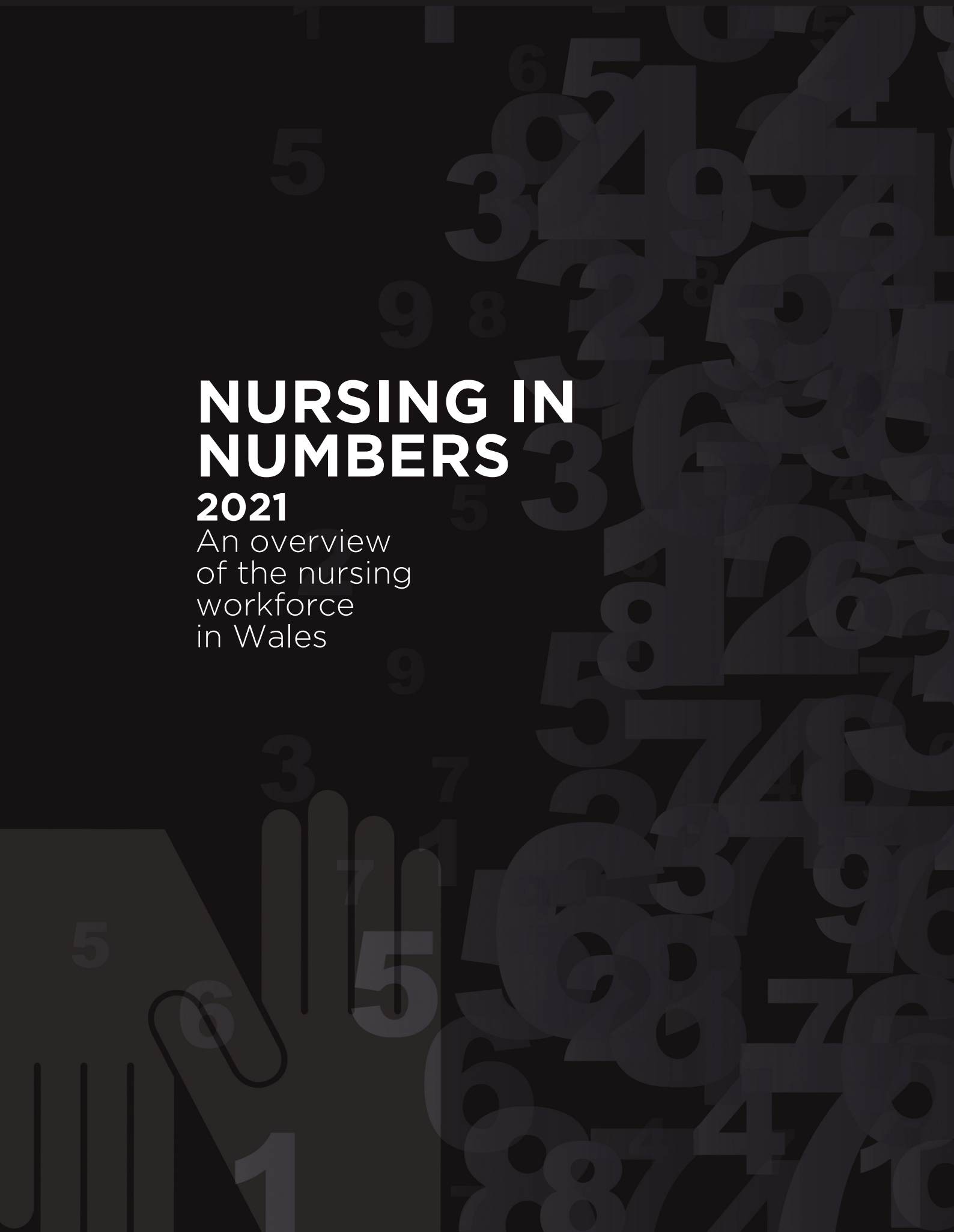
#FORTHEFULLTEAM
#FELUNTÎM

Coleg Nyrsio Brenhinol Cymru
Royal College of Nursing Wales

NURSING IN NUMBERS

2021

An overview of the nursing workforce in Wales



CONTENTS

About this report		3
Recommendations		4
Section 1	**What is safe and effective nursing care?**	5
Section 2	**How many nurses and health care support workers are employed by NHS Wales?**	7
Section 3	**Are there enough nurses and nursing staff employed by NHS Wales?**	9
	Nurse Vacancies	9
	Working overtime	10
	Agency nursing and Bank nursing	11
	Retaining Nursing in the NHS	12
Section 4	**How many nurses and nursing staff are employed in the independent sector?**	14
	Practice nursing	14
	Care home nursing	15
	International nursing and migration	17
	Retaining nursing staff in care homes	18
Section 5	**COVID-19 and the nursing workforce**	19
	Morale	19
	Vaccination programme	20
	Infection Prevention and Control (IPC)	20
	COVID-19 and care home staff	21
Section 6	**Pre-registration nurse education**	22
	How is pre-registration education commissioned?	23
Section 7	**Post-registration education and career progression**	24
	Advanced nurse practitioners	24
	Specialist nurses	24
	Consultant nurses	25
	Infection prevention and control (IPC) nurses	26
	District Nurses (DN)	27

ABOUT THIS REPORT

This report is produced annually by the Royal College of Nursing Wales (RCN Wales). It provides a statistical overview of the strengths and vulnerabilities of the nursing workforce in Wales.

The two main sources of information on the NHS nursing workforce in Wales are the Welsh Government, through StatsWales, and the Royal College of Nursing. The latest Welsh Government data on the NHS nursing workforce was published in August 2021 and refers to data from the end of March 2021.

The two main sources of information on the nursing workforce in social care in Wales are Social Care Wales and the Royal College of Nursing. The latest Social Care Wales data was published in January 2021.

The Royal College of Nursing published the latest edition of its bi-annual employment survey in 2019. There were 965 responses from members in Wales.

In this report, the term "nursing staff" includes healthcare support workers. "Nurses" refers specifically to registered nurses. Numbers are rounded to the nearest whole number and shown as Full-Time Equivalent (FTE).

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

RCNWales @RCNWales rcn_wales

RECOMMENDATIONS

Nursing is a highly skilled and compassionate profession. This report shows that the current workforce, whether in hospitals, the community, or care homes, is under immense pressure due to a workforce shortage. Nurses are leaving the profession and not enough are being recruited to fill the gaps.

