



Coleg Nyrsio Brenhinol  
Cymru  
Royal College of Nursing  
Wales

# Nursing in Numbers 2025



# Recommendations for the Welsh Government

- 1 Ensure that the introduction of the registered nursing associate role in Wales does not lead to the substitution of registered nurse roles.** Evidence is clear that it is the professional knowledge, skills and judgement of the registered nurse in a supervisory position that make the critical difference to patient safety and outcomes.
- 2 Improve the quality and availability of data for workforce planning.** This should include publishing agency and bank spending annually, publishing data for time owed, overtime and extra hours worked, and ensuring the accuracy of nursing and midwifery workforce data, including the newly published vacancy data.
- 3 Begin recording and reporting on corridor care in Wales.** The Welsh Government should require each health board to record all instances of care in inappropriate areas and to publish this data on a monthly basis. Using this data, the Welsh Government should also record and report all instances of care in inappropriate areas, which should include both national figures and data broken down by health board.
- 4 Establish care delivered to a patient in a chair for more than 24 hours as a “never event”.** “Never events” are defined as “serious incidents that are wholly preventable because guidance or safety recommendations are available at a national level and should have been implemented by all health care providers.”
- 5 Direct NHS Wales to pause the reduction in hospital beds and commission two national reviews,** to examine A&E and hospital bed capacity at different levels of patient dependency.
- 6 Ensure that the pay structure in place for nursing has reward and career development at its centre.** In the 21 years since the introduction of Agenda for Change, nursing as a profession and a career has transformed, yet neither the pay structure nor workforce development has changed to reflect this. As part of this, Annex 20 should be applied to nursing to ensure parity with the midwifery, paramedic and physiotherapy professions.
- 7 Ensure that the turnover rates for NHS nursing staff and midwifery continue to fall.** NHS Wales must retain more of its nursing workforce to keep patients safe. To achieve this, current Welsh Government investment in nursing staff retention must be sustained.
- 8 Ensure the full implementation of the Anti-racism Plan and the Zero Tolerance Policy.** The Welsh Government should continue to engage with global majority nursing staff, as well as nursing staff with other protected characteristics, to ensure that the Anti-racism Plan and the Zero Tolerance Policy are implemented in full.

- 9 **Support Social Care Wales to develop and implement a fully funded, accessible strategy to recruit and retain nurses in social care, ensuring parity with professional development opportunities available in the NHS.** This should include collaboration with Health Education and Improvement Wales to commission Social Care Specialist Practitioner Qualifications that reflect the unique skills required in the sector and offer clear, agile career pathways.
- 10 **Work with Health Education and Improvement Wales, and higher education institutions, to increase the number of nursing students and enhance their support.** Any new system of funding nursing education must attract more students, provide a robust, non-means-tested NHS bursary that reflects the true cost of studying nursing, and sustain the courses and research nurses and patients need.
- 11 **Increase pre- and post-registration education provision for nursing in the Welsh language.** This is crucial to ensure that the NHS workforce is able to deliver the 'Active Offer' in practice.
- 12 **Ensure that Health Education and Improvement Wales develop a national strategy for commissioning post-registration nursing education according to population need,** and work with higher education across Wales to deliver it sustainably. This means, for example, postgraduate courses in community, neonatal, or occupational health nursing.
- 13 **Instruct Health Education and Improvement Wales to develop evidence-based guidance to enable health boards and trusts to regularly scope population need and determine the number of consultant nurses that each health board and trust needs.** Health Education and Improvement Wales should ensure that its workforce planning and education commissioning reflect this.



### Coleg Nyrsio Brenhinol Cymru – Royal College of Nursing Wales

The RCN is the world's largest professional body and trade union for nursing staff, representing over half a million members, including nurses, midwives, health visitors and nursing students, with around 30,500 members in Wales. Many RCN members work in the NHS with around a quarter working in the independent sector. The RCN works locally, nationally and internationally to promote standards of care and the interests of patients and nurses, and of nursing as a profession. The RCN is a UK-wide organisation, with its own National Boards for Wales, Scotland and Northern Ireland. The RCN is a major contributor to nursing practice, standards of care, and public policy as it affects health and nursing. The RCN represents nurses and nursing, promotes excellence in practice and shapes health policies.

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# About this report

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

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

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

## Major data sources

- 1. Welsh Government/StatsWales:** StatsWales is the Welsh Government’s online repository of official statistics. The Welsh Government has published quarterly data on the NHS nursing workforce in Wales since 2019. Prior to 2019, data was published annually (correct to 30 September). The latest update was released on 30 July 2025.<sup>1</sup>
- 2. Health Education and Improvement Wales (HEIW):** The Education and Training Plan (ETP) 2025-26 and its accompanying appendices provide the latest available numbers of commissioned places on pre-registration nursing degree courses, broken down for each field of nursing. A September 2024 statement by HEIW provides figures relating to fill-rates.
- 3. Social Care Wales (SCW):** Its annual social care workforce data collection exercise gathers data through a voluntary survey of employers. The latest figures relate to the 2022, 2023 and 2024 surveys.
- 4. Care Inspectorate Wales (CIW):** CIW collects data as part of its annual return survey, which is mandatory for adult and children’s service providers that provide: care home services; domiciliary services; secure accommodation services; residential family centre services; regulated fostering services; regulated adoption services; regulated advocacy services; adult placement services. The latest figures relate to the 2022, 2023 and 2024 surveys.
- 5. Royal College of Nursing (RCN):**
  - **Employment survey:** a significant source of UK nursing workforce data, conducted biennially since the 1980s. The 31st edition, conducted in 2025, had 1,208 respondents from Wales.
  - **Last shift survey:** a survey focused on staffing levels. The latest survey, conducted in 2024, received 640 responses from members in Wales.
  - **Freedom of Information (FOI) requests:** In June 2025, RCN Wales submitted a Freedom of Information request to each health board to ascertain the numbers of vacancies for registered nursing posts and the total annual spend on agency nursing.

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# Introduction: a safety-critical profession in crisis

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

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

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

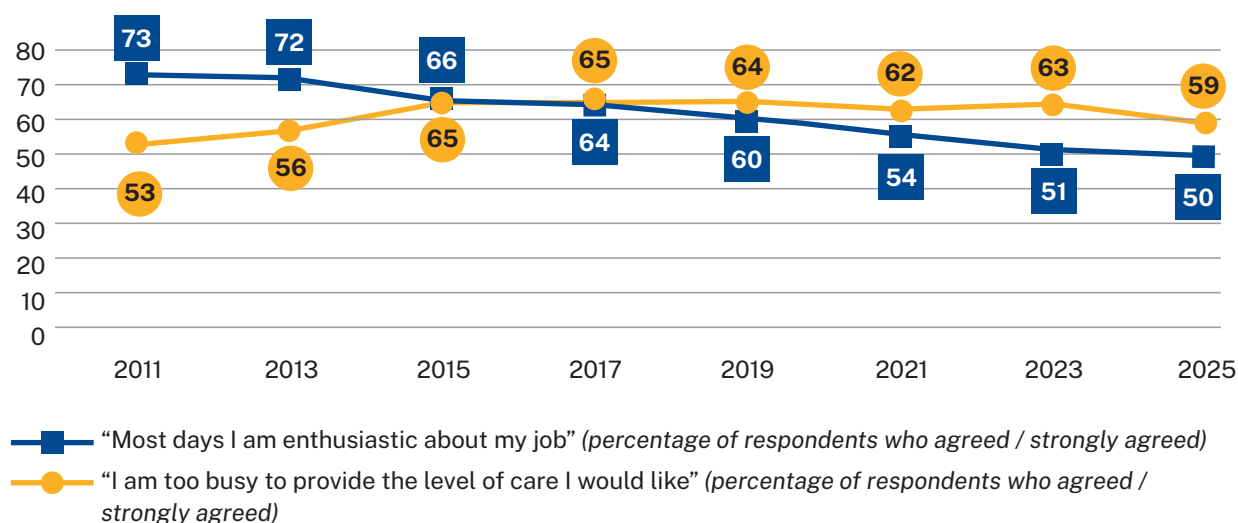
An RCN survey in early 2024 found that, of respondents whose latest shift had been in a hospital or other place where patients are cared for, 45% said clinical care had taken place somewhere inappropriate.<sup>2</sup>

