



Coleg Nyrso Brenhinol
Cymru
Royal College of Nursing
Wales

Nursing in Numbers 2024



Recommendations for the Welsh Government

- 1. Improve the quality and availability of data for workforce planning.** This should include publishing agency and bank spending annually, publishing data for overtime and extra hours worked, and ensuring the accuracy of nursing and midwifery workforce data, including the newly published vacancy data.
- 2. Deliver safe and effective care.** Work with the All-Wales Nurse Staffing Programme within the NHS Wales Executive to ensure its plans to develop operational guidance for Section 25A of the Nurse Staffing Levels (Wales) Act 2016 are prioritised. Set out a timeline for the extension of Section 25B to community nursing and mental health inpatient settings.
- 3. Ensure that the introduction of the registered nursing associate role in Wales does not lead to the substitution of registered nurse roles.** The evidence is 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.
- 4. Ensure that the pay structure in place for nursing has reward and career development at its centre.** In the twenty years since the introduction of Agenda for Change, nursing as a profession and a career has transformed, yet neither the pay structure nor workforce development has changed to reflect this.
- 5. Work with Health Education and Improvement Wales, and higher education, to expand the number of nursing students and enhance their support.** Funding for nursing education must always provide a strong foundation for the higher education sector to grow nursing programmes and research, while offering students good financial support. The full-time undergraduate university degree in nursing must remain the main route into the nursing profession.
- 6. Ensure Health Education and Improvement Wales develops a national strategy for commissioning post-registration nursing education.** This national strategy must be informed by health boards' own assessments of the numbers of specialist, advanced, and consultant nurses necessary to meet the needs of the populations they serve. HEIW should develop evidence-based guidance to support health boards and trusts to assess this.
- 7. Ensure NHS employers fully deliver the nurse retention plan published by Health Education and Improvement Wales in 2023.** To keep patients safe, NHS Wales must retain more of its nursing workforce.
- 8. Support Social Care Wales to develop a strategy to recruit and retain nurses in social care.** A sustainable nursing workforce is essential to meet the needs of the population receiving social care. Social Care Wales should work with Health Education and Improvement Wales to commission Social Care Specialist Practitioner Qualifications.

About this report

The Royal College of Nursing (RCN) Wales publishes this report annually. It provides a statistical overview of the strengths and vulnerabilities of the nursing workforce in Wales with recommendations to the Welsh Government and public bodies for improvement.

In this report, the term “nursing staff” includes health care support workers. “Nurses” refers specifically to registered nurses.

Data is rounded to the nearest whole number and shown as Full-Time Equivalent (FTE).

Major data sources

- 1. Welsh Government/StatsWales:** StatsWales is the Welsh Government’s online repository of official statistics. The Welsh Government has published quarterly data on the NHS nursing workforce in Wales since 2019. Prior to 2019, data was published annually (correct to 30 September). The latest update was released on 17 July 2024.¹
- 2. Health Education and Improvement Wales (HEIW):** the *NHS Wales Workforce Trends* report from HEIW provides detailed information on workforce demographics and sickness trends. Since 2021, it has been published annually. The latest edition was published in July 2024.
- 3. Social Care Wales (SCW):** in its annual social care workforce data collection exercise, SCW collects data through a voluntary survey of employers. The latest report relates to the 2022 survey. Its response rate was 58%, down from 72% in 2021.
- 4. Royal College of Nursing (RCN):**
 - **Employment Survey:** a significant source of UK nursing workforce data, conducted biennially since the 1980s. The 30th edition, conducted in 2023, had 995 respondents from Wales.
 - **Last Shift Survey:** a survey focused on staffing levels. The 2024 survey received 640 responses from members in Wales.

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

Introduction

A safety-critical profession in crisis

Anyone who has been a patient understands the value of a registered nurse.

Research has established a strong link between shortages of registered nurses and increased patient mortality, with some putting the increase as high as 41%. The link works both ways: every 10% increase in the number of degree-educated registered nurses in a hospital is associated with a 7% decline in mortality.

Yet, over the past decade, underinvestment by the Welsh Government has put impossible pressure on nurses. It is patients who pay the price.

An RCN survey in early 2024 found that, of respondents whose latest shift had been in a hospital or other place where patients are cared for, 45% said clinical care had taken place somewhere inappropriate.²

The damage to morale in Wales speaks for itself. In 2011, nearly three-quarters of RCN members went to work most days feeling enthusiastic about their jobs. Today, only slightly more than half feel that way, while more than six in ten say they are too busy to provide the care they believe is necessary.

Faced with an impossible choice, it is no surprise that too many nurses are leaving the NHS and the profession they love.

Registered nurses are a patient’s lifeline. The Welsh Government must address the nursing workforce crisis. Our recommendations in this report show what needs to be done.

Figure 1: Morale in the nursing workforce in Wales

Source: RCN Employment Survey, 2011-2023

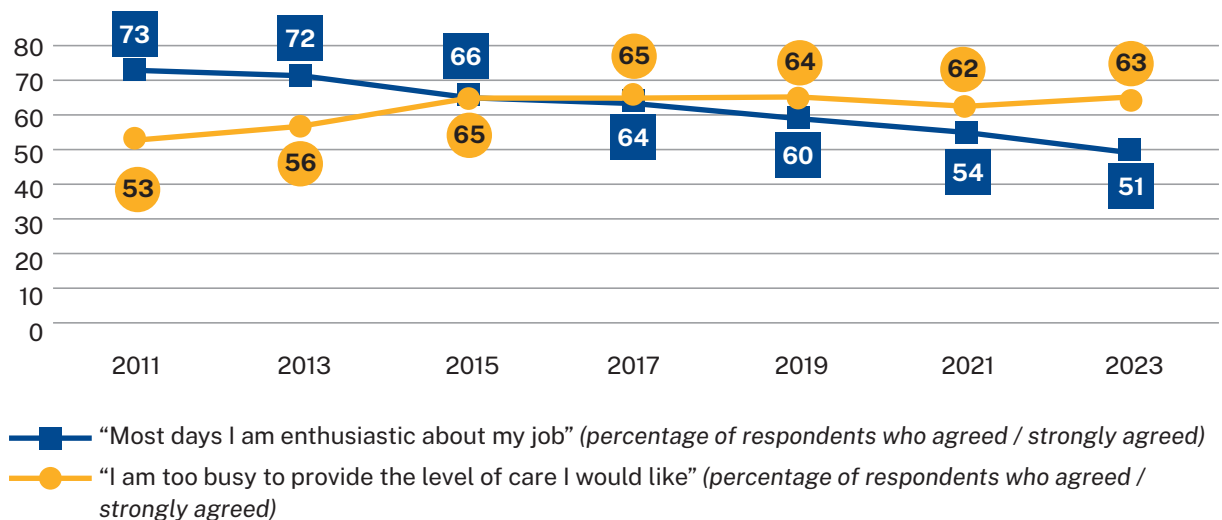


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SECTION 1 Nursing in NHS Wales: the workforce has grown, but unevenly