The Welsh Government, Health Education and Improvement Wales (HEIW) and Social Care Wales (SCW) must seek to ensure the continuation of high-quality safe care in Wales. The Royal College of Nursing recommends:

1. The Welsh Government must publish registered nurse vacancy data to improve workforce planning across all sectors.
2. The Welsh Government must review COVID-19 recovery plans recognising the need for additional nursing staff for the vaccination programme.
3. The Welsh Government, NHS Wales and HEIW should urgently develop a national NHS nursing retention strategy to keep nurses working in NHS Wales.
4. The Welsh Government should extend Section 25B of the Nurse Staffing Levels (Wales) Act 2016 to community nursing and mental health inpatient wards in this parliamentary term, to protect patient care and work towards equivalent statutory standards in all clinical settings.
5. HEIW must ensure the commissioning process for pre- and post-registration nursing education is transparent and takes meaningful evidence from stakeholders to ensure the needs of the population are reflected in the numbers and skills commissioned.
6. The Welsh Government should instruct HEIW to produce a strategy to commission and develop post-registration nursing to ensure Wales has the skills and knowledge needed to care for the public.
7. The Welsh Government and Social Care Wales (SCW) should launch a national programme to raise the profile of nursing in care homes and equalise terms and conditions of employment between the health and care sectors to ensure there is a workforce available to deliver safe and effective care.

Section 1 What is safe and effective nursing care?

Research has shown that where there are lower numbers of nurses, patients are up to 26% more likely to die overall and 29% more likely to die following a complicated hospital stay. Furthermore, nurses working in areas of poor staffing are 71% more likely to experience high burnout and job dissatisfaction than nurses on more favourably staffed wards.[1]

Wales has led the way in patient safety. The Nurse Staffing Levels (Wales) Act 2016 was the first of its kind in Europe.

What is The Nurse Staffing Levels (Wales) Act 2016?

The key provisions of the Nurse Staffing Levels (Wales) Act 2016 are:

Section 25A places an overarching responsibility on health boards and trusts to provide, in all settings, sufficient staff "to allow the nurses time to care for patients sensitively".

Section 25B requires health boards to calculate and take reasonable steps to maintain the nurse staffing levels in all adult acute medical and surgical wards and, as of October 2021, paediatric wards. Health boards are also required to inform patients of the nurse staffing level.

Section 25C requires health boards to use a specific method to calculate the nurse staffing level in all acute adult medical, surgical, and paediatric wards.

Section 25D relates to the scope of statutory guidance issued by the Welsh Government in respect of Sections 25B and 25C

Section 25E requires health boards to report their compliance in maintaining the nurse staffing level for each adult acute surgical and medical ward.

Does it work? Yes! The 2019 RCN Wales report, *Progress and Challenge: The Implementation of the Nurse Staffing Levels (Wales) Act 2016*, found that on all wards where health boards had a legal obligation to calculate and maintain nurse staffing levels under Section 25B of the Nurse Staffing Levels (Wales) Act 2016, the number of registered nurses had increased.

[1] Rafferty, A. M., Clarke, S. P., Coles, J., Ball, J., James, P., McKee, M., & Aiken, L. H. (2007). Outcomes of variation in hospital nurse staffing in English hospitals: cross-sectional analysis of survey data and discharge records. *International journal of nursing studies*, 44(2), 175–182. Available at: https://doi.org/10.1016/j.ijnurstu.2006.08.003/

Is it possible to extend Section 25B of the Nurse Staffing Levels (Wales) Act 2016? Yes! The All Wales Nurse Staffing Programme was established following the passing of the Nurse Staffing Levels (Wales) Act 2016 to oversee the professional design and delivery of the extension of Section 25B. Workstreams were established for paediatric wards, community settings and mental health inpatient wards. Section 25B has already been extended to paediatric wards, while the latter two workstreams have nearly completed the tools and methodology needed to further extend it.

KEY INFORMATION

SAFE AND EFFECTIVE CARE ALLIANCE

In June 2021 **16 organisations** wrote to the First Minister to urge the Government to ensure safe nurse staffing and expand Section 25B of the Nurse Staffing Levels (Wales) Act 2016 to mental health inpatient wards and community settings. Organisations included:

- Abergavenny Community Trusts
- Age Cymru
- Bladder and Bowel Community
- Bridgend Carers Centre
- British Medical Association Cymru Wales
- Carers Wales
- Children's Commissioner for Wales
- Conwy Connect
- Epilepsy Action
- Learning Disability Wales
- Mencap Cymru
- Mind
- Royal College of Nursing Wales
- Royal College of Physicians
- Royal College of Psychiatrists
- Ty Hapus

RECOMMENDATION

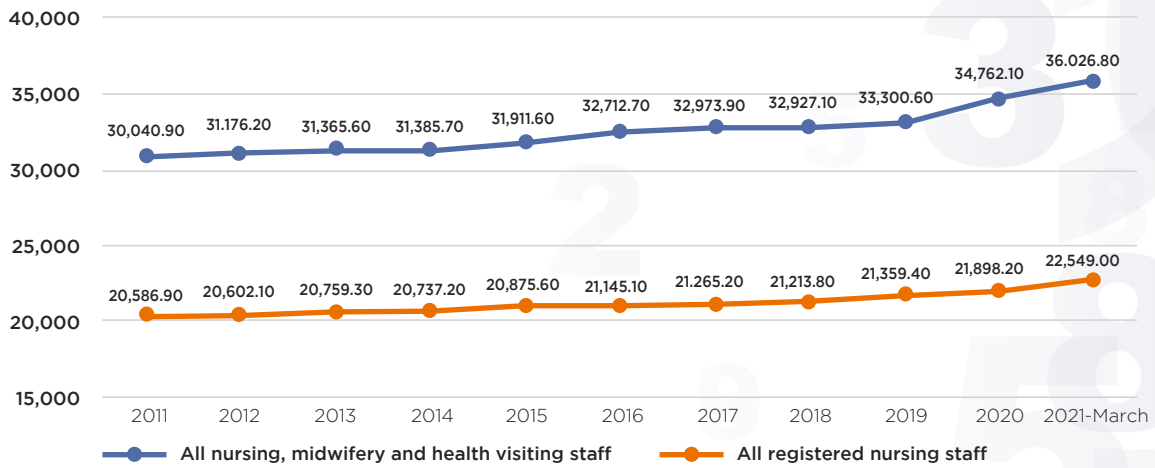
The Welsh Government should extend Section 25B of the Nurse Staffing Levels (Wales) Act 2016 to community nursing and mental health inpatient wards in this parliamentary term, to protect patient care and work towards equivalent statutory standards in all clinical settings.

Section 2 How many nurses and health care support workers are employed by NHS Wales?

StatsWales publishes annual information on the number of nurses and nursing staff directly employed NHS Wales. Up to and including 2018, this information was published annually, correct to each September. In December 2018, StatsWales began to publish the data on a quarterly basis instead. For consistency, data in figure 1 relating to 2019 and 2020 are drawn from the September quarterly releases. The most recent available data at time of writing was March 2021.

The term "nursing staff" includes health care support workers (HCSW), while "nurse" refers exclusively to registered nurses.

Figure 1 **Nursing numbers, Full Time Equivalent (StatsWales)**



Data relating to 2020 includes staff on short term or fixed contacts. These include health professionals, students, and retired staff who returned to assist the workforce during the COVID-19 pandemic, contributing to the sharp rise in both nursing staff and registered nurses in 2020. This demonstrates the existence of a reservoir of nursing skills outside the NHS which is the result of a strong and increasing trend over many years of nurses and nursing staff leaving the NHS for better terms and conditions in either nursing agency or non-nursing work many years before retirement age. This group of staff is likely to leave the NHS again in 2022.