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

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

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

**Figure 1: Morale in the nursing workforce in Wales**  
Source: RCN Employment Survey, 2011-2025



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

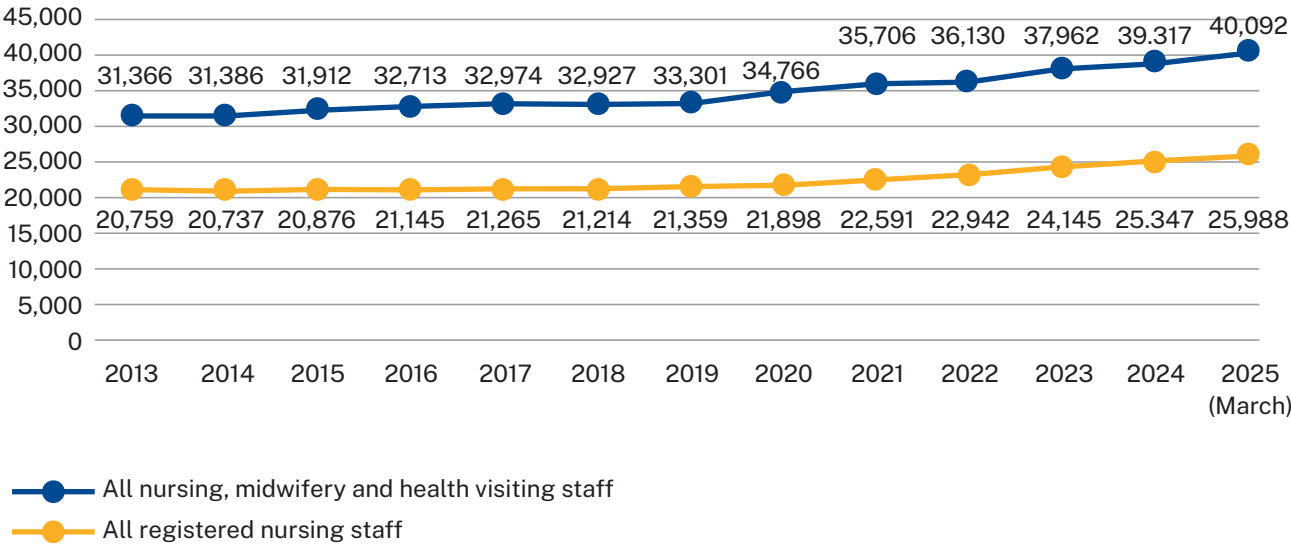
## 1.1 Registered nurses

NHS Wales employs 40,092 full-time equivalent (FTE) nursing, midwifery and health visiting staff, including 25,988 registered nurses. The nursing and midwifery workforce is the largest in NHS Wales, making up over 40% of the total staff.

The overall nursing, midwifery and health visiting workforce is 26% larger than it was in 2015. But growth has been uneven: registered nurses have risen by 25%, while support staff – reliant upon registered nurses for supervision – have increased by 30%.

This does not address rising patient needs.

Figure 2: Nursing, midwifery and health visiting staff employed by NHS Wales, 2013-2025 (FTE)  
Source: StatsWales



Nursing receives less investment than other health professions. Between March 2019 and March 2025, the nursing, midwifery and health visiting workforce grew by just 18%, compared with 30% for medical and dental professions.

## 1.2 Registered nursing associates

In January 2024, the Welsh Government announced plans to introduce the registered nursing associate role in Wales. In England, the nursing associate role has been regulated by the Nursing and Midwifery Council (NMC) since 2018. For the NMC to regulate the role in Wales, the UK Parliament must first approve amendments to the NMC's governing legislation. At the time of writing, the UK government has not published any timeline for doing so.

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

Support staff such as registered nursing associates, HCSWs and assistant practitioners are part of the nursing workforce and provide vital support to registered nurses. Their contribution is both invaluable and different from that of the registered nurse. There should be no possibility of inappropriate role substitution with the introduction of new roles in health or in social care.

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

### RECOMMENDATION FOR THE WELSH GOVERNMENT

**1**

**Ensure that the introduction of the registered nursing associate role in Wales does not lead to the substitution of registered nurse roles.** Evidence is clear that it is the professional knowledge, skills and judgement of the registered nurse in a supervisory position that make the critical difference to patient safety and outcomes.

## Section 2 Nursing in primary care and the independent sector: a lack of government data hinders an overall picture

### 2.1 Overview

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

As of March 2025, there are 38,951 nurses registered with the Nursing and Midwifery Council (NMC) who have a residential address in Wales.<sup>3</sup> NHS Wales employs 29,775 (headcount) registered nurses. The remaining 9,176 are *likely* to be working in GP practices, social care, nursing agencies and other settings.<sup>4</sup> Additionally, NMC registration only reflects a nurse's residential address. Wales shares a long and porous border with England, and some nurses who live in Wales are employed in England. Based on our own membership, RCN Wales estimates that these nurses outnumber those living in England but working in Wales by some 20%.

The Welsh Government does publish data on *some* nursing groups in the independent sector<sup>5</sup>, but not an overall figure. The Welsh Government should make it a priority to publish a labour market analysis to understand the shape of nursing in the Welsh independent sector.

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

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

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

There are 1,002 FTE registered nurses working in general practices in Wales, in comparison to 1,581 GPs.<sup>6</sup>

While the number of fully qualified GPs increased by 2.6% in March 2025 compared to the previous year, the percentage of registered nurses in general practice decreased by 3.6% in the same period.

The age profile of nurses working in GP settings is concerning. Almost half are at least 50 years old (49%), and 16% are aged 60 or more. Most of the remainder are between 30 and 49 years old (46%), with just 5% aged 29 or younger.<sup>7</sup>

In March 2025, there were **1,002 FTE registered nurses working in general practices** in Wales.

**Almost half of general practice nurses are aged 50 or over.** Only one in twenty are under 29.

This age profile is concerning because nurses approaching (or older than) 55 are more likely to be considering leaving the workforce as they near retirement age. Owing to their numbers, this could have a devastating impact on the delivery of primary care. The Welsh Government should ensure that nursing in GP settings is seen as an attractive career option for newly qualified nurses. The Welsh Government should also revise the General Medical Services (GMS) contract to allow nurses the same opportunities to provide care in the community as their medical and pharmacy colleagues.

GPNs are essential for delivering the Primary Care Model for Wales. GP practices work in “clusters” to develop services across a geographical area. There are currently 64 clusters in Wales. GPNs work together through this cluster model to ensure consistency in care and to support smooth communication between GPs, GPNs and the wider community workforce, including district nurses. GPNs need to be enabled to be a meaningful part of cluster nursing collaboratives and the wider Pan Cluster Planning groups, which is often not possible due to workload pressures. The Welsh Government either needs to provide the funding to enable health care support workers and registered nurses working in general practice to be released (and to pay for the necessary backfilling) or the GP practices themselves need to fund their release.

Leadership and strategic planning in primary care needs cannot be exclusively from a medical perspective. Holistic health prevention and tackling health inequalities require a broad range of health professional interventions. The Welsh Government needs to set some ambitious objectives around the number of nurses and other health professionals taking up leadership roles within their practices, clusters and at a pan-cluster level. The Welsh Government should therefore ensure that there is a formal seat for a senior nurse on all primary care clusters.

