



Coleg Nyrzio Brenhinol
Cymru
Royal College of Nursing
Wales

Caring for older people

The essential role of
the care home nurse



SAFE STAFFING SAVES LIVES

MAE STAFFIO DIOGEL YN ACHUB BYWYDAU



FAIR PAY FOR NURSING

TÂL TEG AR GYFER NYRSIO



About the Royal College of Nursing (RCN)

The Royal College of Nursing is the world's largest professional organisation and trade union for nursing, representing over 500,000 nurses, midwives, health visitors, healthcare support workers and nursing students, including over 29,500 members in Wales. RCN members work in both the independent sector and the NHS.

Around two-thirds of our members are based in the community. The RCN is a UK-wide organisation, with National Boards in Wales, Scotland and Northern Ireland.

The RCN represents nurses and nursing, promotes excellence in nursing practice and shapes health and social care policy.

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Executive Summary

The Royal College of Nursing (RCN) Wales represents around 29,500 members, two-thirds of whom work in the community and many in care homes. Safe, effective and high-quality care is a priority for all members.

Registered nurses play a vital role in registered care homes. The shortage of qualified registered nurses is a significant cause for concern, impacting on the sustainability of nursing care provision and the stability of the residential care sector.

As part of its programme of work on safe and effective care, RCN Wales has drawn on research and feedback from its members to consider the challenges around nursing in care homes.

A coherent set of actions is recommended to respond to the challenges. Some of these have previously been put forward by the RCN. They are still relevant and, as part of an extended package of measures, will have a greater impact.



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Better evidence: A national dataset is needed to improve information about the nursing workforce in residential care settings. This should be used to support nursing education commissioning. Welsh Ministers should consider how the development of a clearer picture of the workforce could be supported and developed in partnership with the relevant public bodies, including RCN Wales. Learning from an immediate one-off project would inform the development of a sustainable, longer-term, evidence base to contribute to a better understanding of future workforce needs.

Improved supervision arrangements: Full implementation by independent providers of the recommendations of the Chief Nursing Officer-commissioned work and position statement on clinical supervision, with this implementation driven by the Welsh Government. Also, a national nursing-themed study of compliance against the requirements of Part 10 of the Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations i.e., the arrangements made for the support and development of staff.

Effective legislation: Consideration by Welsh Ministers of the need to strengthen the existing legislative framework to ensure that Care Inspectorate Wales systematically inspect services and the commissioning of services. The Nurse Staffing Levels (Wales) Act 2016 puts a legal duty on health boards to consider the quality of care in all services they commission. The Welsh Government should audit compliance with this duty as part of its performance framework. In preparation for extending the nurse staffing level methodology duty (25B) of the Act, the Welsh Government should ensure compliance to the RCN Workforce Standards is part of the inspection and commissioning framework.

Higher profile for nursing in care homes: Support from Welsh Ministers to build on current work by RCN Wales to raise the profile of nursing in care homes via video stories, to enable more to be done to articulate the role of nursing in care homes. In recognising the challenges of recruitment to nurse training, RCN Wales believes that nursing in care homes should be an integral strand of work to tackle the nursing shortage. While student nurse placements in care homes have been a positive step, there needs to be further work by Ministers to ensure this happens in all areas and to support nurse training within the residential care sector.

National Nursing Apprenticeship Scheme: The Welsh Government's national workforce implementation plan details that Health Education and Improvement Wales (HEIW) will consider a national nursing apprenticeship scheme by January 2024. To help tackle the critical nurse staffing challenges the care home sector is facing, this national nursing apprenticeship scheme should be available in care home nursing as well as the NHS.