Until 2020, the number of nursing staff and registered nurses was predominantly static with a slight rise in health care support worker numbers from 2015 onwards. This does not reflect population need.

The term "health care support worker" (HCSW) covers a wide range of roles including catering, administrative, and clerical staff as well as those in assistant roles to health professionals. In fact, the term is not universally applied, so that people undertaking the same work and role may be known by different titles:

health care assistant, care assistant, support worker, nursing assistant, and physiotherapy assistant are just a few examples.

In this paper, "HCSW" refers specifically to those support workers who work alongside nurses to provide direct clinical care within hospitals, community settings and care homes.

As registered nurse vacancies have risen, many health boards have increased the number of nursing support staff to mitigate risks associated with low staffing. However, HCSWs are not a substitute for registered nurses. The numerous roles played by HCSWs are part of the diverse spectrum of nursing, but increasing the numbers of support staff should not be seen as an alternative to meaningfully addressing the registered nurse vacancy rate. Registered nurses should be in a 60:40 ratio with HCSWs for patient care.

Regardless of qualifications, all members of the nursing team take ownership of a shared vision, which is to provide quality care. The *National Framework for the Education and Training of Health Care Support Workers in Wales* was launched in 2006. An updated career framework for HCSWs supporting nursing and the Allied Health Professions, *Developing Excellence in Healthcare*, was agreed in 2015.[2] The purpose of these frameworks is to provide a governance mechanism to inform the skills and career development of the HCSW workforce in Wales. The Royal College of Nursing supports the framework and encourages health boards to ensure it is used appropriately.

NHS Wales currently offers limited opportunities for HCSWs to progress and become registered nurses through completing a part-time nursing degree while continuing to work as a HCSW. This should be expanded into a national scheme open to the existing HCSW workforce, and more widely to all who want to undertake a nursing degree whilst working and earning a wage. Apprenticeships maximise the potential of the workforce and allow the apprentice to engage with experienced staff members who can pass on skills and knowledge. Wales should examine ways to widen access to the nursing profession through a national approach to apprenticeships, offering direct access to this model for individuals to apply.

The Royal College of Nursing believes that HCSWs undertake skilled work which is valued highly by patients. Their role should be supported with the recognition of competencies and experience. Health boards and trusts should ensure HCSWs have access to further education, including nursing apprenticeships.

[2] NHS Wales. (2015). *Developing Excellence in Healthcare: An NHS Wales Skills and Career Framework for Healthcare Support Workers supporting Nursing and the Allied Health Professions.* Available at: http://www.nwssp.wales.nhs.uk/sitesplus/documents/1178/HCSW%20Career%20Framework%20Nursing%20and%20Allied%20Health%20Professions.pdf

Section 3 Are there enough nurses and nursing staffemployed by NHS Wales?

Unfortunately, scoping the actual nursing need of the Welsh population has never been seen as a necessity by NHS Wales, HEIW, or the Welsh Government. Instead, "workforce planning" has consisted of Health Boards telling HEIW each year how many new nurses they can afford, and HEIW commissioning nursing student numbers to match. Health boards have historically been left to decide whether they wish to, or can afford to, develop specialist nursing skills or qualifications such as neonatal care. This in turn means nursing services for the people of Wales have not been planned strategically in response to need, but instead offered or withdrawn arbitrarily.

There has been an increase in nursing workload in the last decade as nursing staff are now caring for an aging population with increased dependency and comorbidities. Patient throughput in hospital has risen sharply, as has bed occupancy. There has also been a significant rise in people being cared for in the community.

A substantial increase in nursing staff is needed to ensure the delivery of high-quality patient care. Put simply, it takes a higher 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, living with dementia, diabetes, a heart condition, and respiratory illness. Even more so if this person is being cared for at home, alone, or in poor or ill-suited housing conditions.

To understand how many nurses and nursing staff are needed in the NHS, indicators of population need and workforce pressure such as vacancy rates, agency spend, and workload pressure should be considered.

Nurse Vacancies

RCN Wales estimates the number of registered nurse vacancies in NHS Wales has risen to at least 1,719 in 2021, from 1,612 in 2020.

This estimate is based on vacancy data found in health board papers. The data mainly relates to May 2021, but there are inconsistencies. Betsi Cadwaladr University Health Board data refers only to nursing and midwifery vacancies at Agenda for Change Band 5, while Cwm Taf Morgannwg University Health Board has published registered nurse vacancies data from just two hospitals (Prince Charles Hospital and Royal Glamorgan Hospital). Data for Powys Teaching health board refers to December 2019. Further, the estimate only accounts for vacant posts that have been advertised publicly.

KEY INFORMATION

How many registered nurse vacancies are there in NHS Wales?

RCN Wales estimates that there are at least **1,719 registered nurse vacancies** in NHS Wales

This illustrates both how difficult it is to ascertain the nurse vacancy rate in Wales and the significant impact vacancies are having on patient care through the resulting pressure on our nurses in the NHS.

KEY INFORMATION

WHERE ARE THE VACANCIES?

ABUHB	165.4
BCUHB	541*
CTMUHB	97.9*
C&VUHB	155
HDUHB	408
SBUHB	264
PTUHB	88.1*

**inconsistent data*

Following a Freedom of Information (FOI) request to health boards, the Welsh Conservative party determined the vacancy figure to be 2,208 for nursing and midwifery. RCN Wales believes both figures are an underrepresentation of the actual vacancy rate.

The Welsh Government fails to publish national statistics for nursing vacancies in Wales. Wales is currently the only country in the UK not to publish this data.

RECOMMENDATION

The Welsh Government must publish registered nurse vacancy data to improve workforce planning across all sectors.

KEY INFORMATION

HOW MANY HOURS DO NURSES WORK OVERTIME?

Every week nurses give the NHS an additional 34,284 hours in overtime. This equates to **914 full time nurses**

Working overtime

Owing to the high vacancy rate, NHS Wales continues to demonstrate a heavy reliance on nurses' good will to work overtime. Not all overtime is paid.

In the 2019 RCN Employment Survey, 76% of nurses reported working overtime at least once a week[3].

The majority of respondents reported working between one and four hours extra a week.

More recently, a 2020 survey noted that 30% of RCN members felt they were working longer hours compared to before the COVID-19 pandemic. The rise of longer hours is troubling: nursing staff already work long shifts.

There are currently 22,555 FTE registered nurses employed by NHS Wales. If 76% work overtime at least once a week, that equates to 17,142 nurses. Supposing these nurses worked just two hours more in one week, NHS Wales would receive 34,284 additional hours of work in that one week. The equivalent of 914 full-time registered nurses (based on a contract of 37.5 hours).

