates to NHS Wales getting 69,877 hours a week from its nurses' goodwill. It is equivalent to having 1,863 additional full-time registered nurses working every week.

Information released in response to an FOI request revealed that, collectively, the seven NHS Wales health boards spent a total of £33.78 million on overtime for nursing in 2022/2023. Responses to a request the previous year showed that six out of the seven health boards collectively spent £23m on nursing and midwifery overtime in 2020/2021. The latter figure excludes Hywel Dda University Health Board.

Agency nursing

Agency nursing refers to a nurse or HCSW that works for a nursing agency, which is a private company. There will always be a need for some element of temporary nursing in the NHS to cover short-term sickness and maternity leave. When this cannot be covered by permanent staff or staff from the "bank" (an internal NHS system allowing permanent staff to take on extra shifts in the health board that employs them, to meet temporary needs), the NHS turns to agencies.

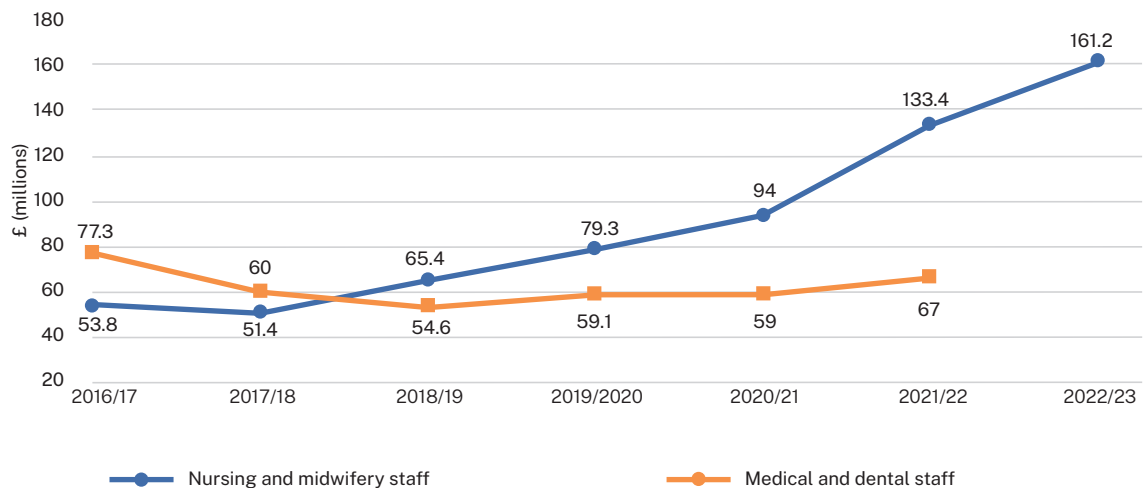
In 2022/23, health boards spent a total of £161.2m on agency nursing. This is a 21% increase since 2021/2022, during which health boards spent £133.4m – itself a 41% increase on the year before.

Figure 6 shows that while spending on medical and dental agency staff has decreased and then remained relatively stable since 2016/2017, spending on nursing and midwifery agency staff has very nearly tripled over the same period.

In 2022/23, NHS Wales health boards spent **£161.2m** on agency nursing.

This would pay the salaries of 5,591 full-time newly qualified nurses.

Figure 6: **Health boards' spending on agency workers, 2016-2022.**
Source: Freedom of Information requests.



Nurses and HCSWs can decide to work for an agency full-time or part-time while also being directly employed by NHS Wales. From the perspective of the individual nurse, working for an agency is a very attractive prospect. Agency nurses have better pay and more freedom over location and hours than their NHS colleagues. They can focus on caring for patients and worry less about staff shortages and internal challenges.

Instead of taking a positive approach to retain its staff, NHS Wales responds punitively by trying to discourage its own nursing staff from working for agencies while simultaneously making it appealing to do so. Often, health boards will refuse to give agency shifts to nurses if they also happen to work for the health board. This leads to shifts in Cardiff or Ysbyty Gwynedd being filled by staff from London and Manchester, and vice versa – which costs more. At the same time, the health board will refuse to pay a full hourly rate to its own ‘bank’ staff, offering them a reduced rate instead. When their own staff are not interested in this discount work, the health board must turn to the more expensive agency. For more information, see “Improving nurse retention” in Section 5 of this report.

NHS Wales is displaying a dangerous and growing reliance on agency nursing over its own permanent nursing workforce. If this trend continues, this will lead to health boards no longer directly employing staff to provide patient care and instead commissioning most or all nursing care from private companies. This is already the case for many hospital night shifts. The implications for public policy deserve scrutiny.