Continuing Professional Development: The Welsh Government and HEIW need to work with the care home sector to ensure that registered nurses are able to access the Specialist Practice Qualification (SPQ) for social care. The development of health boards into university health boards has enhanced the professional learning and development possibilities for nurses in the NHS. Nurses in care homes should have the same opportunities to further their careers. Consistent access for nurses in independent homes to the NHS intranet for learning/training is needed. While this is progressing in West and North Wales, through the establishment of collaborative care home networks, it is needed across Wales. An all-Wales process for access to specialist nurses and clinical nurse specialists for advice is also a priority, as in some areas nurses have to rely on professional contacts and friends to gain access to the advice they need.

Introduction

The Royal College of Nursing (RCN) Wales represents around 29,500 members, two-thirds of whom work in the community, and many deliver care in care homes. The delivery of safe, effective and high-quality care is a priority for all members.

Registered nurses play a vital role in registered care homes. They manage acute illness, make decisions around the management of long-term conditions, and deliver complex interventions in emergency or crisis situations. They help reduce the demand for hospital beds by preventing unnecessary admissions. Where admissions cannot be prevented, nurses facilitate timely discharge by supporting a seamless transition from hospital back to the care home.

The shortage of qualified registered nurses in the care system is a significant cause for concern. It impacts on the sustainability of nursing care provision in care homes and the stability of the registered care sector. Action to improve the stability of staffing is critical to ensure that residents continue to receive the professional care they need.

This paper summarises the findings of work by the Royal College of Nursing Wales as part of its programme on safe and effective care. Drawing on research and discussion with its members, it considers the challenges around nursing in care homes and the role of nurses. Most importantly, it puts forward a coherent set of actions which respond to those challenges.

A critical role

Nurses are critical to the health and quality of life of care home residents. They are core to the care home workforce which ensures that residents are cared for with dignity and compassion. They are key to the delivery of complex, high-quality care, reducing admissions to hospital, and improving health and well-being. They promote care that puts people at the centre, involving them and their families in decisions, helping them to make informed choices about treatment and care. Some residents may require specialised care, but all residents benefit from professional advice to prevent illness and to help maintain their independence. A registered nurse's presence in a care home for residents with nursing needs is essential for continuous monitoring and assessment of their health and wellbeing.

The role of nursing in care homes does not end with the clinical needs of the resident. Nurses are often left to manage and overcome a variety of non-clinical challenges, particularly at night. These might include fire safety actions, building maintenance and managing breakdowns in facilities or equipment, which calls for responsibility, a range of skills including sound judgement, and leadership.

The pandemic brought the work of the care home sector and the role of nurses and health care support workers into sharp focus. The sector has had a high public profile and more attention from health and social care commissioners and other decision makers. However, as the peak of the pandemic has waned, the focus once again appears to be the NHS. Members of RCN Wales who work in care homes are committed to delivering the best possible care and are asking for an amplified voice and more visibility to decision makers. For a number of years, the strategic objective of the Welsh Government has been to deliver care closer to home. This has led to a

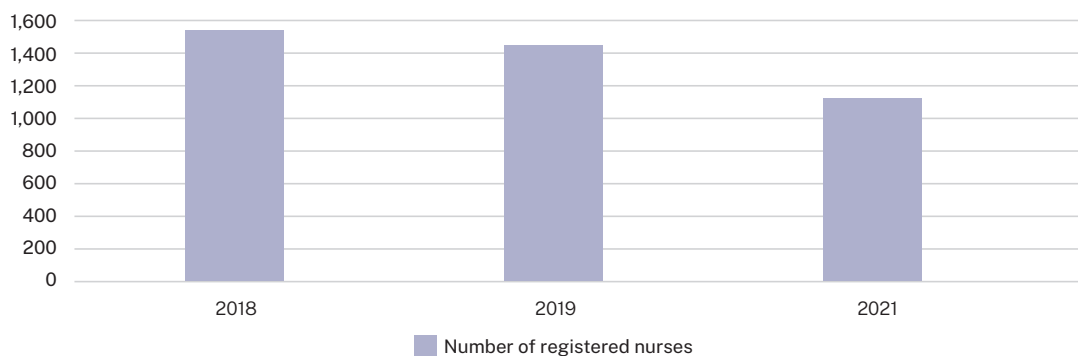
decrease in the number of acute hospital beds and a rise in care in the community. Central to this is the delivery of care in care homes. Care home nurses provide highly skilled care, promote independence, detect any deterioration of patients, and can reduce the need for individuals to receive care in a hospital environment. To deliver the strategy of care closer to home, the Welsh Government must invest in care home nurses.