[3] Royal College of Nursing. (2019). *Employment survey 2019*. Available at: https://www.rcn.org.uk/professional-development/publications/pub-007927

NHS Wales, then, relies heavily on nurses' willingness to work overtime. However, some overtime is paid. An FOI request by the Welsh Conservative Party found that in 2020/2021, six health boards in Wales **collectively spent £23m on nursing and midwifery overtime. This is £10m more than the preceding year.** It also excludes overtime spend in Hywel Dda University Health Board. If all overtime was paid, health board spending on overtime could easily double.

KEY INFORMATION

HOW MUCH DO HEALTH BOARDS SPEND ON OVERTIME?

In 2020/2021 six out of seven health boards collectively spent **over £23m** on nursing and midwifery overtime – a rise of £10 million from 2019/2020

Agency nursing and Bank nursing

There will always be a need for some element of temporary nursing in the NHS to cover short-term sickness and maternity. "Bank nursing" is the term given to the system whereby NHS employed nurses can register with the NHS "bank" to be available to provide extra coverage as and when needed. Most nurses work some hours for the bank, and some will work exclusively for it. Work for the bank is not, however, always paid at a nurse's actual grade (which reflects their clinical skills), sometimes paying at a lower grade instead. This makes bank work less attractive than agency nursing.

From the perspective of the individual nurse, agency nursing is very attractive. This is predominantly because nurses working for an agency have direct control over the hours they work. Nurses in Wales are frequently the sole or main earner in their household. They often also care for both children and older members of the family as well. Control over hours worked is therefore extremely important, even necessary, for this group. Nurses working in the NHS, particularly in senior roles, are often demoralised or even traumatised by working in suboptimal or unsafe conditions for which they feel responsible while lacking the necessary authority to bring about change. Working for an agency can permit staff to continue using their professional skills and caring for patients rewardingly without this burden.

Agency nursing is expensive for the NHS, as there is a higher cost to cover agency profit margins. Neither is it ideal for patient care: agency nurses will be less familiar with ward layout, policies, and equipment, and less able to provide continuity of care.

NHS Wales is displaying a dangerous and growing reliance on agency nursing over its own workforce. If this trend continues, this risks leading to a situation where health boards no

KEY INFORMATION

HOW MUCH DOES NHS WALES SPEND ON AGENCY NURSING?

In 2019, £69.04 million was spent on agency nursing.

This would pay the salaries of 2,691 newly qualified nurses

longer directly employ staff to provide patient care and instead move to a model in which most or all nursing care is outsourced. This is not a shift that should take place without a conscious government policy decision. A FOI request from the Welsh Conservative Party found that between the financial years of 2016 and 2020, health boards spent a total of £837m on agency staff.

From a previous FOI request, it is known that the overall spend on agency nursing has increased year on year from £52.4 million in 2017, to £59.1 million in 2018, to £69.04 million in 2019.[4] There is no public data on agency *nursing* spend for 2020 or 2021. Given, however, that *overall* agency spend jumped from £188.1 million in 2019/2020 to £219.3 million in 2020/2021,[5] it is not unrealistic to expect that agency nursing spend increased during this period as well. This highlights the impact of the COVID-19 pandemic and shows the pressure the NHS and its workforce were under. For further information on the impact of COVID-19, see Section 4.

If NHS Wales is to retain its own nursing staff, it needs to modernise its employment procedures to allow nurses more control over when they work. Instead of making it easier for its nurses to stay, NHS Wales tries to discourage nurses from leaving by, for example, refusing to hire agency nurses who previously worked for the health board or trust. This creates the bizarre situation of agency nurses travelling from London or Manchester to fill vacancies in Cardiff or Ysbyty Gwynedd.

Retaining Nursing in the NHS

This report has demonstrated that more nursing staff are needed in Wales to deliver patient care. While increasing pre-registration commissioning is important, it cannot improve the nursing shortage by itself. The Welsh Government, NHS Wales and employers need to encourage nurses to keep working in the sector. This will benefit patient care by enabling the workforce to grow in numbers. It will also allow newly qualified nurses to learn from highly qualified, highly skilled, experienced individuals in all settings.

[4] Smith, M. (2020, Feb 25). *The staggering amount spent on agency nurses to keep the Welsh NHS running* - Wales Online. *WalesOnline*. Available at: https://www.walesonline.co.uk/news/health/agency-nurses-wales-nhs-health-17777702

[5] Lewis, A. (2020, Aug 2). The huge amount of money spent on agency staff in Wales to fill gaps in the NHS workforce. *WalesOnline.* Available at: https://www.walesonline.co.uk/news/health/huge-amount-money-spent-agency-21199623

So, how can we encourage nurses to keep nursing?

In summer of 2021 the Welsh Government offered those on Agenda for Change terms and conditions a 3% pay award. Nurses enter the NHS workforce at Agenda for Change Band 5 earning £25,655, rising to £31,533 after 4 years. 46% of NHS nurses are at Band 5. When RCN Wales consulted its members on this pay award, 93.9% said it was unacceptable. This shows the strength of feeling among RCN Wales NHS members, who are bitterly disappointed with the 3% award.

Nursing pay has not kept up with inflation over the last decade. National insurance contributions will rise by 1.25% from April 2022, while Office for Budget Responsibility forecasts indicate that inflation will average 4% in 2022.[6] This effectively transforms the 3% pay award into a nursing *pay cut*.

The 2020 RCN Wales member survey included the question, "how do you think nurses and nursing staff in the NHS could be encouraged to keep nursing?" Nearly 90% or respondents said higher pay was important, with 44% naming it the *single most important thing* the Welsh Government could do to keep nursing staff working for the NHS. The second most popular answer (chosen by 41%) was to recruit more staff to enable better care and create a less pressured environment.

Other factors that are important to RCN Wales members are safer working conditions, more flexible working opportunities, and more opportunities for continuous professional development.

An NHS nursing retention strategy must consider:

- **Expanding Section 25B of the Nurse Staffing Levels (Wales) Act 2016 to provide safer working conditions.**
- **Moving away from the traditional NHS rostering system and providing greater flexibility of hours.**
- **Planning and Development of better career opportunities, and access to Continuing Professional Development to be undertaken during working hours.**
- **Simplifying the documentation nursing staff need to complete.**

RECOMMENDATION

The Welsh Government, NHS Wales and HEIW should urgently develop a national NHS nursing retention strategy to keep nurses working in NHS Wales.

[6] Office for Budget Responsibility. (2021). *Economic and Fiscal Outlook – October 2021*. Available at: https://obr.uk/efo/economic-and-fiscal-outlook-october-2021/

Section 3 How many nurses and nursing staff are employed in the independent sector?

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

It is difficult to find comprehensive data on 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 including practice nursing, there is no easily accessible overall nursing number.

There are currently 35,274 nurses registered with the Nursing and Midwifery Council in Wales, 22,550 of whom work for the NHS. That leaves 12,725 registered nurses working elsewhere.. That leaves an estimated 10,180 who may potentially be working outside of the NHS in Wales However it is important to note a further element of these may not be practicing.