Section 4: The Nurse Staffing Levels (Wales) Act 2016

Safe staffing levels save lives.

Research shows that low nurse staffing levels are associated with up to 26% higher patient mortality compared with better-staffed wards. Safe and effective nurse staffing levels have also been shown to reduce readmissions, health care associated infection rates, medication errors, falls and pressure ulcers.¹⁰

In 2021, Linda Aiken and colleagues found¹¹ that patients in hospitals with a high ratio of patients to nurses were more likely to experience adverse conditions than in hospitals with a lower patient-to-nurse ratio. These included a 41% higher chance of dying, a 20% higher chance of being readmitted, and a 41% higher chance of staying longer. Wales has a history of low nurse staffing levels resulting in poor care. This cannot be allowed to continue.

Extracts from recent Health Inspectorate Wales (HIW) Reports highlighting safe and effective care issues

Cardiff and the Vale (UHW) Maternity Services (2022) “During the inspection, HIW identified several patient safety concerns, and an immediate improvement notice was issued to Cardiff and Vale University Health Board. At the time of our inspection in November, we found that the maternity unit had experienced a sustained period of low staffing levels.”

The Grange Hospital in Cwmbran (2022) The hospital “did not have adequate arrangements in place within the department to support the delivery of safe healthcare.” “A number of band five nurses we spoke with said that the workload could be excessive and unrelenting, with the demands on the system being unsustainable. This included two members of staff saying they were close to burn out and considering other jobs and career options.”

Ysbyty Glan Clwyd Emergency Department (2023) Findings were that “Nurse staffing remained a significant challenge. There were frequent gaps in rotas from long and short-term absence. This was significantly impacting on staff ability to deliver safe and effective care.”

“Staff were stressed and tearful at times due to the level of pressure the reduced staffing and acuity of patients was having on them.”

Heatherwood Court specialist mental health hospital (2023) “The hospital has a regulatory requirement to ensure a registered manager is employed. However, due to staffing issues and delays in recruitment procedures there has been no appropriate person in the role for over 12 months.”

Heddfan Psychiatric Unit at Wrexham Maelor Hospital (2023) “It was noted that there were a high number of vacancies on both wards at the time of our inspection. Most staff told us they felt there were not enough staff to enable them to do their job properly. Senior management confirmed that maintaining adequate staffing levels was challenging, and they relied on agency staff to reduce staffing pressures.”

Research shows that the presence of the registered nurse reduces patient harm. Every 10% increase in the number of nurses holding a bachelor's degree in a hospital is associated with a 7% decline in patient mortality.¹²

In 2022, **10,572** people signed a petition calling on the Welsh Government to **extend** Section 25B of the Nurse Staffing Levels (Wales) Act 2016.

RCN Wales campaigned for the Nurse Staffing Levels (Wales) Act 2016 to protect patient care and continues to champion this approach.

The Nurse Staffing Levels (Wales) Act 2016 was the first of its kind in Europe and put safe nurse staffing levels in legislation.

Section 25B of the Nurse Staffing Levels (Wales) Act places a duty on health boards to calculate and take all reasonable steps to maintain nurse staffing levels, and skill mix, in accordance with an agreed methodology.

Section 25B was implemented in 2018 and has already provided safer staffing levels in Wales. Not only has there been a rise in the number of nurses educated in Wales, but RCN Wales has found that on wards covered by Section 25B, there has been an increase in the number of nurses.¹³ This is supported by evidence from the Welsh Government. A Welsh Government report found that, on a national level, the number of nursing staff on wards covered by Section 25B is higher now than before the Act was passed. There were an additional 139.74 FTE registered nurses and 597 FTE HCSWs in November 2020, compared with March 2018, shortly before Section 25B came into force.¹⁴

On wards covered by Section 25B, there have been fewer patient falls, pressure ulcers, and complaints about nursing where the nurse staffing level was considered a contributing factor. This demonstrates the importance of nurse staffing levels for patient safety and the value of the Nurse Staffing Levels (Wales) Act 2016.

The danger of 'role substitution' – replacing registered nurses with support staff

The evidence is very clear that it is the professional knowledge, skills and judgement of the registered nurse in a supervisory position that makes the critical difference to patient safety and outcomes.