What is the problem?

Care home providers and RCN Wales members have reported an acute shortage of registered nurses in the care home sector.

In Wales in 2018, there were 1,545 registered nursing staff employed by commissioned care providers. The workforce fell to 1,438 in 2019, and again in 2021 to 1,119, with an additional 204 nurses employed by local authorities.

Number of registered nurses in care homes, Wales, 2018 - 2021



Source: RCN Wales

In 2021, only 204 registered nursing staff joined the sector but 319 left, which is a deficit of 115. At the time of gathering data for the RCN Wales 2022 “Nursing in Numbers” report, there were 129 “live” vacancies.

The older nursing workforce in care homes is also a concern. One in three nursing staff (32%) in social care are over the age of 56, and a similar proportion (30%) are over 46. This has significant implications for future years as many may consider retiring or reducing their hours.

The combination of a high number of vacancies, the downward trend in the number of registered nursing staff working in social care, and an older age-profile is a significant concern given the challenges the sector is facing now, and what it will face in the future. The policy of care in the community, admirable though it is, means that when people now enter residential care, they are at a more advanced stage in the condition of their mental and/or physical health. Their needs are greater and often more complex, and entering care is often at a crisis point when community care cannot meet their needs.

All this points to falling demand for general residential care and increased demand for nursing care, particularly older people with more complex needs and dementia, and some of which is at end-of-life. Forecasts point to a significant increase in the need for dementia care, particularly severe dementia. In Wales, the number of people living with severe dementia in 2040 is projected to be 53,700, an increase of 98% from the 2019 estimate of 27,100.

If there are insufficient registered nurses in the care home workforce, the quality of the nursing care will fall, resulting in poorer patient outcomes and reduced quality of life for older people. If not addressed, the challenges faced in the care home sector will increase the impact on the NHS, resulting in more delayed discharges and increased numbers of (preventable) hospital admissions, particularly repeat admissions. The number of people unable to be discharged from hospital due to a lack of capacity in social care has already reached a critical point and unfortunately, the situation could get worse.

The role of registered nurses in care homes is a vital part of a whole system approach to health, care and wellbeing. Unfortunately, despite continuity in care being one of the features which attracts nurses to the sector, RCN Wales members say it can be overshadowed by other factors, including pay rates relative to the NHS and terms and conditions. The pandemic shone a light on the critical role played by residential homes and nursing homes and social care more generally. This came on top of research and reporting pre-pandemic by Cousins et al. (2016) who highlighted the increasingly important part they play in the UK's healthcare system.



Cousins et al. also argue that, despite their importance, the care home sector is often disadvantaged and overlooked by commissioners and policymakers. RCN Wales echoes this point. Current policy has failed to recognise and articulate the powerful benefits of the role, which has added to the pressure faced by nurses in care homes and dissuaded nursing students from seeking a career in what is a rewarding field.

The proportion of the population who are living into older age is increasing. According to the 2021 Census published by the UK Office for National Statistics, the *“trend of population ageing has continued, with more people than ever before in the older age groups. Over one-fifth (21.3%) of the Welsh population in 2021 (662,000) were aged 65 years and over, up from 18.4% (562,544) in 2011.”*



In 2020, the number of people aged 75–84 was 221,589, compared to 188,359 in 2011, an increase of 17.6% (StatsWales). The 2021 Census results also show the number of people aged 90 years and over was 29,700 in 2021 compared to 25,200 in 2011, an increase of 17.9% (Census 2021).