Practice nursing

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

KEY INFORMATION

HOW MANY NURSES WORK IN GENERAL PRACTICES?

In September 2020 there were 1,368 registered nurses working in general practices in Wales.

In September 2020 there were 1,368 registered nurses working in general practices in Wales. To put this in perspective, there are 1,963 general practitioners.[7]

Practice nurses provide direct patient care. They assist patients in managing long-term conditions such as diabetes and epilepsy, provide respiratory care and vaccinations, and take blood tests. Practice nurses can range from bands 5 to 8 and can become Advanced Nurse Practitioners.

Practice nurses are essential for delivering the Primary Care Model for Wales.

[7] Welsh Government. (2020, September 30). *General practice workforce: as at 30 September 2020* [Statistical Release]. https://gov.wales/general-practice-workforce-30-september-2020

GP practices work in clusters. There are currently 64 clusters in Wales which seek to develop services in their locality. The GP practice is central to the cluster. It is important that practice nurses also work on a cluster basis to ensure consistency in care and ease of communication between GPs and practice nurses, as well as with the wider nursing workforce including district nurses. Practice nurses 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. An annual report by SCW found the number of registered nursing staff employed by commissioned care providers in 2019 was 1,438. This is just 3% of all staff employed by commissioned care providers in Wales[8]. The percentage of nursing staff employed ranged from 0% in Powys to 4% in Gwynedd, Wrexham, Swansea, Neath Port Talbot, Rhondda Cynon Taf, the Vale of Glamorgan, Monmouthshire, and Newport.

Despite the overall percentage of registered nursing staff remaining at 3% of the total workforce employed by commissioned care providers, the total number has decreased from 1,545 in 2018, to 1,438. This decrease is concerning given the challenges the sector faces. If there are not enough registered nurses in the care home workforce then the quality of the nursing care provided will fall, resulting in poor health and reduced life expectancy for older people cared for by the sector.

KEY INFORMATION

HOW MANY NURSES WORK IN CARE HOMES?

In 2019 there was only 1,438 registered nursing staff employed by Commissioned Care Providers

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

Care homes support some of the most vulnerable individuals in society. The care home workforce ensures these individuals live with dignity and have access to compassionate care at their place of residence. Registered nurses in care homes are key to the delivery of complex, high-quality care, supporting independence, reducing hospital admissions, and improving health and wellbeing.

[8] Social Care Wales. (2021). *Workforce Profile 2019: Commissioned Care Provider Services.* Available at: https://socialcare.wales/research-and-data/workforce-reports

A registered nurse presence in a care home, for residents with nursing needs, is essential for the continuous monitoring and assessment of those residents' health and wellbeing. Registered nurses are also the core of the assessment process for NHS Continuing Healthcare, a complete package of ongoing care arranged and funded solely by the NHS through health boards, where an individual's primary need has been assessed as health-based. As autonomous practitioners, their clinical skills are used to recognise and anticipate problems, take action 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.

Registered nurses in care homes co-ordinate the residents' care to ensure they are referred to specialist services, allied health professionals, GPs, and social services as required. They are also key to ensuring safeguarding processes are followed to ensure their residents, some of whom are very vulnerable, are safe.

Registered nurses promote residents' independence through proactive, rehabilitative care, promoting residents' health, delivering high-quality palliative and end of life care, and playing a key role in advocacy for residents and families.

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 nursing role in care homes is important and should not be marginalised in policy development. Current policy has failed to recognise or 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.

International nursing and migration

The Welsh Government expects that by 2038, 1 in 4 people in Wales will be over 65 years old. The population aged over 75 in Wales is also projected to be 13.7% in the same year.[9] Wales has an aging population and, despite efforts to recruit nurses locally and nationally, there may not be enough working aged people in Wales to provide care for those needing social care in the near future. Wales is reliant on international recruitment to ensure the delivery of social care.

KEY INFORMATION

Registered nurses are the staff group within social care with the highest proportion of non-UK EU workers – approximately 17.7%

Research commissioned by the Welsh Government found that registered nurses are the staff group within the Welsh independent and social care sectors with the highest proportion of non-UK EU workers (approximately 17.7%).[10] The same research also found that within these sectors, nursing faces the most acute retention challenges of all occupational groups.

In March 2020, RCN Wales signed the Welsh Government's migration position paper.[11] The paper sets out a united Welsh position on a number of key migration issues, including the need to recognise demographic differences across the UK, the Welsh requirements for a new immigration system, and the salary threshold.

The needs of the health and social care sector differ across the four nations of the UK. With the new immigration system having come into effect in January 2021, the Welsh Government should review its effects on international recruitment and migration.

[9] Welsh Government (2020). *Age Friendly Wales: Our Strategy for an Ageing Society* [Consultation Document]. Available at: https://gov.wales/sites/default/files/consultations/2020-12/consultation-document_0.pdf

[10] Hutcheson, L; Ormston, R (2019). Research on Implications of Brexit on Social Care and Childcare Workforce in Wales. Cardiff: Welsh Government, GSR report number 14/2019. Available at: https://gov.wales/sites/default/files/statistics-and-research/2019-03/implications-brexit-social-care-and-childcare-workforce.pdf

[11] Welsh Government (2020). *Wales position paper on migration*. Available at: https://gov.wales/sites/default/files/pdf-versions/2021/1/3/1610564620/wales-position-paper-migration.pdf.

Retaining nursing staff in care homes

The need for nursing staff in care homes is clear, but sadly many are 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. It will also allow newly qualified nurses to learn from highly qualified, highly skilled, experienced individuals in all settings.

The 2020 RCN Wales member survey included a question on what needs to change for nurses to choose to remain in the care home sector. Two-thirds of respondents listed pay as an important factor, with 38% of respondents ranking it as most important. The top answer was recognition and respect for the nursing role in care homes.

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 as a whole, or between providers and the NHS. This means that pay for equivalent roles can vary significantly by employer.

The Royal College of Nursing has consistently called for fair pay, good employment terms and safe working conditions in social care, competitive with the NHS. Pay structures should be underpinned by the Real Living Wage. Staff should be paid properly for all the hours they work – including applying overtime rates to hours over 37.5 a week e.g. shift overruns.

A registered nurse's presence in a care home, for residents with nursing needs, is essential for the continuous monitoring and assessment those residents' health and wellbeing. A nurse in a care home might be caring for an individual recovering from a hip operation and a recent stay in hospital who is frail and living with dementia, diabetes and asthma. The same nurse will also be caring for several others with long-term conditions.

The high level of comorbidity within the older population and increase in people needing care has changed the role of nursing within care homes. The role of a care home nurse deserves respect and recognition for the highly skilled and demanding job that it is.

Section 5 COVID-19 and the nursing workforce

Nursing staff have responded to the COVID-19 pandemic with courage, innovation, and dedication to providing the highest quality of care for patients in all settings. However, this is not only true in exceptional circumstances. Nursing is always fundamental to the delivery of safe, high-quality patient care. COVID-19 has highlighted this, but it has also highlighted the vulnerability of services reliant on an already stretched workforce, and the need to prioritise the workforce's mental health and well-being.