Role substitution – the use of non-registered staff for roles and tasks that require a registered nurse – is a very real risk. Role substitution happens when employers in both the NHS and independent sector, struggling to fill gaps in their registered nursing workforce, resort to simply changing the level of the vacant post to that of an assistant practitioner, nursing associate, or health care support worker.

Support staff such as HCSWs and APs are part of the nursing family and provide vital support to registered nurses. Their contribution is both invaluable and different from that of the registered nurse. It is important that these roles have the clinical supervision and direction of a registered nurse. Support staff should not be pressured to work beyond their competencies or scope of practice, nor should they be used to substitute registered nurses or fill registered nurse vacancies.

The introduction of new roles such as assistant practitioners and nursing associates should not be taken lightly. Their purpose should be clearly defined beforehand. The risk of patients receiving substandard care resulting in direct or indirect harm is significant. There should be no possibility of inappropriate role substitution with the introduction of new roles in either health or social care.

RECOMMENDATION

The Welsh Government must prioritise safe and effective patient care. To do this, the Welsh Government must ensure the compliance of health boards with the Nurse Staffing Levels (Wales) Act 2016 and set out a timeline for the extension of its Section 25B to community nursing and mental health inpatient settings.

Summarising the impact of the Nurse Staffing Levels (Wales) Act 2016

- **Patients have been protected.** The Welsh Government and NHS bodies have improved patient safety by investing in nurse staffing levels as a direct result of the Nurse Staffing Levels (Wales) Act 2016.
- **More nurses, better care.** There are more registered nurses and healthcare support workers (HCSWs) working on wards covered by Section 25B compared to before it was implemented (2018). In addition, the statutory guidance also requires Section 25B wards to account for a 26.9% uplift to cover staff sickness, improving patient safety.
- **Generated a culture shift.** There is now corporate responsibility to allow nurses time to care for patients sensitively. Executive Directors of Nursing report to their Health Boards on nurse staffing levels and can request additional resources, support and staffing to address nursing challenges. The Nurse Staffing Levels (Wales) Act 2016 acts as a lever for change.
- **Provoked discussion on the importance of the registered nurse.** Part of the legislation is considering the professional judgement of nurses when deciding nurse staffing levels. This has raised the profile of the profession and their contribution to patient safety with senior NHS management.
- **Health boards and Welsh Government are aiming for better patient care.** The Nurse Staffing Levels (Wales) Act 2016 has shone a spotlight on nursing recruitment and retention by the Welsh Government and Health boards.
- **Safe nurse staffing levels save lives.** The impact of registered nurses on patient safety has been validated by research. There is extensive research to support the connection between nurse staffing levels and patient harm and mortality, as well as the cost of missed care.
- **A low number of cases where nurse staffing levels is considered an attributing factor to patient incidents.** Although patient incidents and complaints regarding nursing still occur on Section 25B wards, a failure to maintain nurse staffing levels is rarely considered an attributing factor.
- **Created a spotlight on paediatric care.** Before Section 25B of the Nurse Staffing Levels (Wales) Act 2016 was extended to paediatric wards (October 2021), Executive Directors of Nursing sought additional financial and staffing resources from their boards.
- **Financial cost.** There has been a financial cost to implementing and maintaining nurse staffing levels, but this should not be considered a burden, unique to Section 25B wards or nursing in generally.

Section 5: How to achieve safe and effective care

Delivering safe and effective care should be the priority for the NHS and social care providers. Patients deserve to know they are receiving the best possible care, in a timely manner, from the right professional. Unfortunately, the ability to deliver safe and effective care is restricted by the high number of vacancies, high burnout and pressures the nursing workforce is currently facing.

The benefits of implementing and extending Section 25B of the Nurse Staffing Levels (Wales) Act 2016 are covered in Section 4.

There are four further actions the Welsh Government needs to take to ensure safe and effective care is deliverable:

- improve nursing retention,
- ensure sustainable nursing education,
- recruit internationally, and
- improve workforce planning.

These actions are covered in this section.

Improving nursing retention

Salaries of nursing professionals have consistently fallen below inflation – a fact which is being exacerbated by the cost-of-living crisis.

The RCN has called on governments from across the UK to recognise the safety critical role of nursing and act urgently to protect patient care by protecting the profession. The Welsh Government is responsible for nurse and HCSW salaries. It needs to ensure that nurses and HCSWs are paid fairly.

RCN Wales members remain committed to ensuring that the profession is fairly paid for the safety-critical work they deliver.

A national strategy to retain nurses in NHS Wales

Improved pay is a major contributor to retaining nurses, but it is not all that matters.