## 2.3 The lack of data in social care

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

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

Social Care Wales collects social care workforce data through a voluntary survey of employers. Their 2022 survey had only a 58% response rate, meaning that the published workforce data omitted more than one in three social care providers. RCN Wales has not been provided with the response rates for Social Care Wales’s two most recent surveys (2023 and 2024). However, Social Care Wales has informed RCN Wales that there was “a drop in the return rate for residential care in 2023 and 2024 within the workforce data collection”.

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

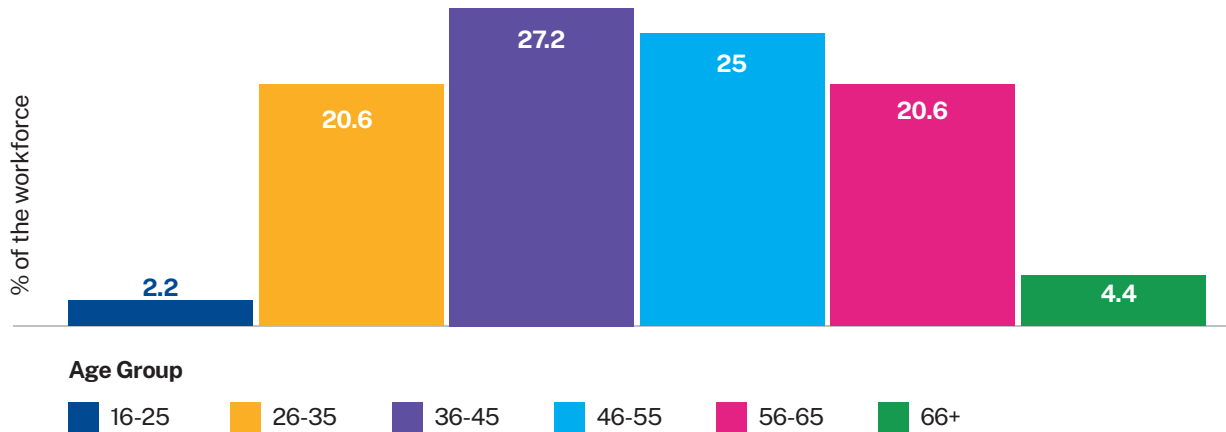
Social Care Wales have informed RCN Wales that there were 1,845 registered nursing staff working in social care in 2024. 319 registered nursing staff left the sector in 2021, while only 204 joined; and 88 left while only 83 joined in 2022. However, the CIW Annual Return survey results for 2023 and 2024 show a reversal

In 2024, there were **1,845 nursing staff working in social care** (Sources: *Social Care Wales annual Workforce Data Collection and Care Inspectorate Wales (CIW) Annual return*)

**25% of nursing staff in social care are over 56**, while an additional 25% are aged over 46.

of this trend: 469 registered nursing staff joined the sector in 2023 while only 382 left, and 463 joined the sector in 2024 while only 246 left. While these are positive developments, the age profile of the social care workforce is concerning.

**Figure 3: Age profile of the social care registered nursing workforce 2024**



As can be seen from the above graph, 25% of registered nursing staff in social care are aged 56 or older, and another quarter fall within the 46-55 age bracket. In other words, half of the workforce is already 46 or above. The age profile of this workforce is concerning and does not suggest a sustainable future for the nursing workforce in social care.

Anecdotal evidence from RCN members working in social care also points to other challenges currently facing the social care nursing workforce. We know, for example, that there is a problem with delayed discharge of patients from hospital, which is a key factor in the corridor care crisis affecting the whole of Wales. Hospital patients who are ready to leave are often made to wait for a domiciliary care package, for accommodation at a nursing or residential home or for a home adaptation. This is because there are not enough nurses in social care to assess need and provide care in a timely manner. More importantly, there is not enough capacity or resources in residential care or in community care to enable people to stay in their own homes and prevent them being admitted to hospital.

Investing in social care would ensure that patients are able to receive care in the most appropriate place and leave hospital as soon as they are medically fit. This would free up hospital beds and ease pressure off A&E services and allow people to be cared for in their own homes and communities.

### Care home nursing

As autonomous practitioners, care home nurses use their clinical skills to anticipate problems, recognising and acting when a person is deteriorating, which helps prevent patients being admitted to hospital unnecessarily. Registered nurses are key to managing acute illness, making decisions around the management of long-term conditions, and delivering complex interventions in emergency or crisis situations. They also help residents transition back to life in the care home after a period in hospital.

Current policy has failed so far to recognise and articulate the powerful benefits of this role, and educational pathways into social care nursing are limited. This has added to the pressure faced by nurses in care homes and dissuaded nursing students from seeking a career in the field.

For more information on nursing in care homes, see the RCN Wales report, *Caring for Older People*.<sup>8</sup>

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

## 3.1 Overview

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

- 1. The first is that the changing needs of the population demand more nursing staff with advanced skills.** Advances in nursing, health care, and early diagnosis are helping people live longer. That means more people are reaching an age by which they are likely to have developed complex needs and comorbidities; for example, a patient with a broken hip needs even more specialised care if they have dementia, diabetes, or another chronic condition as well – especially when they live alone or in unsuitable housing. Yet nursing is seeing less investment than other health professions. Between March 2019 and March 2025, the nursing, midwifery and health visiting workforce grew by just 18%, compared with 30% for medical and dental professionals.
- 2. The second critical issue is the high number of registered nurses leaving the NHS.** This is partly the result of the age profile of the nursing workforce. The percentage of nursing and midwifery staff who are near retirement age (over 55) represents a fifth (19.9%) of the workforce.<sup>9</sup> However, the shortage of registered nurses is also driven by difficulty accessing flexible working. It is also self-propagating, as the shortage itself causes pressure which drives higher rates of staff burnout. These factors are discussed further in Section 5, “Improving Nurse Retention”.
- 3. The third is the persistent problem of staffing shortages in specialised nursing roles.** This is true in hospitals, in community nursing and in social care. These roles, essential for maintaining and improving patient health, depend on post-registration education. However, investment in nursing education has declined over the past two decades, and NHS Wales lacks a strategic approach to workforce planning. As a result, repeated efforts to redesign NHS services are increasingly driven by skill shortages rather than population needs. This problem, and its solutions, are discussed further in the last section.

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

## 3.2 Registered nurse vacancies remain high

Each year since 2019, RCN Wales has estimated the number of registered nurse vacancies in NHS Wales health boards. This is because the Welsh Government ceased publishing official statistics on NHS registered nurse vacancies in 2011, and did not resume until 2023.

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

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

RCN Wales estimates that there are at least

**1,481**  
registered nurse  
vacancies in NHS  
Wales in 2025

### Welsh Government estimate: Nursing, midwifery and health visiting vacancies

The latest Welsh Government release at the time of writing (published in July 2025) estimates that, on 31 March 2025, there were 1,035 FTE registered nurse, midwifery, and health visiting vacancies across all NHS Wales organisations, a vacancy rate of 3.6%. Of these, **1013 FTE vacancies (98%) were in the seven NHS Wales health boards, who provide most of the direct NHS patient care, including emergency care.**

Among nursing, midwifery and health visiting *support* staff, the Welsh Government estimates a further 830 FTE vacancies, a vacancy rate of 6%.

StatsWales warns that these NHS vacancy statistics are classified as “experimental statistics as the underpinning data collection process is newly created and continues to be under development while it is being embedded uniformly across all NHS organisations”. Given this, as well as the lack of complete responses to RCN Wales’s Freedom of Information requests, these figures from the Welsh Government/StatsWales are likely to underrepresent the true number of vacancies. More detail is needed in future releases relating specifically to vacancies among registered nurses, including a breakdown by Agenda for Change pay band. RCN Wales hopes to see this in future publications.