Morale

A survey[12] of 2,011 RCN Wales members in June 2020 found that the level of stress among respondents had increased, whilst the level of staff morale had decreased. Three quarters of members surveyed (76%) reported an increase in stress levels, whilst over half (58%) said that staff morale had worsened. In the 2020 RCN Wales member survey, we asked members how they had felt about staying in or leaving the nursing profession at the end of the previous year, and how the expected to feel by the end of 2020. While 27% had been either thinking about or strongly thinking about leaving the profession at the end of 2019, 36.7% said they expected to be considering leaving or strongly considering leaving by the end of 2020. This sharp rise is worrying and shows the significant impact of COVID-19 and chronic workforce pressures.

KEY FACT

In 2020, 36.7% of RCN members said they expected to be considering leaving or strongly considering leaving the profession by the end of the year

The same survey found that over half of members (52%) were concerned about their mental health.

NHS Wales and employers need to ensure measures are in place to support the mental health and well-being of nurses and nursing staff. This includes paying a fair wage for the complex and demanding nature of their work along with measures such as enabling staff to take breaks at work, supporting their annual leave requests and offering greater flexibility in working patterns to prevent long shifts or excessive hours being worked. All these lead to greater job satisfaction and improved work/life balance.

[12] Royal College of Nursing (2020). *Building a Better Future*. Available at: https://www.rcn.org.uk/professional-development/publications/rcn-builiding-a-better-future-covid-pub-009366

Vaccination programme

The vaccination programme has predominantly been delivered by the nursing workforce. Whether in mass vaccination centres, walk-in clinic, care homes, GP surgeries, or schools, the nursing workforce has been at the heart of the programme. Many retired nurses returned to practice to support colleagues and offered their services to the vaccination programme. However, goodwill will only go so far. RCN Wales is aware that only a handful of nurses that retired and returned were offered permanent roles, as health boards did not actively seek to keep them on. These nurses retired again and, without actively seeking to keep their experience and skills, NHS Wales will lose the rest of the nurses who returned to practice. This will challenge the continuation of the programme. With a reduction in nurses comes falling capacity, restricting the possible rate of vaccination.

It is important there is the capacity to deliver the mass vaccination programmes for both COVID-19 and flu. If these vaccination programmes are to be successful, it must be recognised that a stable workforce is needed.

The Welsh Government should ensure nursing capacity is taken into consideration in vaccination programme planning and should work with nurse leaders to understand the needs of the workforce.

RECOMMENDATION

The Welsh Government must review COVID-19 recovery plans recognising the need for additional nursing staff for the vaccination programme.

Infection Prevention and Control (IPC)

IPC nursing advice is essential for ensuring patient and healthcare worker safety, as the COVID-19 pandemic has highlighted. The value and necessity of IPC nursing advice should be reflected in all health and social care structures and delivery in Wales including, but not limited to, the Welsh Government, Public Health Wales, health boards, local authorities, employers, and relevant agencies.

IPC nursing advice is multifaceted, diverse, and fundamental to safe systems of work and care delivery. Advice provided by IPC nurses varies widely and includes hand hygiene, laboratory analysis and decontamination, the sustainable procurement of personal protective equipment, individual case management, outbreak prevention and control, and crisis planning and surveillance.

Additionally, IPC advice extends to the built environment itself to mitigate risks associated with air, water and engineering systems. This area of specialist nursing is unique in its breadth of practice and responsibility, as it encompasses health and care systems and the wider delivery of services. For more information on IPC consultant nurses see Section 7.

COVID-19 and care home staff

The care home sector has faced unimaginable challenges. Existing communication difficulties between care homes, health boards and local authorities have been exacerbated, and difficulties in recruitment and retention highlighted. However, the care home workforce has continued to provide care for some of the most vulnerable people in society and has shown dedication and commitment to residents of care homes.

During the early stages of the pandemic, RCN Wales heard anecdotally that care home staff felt isolated from the rest of the health and social care sector. The divide between health and social care grew ever more noticeable for the care home workforce. Care home managers often faced difficulties in seeking guidance from health boards, local authorities and SCW. There were also challenges in understanding who the guidance should come from. Furthermore, the challenges of obtaining personal protective equipment (PPE) and COVID-19 testing kits were well-documented during the first wave of the COVID-19 pandemic. However, RCN Wales is aware that in most instances this has thankfully been resolved.

During the COVID-19 pandemic, nurses in the care home sector have not enjoyed the same terms and conditions as those in the NHS, meaning some were disadvantaged in terms of access to sick pay. On 30 October 2020, the Welsh Government announced the Statutory Sick Pay Enhancement scheme,[13] allowing the employer to claim up to full pay for their staff who became ill. However, some employers and nursing staff found this difficult to access.

To read more about care home nursing please see the 2021 RCN Wales report, Nursing in Care Homes.

[13] Welsh Government (2020, 30 October). *Two Schemes to help people self-isolate to be introduced in Wales* [Press release]. https://gov.wales/two-schemes-help-people-self-isolate-be-introduced-wales.

Section 6 **Pre-registration nurse education**

Nursing students spend three years undertaking a full-time degree in nursing, with each year consisting of 42 working weeks – considerably longer than a typical academic year. Part-time and short-term courses also exist for individuals with relevant qualifications or experience, such as HCSWs.

Nursing students spend 50% of their time on practical placements in NHS Wales or other settings. Higher education institutions are commissioned by the Welsh Government to deliver this education.

KEY FACT

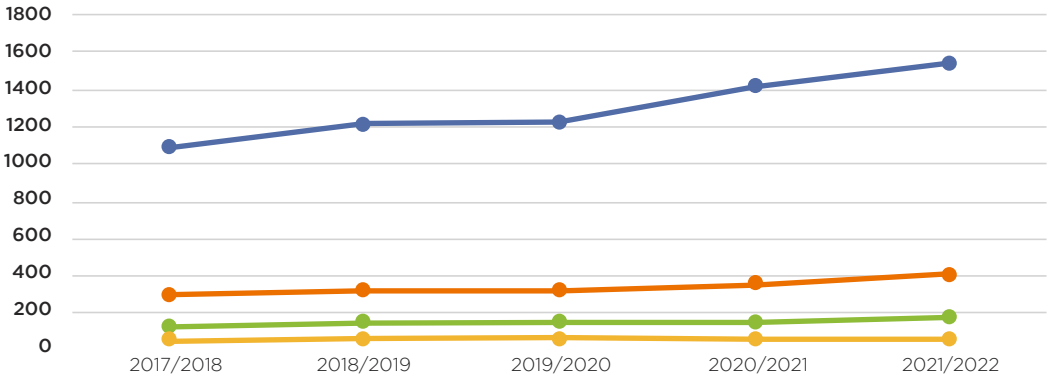
Research conducted across nine European countries found that a better-educated nursing workforce reduced unnecessary deaths. Every 10% increase in the number of bachelor's degree educated nurses within a hospital is associated with a 7% decline in patient mortality.