RCN Wales published *Retaining Nurses in the Profession: What Matters?*¹⁵ in 2022. This report provided an insight into what health bodies across England and Wales are doing to address the rate of attrition. It recommended several areas of focus to address the rate of attrition, such as:

- Staff wellbeing
- Early identification and intervention
- Career pathways and professional development
- Staff engagement
- Staff communication.

Since its publication, and after much campaigning by RCN Wales, the Welsh Government has drafted a national nurse retention strategy for NHS Wales. This is very welcome.

The implementation of the strategy will determine its success. Most significant of all will be whether it results in increased access to and uptake of flexible working arrangements for nurses. During the development of *Retaining Nurses in the Profession: What Matters?*, a focus group with RCN members identified the lack of flexible working as a major cause of low staff retention. This is especially important since the average age of a nursing student is 29, meaning that even at the point when they enter the workforce, many nurses already have caring responsibilities for a child, a parent, or both.

RECOMMENDATION

To retain the existing nursing workforce, health boards must fully commit to, and deliver, the Health Education and Improvement Wales (HEIW) nursing retention plan.

The need for nursing staff in care homes is clear, but many are sadly choosing to leave. The Welsh Government and independent sector employers need to encourage nurses to keep working within care homes. This will benefit patient care by enabling the workforce to grow in numbers.

There are long-standing challenges with low and unfair pay, unsatisfactory employment terms and working conditions in the social care sector generally, and specifically within care homes. There is no consistency between care homes, within the social care sector, or between providers and the NHS. This means that pay for equivalent roles can vary significantly by employer.

For more on what needs to be done to retain nurses in the care home sector, see “Care home nursing” in Section 2 above, and refer to *Caring for Older People: The Essential Role of the Care Home Nurse*, published by RCN Wales in May 2023. The latter outlines key recommendations for showcasing the value of care home nursing to the public, attracting more people into the role, and encouraging nurses to continue working in care homes.

RECOMMENDATION

Social Care Wales must develop a strategic plan to ensure the recruitment and retention of a sustainable nursing workforce to meet the needs of the population receiving social care.

Sustainable nursing education

Achieving a nursing degree can be accomplished in several ways. Alongside access courses and distance learning, part-time degree apprenticeships are available for healthcare support workers employed by the NHS. The RCN has called for the Welsh Government to make this nationally funded and accessible to all so that employment as a healthcare support worker comes with the package of a part-time degree apprenticeship.

Full-time nursing students will spend three years undertaking a degree in nursing with each year consisting of 42 working weeks – longer than a typical academic year.

Every **10% increase** in the number of nurses holding a bachelor's degree within a hospital is associated with a **7% decline** in patient mortality.

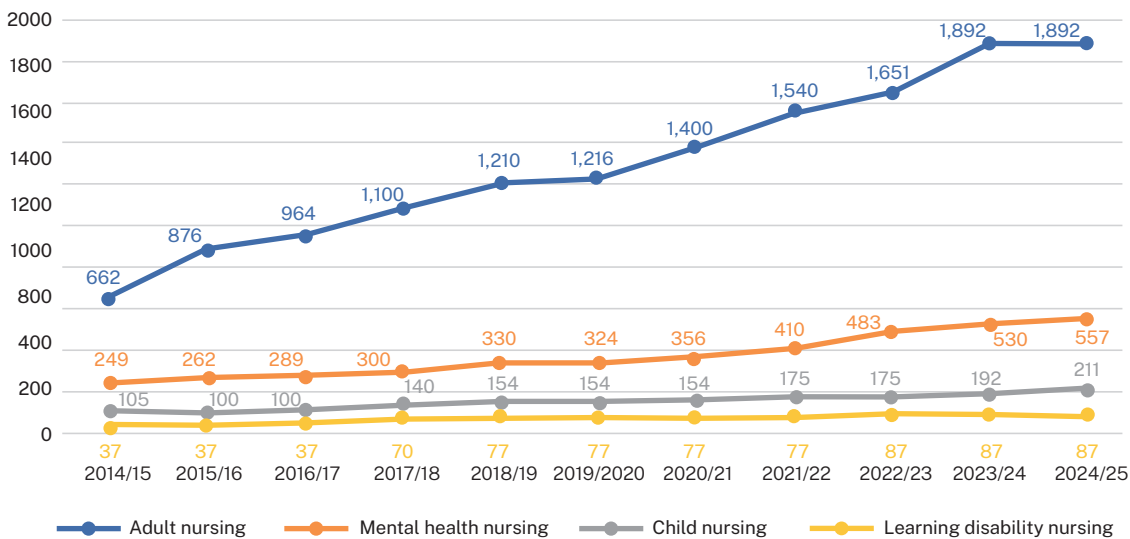
Nursing students spend 50% of their time on practical placements in NHS Wales and other settings, including care homes and GP surgeries. Higher education institutions (HEIs) are commissioned by the Welsh Government to deliver this education.