### RCN Wales estimate: Registered nurse vacancies

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

**Table 1: NHS Wales registered nurse vacancies by health board**

*Source: Freedom of information requests*

Health board	Estimated vacancies
Aneurin Bevan University Health Board	151.9
Betsi Cadwaladr University Health Board	451.5
Cardiff and Vale University Health Board	122.4
Cwm Taf Morgannwg University Health Board	366.3
Hywel Dda University Health Board	170.7
Powys Teaching Health Board	133.7
Swansea Bay University Health Board	84.3
<b>Total</b>	<b>1480.8</b>

Based on the information available to RCN Wales at the time of writing, we believe that **there are at least 1,481 registered nurse vacancies** in NHS Wales.

This would mean registered nurse vacancies have fallen by around 520 since 2024. While this is to be celebrated and reflects the Chief Nursing Officer’s success in championing the recruitment of internationally educated registered nurses, too many registered nurse posts remain vacant in NHS Wales. Much more work is needed to increase the sustainability of the workforce and reduce vacancies back to, and below, levels seen before the onset of COVID-19.

In addition, Aneurin Bevan University Health Board provided us the number of vacancies only for band 5-level registered nursing posts and told us that they do not currently count the number of vacancies across all other bands. This means that the true number of vacancies across Wales is almost certain to be higher than 1,481. It is wholly unacceptable that Aneurin Bevan University Health Board does not currently count the number of vacancies of registered nursing posts across all pay bands: without knowing this information, it is impossible for the health board to ensure effective workforce planning, and for members of the public and stakeholders to effectively scrutinise the health boards.

For more on workforce sustainability, see Section 5.

**Table 2: NHS Wales registered nurse vacancies (total across Wales, 2020-2025)**  
 Source: Freedom of information requests

Year	Vacancies (FTE)
2020	1,612
2021	1,719
2022	3,000
2023	2,717
2024	2,001
2025	1,481

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

### RECOMMENDATION FOR THE WELSH GOVERNMENT

2

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

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

**NHS Wales relies heavily on nurses working overtime.** In the 2025 RCN Employment Survey, 88.4% of respondents in Wales reported working additional hours at least once a week. Of these, 52.2% worked an average of three or more hours weekly, with 9.2% working over 10 hours.

If 88.4% of registered nurses work overtime weekly, this equates to 22,974 nurses doing so. Assuming each nurse works an additional four hours per week, NHS Wales benefits from an extra 91,896 hours of nursing work – a contribution equivalent to **2,451 additional nurses working 37.5 hours a week**. Almost four in ten respondents (38.4%) reported that these hours were usually unpaid.

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

**Continuing professional development (CPD) is a fundamental career-long requirement for nurses to stay registered with the Nursing and Midwifery Council (NMC) and continue practicing.** Yet accessing CPD is a struggle for many nurses. The 2025 RCN Employment Survey found that over one in five (22.4%) of respondents in Wales had not been able to complete even the *mandatory* training required for their role (for example, CPR or fire safety) in the previous 12 months, compared to only 14.1% of respondents across the UK. Over half (55.5%) of the respondents in Wales had to complete their most recent mandatory training either solely or partly in their own time.

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

### 3.4 Spending on agency nursing remains substantially higher than in 2017/18 and earlier

Agency nursing refers to NHS Wales use of temporary nurses or HCSWs who work for a nursing agency, which is a private company.

There will always be a need for some element of temporary nursing in the NHS to cover short-term sickness and absences. When a health board or trust cannot cover this with permanent staff or staff from its internal “bank”, the NHS turns to agencies. A “bank” is an internal NHS system allowing permanent staff to take on extra shifts to meet temporary need in the health board that employs them. There are also people who work only on a bank shift contract.

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

Nurses give NHS Wales an **extra 91,896 hours every week** – the equivalent of 2,451 full-time nurses.

In 2024/25, NHS Wales health boards spent **£88.7m** on agency nursing. This would pay the salaries of **2,815** full-time newly registered nurses.

**In 2024/25, health boards spent a total of £88.7 million on agency nursing**, marking a 38% decrease compared with the previous year. This is the second year in a row where spending on agency nursing has fallen, following five consecutive annual increases during which spending on nursing and midwifery agency staff more than tripled.

While the reversal of this trend highlights the considerable efforts of NHS Wales and the Welsh Government to reduce reliance on agency nursing staff, policymakers should retain a sense of perspective. Spending remains higher than in 2019/20 and substantially higher than in 2018/19 and earlier. After adjusting for inflation, the £51.4 million NHS Wales spent on agency nursing in 2017/18 amounts to £68.8 million. This remains 22.4% below the 2024/25 spend.

In NHS Wales, nursing has seen significantly *less* investment in its growth compared with other health professions. Between March 2019 and March 2025, the nursing, midwifery and health visiting workforce grew by just 18%, compared with 30% for medical and dental professionals. Agency nursing spending is a symptom of the Welsh Government's failure to plan and to invest in growing the NHS nursing and midwifery workforce at the pace needed to keep patients safe.

Despite some improvements in 2023/24 and 2024/25, NHS Wales is still displaying a dangerous reliance on agency nursing over its own permanent nursing workforce.

If high levels of agency nursing spending continue, this will lead to health boards no longer directly employing staff to provide patient care and instead commissioning most or all nursing care from private companies. This is already the case for many hospital night shifts, and the implications for public policy deserve scrutiny.

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

For more information, see “Improving nurse retention” in Section 5 of this report.

## A caution about agency nursing figures

While the decrease in the agency nursing staff spend for 2024-25 appears to be welcome news from a financial perspective, it now seems unreliable as a proxy for need. While the occurrence of high agency spending indicates a shortage of permanent staff, comparatively low agency spend *does not necessarily* entail safe staffing. This is for two reasons. First, it does not necessarily follow that a reduction in agency spend leads to health boards increasing the numbers of permanent nursing staff that they employ; in other words, it does not necessarily mean that agency nurses are being sufficiently replaced by permanent nursing staff. Second, spending on agency staff does not necessarily correlate to the health needs of a given ward, let alone the health needs of the wider population.

If agency spend is low, it does not necessarily follow that the problem is solved. This is because we do not currently have an accurate picture of the health needs of the Welsh population.

Before the passing of the Nurse Staffing Levels (Wales) Act 2016, RCN Wales used agency nurse spending, along with bank and vacancies figures, as a proxy to calculate the additional patient *need* for nurses – i.e. how many nurses are needed in addition to the current workforce. The implementation of the Nurse Staffing Levels (Wales) Act 2016 changed this. Section 25B of the 2016 Act requires health boards and NHS trusts to “designate a person or a description of person to calculate the number of nurses appropriate to provide care to patients that meets all reasonable requirements in that situation...” and to “take all reasonable steps to maintain the nurse staffing level”. Consequentially, where Section 25B applies, we *know* how many nurses are needed. However, there are many areas where Section 25B does not currently apply, such as community nursing and mental health inpatient settings. Extending Section 25B of the Nurse Staffing Levels (Wales) Act 2016 everywhere would enable us to know how many additional nurses are needed to ensure safe and effective care for patients.

While there is a risk that this new trend will not last in future years, and that the levels of agency spending will revert back to the high levels that we saw in the five years between 2017/18 and 2022/23, there is also a risk that the opposite might happen: due to the pressure faced by health boards to reduce agency spending, wards in future years could be left unsafe. This once again highlights the importance of extending Section 25B of the 2016 Act to all settings where nursing takes place.

## 3.5 Recruit registered nurses internationally

NHS Wales is reliant on international nursing recruitment.