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

Research conducted across nine European countries found that a better-educated nursing workforce reduced unnecessary deaths. Every 10% increase in the number of bachelor's degree educated nurses within a hospital is associated with a 7% decline in patient mortality.[14]

The previous Welsh Government did increase *adult* pre-registration nursing and we hope to see the new Welsh Government continue to invest in all pre-registration nursing degrees. Figure 2 clearly highlights the lack of investment in learning disability nursing.

Figure 2 **Pre-registration nursing education by field (Welsh Government)**



	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022
Adult	1100	1210	1216	1400	1540
Mental Health	300	330	324	356	410
Children	140	154	154	154	175
Learning Disability	80	77	77	77	77

[14] 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. DOI: https://doi.org/10.1016/S0140-6736(13)62631-8

How is pre-registration education commissioned?

Nursing education is commissioned by the Welsh Government based on recommendations by HEIW. Nursing education is commissioned yearly and announced by press release from the Welsh Government or HEIW around September.

Currently, funding for commissioned education is decided by the Welsh Government based on private recommendations from HEIW. These are then publicly announced by the Welsh Government in an annual press release. There is a lack of transparency leading up to the announcement and health organisations are often unaware of the figures prior to their publication. The education commissioning process should be transparent and allow professional bodies, higher education institutions and patient representatives to contribute their expertise and constructively challenge the rationale. Having a transparent process for stakeholders to contribute evidence would increase confidence in the process and increase the quality and robustness of the outcomes and their relationship to the needs of Welsh health and social care.

RECOMMENDATION

HEIW must ensure the commissioning process for pre- and post-registration nursing education is transparent and takes meaningful evidence from stakeholders to ensure the needs of the population are reflected in the numbers and skills commissioned.

Section 7 Post-registration education and career progression

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

The Welsh Government is responsible for commissioning post-registration nursing education. As for pre-registration nursing education, it does this based on private recommendations from HEIW.

Below, we present five examples of post-registration nursing education, the potential of which the Welsh Government has yet to maximise.

Advanced nurse practitioners

Advanced practice is a level, rather than type, of practice. Advanced nurse practitioners are educated to masters level in clinical practice and their competence, expert clinical knowledge and skills have been assessed as meeting an extremely high standard.[15]

Williamson et al. (2012) explored the role of ward-based advanced nurse practitioners. They found that advanced nurse practitioners not only reduced costs of care delivery but also possessed enhanced complex communication and practice skills which they used to interpret medical instructions for nurses, other allied health professionals, and patients. They were proactive rather than reactive in supporting and facilitating patients' holistic care and reducing patients' length of stay.[16]

HEIW should consider the importance of advanced nurse practitioners and the Framework for Advanced Practice when considering post-registration commissioning.

Specialist nurses

Specialist nurses are practitioners with a specialised set of skills, knowledge, and expertise in a given field. They provide education and support for nursing and other healthcare colleagues.

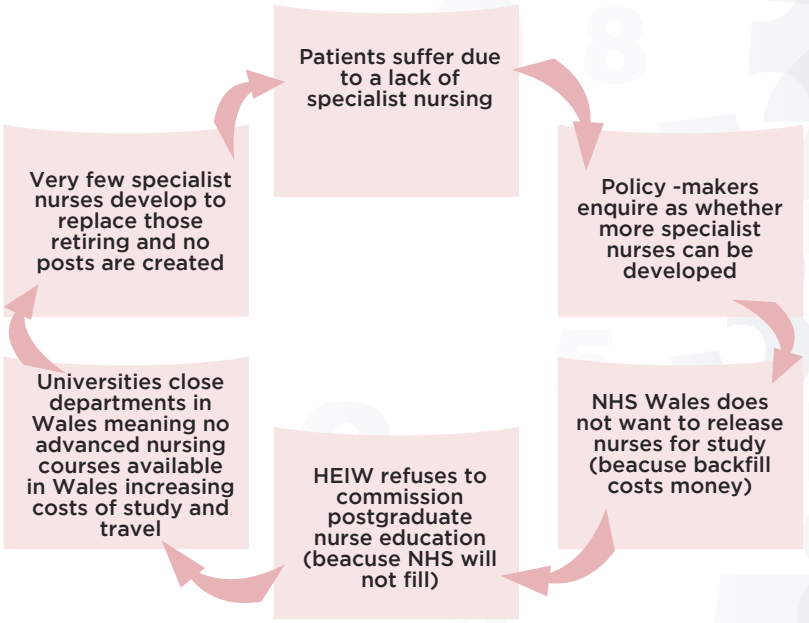
Specialist nurses often provide essential support to people with chronic conditions, helping them to manage their condition and live as independently as possible. Specialist nursing posts are often partially funded or entirely supported by the voluntary sector. The erratic nature of the funding intensifies the instability of specialist nursing services.

[15] Royal College of Nursing (2018). *Advanced Level Nursing Practice Section 1: The registered nurse working at an advanced level of practice*. Available at: https://www.rcn.org.uk/professional-development/publications/pub-006895

[16] Williamson, S., Twelvetree, T., Thompson, J., & Beaver, K. (2012). An ethnographic study exploring the role of ward-based Advanced Nurse Practitioners in an acute medical setting. *Journal of Advanced Nursing, 68(7)*, 1579–1588. https://doi.org/10.1111/j.1365-2648.2012.05970.x

The Royal College of Nursing is concerned that the number of specialist nurses in Wales is unknown at the national level. Geographical areas with the greatest need may not have a specialist nurse under the current unplanned approach. Figure 3 illustrates why the current process for funding and educating specialist nurses is unsuitable.

Figure 3 **The cycle of specialist nurse shortages**



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.