Research conducted across nine European countries found that a better-educated nursing workforce reduced unnecessary deaths. Every 10% increase in the number of nurses holding a bachelor's degree in a hospital is associated with a 7% decline in patient mortality.¹⁶

There are four areas of pre-registration nursing education: adult nursing, mental health nursing, children's nursing, and learning disability nursing.

Successive Welsh Governments have invested in all fields of nursing undergraduate education, which is welcome.

Figure 7: **Student places commissioned by Welsh Government on pre-registration nursing degrees, 2014-15 to 2024-25.**
 Source: UCAS.



At the very top of the Health and Social Services section within the Welsh Government's Programme for Government 2021-2026 (Update) sits a commitment to 'continue to fund the NHS Bursary'.¹⁷

"We are proud to continue the bursary that has helped so many people qualify and work in the NHS, caring for people in Wales."

Minister for Health and Social Services, April 2022

The English policy example.

Following the abolition of the NHS bursary for healthcare students in England, the number of applicants fell by 21% in 2017 and a further 10% in 2018. After the continued decline in nursing degree applicants, the UK Government announced an annual maintenance grant of at least £5,000 to all nursing students in England from September 2020. Any student nurse planning to work in areas with severe shortages, such as mental health or learning disabilities, also have access to a further £1,000 grant. There is also an additional childcare allowance of £2,000 on offer.

What is provided by the NHS Wales bursary?

The NHS Wales Bursary Scheme provides funding for healthcare students (doctor and dentist students are funded differently) on NHS funded courses in Wales.

Provided the student nurse agrees to work in Wales for two years post-graduation, under the current arrangements they do not pay tuition fees as the Welsh Government pay these directly to HEIs. There is also a £1,000 bursary for all, and additional means-tested bursary funding available.

Welsh-domiciled students, who do not wish to commit to work in Wales on completion of their course, have access to the standard student support package available from Student Finance Wales.

In 2022, the Welsh Government reaffirmed its commitment to the bursary for 2023/24 but said that it would consult on its future. At the time of writing, the consultation is expected to be launched shortly.

It is imperative that the Welsh Government remains responsible for the commissioning of nursing education. Currently the Welsh Government commissions nursing places in HEIs through Health Education and Improvement Wales (HEIW). Funding is provided to the HEIs per student place to the value of the cost of the tuition fees and additional funding to cover the administrative costs of organising clinical placements. If this system is abolished, HEIs in Wales may simply stop providing nursing education. Moreover, the Welsh Government will lose control of the supply of the nursing workforce to the NHS. This means the Welsh Government will not be able to plan clinical services for patients as they will not have any control over the type and level (pre-and-post-registration) of nursing skills available in Wales.

HEIs need support to continue delivering nursing education.

Nursing departments are not an obvious income generating activity for HEIs. Not only do the length of the course and the cost of organising clinical placements add to the complexity of the administration, but nurse lecturers also need to maintain their clinical practice. This means that without additional support, nursing departments can find it difficult to participate in and publish research that is attractive to HEIs.

Despite the bursary, nursing students are struggling with the cost of living. Nursing students spend half their degree on practical placements in NHS Wales and independent sector health and social care settings. The length and demanding nature of the degree leaves little room for part-time employment, meaning that student nurses are often reliant on funding.

In addition, the demographics of nursing students differ from those taking other degrees. In 2022, nearly two-thirds (58%) of accepted Welsh-domiciled nursing degree applicants were over the age of 20,¹⁸ and 16% were over the age of 35. This compares with 5% being over 35 on all other degrees.

Mature students may have existing debt and are less willing to take on additional student debt later in life. RCN research has also shown that nursing students are more likely to have dependents. A UK-wide RCN survey found that 31% of nursing students had dependent children, 10% were single parents and 23% were caring for a sick, disabled, or elderly relative.¹⁹

“Having wanted to be a nurse from a very young age, I’ve always been determined to do so. The bursary available has been a very encouraging source for making a definite choice of field to follow, due to the nursing degree being so challenging and such long hours due to practical training too. Without the bursary, I find it very hard to see through the fact that I’ll have a debt of £50,000 or more by the time I graduate. The NHS are crying out for nurses, what sense does the cut of the bursary make?”