1.1 Registered nurses

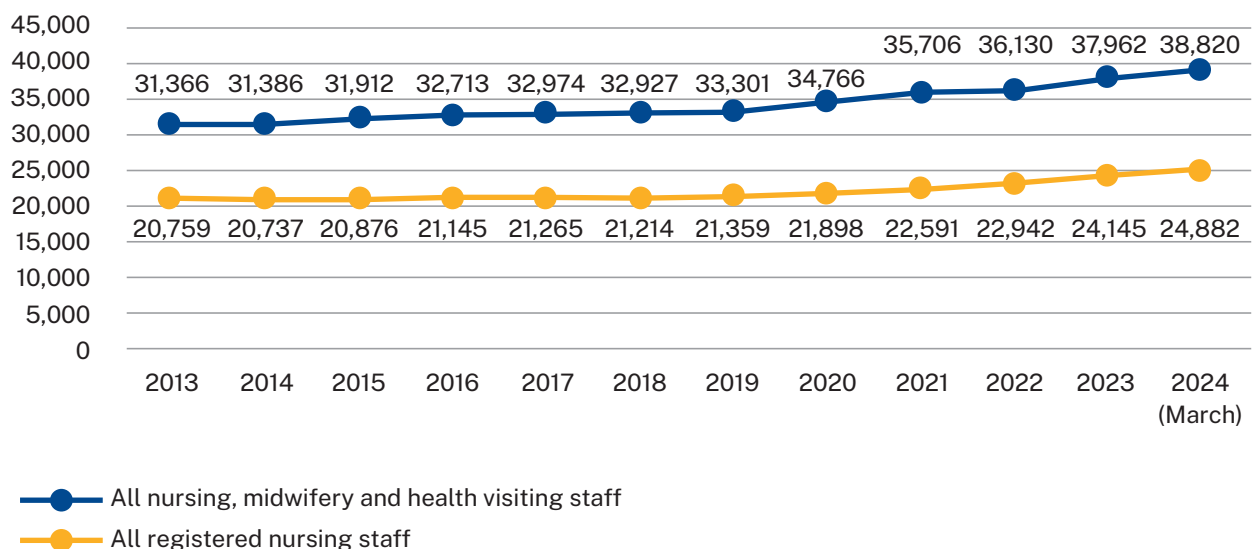
NHS Wales employs 38,820 full-time equivalent (FTE) nursing staff, including 24,882 registered nurses. The nursing and midwifery workforce is the largest in NHS Wales, making up over 41% of the total staff.

Since 2014, the overall nursing and midwifery workforce has increased by 24%. However, growth has been uneven: registered nurses have risen by less than a fifth (19%), while support staff – reliant upon registered nurses for supervision – have increased by more than a third (35%).

This does not address rising patient needs.

Figure 2: Nursing, midwifery and health visiting staff employed by NHS Wales, 2013-2024 (FTE)

Source: StatsWales



Nursing is also seeing less investment than other health professions. Between March 2018 and March 2023, the nursing and midwifery workforce grew by just 10%, compared with 25% for medical and dental professionals and 31% for allied health professionals.

1.2 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.

1.3 Registered nursing associates

In January 2024, the Welsh Government announced plans to introduce the Registered Nursing Associate role in Wales. Nursing associates in England have been part of the Nursing and Midwifery Council (NMC) register since 2018. For the NMC to regulate the role in Wales, the UK Parliament must first approve amendments to NMC’s governing legislation. At the time of writing, the UK government has not published any timeline for doing so.

Nursing associates are not registered nurses. Instead of an undergraduate nursing degree, they hold a foundation degree. Like nurses, they are subject to the NMC Code, are accountable for their practice, and must continually update their skills to maintain their NMC registration. They may deliver some care planned by a nurse but, unlike nurses, they do not assess a patient’s care needs, plan care, lead and manage it, or evaluate the care provided.

Support staff such as registered nursing associates, HCSWs and assistant practitioners 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. There should be no possibility of inappropriate role substitution with the introduction of new roles in health or in social care.

The introduction of this role in Wales could be positive if registered nursing associates are genuinely additional to the existing workforce. To that end, RCN Wales is pleased to have a seat on the Welsh Government’s programme board defining the parameters of practice for registered nursing associates in Wales. These parameters should help to ensure that the role offers career progression for nursing support workers, increases recognition of band 4 support workers and alleviates some pressure on registered nurses, without the risk of patients receiving substandard care resulting in direct or indirect harm.

RECOMMENDATION FOR THE WELSH GOVERNMENT

Ensure that the introduction of the registered nursing associate role in Wales does not lead to the substitution of registered nurse roles. Evidence is 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.

SECTION 2 Nursing in the independent sector: a lack of government data hinders an overall picture

2.1 Overview

Nurses and nursing staff employed in the independent and social care sectors work for a range of non-NHS employers of varying sizes including hospices, care homes, nursing agencies, prisons, GP practices, private hospitals, charities and voluntary community services. However, unlike the NHS, the overall number of nurses working in the sector is not known.

There are 38,075 nurses registered with the Nursing and Midwifery Council (NMC) who have a residential address in Wales.³ NHS Wales employs 28,514 (headcount) registered nurses. The remaining 9,561 are *likely* to be working in GP practices, social care, and for nursing agencies.⁴ Additionally, NMC registration only reflects a nurse's residential address. Wales shares a long and porous border with England, and some nurses who live in Wales are employed in England. Based on our own membership, RCN Wales estimates that these nurses outnumber those living in England but working in Wales by some 20%.

The Welsh Government does publish data on *some* nursing groups in the independent sector^{5,6}, but not an overall figure. Through Health Education and Improvement Wales (HEIW), the Welsh Government should make it a priority to publish a labour market analysis to understand the shape of nursing in the Welsh independent sector.

2.2 In general practice, over half of the nursing workforce is aged 50 or more

In March 2024, there were **1,039 FTE registered nurses working in general practices** in Wales.

Over half of general practice nurses are aged 50 or over.

Fewer than one in twenty (4%) are under 29.

General practice nurses (GPNs) work in a GP surgery as part of a primary care team. They are involved in almost every aspect of patient care and treatment. They will treat small injuries, assist with minor operations done under local anaesthetic, lead patient care in managing long-term conditions and smoking cessation, run vaccination programmes, and more.

Some GPNs are employed directly by health boards. Most are directly employed by GP practices, which usually deliver their services on behalf of NHS Wales under the General Medical Services (GMS) contract.

There are 1,039 FTE registered nurses working in general practices in Wales, in comparison to 1,592 GPs.⁷

The age profile of nurses working in GP settings is concerning. More than half are at least 50 years old (54%), and 20% are aged 60 or more. Most of the remainder are between 30 and 49 years old (42%), with just 4% aged 29 or younger.⁸

This age profile is concerning because nurses approaching (or older than) 55 are more likely to 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” to develop services across a geographical area. There are currently 64 clusters in Wales. GPNs work together through this cluster model to ensure consistency in care and support smooth 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.

2.3 In social care, nearly a third of registered nurses have left since 2018

Care home providers and RCN Wales members report an acute shortage of registered nurses in the care home sector. Most nurses who work in social care work in care homes or mental health residential facilities.

As the Welsh Government promotes care closer to home, residents often enter care homes with more advanced and complex health needs, requiring highly skilled nursing care.

Social Care Wales collects social care workforce data through a voluntary survey of employers, but the most recent survey in 2022 had only a 58% response rate. In other words, the published workforce data omits more than one in three social care providers.

Workforce planning is critical to maintaining standards of care, but it is only as good as the data informing it. Workforce planning in social care will be held back until a full and reliable picture exists of the workforce and its vacancies. To this end, RCN Wales has urged mandatory participation in the Social Care Wales data collection.