Demand for services is increasing and, when considering the trends in the age profile of the country, will continue to do so. When examining the need for both nursing and residential care, in 2018/19 there were 5,534 adults (aged 64 and over) in accommodation settings with nursing care, compared to 5,200 in 2017/18 and 5,363 in 2016/17.

The care home sector continues to face significant challenges for recruitment and retention. They are at a disadvantage in an increasingly competitive labour market dominated by the typically better terms and conditions the NHS can offer. The greater use of agency staff reduces the continuity of care.

The increasing number of older people who will likely require nursing care in residential settings and the combined trends of increasing demand and continued challenges in recruitment will significantly affect the delivery of safe and quality care, with a risk that people's needs will not be met.

There is an urgent need to invest in nursing in care homes to ensure that residents can continue to receive the care they need and deserve, and a broader set of actions to address the challenges faced by the sector as a whole and those faced by individual nurses in care homes.

What are the issues?

The key issues are reflected below under three themes. The commentary is informed by RCN Wales' review of research evidence, further consideration of these important policy areas, and discussion with its members. Underpinning these three themes is the RCN Nursing Workforce Standards document which acts as a tool in supporting those planning, commissioning, funding, and regulating health and care services. In this document we set out a range of standards to improve responsibility and accountability, clinical leadership and safety, and health, safety and wellbeing. The standards have been written to support all areas of nursing and sectors across the UK, to help ensure a safe and effective nursing workforce, alongside the provisions of each nation's legislation.

Nurse staffing levels

The issue of staffing levels in nursing homes is by no means new but there is relatively little research compared to research on nurse staffing levels and associated matters in the NHS. There is limited research on nursing and social care, and even less on nursing in care homes. Of research which has been undertaken, there is a mixed picture on the studies themselves, with many studies judged to be observational in nature or low to medium quality on strength of evidence.

The Nurse Staffing Levels (Wales) Act 2016 puts a legal duty on health boards to consider the quality of care in all of the services they commission. The Welsh Government should audit compliance with this duty as part of its performance framework. The Act also protects nurse staffing levels, and in doing so, protects patients. On wards where its methodology duty (25b) applies, it has improved patient care, with fewer patient falls and hospital-acquired pressure ulcers being reported because of a failure to maintain nurse staffing levels (RCN Wales, 2022). The key question is how to ensure that the right number of nursing staff with the right skills are present to provide safe and effective care to residents of care homes.

RCN Wales was pleased that the Senedd debated safe nurse staffing levels in September 2022 after a successful public petition, and ultimately, would like Section 25B to be extended to care homes. The RCN Wales 2021 Nursing in Care Homes report provided a robust body of information on the role and contributions of registered nurses in care homes, safe and effective care, and the need for more registered nurses in the care home sector. The need to work with the Welsh Government and others to plug the current gap in knowledge and understanding of the reality of front-line nursing and staffing levels in care homes is recognised. The care home sector is complex, with various commissioning bodies, funding streams and regulations. It would also be important to understand any differences between public, independent private providers, and independent not-for-profit providers. This is also relevant to the Welsh Government's rebalancing agenda for social care.

There is a dearth of robust studies on the impact of nurses in care homes. Unsurprisingly, the NHS is the focus of studies in the UK. The more frequent studies in the USA reflect the fact that staffing in nursing homes, and the dangers of understaffing – particularly at night and on weekends – have been, and still are, high on the political agenda. Studies there found that insufficient nursing staff can negatively

impact all residents in a nursing home, and that there is also a strong relationship between higher nurse staffing levels in nursing homes and reduced accident and emergency use and rehospitalisation from nursing homes.

Nurse staffing levels in care homes are captured by requirements set out in regulations to which care home providers are expected to adhere. While the Nurse Staffing Levels (Wales) Act 2016 has played an important role in driving an improvement in staff numbers in hospitals, nurses working in residential care settings have been referenced in other legislation, containing requirements which are inspected by Care Inspectorate Wales.