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

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

## Section 4 Why having enough nurses is crucial to protect patients

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

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

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

A 10% increase in the percentage of missed nursing care is associated with a 16% increase in the odds of a patient dying within 30 days of admission.<sup>14</sup>

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

Studies have found that patients are more likely to die on wards with fewer registered nurses, with risks up to 41% higher compared with better-staffed wards.<sup>11, 12</sup> They are also 20% more likely to be readmitted and 41% more likely to stay longer in hospital. Safe nurse staffing levels reduce readmissions, health care associated infection rates, medication errors, falls and pressure ulcers.<sup>13</sup>

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

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

## 4.2 Why having enough nurses is crucial to ending corridor care

### What corridor care is and why it is unsafe

“Corridor care” has become widespread and entrenched in NHS Wales, presenting a serious new risk to patients’ lives. “Corridor care” means looking after patients in places where safe care isn’t possible – corridors, but also storage areas, waiting rooms, offices, their own homes, car parks, even toilets.

Health boards use these spaces to cope with rising pressure on emergency departments. But this put patients at risk when:

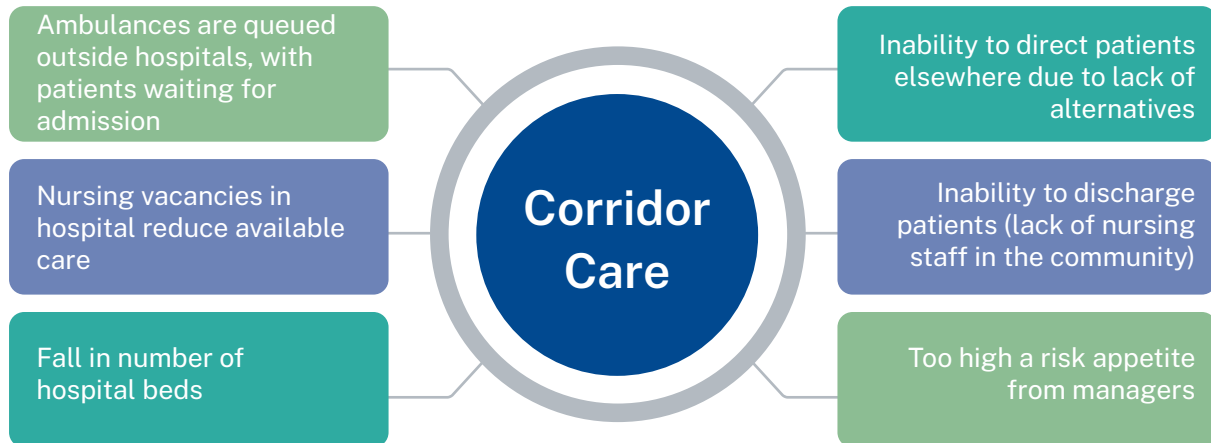
- A patient needs help to breathe, but the oxygen and suction are already in use by someone else.
- There isn’t enough space to deploy lifesaving equipment in an emergency.
- Too few nurses are available to monitor, assess and treat patients safely.
- Patients go through intimate examinations without any privacy.
- Overcrowding spreads infections and prevents cleaning staff keeping the area hygienic – as well as blocking fire exits.
- An independent patient rapidly becomes deconditioned which can result in them going into long-term care.

### Why corridor care happens

Corridor care happens for several reasons. At a simplistic level, it occurs because the number of people who need hospital care rises faster than existing patients can safely be treated and discharged. The number of people who need hospital care is rising for multiple reasons, including inaction from NHS Wales and the Welsh Government to meet health needs in the community.



As hospitals struggle to meet the increased demand, other factors in the health and care system exacerbate the situation (illustrated below). The result is that even more patients receive care in inappropriate places:



As can be seen in these diagrams, a variety of challenges merge to create a perfect storm for patients and for staff working in the health service.

What these diagrams also show is that unsafe levels of nurse staffing at all levels of care significantly contribute towards causing and exacerbating corridor care. Ending corridor care will therefore be impossible without investment to grow and support the nursing workforce.

**Almost a third (30%)** of RCN Wales members said that they had experienced **physical abuse** from patients or relatives in the last 12 months.  
 Source:  
 2025 RCN Employment Survey

In the 2025 RCN Employment Survey, RCN Wales members were asked whether they had experienced physical or verbal abuse from patients or from relatives of patients during the last 12 months. Two thirds (66%) said that they had experienced verbal abuse and almost a third (30%) said that they had experienced physical abuse. Unless urgent action is taken to end the corridor care crisis, patients will continue to receive unsafe care, which will in turn likely lead to more nursing staff finding themselves at the receiving end of verbal or even physical abuse from patients or from relatives of patients.

### Never events

There are insufficient safeguards preventing corridor care from taking place. In health services, certain types of incidents are classed as “never events”. These are “serious incidents that are wholly preventable because guidance or safety recommendations are available at a national level and should have been implemented by all health care providers”.<sup>15</sup>

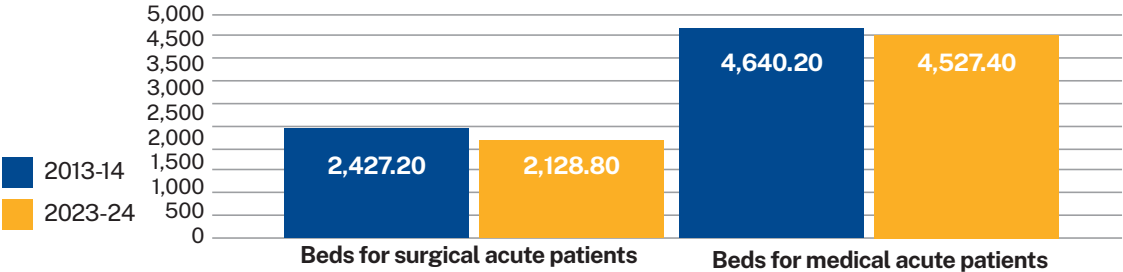
RCN Wales has heard from members that prolonged periods of care in chairs are becoming normalised, with beds removed and permanently replaced with up to four times as many chairs.

RCN Wales has repeatedly called on the Welsh Government to classify chair care exceeding 24 hours as a “never event”, as this would focus providers’ attention on preventing it, ensure appropriate reporting to the corporate board of the relevant health board and generate data to inform strategies to reduce and ultimately eradicate corridor care, along with other never events.

### Hospital beds

The daily average number of hospital beds in Wales that are available for surgical acute patients has dropped by 12.3% in the last 10 years, from 2,427.2 in 2013-14 to 2,128.8 in 2023-24.<sup>16</sup>

Figure 4: Average daily available beds for acute medical and surgical patients in NHS Wales, 2013-14 and 2023-24. Source: StatsWales



The daily average number of hospital beds in Wales that are available for medical acute patients has also dropped in the last 10 years, from 4,640.2 in 2013-14 to 4,527.4 in 2023-24 – a 2.4% drop.<sup>16</sup>

At the same time, we know that there is a problem with delayed discharge, as explained in Section 2.

### Corridor care data

The UK Government and the Northern Ireland Executive have both committed to publishing data of corridor care in England and Northern Ireland, respectively, with the latter expected to publish the first set of data in early 2026. RCN Wales has called on the Welsh Government to publish this data in Wales. While the Welsh Government has indicated that it hopes to be able to publish this data in Wales, RCN Wales eagerly awaits further details.<sup>17</sup>

**RECOMMENDATION FOR THE WELSH GOVERNMENT**

**Begin recording and reporting on corridor care in Wales.** The Welsh Government should require each health board to record all instances of care in inappropriate areas and to publish this data on a monthly basis. Using this data, the Welsh Government should also record and report all instances of care in inappropriate areas, which should include both national figures and data broken down by health board.

**3**

**RECOMMENDATION FOR THE WELSH GOVERNMENT**

**Establish care delivered to a patient in a chair for more than 24 hours as a “never event”.** “Never events” are defined as “serious incidents that are wholly preventable because guidance or safety recommendations are available at a national level and should have been implemented by all health care providers.”