Despite limited data, worrying trends are clear. Since 2018, when 1,545 nurses were working in social care in Wales, the number has fallen steadily in each survey year (no data was published for 2020). By the time of the most recent survey in 2022, they numbered 32% fewer, with just 1,057 working in social care.

In 2021, 319 registered nursing staff left the sector, and only 204 joined. The next year, 88 left while 83 joined. Despite leavers outnumbering joiners, vacancies *fell* from 128 to 50, suggesting that employers are simply not replacing registered nurses when they leave. The workforce is also ageing, with nearly a third (29%) of nursing staff aged 46-55, and less than 3% under 26.

These challenges threaten the quality of nursing care in social care, leading to poorer health and reduced life expectancy for people who rely on the sector. A shortage of registered nurses in social care will also impact the NHS, increasing delayed discharges and repeat admissions.

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%)

The social care sector in Wales has lost 32% of its registered nurses since 2018.

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

As autonomous practitioners, care home nurses use their clinical skills to anticipate problems, recognising and acting when a person is deteriorating, which helps prevent patients being admitted to hospital unnecessarily. 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 residents transition back to life in the care home after a period in hospital. Current policy has failed so far 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.

For more information on nursing in care homes, see the RCN Wales report, *Caring for Older People*.⁹



SECTION 3 NHS Wales does not employ enough nurses and nursing staff to sustainably provide the best care

3.1 Overview

Unfortunately, the growth we have seen in nursing staff is insufficient to provide the best care. This is due to three main factors outlined in this report.

- 1. The first is that the changing needs of the population demand more nursing staff with advanced skills.** Advances in nursing, health care, and early diagnosis are helping people live longer. That means more people are reaching an age by which they are likely to have developed complex needs and comorbidities. A patient with a broken hip needs even more specialised care if they have dementia, diabetes, or another chronic condition as well – especially when they live alone or in unsuitable housing. Yet nursing is seeing less investment than other health professions. Between March 2018 and March 2023, the nursing and midwifery workforce grew by just 10%, compared with 25% for medical and dental professionals and 31% for allied health professionals.
- 2. The second critical issue is the high number of registered nurses leaving the NHS.** This is partly the result of the age profile of the nursing workforce. The percentage of nursing and midwifery staff who are near retirement age (over 55) grew by 3.4% between March 2018 and March 2023.¹⁰ This age group now represents a fifth (19.5%) of the workforce.¹¹ However, the shortage of registered nurses is also driven by difficulty accessing flexible working. It is also self-propagating, as the shortage itself causes pressure which drives higher rates of staff burnout. These factors are discussed further in Section 5.2, “Improve retention rates for nursing staff”.
- 3. The third is the persistent problem of staffing shortages in specialised nursing roles.** This is true in hospitals, in community nursing and in social care. These roles, essential for maintaining and improving patient health, depend on post-registration education. However, investment in nursing education has declined over the past two decades, and NHS Wales lacks a strategic approach to workforce planning. As a result, repeated efforts to redesign NHS services are increasingly driven by skill shortages rather than population needs. This problem, and its solutions, are discussed further in the last section.

Workforce planning in health care in Wales is under-researched and under-resourced, with neither the Welsh Government nor NHS Wales publishing comprehensive information on population need or the workforce needed to meet it. To understand and measure the nursing shortage in Wales, we depend on proxy indicators. Three will be examined in this section: **vacancy rates**, **agency spending** and **workload pressure**.

3.2 Registered nurse vacancies remain higher than three years ago

RCN Wales estimates that there are at least

2,001
registered nurse
vacancies in NHS
Wales in 2024.

Each year since 2019, RCN Wales has estimated the number of registered nurse vacancies in NHS Wales health boards. This is because, from 2011 to 2023, the Welsh Government published no such figure.

In 2023, following much campaigning by RCN Wales, the Welsh Government did begin to publish official statistics on NHS vacancies. This was a welcome step supporting both transparency and workforce planning.

The RCN Wales and Welsh Government estimates are different in scope and in methodology.

Welsh Government estimate: Nursing, midwifery and health visiting vacancies

The latest Welsh Government release (in July 2024) estimates that, on 31 March 2024, there were 1,831 FTE registered nurse, midwifery, and health visiting vacancies across all NHS Wales organisations, a vacancy rate of 6.5%. Of these, **1,770 FTE vacancies (97%) were in the seven NHS Wales health boards, who provide most of the direct NHS patient care, including emergency care.**

Among nursing, midwifery and health visiting *support* staff, the Welsh Government estimates a further 740 FTE vacancies, a vacancy rate of 5.4%.

The Welsh Government warns that because of known data quality issues, these new NHS vacancy statistics are classified as “official statistics in development” and are likely to slightly underrepresent the true number of vacancies. 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.

RCN Wales estimate: Registered nurse vacancies

Since 2019, in the absence of official vacancy data specific to registered nurses, RCN Wales has estimated a national figure annually by requesting figures directly from health boards under the Freedom of Information Act 2000 (FOIA).

Table 1: NHS Wales registered nurse vacancies by health board

Source: Freedom of information requests

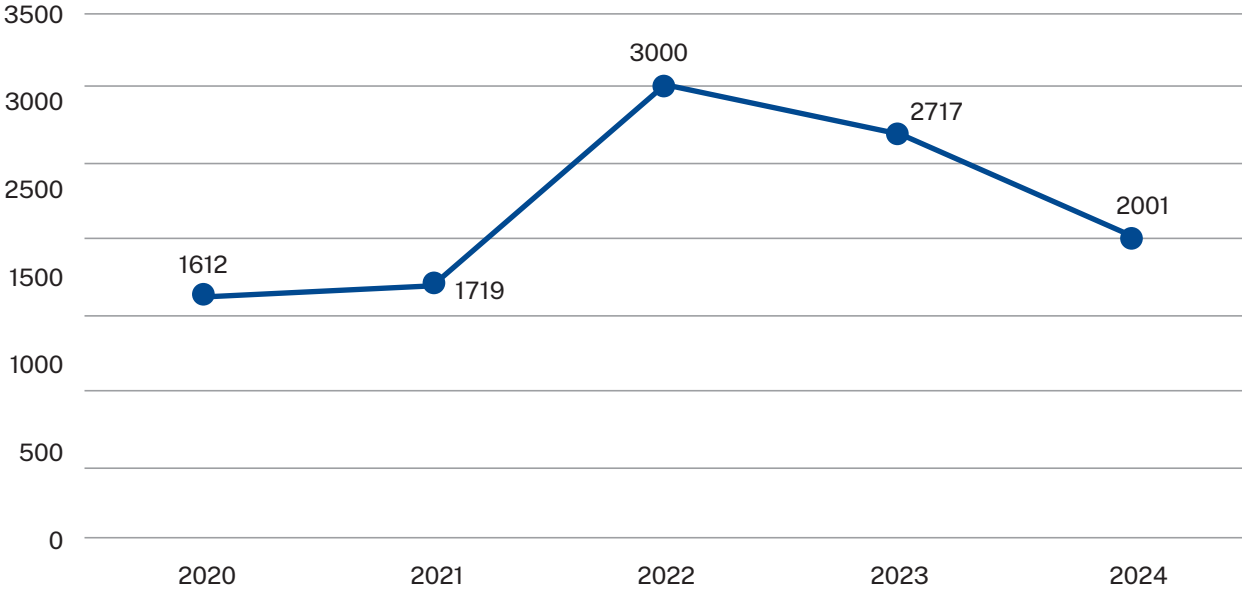
Health board	Estimated vacancies
Aneurin Bevan University Health Board	300.00
Betsi Cadwaladr University Health Board	535.70
Cardiff and Vale University Health Board	152.34
Cwm Taf Morgannwg University Health Board	372.20
Hywel Dda University Health Board	303.80
Powys Teaching Health Board	149.75
Swansea Bay University Health Board	186.81
Total	2000.60

Based on the information available to RCN Wales at the time of writing, we believe that **there are at least 2,001 registered nurse vacancies** in NHS Wales.