The current framework, Part 10 of the Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017, sets out:

“In the case of a care home service where any individual to whom accommodation is provided has been assessed as needing 24-hour nursing care, the service provider must ensure that there is a sufficient number of suitably qualified registered nurses deployed to work at the service at all times.

The service provider must be able to demonstrate the way in which the determination has been made as to:

- *the types of staff deployed, and*
- *the numbers of staff of each type deployed.*

The service provider must ensure that arrangements are made for the support and development of staff.”

In preparation for extending the nurse staffing level methodology duty (25B) of the Nurse Staffing Levels (Wales) Act 2016, the Welsh Government should ensure that compliance to the RCN Workforce Standards is part of the inspection and commissioning framework.

Recruitment and retention

Recruitment and retention problems bring with them significant impacts. They include financial impacts where homes turn to agencies to cover vacant posts, which many care homes inevitably must do. In turn, the resulting financial pressures increase the fragility of the registered care market and can threaten the viability of independent providers. This can be seen in Wales where shortages and other matters, such as fee levels, have led a small number of homes to withdraw from the nursing care market.

Unfortunately, nursing homes, and thus the nurses who work in them, are often at a competitive disadvantage to those in the NHS. This includes rates of pay, access to continuing professional development, supervision arrangements, and career pathways. There is considerable competition between NHS trusts and care providers for nursing staff.

RCN Wales has long called for a commitment to offering nurses (and health care support workers) in social care the pay and benefits equal to that of the NHS, and the 2020 workforce survey confirmed that higher pay is the most important aspect for retaining staff. It also showed that it is just one factor in improving recruitment and retention. RCN Wales is a member of the Social Care Fair Work Forum. The Forum has been considering how Wales could level up social care terms and conditions with NHS terms and conditions. In order for the Forum to achieve this, it requires additional resources and investment. Other factors include ensuring that the role of nursing staff is valued, ensuring that there is sufficient opportunity to undertake continuous professional development (see below), and a suitable career pathway for both registered nurses and care workers. One in three respondents say that recognising and respecting the role of the nursing workforce in care homes would encourage nursing staff to continue working.

Organisational culture and practice

Better quality of care, improved resident outcomes, and reduced adverse events are associated with sound leadership. There also appears to be some association between the effective supervision of registered nurses and positive organisational outcomes on nurse assistant job satisfaction, turnover/intention to leave, effectiveness, decision-making, job stress, and service user satisfaction.

Specific challenges related to nursing education and training in care homes include:

- Working in a care home can be viewed as unattractive and of low status compared to nursing in, for example, intensive care or surgery. We welcome the introduction of Health Education and Improvement's (HEIW) Care Home Education Facilitators (CHEFs) who work with care homes across Wales to offer suitable student nurse placements with the aim of improving the perception of care home nursing as a career option. As a member of the CHEF steering group, RCN Wales looks forward to monitoring the impact of this intervention.
- The lack of funding to provide education for nursing staff above essential mandatory training.
- Training is often focused on the need to fulfil regulatory requirements, rather than an ongoing commitment to nursing workforce development.
- The fear that training and professional development activity will be compromised by lack of funding due to financial pressures from the level of fees paid by local authorities.



In England, the Vanguard initiative to integrate health and social care included a focus on improving the quality of life, healthcare and planning for people living in care homes. Two of the three models in the programme focused on moving specialist care for the general population out of hospitals and into the community while the third model, comprising six projects in various parts of England, concentrated on enhanced care in care homes.

The Vanguard projects in care homes were encouraged to invest in professional development for nurses and care practitioners, and to make changes to training pathways to expose nursing trainees to the care setting. In one of the Vanguard projects, Sutton Homes of Care, a care co-ordinator role has been developed to provide nursing leadership in care homes and continuity of nursing input into GP health and wellbeing reviews for care home residents. This builds the professional-to-professional relationship between the GP and nursing staff and helps to develop shared expectations of each other, giving nurses the confidence to have an equal input in decision-making. The current poor image of nursing in social care is highlighted.