**4**

**RECOMMENDATION FOR THE WELSH GOVERNMENT**

**Direct NHS Wales to pause the reduction in hospital beds and commission two national reviews,** to examine A&E and hospital bed capacity at different levels of patient dependency.

**5**

## Section 5 Retention: what more needs to be done

Nursing staff save and improve lives on a daily basis. This is why one chooses to become a nurse in the first place. However, as much as nurses take pride in their work, this alone is not enough to keep them in the profession. Fair pay and terms and conditions, as well as a working environment that is conducive to achieving a high quality of patient care, are all essential factors in retaining nurses in Wales.

In the 2024 edition of Nursing in Numbers, RCN Wales highlighted the urgent need for the Welsh Government and Health Education and Improvement Wales (HEIW) to do more to retain nursing staff working in the NHS. As part of this, the report called on HEIW to implement its Nurse Retention Plan, which was published in 2023. This year, we are pleased to be able to reveal that some positive progress has been made on the plan's implementation, with the turnover rates of nursing and midwifery staff having been reduced from 6.7% in December 2023 to 5.9% in March 2025.<sup>18</sup>

However, more needs to be done by the Welsh Government and HEIW to improve the retention of nursing staff, especially given that 38% of nursing staff in Wales say that they are either thinking about leaving their job or are actively planning to leave their job, according to a 2025 survey of RCN members. This is essential to deliver a nursing workforce that is sustainable and that can give patients the best care.

There are four key areas that the government should focus on here:

- Fair pay for nursing
- The Agenda for Change pay structure
- Non-pay factors in retaining NHS nursing staff
- Retention in the care home sector

These actions are covered in this section.

### 5.1 Fair pay for nursing

**38%** of nursing staff in Wales say that they are either thinking about **leaving their job** or are actively planning to leave their job

*Source: 2025 RCN Employment Survey*

The Welsh Government is responsible for NHS nurse and HCSW salaries, and the RCN has called on governments across the UK to protect patients by recognising the safety-critical role of nursing and rewarding it fairly. RCN Wales members are committed to ensuring this happens.

Nursing staff still earn less in real terms than they did in 2008. The pay deal between RCN Wales and the Welsh Government for 2023-24 included a commitment from the Welsh Government to the principal of pay restoration to 2008 levels. In the 21 years since the introduction of Agenda for Change, nursing as a profession and a career has transformed, yet neither the pay structure nor workforce development has changed to reflect this.

Nurses and HCSWs can decide to work for an agency while also being directly employed by NHS Wales. From the perspective of the individual nurse, working for an agency is a very attractive prospect. Agencies tend to offer better pay and more freedom over location and hours than the NHS. Nurses can focus on caring for patients and worry less about staff shortages and internal challenges. Unless nurses working in the NHS are fairly compensated for their work, more nurses will leave the NHS to work for an agency.

As part of its evidence to the NHS Pay Review Body in 2024, RCN Wales also called on the PRB to recommend national recruitment and retention premia for the nursing workforce in addition to an appropriate pay award. During negotiations with the Welsh Government in 2023, in the context of over 2000 nurse vacancies, RCN Wales drew attention to the fact that retention premia are not currently being used in nursing. National recruitment and retention premia are intended to help combat national pressures, such as those seen in the NHS nursing workforce. Clearly, this is a system that is not working as it should.

## 5.2 The Agenda for Change pay structure

A fundamental problem is the Agenda for Change pay structure itself. In the 21 years since its introduction, nursing as a profession and a career has transformed. Agenda for Change no longer provides equal pay for work of equal value. Nursing staff are working at higher levels of education, skills and knowledge. They are also working at higher levels of responsibility and risk due to changes in roles and staffing shortages. Yet Agenda for Change neither rewards this through higher pay nor by delivering career progression to a higher grade. On the contrary, nursing staff find the status quo impedes their career progression and development. This means Agenda for Change itself is a barrier to safer levels of staffing and higher standards of patient care.

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

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

### Annex 20 and career progression

Despite being a degree educated and safety critical profession, nearly half of the NHS nursing workforce remains stuck at Agenda for Change band 5, with many remaining at band 5 for the duration of their careers. In contrast, comparable degree-qualified health professions – such as midwifery and the paramedic profession – benefit from automatic progression to band 6 following a formal preceptorship period, through Annex 20 of Agenda for Change. Registered nurses, despite having similar entry requirements and preceptorships, are still excluded from this pathway.

In May, the RCN published a report, *Pathway to Progression: Band 5-6 career progression for nursing*,<sup>19</sup> calling for Annex 20 to be fully applied to the nursing profession, which would allow newly registered nurses to progress to Band 6 following a formal preceptorship period, recognising the clinical autonomy and responsibility they assume from the outset of their careers. Annex 20 offers a fair, evidence-based solution that will support the recruitment and retention of the workforce and provide stability and increased quality of care to patients.

This important issue formed part of the RCN's 2023/24 pay discussions with the Welsh Government and resulted in a commitment to review and consider career progression arrangements and opportunities starting with nurse and other health care professionals' progression from graduate entry level band 5 to 6. The fact that Annex 20 has not yet been applied to nursing points to the unfairness at the heart of current policy regarding NHS staff pay and progression.

## RECOMMENDATION FOR THE WELSH GOVERNMENT

6

Ensure that the pay structure in place for nursing has reward and career development at its centre. In the 21 years since the introduction of Agenda for Change, nursing as a profession and a career has transformed, yet neither the pay structure nor workforce development has changed to reflect this. As part of this, Annex 20 should be applied to nursing to ensure parity with the midwifery, paramedic and physiotherapy professions.

### 5.3 Non-pay factors in retaining NHS nursing staff

While fair pay is important in retaining nurses, other factors matter too. As part of a multi-year campaign for a national nurse retention plan in Wales, in 2022 RCN Wales published *Retaining Nurses in the Profession: What Matters?*<sup>20</sup> showcasing evidence-based steps to retaining nurses.

Using this report as a foundation, HEIW published a national Nurse Retention Plan<sup>21</sup> the following year. The implementation of the plan has led to some success, with turnover rates of nursing and midwifery staff reducing from 6.7% in December 2023 to 5.9% in March 2025.<sup>22</sup> Given that the Nurse Retention Plan was the result of campaigning by RCN Wales to improve retention, we are pleased that progress has been made in this area. More work and investment is needed, however, to ensure that the turnover rates continue to fall.

An important feature of both the RCN Wales report and the Nurse Retention Plan is access to flexible working arrangements. This is a normal feature of modern workplaces. In nursing, its importance was highlighted when a Welsh Government offer featuring promises on flexible working brought nursing strikes in Wales to an end in 2023. Even so, nursing staff still report difficulty in accessing flexible working arrangements.

The Welsh Partnership Forum's Final Non-Pay Milestone Review Report (March 2024) stated that progress against this commitment to flexible working would be reported on a quarterly basis.<sup>23</sup> However, these reports have not been made public, and therefore RCN Wales does not have access to any official data pertaining to the number of requests made and accepted for flexible working. Even if this data were to be made publicly available, it would likely underestimate the full picture. This is because the Electronic Staff Record system records only formal requests for flexible working. In practice, nursing staff frequently make informal arrangements; however, there are instances where managers discourage employees from submitting formal requests, suggesting that such applications are unlikely to be approved and therefore not worth pursuing.

In addition, the demographics of nursing students differ from those taking other degrees. In 2024, almost one in five (19.2%) of accepted Welsh-domiciled nursing degree applicants were 35 or older<sup>24</sup>, meaning many nurses already have caring responsibilities for a child, a parent, or both—even at the point when they enter the workforce. It is therefore likely that new and existing staff will continue to need flexible working arrangements to meet their caring commitments and achieve work-life balance.