This would mean registered nurse vacancies have fallen by around 716 since 2023. While this is to be celebrated and reflects the Chief Nursing Officer’s success in championing the recruitment of internationally educated registered nurses, too many registered nurse posts remain vacant in NHS Wales. Much more work is needed to increase the sustainability of the workforce and reduce vacancies back to, and below, levels seen before the onset of COVID-19.

For more on workforce sustainability, see section 5.

Figure 3: NHS Wales registered nurse vacancies (Agenda for Change Band 5 and above), 2020-2024
Source: Freedom of Information requests, StatsWales



So far, the vacancy numbers that health boards report to RCN Wales in response to FOIA requests have tended to slightly exceed those published in the closest Welsh Government statistical release, despite concerning a *less broad* category of staff. As the government’s official statistics on vacancies develop, it may become possible for the RCN to be able to use this figure confidently in the future.

RECOMMENDATION FOR THE WELSH GOVERNMENT
Improve the quality and availability of data for workforce planning. This should include publishing agency and bank spending annually, publishing data for overtime and extra hours worked, and ensuring the accuracy of nursing and midwifery workforce data, including the newly published vacancy data.

3.3 NHS Wales relies heavily on nurses giving extra hours of their own time

Nurses give NHS Wales **73,651 extra hours every week** – the equivalent of 1,964 full-time nurses.

NHS Wales relies heavily on nurses working overtime. In the 2023 RCN Employment Survey, 74% of respondents in Wales reported working additional hours at least once a week. Of these, 40% worked an average of three to six extra hours weekly.

If 74% of NHS Wales’s registered nurses work overtime weekly, this equates to 17,469 FTE nurses doing so. Assuming each nurse works an additional four hours per week, NHS Wales benefits from an extra 73,651 hours of nursing work – a contribution equivalent to **1,964 additional nurses working 37.5 hours a week.** More than four

in ten respondents (45%) reported that these hours were usually unpaid.

This reliance on overtime highlights a significant staffing shortfall, negatively affecting nursing morale and patient outcomes. A substantial increase in nursing staff is urgently needed to ensure high-quality care.

Continuing professional development (CPD) is a fundamental career-long requirement for nurses to stay registered with the NMC and continue practicing. Yet accessing CPD is a struggle for many nurses. The 2023 RCN Employment Survey found that just under two thirds (65.2%) of respondents in Wales had been able to complete even the *mandatory* training required for their role (for example, CPR or fire safety) in the previous 12 months, compared to 77.5% of respondents across the UK. Fewer than four in ten respondents had been able to complete their last training session without using their own time.

The fact that most nurses struggle to complete even the mandatory training for their roles in normal working hours shows the unsustainable pressure they are under.

3.4 Spending on agency staff remains substantially higher than in 2021 and earlier

In 2023/24, NHS Wales health boards spent at least

£142m

on agency nursing. This would pay the salaries of **4,677** full-time newly registered nurses.

Agency nursing refers to the use of temporary nurses or HCSWs who work 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 absences. When a health board or trust cannot cover this with permanent staff or staff from its internal “bank”, the NHS turns to agencies. A “bank” is an internal NHS system allowing permanent staff to take on extra shifts to meet temporary need in the health board that employs them. There are also people who choose to work only bank shifts.

The Welsh Government does not consistently publish information on the cost of agency nursing to NHS Wales. Consequently, RCN Wales has historically depended on information published by Audit Wales, HEIW, and through requests under the FOIA.

In 2023-24, health boards spent a total of £142.3 million on agency nursing, marking a 12% decrease compared with the previous year. After five consecutive years of increases, the reversal of this trend is a significant success. It highlights the considerable efforts of NHS Wales and the Welsh Government to reduce reliance on agency workers.

Still, policymakers should retain a sense of perspective. Figure 4 shows that spending remains substantially higher than in 2021 and earlier. After adjusting for inflation, the £51.4 million NHS Wales spent on agency nursing in 2017-18 amounts to just £66.8 million, well under half the 2023-24 bill.

Figure 4: Health board spending on agency workers (nursing & midwifery and medical & dental, 2016-17 to 2023-24)

Source: HEIW, freedom of information requests

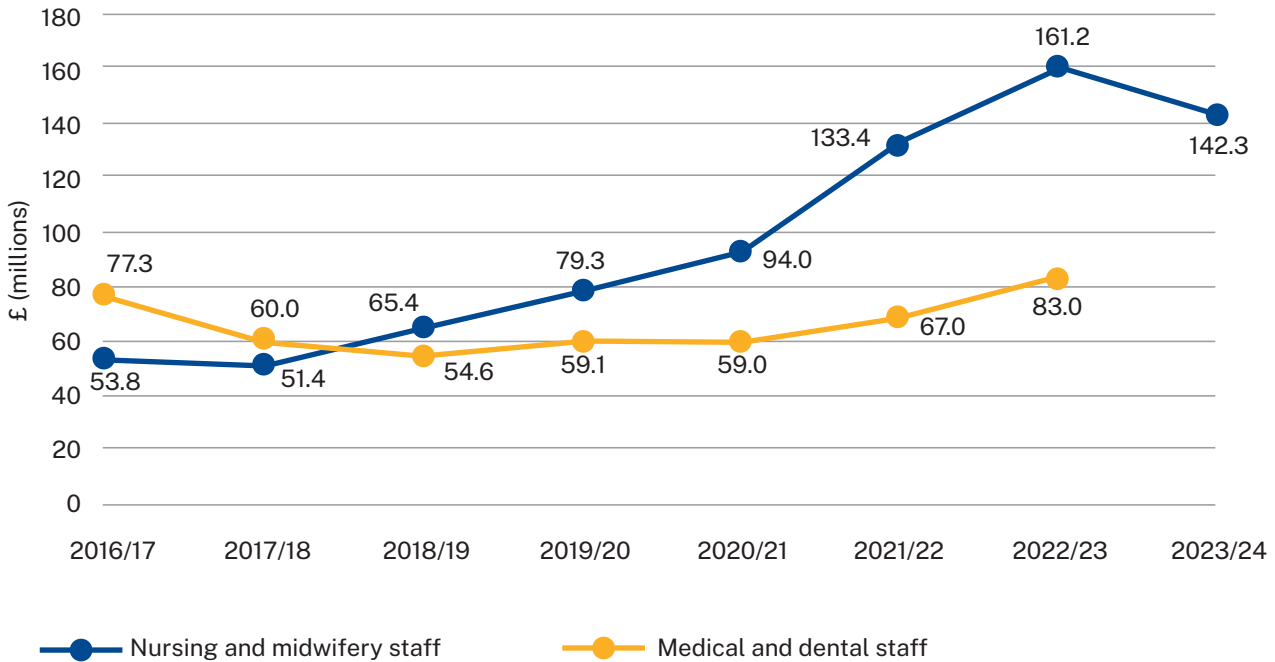


Figure 4 also shows that, while agency spend has risen across the workforce, the Welsh Government has allowed an especially uncontrolled and costly increase in the use of agency nursing in recent years.