Views from the frontline

Engagement with members is a core element of the RCN Wales safe and effective care programme. While, as stated earlier, there is a need for a more detailed understanding of the realities of nursing in care homes, discussions with members expand upon what has been found in research.

By way of a general point, there seems to be a perception that the NHS is subject to higher standards than care delivered by the private sector and charitable organisations. However, based on what RCN Wales has been told by its members, it is reasonable to argue that private providers are subject to more regulations and considerable scrutiny from the regulator and health boards.

The role of nurses in care homes can also be subject to more scrutiny than within the NHS. When problems occur in care homes, sometimes even the slightest mistake – because they are few – can cause individual nurses to feel exposed and vulnerable to considerable scrutiny by the regulator and commissioners and other contract-related staff from local authorities. This highlights the significant level of responsibility that nurses in care homes carry in their day to day or night work.

RCN Wales members confirmed that staffing levels are one of the matters which need to be addressed for nurses in care homes. They reaffirmed the importance of more support, extending this need to their care staff colleagues. Effective leadership in care homes is vital and can make a difference to the multi-skilled role of nurses and the way they feel about their work. They emphasised the trend towards having to care for people with increasingly complex needs, and in some cases, very challenging behaviours. They said that in some areas there can be local difficulties due to variable help and support from primary and secondary care. They sometimes need to rely on personal contacts and calling in favours.

Nursing can be the subject of disagreement between care homes and commissioners of care and funding. This is one of many broad issues around funding for the sector. Needs and demands are changing. Models of care need to change to reflect changing and increasing demands, particularly with funding models which support nursing to meet the needs of increasingly complex conditions.

Action is needed to address the stigma associated with nursing in care homes as well as issues around terms and conditions, particularly when compared to the NHS. The policy drive towards a more integrated health and social care system should include levelling up on terms and conditions for social care staff and should highlight the skills and role of nurses in care homes.

Nurses working in care homes commonly express views of not being valued, not being seen as ‘equals’, and in some cases, being seen in some way as “second class” by the NHS, including by some nursing staff in the NHS. Consequently, nursing in care homes is not currently seen as an attractive role and career path for student nurses.

The problems with recruitment and retention are well-known and broader thinking on the supply side is needed. For example, more consideration should be given to how vocationally qualified care staff (e.g. levels 3, 4 and 5) who have superb attitudes and

values can be enabled to become nurses. Many care staff fall into this category, but they cannot afford to give up their jobs to undertake current nurse training and education. The issue is how can the independent sector be enabled, and helped, to “grow their own” and access pre-registration training while working, ideally locally, which can address the pull of other areas and sectors. This is particularly important in rural and more isolated areas. Without such developments, the sector is missing out on a potential additional supply of trainee nurses with well-grounded working experience in residential care and the values and attitudes to match.

There is a need to influence and change the attitudes and beliefs and dispel the myths of nursing in care homes. While student nurses at pre-registration and at the point of registration are a prime target audience, this could, and should, start to change attitudes towards nursing in care homes through messaging in schools.

Under the auspices of an integrated health and care sector, career pathways should also be developed to facilitate interchange between the NHS and care homes. Levelling up pay and terms and conditions would facilitate more mobility in this occupational labour market.

Continuing professional development (CPD), particularly access to training, and supervision are especially important areas for action. CPD is described internationally by a variety of terms, including continuing nursing education, life-long learning, and professional skills development. While there is no universally agreed term for it, the generally accepted understanding of its purpose is to help nurses maintain an updated skills set so that they can care for patients safely and competently (RCN factsheet, 2016).