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

## RECOMMENDATION FOR THE WELSH GOVERNMENT

**Ensure that the turnover rates for NHS nursing and midwifery staff continue to fall.** NHS Wales must retain more of its nursing workforce to keep patients safe. To achieve this, current Welsh Government investment in nursing staff retention must be sustained.

7

### Creating an environment free from discrimination

According to the NMC, professionals from Black, Asian and ethnic minority backgrounds make up more than one in 10 (13.7 percent) of Wales's nursing and midwifery workforce (1 April 2024-31 March 2025) which is 1.5 % higher than last year and 4.2% more than five years ago.<sup>25</sup>

As the NMC points out in a 2025 report,<sup>26</sup> this picture of increasing ethnic diversity makes it more important than ever that professionals can practise in an environment that values diversity and tackles racism. However, we know that this is sadly not the experience of many global majority nursing staff. Statistically, in Wales, more nurses of the global majority are referred to the NMC than white nurses, particularly regarding fitness to practice issues.<sup>27</sup> Moreover, in the 2025 RCN Employment Survey, RCN Wales members were asked whether they had experienced physical or verbal abuse from patients or from relatives of patients during the last 12 months. Of the 29.7% who said that they had experienced physical abuse, 10.3% identified discrimination (in relation to gender, ethnicity, sexuality, age, disability or other factor) as being one of the main factors. Of the 66.1% who said that they had experienced verbal abuse from patients or from relatives of patients during the last 12 months, discrimination was identified by 11.8% as being one of the main factors.

Moreover, the RCN UK advice line for nursing staff saw a 55% increase in 2025 in complaints about racism at work compared to in 2022.<sup>28</sup> Across the UK, the RCN is now receiving three calls a day from global majority nursing staff seeking advice and support after being racially abused or discriminated against in their own workplace.<sup>29</sup> These shocking statistics further emphasise the urgent need to eradicate racism in the health service.

## RECOMMENDATION FOR THE WELSH GOVERNMENT

**Ensure the full implementation of the Anti-racism Plan and the Zero Tolerance Policy.** The Welsh Government should continue to engage with global majority nursing staff, as well as nursing staff with other protected characteristics, to ensure that the Anti-racism plan and the Zero Tolerance Policy are implemented in full.

8

## 5.4 Retention in the care home sector

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

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

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

A Specialist Practice Qualification (SPQ) is a Nursing and Midwifery Council-recordable post graduate qualification for nurses which recognises a highly skilled level of knowledge and practice. It can be obtained in several specialities including Social Care Nursing.<sup>30</sup> Currently there is no funding or commissioning of SPQs in Social Care Nursing. Access to SPQs in social care nursing must be funded and provided to ensure professional development opportunities for social care nurses.

### RECOMMENDATION FOR THE WELSH GOVERNMENT

**Support Social Care Wales to develop and implement a fully funded, accessible strategy to recruit and retain nurses in social care, ensuring parity with professional development opportunities available in the NHS.**

9

This should include collaboration with Health Education and Improvement Wales to commission Social Care Specialist Practitioner Qualifications that reflect the unique skills required in the sector and offer clear, agile career pathways.

# Section 6 Taking action on education

## 6.1 Ensure sustainable registered nurse education, and development for support workers

There are several pathways to becoming a registered nurse in Wales. The primary route is the pre-registration undergraduate nursing degree, a full-time, Health Education and Improvement Wales (HEIW)-funded programme delivered all across Wales.

In addition to this, more flexible options exist. Health care support workers employed by NHS Wales can progress through part-time nursing degrees, allowing them to become registered nurses while continuing to work. Health boards also offer locally tailored “grow your own” programmes, funded by HEIW, which support workforce development and lead to nurse registration.

RCN Wales has called on the Welsh Government to ensure these alternative routes are nationally funded and accessible to those working across the NHS and social care sector. There is strong and growing demand for part-time, employed routes, and ensuring these options are available is vital to meet workforce needs. Health care support workers should be able to expect access to education and training that enables progression to registered nurse level, where this aligns with their aspirations and service needs.

Research conducted across nine European countries found that a better-educated nursing workforce reduced unnecessary deaths. Every 10% increase in the number of nurses holding a bachelor’s degree in a hospital is associated with a 7% decline in patient mortality.<sup>31</sup> A further cross-sectional study in 2018 found that a 10% increase in the percentage of missed nursing care is associated with a 16% increase in the odds of a patient dying within 30 days of admission.<sup>32</sup>

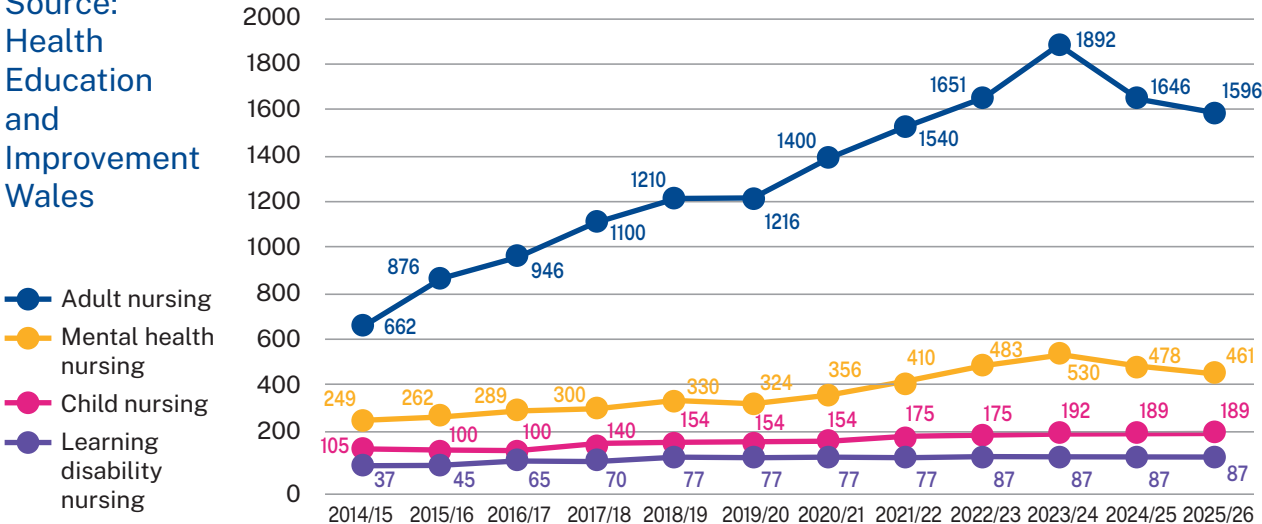
Full-time nursing students will spend three years undertaking a degree in nursing with each year consisting of 42 working weeks – longer than a typical academic year. **Nursing students spend 50% of their time on practical placements in NHS Wales and other settings, including care homes and GP surgeries.**

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

**A 10% increase in the percentage of missed nursing care is associated with a 16% increase in the odds of a patient dying within 30 days of admission.<sup>15</sup>**

Figure 5: Student places commissioned by Welsh Government on pre-registration nursing degrees, 2014-15 to 2025-26

Source: Health Education and Improvement Wales



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

However, HEIW does not simply recommend what health boards request, instead tending to revise down these recommendations.

Full figures detailing the health boards' requests for 2025/26 have not been published. However, the number of places commissioned by the Welsh Government on pre-registration nursing courses for 2025/26 remains unchanged from 2024/25 across all four fields of nursing. HEIW has also disclosed that:

“IMTP [Integrated Medium Term Plan] requests for nursing pre-registration commissioned places have increased again for 2025-26 on the back of significant increases in recent years (note that the increase in nursing IMTP requests is only slightly higher than last year). However, only 60% of the IMTP request was commissioned in 2024-25.”<sup>33</sup>

If IMTP requests increased from 2024/25 to 2025/26 with no change in the actual numbers commissioned, it follows that the numbers commissioned this year represent less than 60% of those requested by health boards.