Demand for agency medical and dental staff remained relatively stable during this time, only rising more recently. As the rising costs of agency nursing show, demand for agency nursing staff grew rapidly. Spending on nursing and midwifery agency staff more than tripled between 2017-18 and 2022-23.

To see why, we can look to the fact that, in NHS Wales, nursing has seen significantly less investment in its growth compared with other health professions. Between March 2018 and March 2023, the NHS nursing and midwifery workforce grew by just 10%, compared with 25% for medical and dental professionals and 31% for allied health professionals. Growing bills for agency nursing staff are a symptom of the Welsh Government’s failure to plan and to invest in growing the NHS nursing and midwifery workforce at the pace needed to keep patients safe.

NHS Wales is still displaying a dangerous 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, and the implications for public policy deserve scrutiny.

The way to bring agency costs down permanently is to invest in growing NHS Wales's own workforce and developing their skills. 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. Agencies tend to offer better pay and more freedom over location and hours than the NHS. Nurses can focus on caring for patients and worry less about staff shortages and internal challenges.

Research shows that the presence of the registered nurse reduces the risk of 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

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 Bangor being filled by staff from London and Manchester, and vice versa – which costs the NHS 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 "Improve retention rates for nursing staff" in Section 5 of this report.

SECTION 4 Why having enough nurses is crucial to protect patients

4.1 Research clearly shows that patient safety is very strongly linked to the presence of registered nurses

The academic evidence is as clear as it is stark. Patients are measurably more likely to die where there are fewer registered nurses, and the inverse is also true.

Studies have found that patients are more likely to die on wards with fewer registered nurses, with risks up to 41% higher compared with better-staffed wards.^{13, 14} They are also 20% more likely to be readmitted and 41% more likely to stay longer in hospital. Safe nurse staffing reduces readmissions, health care associated infection rates, medication errors, falls and pressure ulcers.¹⁵

In other words, what makes the difference to patient safety is not just the overall, absolute number of staff, but the different sets of skills they have. The contributions of nursing support staff, occupational therapists, physiotherapists, psychologists and registered nurses are important, different, and most crucially, not interchangeable.

In high-profile cases in Wales, low nurse staffing levels have led to unnecessary patient harm. That is unacceptable, and Wales was the first country in the UK to recognise that in legislation by passing the Nurse Staffing Levels (Wales) Act 2016.

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

Maternity Services, Singleton Hospital (Swansea Bay UHB), 2024: “HIW are not assured that consistently safe staffing levels and processes are in place in this area to ensure the delivery of safe and timely patient care” (p. 36)

Coed Du Hall Hospital (independent mental health service), Mold, 2024: “...during the night shifts only one registered nurse would be working with a team of healthcare support workers. This meant that the nurse working the night shift could not take a break without leaving the hospital without nursing cover during this period.” (p. 34)

Mental Health Hospitals, Learning Disability Hospitals and Mental Health Act Monitoring Annual Report 2022-2023 (published 2024): “Workforce issues were identified in 13 out of 18 inspections [...] High level of agency staff usage and a lack of focus on the recruitment of staff into permanent vacancies. [...] In some of our inspections we identified a lack of review of staffing levels to ensure that they meet the demands of the patient group. [...] It is evident, from the range of issues identified above, that significant workforce challenges were having a detrimental effect on the care pathway for patients.” (p. 22)

Heatherwood Court (independent mental health service), Pontypridd, 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, Wrexham Maelor Hospital (Betsi Cadwaladr UHB), 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.”

The Grange University Hospital (Aneurin Bevan UHB), 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.”

4.2 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 law was the first of its kind in Europe and protected nurse staffing levels in legislation. Section 25A places a general duty on health boards to “have regard to the importance of” nurses having the time to care for their patients. Section 25B places a more specific duty on health boards to calculate and take all reasonable steps to maintain nurse staffing levels, and skill mix, using a specified method.

In 2024, the Health and Social Care Committee concluded that if the Welsh Government could not show it was achieving safe and effective care without extending Section 25B of the Nurse Staffing Levels (Wales) Act 2016, it should consider doing so.¹⁶

What does the law say?

In Part 2 of the National Health Service (Wales) Act 2006 (c.42) (health service bodies), in Chapter 4 (miscellaneous), before section 26 insert –

Section 25A: Duty to have regard to providing sufficient nurses

- (1) Subsection (2) applies where a Local Health Board is considering the extent of provision of nursing services for its area necessary to meet all reasonable requirements.
- (2) The Local Health Board must have regard to the importance of –
- (a) providing sufficient nurses to allow the nurses time to care for patients sensitively, and
 - (b) where securing the provision of nursing services, ensuring that there are sufficient nurses to allow the nurses time to care for patients sensitively. [...]
- (6) In this section, and in sections 25B to 25E, references to –
- (a) a nurse providing care for patients include the provision of care by a person other than a nurse acting under the supervision of, or discharging duties delegated to the person by, a nurse;
 - (b) a “nurse” mean a registered nurse; [...]

Section 25B: Duty to calculate and take steps to maintain nurse staffing levels

- (1) Where a Local Health Board or NHS Trust in Wales provides nursing services in a situation to which this section applies, it must –
- (a) designate a person or a description of person to calculate the number of [registered] nurses appropriate to provide care to patients that meets all reasonable requirements in that situation (the “nurse staffing level”),
 - (b) take all reasonable steps to maintain the nurse staffing level, and
 - (c) make arrangements for the purpose of informing patients of the nurse staffing level.

Nurse Staffing Levels (Wales) Act 2016

SECTION 5 Taking action: Five steps to protect patients from nursing shortages

There are five key actions the government should take to deliver a nursing workforce that is sustainable and can give patients the best care:

- publish guidance for health boards on Section 25A
- improve retention rates for nursing staff
- ensure sustainable registered nurse education, and development for support workers
- recruit registered nurses internationally
- improve workforce planning and develop a strategy for post-registration nursing education.

These actions are covered in this section.

5.1 Publish guidance for health boards on Section 25A

Section 25A in action

In 2019 and 2020, Cardiff and Vale University Health Board reported noncompliance with Section 25A of the Nurse Staffing Levels (Wales) Act in mental health inpatient settings. After the Executive Director of Nursing raised this issue with the Board, in 2021, the Mental Health Clinical Board was instructed to address staffing and financial gaps. By 2022, the Executive Director of Nursing was able to sign off on the required nurse staffing levels, although further alignment with the budget was still needed.

Section 25A of the Nurse Staffing Levels (Wales) Act 2016 places a general duty on health boards to “have regard to the importance of” nurses having the time to care for their patients.

This overarching duty has had positive effects, but there is no doubt that it has been weakly implemented. There is little public information on how Section 25A is applied to the services health boards commission, or on how – or whether – health boards are inspected on their compliance with it.

In June 2024, the Welsh Government confirmed¹⁷ that work had begun on new operational guidance to help calculate nurse staffing levels in Section 25A areas. RCN Wales enthusiastically welcomes this. In implementing the Nurse Staffing Levels (Wales) Act 2016 until now, the Welsh Government has developed statutory and operational guidance only for sections 25B and 25C.