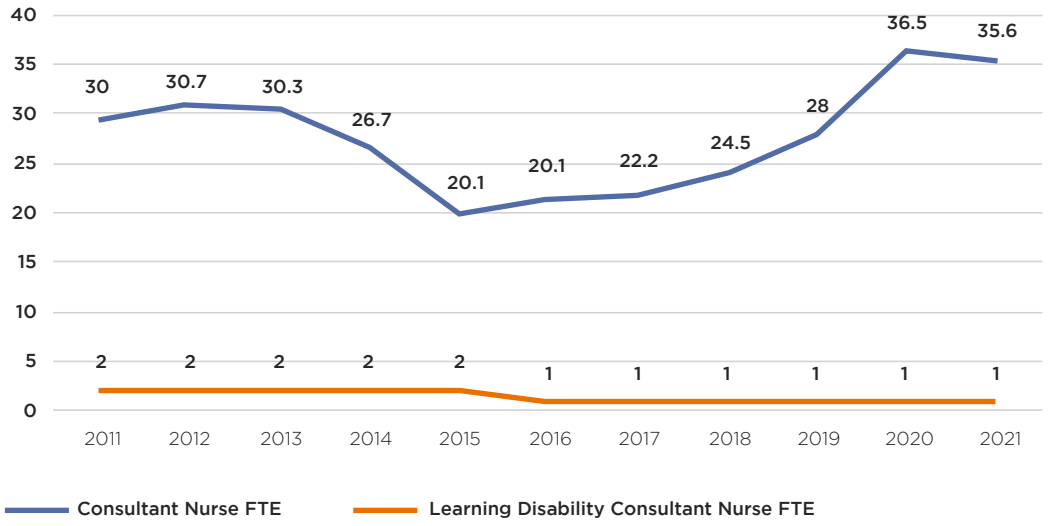
Consultant nurses

Consultant nurses are extremely senior posts. The role includes education, research and clinical leadership. In 2005, Health Professions Wales assessed the need for consultant nurses and determined that 55 consultant nurse posts were needed across Wales. The Royal College of Nursing welcomes the increase in consultant nurses in recent years, shown figure 4. Sixteen years on, however, the numbers still fall short of the Health Professions Wales recommendation by 19 consultant nurses[17].

Worryingly, despite the rise in recent years, the total number of consultant nurses has fallen in 2021. This is the first time the total number of consultant nurses has fallen since 2014.

[17] StatsWales (2021). *Nursing, midwifery and health visiting staff, by grade and area of work.* https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Staff/Non-Medical-Staff/nursingmidwiferyandhealthvisitingstaff-by-grade-areaofwork-year

Figure 4 **Consultant nurses (learning disability) and consultant nurses (total) in Wales, FTE, 2011-2021 (StatsWales)**



StatsWales information on the nursing workforce goes back to 2009. During this time, there have been no neonatal consultant nurses or school consultant nurses at all. It is further concerning that the number of registered school nurses dropped from 146.8 in September 2019 to 96 in September 2020.

Learning disability consultant nurses have also been consistently undervalued. In 11 years, the number of learning disability consultant nurses has never risen above 2. It has remained at 1 since 2016. There is a desperate need to raise the number of learning disability consultant nurses.

Investment in learning disability consultant nurses would ensure Wales has the resources available to provide expert knowledge. It would also ensure that Wales has the resources available to educate and offer a career pathway for the next generation of learning disability nurses, and to improve the knowledge of the general workforce and produce innovative research.

To invest in learning disability consultant nurses is to invest in the whole system and embed the importance of individuals with learning disabilities rightfully at the centre of health and social care.

Infection prevention and control (IPC) nurses

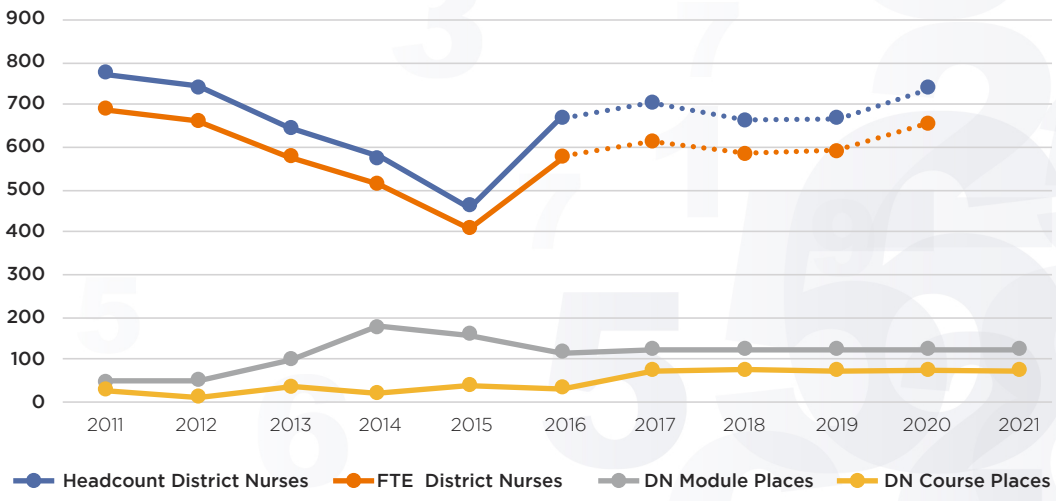
IPC consultant nurses are the pinnacle of IPC advice and practice. Yet the pandemic has highlighted that there are not enough IPC consultant nurses employed by NHS Wales. Investing in IPC consultant nurses would ensure Wales has the resources available to provide expert knowledge across systems. It would also ensure that Wales has the resources available to educate the next generation of IPC nurses. These posts would facilitate the sharing of expertise at a senior level across national boundaries, elevating the status of IPC nursing and the Welsh contribution to it.

Every health board must employ an IPC consultant nurse and build succession planning into their Integrated Medium Term Plans. To invest in IPC consultant nurses is to invest in the whole system and place infection prevention and control rightfully at the centre of health and social care. RCN Wales recently published a paper on IPC nursing which can be found on our FairPayForNursing website

District Nurses (DN)

There is a national shortage of district nurses (DNs), and the Welsh Government has not taken action to resolve this. Community nursing teams are led by DNs or nurses working towards a post-registration community nursing qualification. DN is a title given to those with a Specialist Practice Qualification (SPQ), a Nursing and Midwifery Council-recordable qualification. The qualification recognises a high level of skill, knowledge and practice. DNs are the experienced pinnacle of a community nursing team, providing leadership to the registered nurses and health care support workers.

Figure 5 **District Nurses FTE, DN module places, and DN course places (StatsWales, HEIW)**



Why is the apparent rise in district nursing numbers after 2016 shown with a dotted line in figure 5?

Quite simply because this information is not reliable. Health boards have informed StatsWales that they miscoded registered nurses working in the community as "district nurses". Between 2015 and 2016, Cardiff and Vale University Health Board had a large reduction in the number of nurses coded as DNs. The health board then re-coded a number of nurses as "district nurses" the following year.[18]

StatsWales's quality assurance report notes that "enhancements to the Electronic Staff Record mean that it is now possible to see which of those district nurses have the relevant qualification (SP:DN)". Despite having the ability to identify DNs, it remains unclear whether only those with the relevant qualification are being coded as DNs or whether registered nurses working in the community continue to be miscoded.

Currently, it is impossible for the Welsh Government to commission DNs effectively as the data is inflated and does not provide an accurate insight into the number of DNs in Wales.

RECOMMENDATION

The Welsh Government should instruct HEIW to produce a strategy to commission and develop post-registration nursing to ensure Wales has the skills and knowledge needed to care for the public.

RECOMMENDATION

The Welsh Government and Social Care Wales (SCW) should launch a national programme to raise the profile of nursing in care homes and equalise terms and conditions between the health and care sectors to ensure there is a workforce available to deliver safe and effective care.

[18] Welsh Government (2021). *Staff directly employed by the NHS: quality report* [Quality report]. https://gov.wales/staff-directly-employed-nhs-quality-report-html