Hawys, West Wales

RECOMMENDATION

The Welsh Government must ensure that any new system of funding nursing education provides the higher education sector with a strong foundation to develop the provision of nursing education and research, and that it ensures student uptake and access through good financial support.

International recruitment

NHS Wales is reliant on international nursing recruitment. In June 2019, Aneurin Bevan University Health Board had 350 FTE registered nurse vacancies. In May 2021, the health board had 165 vacancies, which was largely attributed to a successful international recruitment campaign. Cwm Taf Morgannwg University Health Board commenced an overseas recruitment campaign for nurses in June 2019 and has since recruited 213 FTE nurses, primarily from India.

On 12 May 2022 (International Nurses’ Day), the Chief Nursing Officer (CNO) for Wales, Sue Tranka, launched the *Here for Life* campaign.²⁰ This campaign showcases the skills, knowledge and professionalism of nurses and midwives and aims to attract more people to join the profession. On the same day, the CNO also announced the recruitment of 400 international nurses to NHS Wales.

Improving workforce planning and post-registration nursing education

After a nurse completes their pre-registration nursing degree, many wish to specialise and advance their career. This will require education and practice-based learning leading to a recognised postgraduate qualification or degree.

The availability of nurses with these advanced qualifications is a key variable – frequently the key variable – determining whether a health board can offer a given service to its population. Relative to the whole workforce, however, the number of nurses with a given specialised qualification can be surprisingly small.

The retirement of just a few specialist nurses, for example, can result in the closure of an entire neonatal unit.

The Welsh Government, through HEIW, is responsible for commissioning the post-registration nursing education that can prevent this happening.

Often, the cost of backfilling the post of a nurse released for study leads health boards to refuse to invest in nurse education. The lack of uptake leads the Welsh Government to commission fewer places on these courses, a cycle which leads eventually to the closure of university departments and even fewer opportunities to take advanced nursing courses in the future.

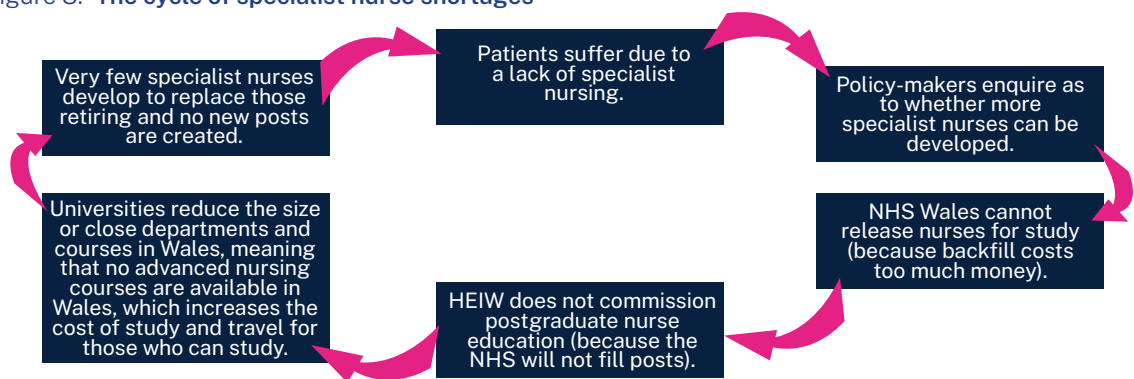
RCN Wales is concerned that the number of specialist nurses in Wales is unknown at the national level. This makes it impossible to know where more are needed. Geographical areas with the greatest need may not have a specialist nurse under the current unplanned approach. Figure 8 illustrates why the current process for funding and educating specialist nurses is unsuitable.

A national strategy for commissioning post-registration nurse education is an important first step to an approach that is sustainable and conducive to patients having access to the care they need. To break the cycle, NHS Wales and employers need to release nurses to study. HEIW must commission post-registration nursing education and universities must re-establish specialist advanced nursing courses.

RECOMMENDATION

The Welsh Government and HEIW must develop a national post-registration commissioning strategy that commissions post-registration nursing education (e.g., community nursing, neonatal, health visiting, occupational health) strategically as required by the needs of the population and works with higher education to ensure this provision is developed sustainably in Wales.

Figure 8: The cycle of specialist nurse shortages



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