RCN Wales has consistently believed that the Welsh Government should issue statutory guidance for the entire Act, setting out how health boards and trusts should fulfil all their responsibilities under it. This remains RCN Wales’s position.

However, operational guidance is also important as it gives staff clear instructions for day-to-day work on wards or at an equivalent level, helping health boards meet their obligations under Section 25A and better protect patients. The Welsh Government should make publishing this guidance a priority.

RECOMMENDATION FOR THE WELSH GOVERNMENT

Deliver safe and effective care. Work with the All-Wales Nurse Staffing Programme within the NHS Wales Executive to ensure its plans to develop operational guidance for Section 25A of the Nurse Staffing Levels (Wales) Act 2016 are prioritised. Set out a timeline for the extension of Section 25B to community nursing and mental health inpatient settings.

5.2 Improve retention rates for nursing staff

Fair pay for nursing

Nursing staff still earn less in real terms than a decade ago. The Welsh Government is responsible for NHS nurse and HCSW salaries, and the RCN has called on governments across the UK to protect patients by recognising the safety-critical role of nursing and rewarding it fairly. RCN Wales members are committed to ensuring this happens.

As part of its evidence to the NHS Pay Review Body in 2024, RCN Wales also called on the PRB to recommend national recruitment and retention premia for the nursing workforce in addition to an appropriate pay award. During negotiations with the Welsh Government in 2023, RCN Wales drew attention to the fact that retention premia are not currently being used in nursing. National recruitment and retention premia are intended to help combat national pressures, such as those seen in the NHS nursing workforce.

The Agenda for Change pay structure

A fundamental problem is the Agenda for Change pay structure itself. In the twenty years since its introduction, nursing as a profession and a career has transformed. Agenda for Change no longer provides equal pay for work of equal value. Nursing staff are working at higher levels of education, skills and knowledge. They are also working at higher levels of responsibility and risk due to changes in roles and staffing shortages. Yet Agenda for Change neither rewards this through higher pay nor by delivering career progression to a higher grade. On the contrary, nursing staff find the status quo impedes their career progression and development. This means Agenda for Change itself is a barrier to safer levels of staffing and higher standards of patient care.

Nursing careers require a professional framework by a pay structure that reflects and supports growth over time – both for individual nurses and for advancements in the science and art of nursing.

RCN Wales believes a separate pay spine is needed exclusively for nursing staff. Nursing is not comparable to other roles covered by Agenda for Change because of the weight of academic evidence demonstrating its impact on patient safety. Registered nurses cannot be substituted for other staff. A single pay spine cannot account for both clinical, safety-critical nursing roles and other clinical and non-clinical roles. The only solution is a dedicated pay spine, an arrangement which already exists for the medical workforce, to recognise and reward its skills, experience, education and contribution. Nursing has simply outgrown Agenda for Change.

RECOMMENDATION FOR THE WELSH GOVERNMENT

Ensure that the pay structure in place for nursing has reward and career development at its centre. In the twenty years since the introduction of Agenda for Change, nursing as a profession and a career has transformed, yet neither the pay structure nor workforce development has changed to reflect this.

Non-pay factors in retaining NHS nursing staff

While fair pay is important in retaining nurses, other factors matter too. As part of a multi-year campaign for a national nurse retention plan in Wales, in 2022 RCN Wales published *Retaining Nurses in the Profession: What Matters?*¹⁸ showcasing evidence-based steps to retaining nurses.

Using this report as a foundation, Health Education and Improvement Wales published a national Nurse Retention Plan¹⁹ the following year. Sadly, without oversight from a body with the authority to drive the plan forward across NHS Wales, it has so far been weakly implemented. Nurse retention remains a significant problem for NHS Wales.

An important feature of both the RCN Wales report and the Nurse Retention Plan is access to flexible working arrangements. This is a normal feature of modern workplaces. In nursing, its importance was highlighted when a Welsh Government offer featuring promises on flexible working brought nursing strikes in Wales to an end in 2023. Even so, nursing staff still report difficulty in accessing flexible working arrangements. The average age of a nursing student is 29, meaning many nurses already have caring responsibilities for a child, a parent, or both – even at the point when they enter the workforce.

NHS Wales should aim to be an example for all employers of nursing staff by supporting its own staff to work flexibly.

RECOMMENDATION FOR THE WELSH GOVERNMENT

Ensure NHS employers fully deliver the nurse retention plan published by Health Education and Improvement Wales in 2023. To keep patients safe, NHS Wales must retain more of its nursing workforce.

Retention in the care home sector

The need for nursing staff in care homes is clear, but many are choosing to leave. The Welsh Government and independent sector employers need to encourage nurses to keep working in 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 in care homes. There is no consistency between individual care homes, inside the social care sector as a whole, or between the independent sector 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, refer to *Caring for Older People: The Essential Role of the Care Home Nurse*, published by RCN Wales in May 2023. This report 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 FOR THE WELSH GOVERNMENT

Support Social Care Wales to develop a strategy to recruit and retain nurses in social care. A sustainable nursing workforce is essential to meet the needs of the population receiving social care. Social Care Wales should work with Health Education and Improvement Wales to commission Social Care Specialist Practitioner Qualifications.

5.3 Ensure sustainable registered nurse education, and development for support workers

Achieving a nursing degree can be accomplished in several ways. Alongside access courses and distance learning, health care support workers employed by NHS Wales can access routes to a career as a registered nurse through part-time degree apprenticeships. Health boards also offer programmes to develop their own workforce and meet local need, often called “grow your own” programmes, which can lead to qualification as a registered nurse.

The RCN has called for the Welsh Government to make this nationally funded and accessible to all so that employment as a health care support worker comes with the package of a part-time degree apprenticeship.

The *main* route into the nursing profession, which sets the standard for all other routes into the profession, is the pre-registration (undergraduate) nursing university degree.

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.²⁰

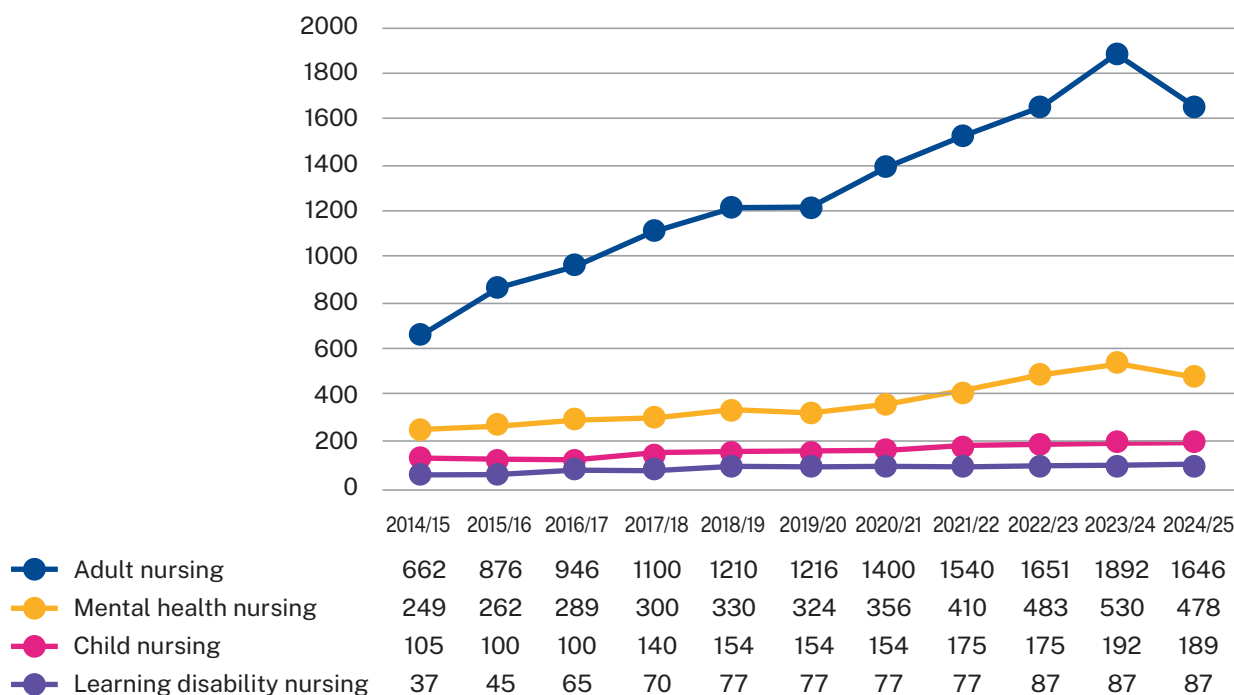
Every **10% increase** in the number of nurses holding a bachelor’s degree in a hospital is associated with a **7% decline** in patient mortality.