Access to learning and development opportunities can vary, with care home ownership being one possible factor. Overall, it is relatively poor compared to that available to nurses in the NHS. Protected time for professional development should be considered. The sharing of the learning and development provision between small and large providers could also be explored.

Access for nurses in independent homes to the NHS resources for learning/training would help, and access to specialist nurses and clinical specialists for advice, instead of current practice in some areas of having to rely on friends and contacts.



Better supervision is needed. There are requirements in the Regulation and Inspection elements of the Social Services and Well-being (Wales) Act 2014. They are in place for very good reasons; that is, to ensure the quality of nursing care and in doing so, protect the public which, in the case of care homes, includes many vulnerable elderly people. However, there are questions about what happens as a matter of course in practice and whether evidence is routinely gathered via inspections as a means of providing assurance on policy and practice. Clinical lead input to care homes could be used alongside regulation and inspection and would be helpful for enhancing practice.

While there is a call for better supervision, and as stated earlier, organisational benefits flow from it, how to address it is slightly more complex. For clarity, it is worth reflecting the definition of “supervision” set out by the Department for Health and the RCN (2003).

“A formal process of professional support and learning which enables individual practitioners to develop knowledge and competence, assume responsibility for their own practice and enhance consumer protection and safety of care in complex situations.”

RCN members working in care homes believe they are “over-supervised”. However, here, the term “supervision” is used in the sense of being over-regulated and the plethora of processes and actions which flow from the regulatory process. Caution is needed to ensure that the focus is on the positive definition of “supervision” with developments which will bring about its benefits.

RCN Wales welcomes the initiative of the Chief Nursing Officer in commissioning a scoping project considering clinical supervision. RCN Wales hopes that the report and its recommendations will be fully implemented by independent providers and the implementation driven by the Welsh Government.

Over and above the Chief Nursing Officer’s position statement, broader action is needed to consider how supervision for nurses in care homes can be improved. For example, Part 10 of the Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017 requires providers to ensure that arrangements are made for the support and development of staff. Currently, there is no clear national picture of what is in place, what is working well and, importantly, where there are weaknesses in current arrangements. A national study would clarify the current position and what more needs to be done. It would also allow questions such as “what does good look like?” to be answered, which would enable commissioners to play a greater role in setting standards and ensuring compliance.

What is RCN Wales proposing?

While nurse staffing levels in care homes was the focus at the start of the programme on safe and effective care, the work undertaken has highlighted the multi-dimensional problems and challenges faced by all members and their employers can only be addressed by way of a portfolio of well-targeted action. RCN Wales also recognises that while the focus for this work is older people in registered care, the vital role nurses play in other care settings, such as homes for people with learning difficulties and children's homes, is recognised.

Some of the themes have been the subject of previous work by RCN Wales but this paper brings to the fore the range of issues which need to be tackled. The key areas for action are as follows. Some of these have been put forward previously by the RCN. They are still relevant and, as part of a coherent package of measures to tackle the problems and challenges faced by nurses in care homes, they will have a greater impact.

After careful consideration of the issues explored in this paper, RCN Wales recommends several strands of action, underpinned by joint working between key bodies with a mutual interest in standards and the workforce to ensure that residents of care homes continue to receive the safe and effective care to which they are entitled.

Better evidence: A national dataset is needed to improve information about the nursing workforce in residential care settings. This should be used to support nursing education commissioning. Welsh Ministers should consider how the development of a clearer picture of the workforce could be supported and developed in partnership with the relevant public bodies, including RCN Wales. Learning from an immediate one-off project would inform the development of a sustainable, longer-term, evidence base to contribute to a better understanding of future workforce needs.

Improved supervision arrangements: Full implementation by independent providers of the recommendations of the Chief Nursing Officer-commissioned work and position statement on clinical supervision, with this implementation driven by the Welsh Government. Also, a national nursing-themed study of compliance against the requirements of Part 10 of the Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations i.e., the arrangements made for the support and development of staff.

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