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. **Nursing students spend 50% of their time on practical placements in NHS Wales and other settings, including care homes and GP surgeries.**

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

Figure 5: **Student places commissioned by Welsh Government on pre-registration nursing degrees, 2014-15 to 2024-25**

Source: Health Education and Improvement Wales



The Welsh Government determines the number of nursing degree places at higher education institutions each year. It commissions places based on recommendations from HEIW, who in turn base those recommendations on information from health boards, including their integrated medium-term plans.

However, HEIW does not simply recommend what health boards request. In 2024/25, its recommendations amounted to between 50% and 79% of what health boards said they needed. Even so, the Welsh Government did not accept this year’s recommendations. The numbers commissioned this year represent between 50% and 69% of health boards’ requests.

After several successive years of investment in most fields of nursing undergraduate education, the Welsh Government in 2024 cut places on all nursing undergraduate courses for the first time in at least ten years.

Fill rates

HEIW has, in the last year, begun to mention the fill rate of courses as a factor influencing recommendations, including a 23% increase in the number of filled places for adult nursing courses in 2023-24.

This is a welcome development. Fill rates are useful as natural indicators of success in filling places on nursing courses. However, HEIW should never consider a low fill rate as evidence that a course is not needed and should no longer be commissioned.

Commissioning nurse education based on the “popularity” of courses puts the cart before the horse. One of the main purposes of HEIW is to predict future need and plan for the long-term so that Wales has the workforce to meet it. Consequently, HEIW will sometimes need to commission “unpopular” courses *and work hard to fill them* because the skills they confer are so critical to patients.

If low uptake is allowed to wrongly reinforce the perception that a course is unnecessary, the course's so-called "unpopularity" becomes self-propagating. This has already happened in learning disability nursing and children's mental health nursing. Providers reduce places or close the course, meaning those interested have even greater difficulty obtaining a place, even though the root problem may have simply been one of public perception. The outcome is that the public have even less access to nurses with the expertise they need.

This is exactly the scenario HEIW exists to prevent. RCN Wales recommends that, if HEIW identifies a course with a persistently low fill rate, it should take this as a warning and as evidence of a need for urgent action.

NHS Bursary

In the Welsh Government's *Programme for Government 2021-2026 (Update)*, at the very top of the section on health and social services, sits a commitment to 'continue to fund the NHS Bursary'.²¹

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

Eluned Morgan, Minister for Health and Social Services, April 2022

The English policy example

Following the abolition of the NHS bursary for health care 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 health care 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, they do not pay tuition fees. The Welsh Government pays 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 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 in 2024, the consultation has not launched and the arrangements for it are unclear.

It is imperative that the Welsh Government remains responsible for the commissioning of nursing education. Currently the Welsh Government commissions nursing places in higher education institutions (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. 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.

“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

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 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 20,²² 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.²³

RECOMMENDATION FOR THE WELSH GOVERNMENT

Work with Health Education and Improvement Wales, and higher education, to increase the number of nursing students and support them. Any new system of funding nursing education must attract more students, give them good financial support, and sustain the courses and research nurses and patients need.

5.4 Recruit registered nurses internationally

NHS Wales is reliant on international nursing recruitment.

On 2 March 2024, the then Minister for Health and Social Services, Eluned Morgan, announced that 250 nurses and doctors would be coming to Wales under a new agreement between Welsh Government and the Kerala Government. As part of *Wales in India*, the Minister signed an agreement with the Government of Kerala to bring qualified health care professionals from India to work in NHS Wales.

By attracting prospective and qualified nursing and midwifery professionals to Wales through the *Train, Work, Live* campaign, the Chief Nursing Officer for Wales has developed the image of Wales internationally as a desirable place to practice and live. Last year, over 400 internationally educated nurses were recruited from overseas through a nationally delivered programme, and the Welsh Government plans to recruit a further cohort this year alongside a £5 million programme to support targeted recruitment – including further ethical international recruitment.

5.5 Improve workforce planning and develop a strategy for 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 seriously disrupt neonatal or community nursing services across a whole area.

It is through HEIW that the Welsh Government can commission enough places in post-registration nursing education to prevent this happening.

Often, difficulty backfilling a nurse's post prevents nurses being released for study. The lack of uptake leads the Welsh Government to commission fewer places on these courses in the future, a cycle which leads eventually to the closure of university departments and even fewer opportunities to take advanced nursing courses in the future.

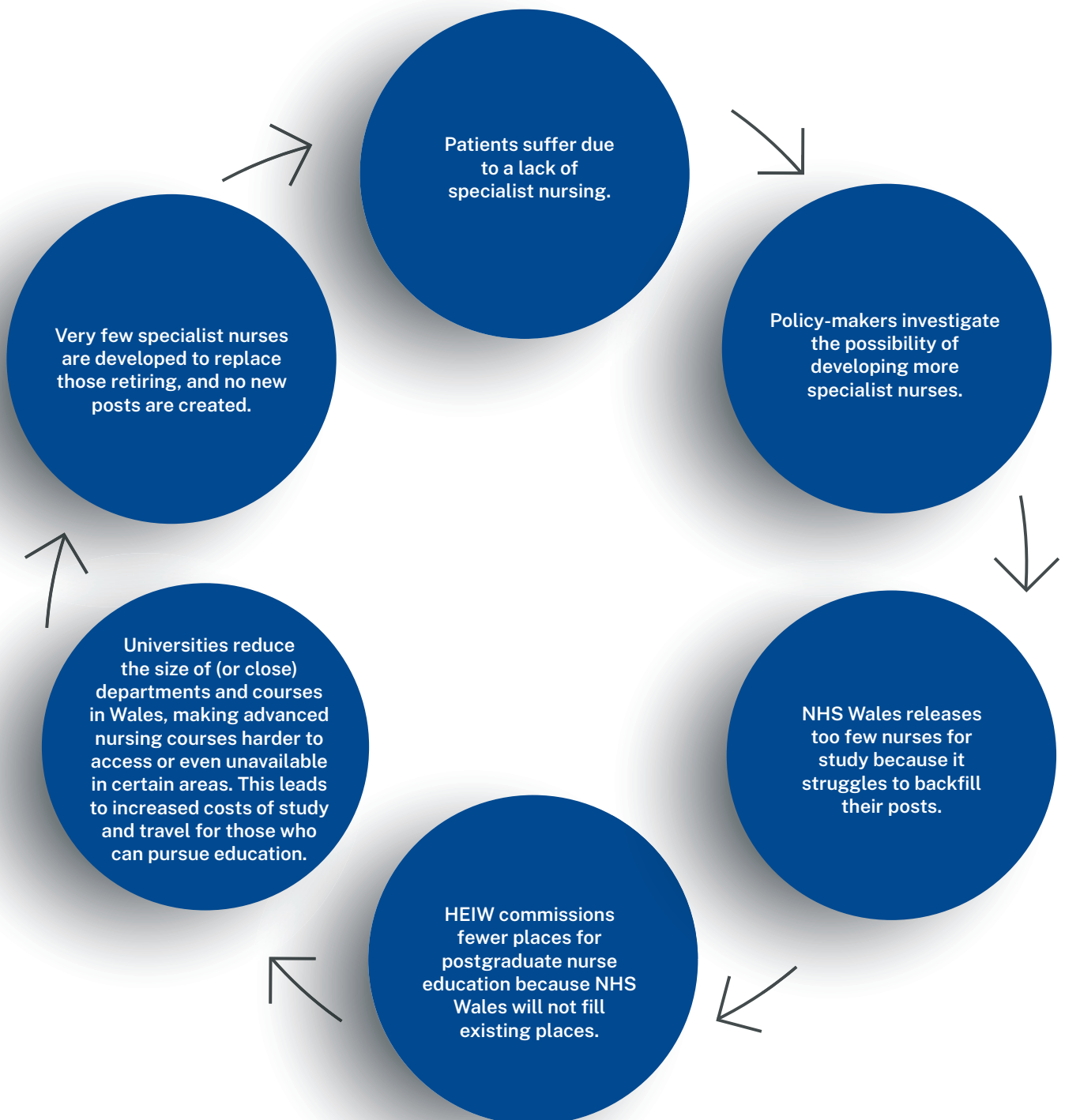
RCN Wales is concerned that the number of specialist nurses in Wales is unknown at the national level. This makes it impossible to know where more are needed. Geographical areas with the greatest need may not have a specialist nurse under the current unplanned approach. The diagram below illustrates 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 FOR THE WELSH GOVERNMENT

Ensure Health Education and Improvement Wales develop a national strategy for commissioning post-registration nursing education according to population need, and work with higher education across Wales to deliver it sustainably. This means, for example, postgraduate courses in community, neonatal, or occupational health nursing.

Figure 6: The cycle of specialist nurse shortages



REFERENCES

- ¹ StatsWales. 2023. *Nursing, midwifery and health visiting staff, by grade and area of work*. Available at <https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Staff/Non-Medical-Staff/nursingmidwiferyandhealthvisitingstaff-by-grade-areaofwork-year>
- ² <https://www.rcn.org.uk/-/media/Royal-College-Of-Nursing/Documents/Publications/2024/May/011-635.pdf>
- ³ <https://www.nmc.org.uk/globalassets/sitedocuments/data-reports/may-2023/0110e-annual-data-report-wales-web.pdf>
- ⁴ StatsWales. 2023. *Nursing, midwifery and health visiting staff, by grade and area of work (headcount)*. Available at: <https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Staff/Non-Medical-Staff/nursingmidwiferyandhealthvisitingstaff-by-grade-areaofwork-year>
- ⁵ StatsWales. 2023. *General Practice Workforce*. Available at <https://statswales.gov.wales/Catalogue/Health-and-Social-Care/General-Medical-Services/General-practice-workforce>
- ⁶ <https://socialcare.wales/research-and-data/workforce-reports>
- ⁷ StatsWales. 2023. *General Practice Workforce*. Available at <https://statswales.gov.wales/Catalogue/Health-and-Social-Care/General-Medical-Services/General-practice-workforce>
- ⁸ StatsWales. 2023. *General Practice Workforce*. Available at <https://statswales.gov.wales/Catalogue/Health-and-Social-Care/General-Medical-Services/General-practice-workforce>
- ⁹ RCN Wales care home nursing report and film, 2023.
- ¹⁰ <https://heiw.nhs.wales/files/nhs-workforce-trends-march-2023/>
- ¹¹ <https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Staff/staff-characteristics/nhsstaff-by-organisation-staffgroup-age>
- ¹² Rafferty, A.M. et al. 2014. 'Nurse staffing and education and hospital mortality in nine European countries: a retrospective observational study'. *The Lancet*, 383(9931), pp.1824-1830. Available at [https://doi.org/10.1016/S0140-6736\(13\)62631-8](https://doi.org/10.1016/S0140-6736(13)62631-8).
- ¹³ Rafferty, A.M et al. 2007. 'Outcomes of variation in hospital nurse staffing in English hospitals: cross-sectional analysis survey data and discharge records', *International Journal of Nursing Studies*. Available at: <https://pubmed.ncbi.nlm.nih.gov/17064706/>
- ¹⁴ Aiken, L.H. et al. 2021. 'Hospital nurse staffing and patient outcomes in Chile: a multilevel cross-sectional study', *The Lancet Global Health*. Available at: <https://pubmed.ncbi.nlm.nih.gov/34224669/>.
- ¹⁵ Rafferty, A.M et al. 2007. 'Outcomes of variation in hospital nurse staffing in English hospitals: cross-sectional analysis survey data and discharge records', *International Journal of Nursing Studies*. Available at: <https://pubmed.ncbi.nlm.nih.gov/17064706/>
- ¹⁶ <https://senedd.wales/media/1twoafuj/cr-ld16448-e.pdf>
- ¹⁷ <https://business.senedd.wales/documents/s152068/Welsh%20Government%20response.pdf>
- ¹⁸ Royal College of Nursing. 2022. *Retaining Nurses in the Profession: What matters*.
- ¹⁹ <https://heiw.nhs.wales/files/nursing-retention-plan/>
- ²⁰ Rafferty, A.M. et al. 2014. 'Nurse staffing and education and hospital mortality in nine European countries: a retrospective observational study'. *The Lancet*, 383(9931), pp.1824-1830. Available at [https://doi.org/10.1016/S0140-6736\(13\)62631-8](https://doi.org/10.1016/S0140-6736(13)62631-8).
- ²¹ Welsh Government, 2021. *Programme for Government – Update 2021*. Available here: <https://www.gov.wales/sites/default/files/publications/2022-01/programme-for-government-update-december-2021.pdf>.
- ²² UCAS, 2022. *UCAS Undergraduate End of Cycle Data Resources*. Available here: <https://www.ucas.com/data-and-analysis/undergraduate-statistics-and-reports/ucas-undergraduate-end-cycle-data-resources-2022>
- ²³ Royal College of Nursing, 2016. *Changing how health care education is funded*. Available here: <https://www.rcn.org.uk/about-us/our-influencing-work/policy-briefings/CONR-2316>



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, health care support workers and nursing students, including over 30,500 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.

For more information, please contact policy&publicaffairs.wales@rcn.org.uk