HEIW has disclosed that:

- Health boards had asked for 396 places to be commissioned for child nursing pre-registration courses for 2025/26. HEIW went on to recommend to the Welsh Government that 200 places be commissioned, which is 49.5% lower than the 396 places that health boards said they needed. The Welsh Government then went on to commission only 189 places, which is 5.5% lower than what HEIW had recommended and 52.3% lower than what the health boards had originally said that they needed.
- For adult nursing, the Welsh Government commissioned 6.9% fewer places than what HEIW had recommended (1596 instead of 1714); and 13.0% fewer places for mental health nursing (461 as opposed to HEIW's recommended figure of 530).
- For pre-registration learning disability nursing courses, the Welsh Government commissioned 100% of HEIW's recommendation (of 87 places).

## Fill rates

Since 2023, HEIW has begun to consider course fill rates as a factor in its commissioning decisions. Significantly, the 2024/25 academic year saw an 8.5% increase in the number of filled places across all pre-registration nursing degree programmes compared to the previous year.

This is a positive development. Fill rates can serve as a valuable metric for assessing the effectiveness of recruitment efforts and the appeal of nursing programmes to prospective students. However, it is important to recognise that this overall improvement has been largely driven by a renewed focus on the recruitment of international students, particularly within adult nursing. In contrast, fill rates for mental health and learning disability nursing programmes continue to present significant challenges.

In some cases, these persistent shortfalls have led to some planned cohorts not running, as higher education institutions are compelled to make decisions based on the financial viability of programme delivery. This is especially evident in spring intakes, which have become increasingly difficult to fill. As a result, there is a risk that essential but less popular fields of nursing education may become unsustainable under current commissioning and funding models. More recently, we have seen universities announce extreme proposals to address their financial challenges, for example Cardiff University's recent consultation on discontinuing nurse education completely.

To address this, HEIW must recognise the exponential challenges facing the higher education sector and work in partnership to effectively mitigate these risks to the delivery of future workforce. HEIW may need to adopt differentiated strategies to attract and retain students in areas of greater workforce risk. This could include offering enhanced funding to higher education providers to offset the financial deficit associated with delivering low-fill programmes, as well as providing direct financial incentives to prospective students who choose to enter fields such as learning disability and mental health nursing.

Such measures would help ensure that critical areas of the nursing workforce are not undermined by short-term recruitment trends or financial constraints, and that Wales continues to develop the specialist expertise needed to meet future health care demands.

### Job availability for newly qualified nurses in Wales

Job availability for newly qualified nurses in Wales is under significant strain. Students who are studying in Wales and want to work in NHS Wales typically enter a process called streamlining, which removes the need for lengthy applications and interviews and is designed to efficiently match graduates with available jobs. Those not matched through streamlining enter escalation, where individual students are sourced roles within their preferred health board. In 2025, a significant number of students in south-east Wales entered escalation due to a lack of job availability. To absorb these numbers, many health boards were forced to over-recruit, driven by a reduction in turnover and other factors. This reactive approach highlights deeper issues in workforce planning and job distribution.

More recently, the spring 2026 cohort experienced delays in the streamlining process becoming available. Currently, no adult nursing vacancies have been made available within Swansea Bay University Health Board, despite Swansea University preparing to graduate approximately 65 students. This lack of local opportunities is starting to be mirrored in other regions, where job availability is becoming increasingly constrained. This situation is problematic for several reasons. Nurse education in Wales is publicly funded. Commissioned student numbers are based on health boards' self-reported need. Notwithstanding the issues with the commissioning process raised earlier in this section, we must continue growing the nursing workforce to meet the future health and social care needs of the population. It is not acceptable for locally trained, publicly funded students to be unable to access local employment opportunities.

### NHS Bursary

In the Welsh Government's *Programme for Government 2021-2026 (Update)*, at the very top of the section on health and social services, sits a commitment to 'continue to fund the NHS bursary'.<sup>34</sup>

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

**Eluned Morgan (April 2022) – Minister for Health and Social Services at the time  
(and now First Minister of Wales)**

In 2022, the Welsh Government reaffirmed its commitment to the nursing bursary for 2023/24 but announced a future review. A consultation launched in November 2025 has been disappointing in scope, despite the urgent need for a stronger financial support package for students facing poverty and excessive workloads alongside their placements.

Nursing students in Wales spend half their degree on placements in care settings. The demanding nature of the course leaves little time for part-time work, making them heavily reliant on financial support. Despite the bursary, many still struggle with the cost of living.

In contrast, England offers a loan-based system with additional non-repayable support, including a £5,000 learner support fund. While English students graduate with more debt, they have greater financial support during their studies. In Wales, the means-tested bursary is inadequate, pushing students into hardship. It must be improved to reflect the true cost of studying nursing.

Nursing students also differ demographically from other degree cohorts. In 2024, 60.1% of Welsh-domiciled nursing applicants were aged 20 or older, and 19.2% were over 35, compared to just 0.1% over 35 in other degrees.<sup>35</sup> Many mature students already carry debt and are reluctant to take on more. Data shows that nursing students are more likely to have dependents: 31% have children, 10% are single parents, and 23% care for a relative.<sup>36</sup> It is likely that the lack of financial support is directly discouraging prospective mature students from entering nursing, particularly for mental health and learning disability fields which have predominantly attracted more mature students.

## RECOMMENDATION FOR THE WELSH GOVERNMENT

**Work with Health Education and Improvement Wales, and higher education institutions, to increase the number of nursing students and enhance their**

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**support.** Any new system of funding nursing education must attract more students, provide a robust, non-means-tested NHS bursary that reflects the true cost of studying nursing, and sustain the courses and research nurses and patients need.

## Pre- and post-registration nursing courses in the Welsh language

The 'Active Offer' means that NHS Wales is meant to offer to provide a service in Welsh, without a patient having to ask for it themselves. Too often, however, this is not the reality for patients. RCN Wales has long pointed to the need to increase the provision of both pre- and post-registration nursing education in Welsh as one way in which this can be addressed.

The language in which nursing care is delivered is integral both to the experience of care that patients receive (dignity, compassion, etc.) but also to the quality of care they receive (effectiveness of assessment, treatment, etc.) and therefore to health outcomes for the patient. The importance of the language of care is obvious in fields such as speech therapy and counselling, but it is equally important whenever health care professionals rely on verbal communication with patients and their families to assess, explain treatments or medication regimes, or obtain consent for care. It is clear from evidence

from service users and nursing staff that the experience of first language Welsh speakers in health care is framed by anxiety and difficulty – not only the experience of trying to access a Welsh language service but also, more frustratingly, in conveying the significance of the language. Almost every Welsh speaker, and indeed many non-Welsh speakers, have powerful and often upsetting stories – the young child who, coming round after surgery, could not convey his need for pain relief; the dying father who could not ask for his daughter to be called; the elderly and confused lady who spends her days in silence because she cannot articulate herself in a second language.

The Welsh Government funds specific numbers of places on pre- and post-registration courses for nursing in the higher education sector. It would be helpful to specifically contract for Welsh language places in the same manner that subject fields are currently specified. This would encourage the development and the production of a linguistically confident and competent workforce.

### RECOMMENDATION FOR THE WELSH GOVERNMENT

**Increase pre- and post-registration education provision for nursing in the Welsh language.** This is crucial to ensure that the NHS workforce is able to deliver the 'Active Offer' in practice.

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## 6.2 Improve workforce planning and develop a strategy for post-registration nursing education

To meet the evolving demands of health and social care services in Wales, it is essential that we focus on developing and retaining the existing nursing workforce. The future of patient care depends not only on recruitment but on enabling nurses to progress into roles at enhanced, advanced, and consultant level practice. These roles require robust governance, clear assurance frameworks, and strong clinical leadership to ensure safe, effective, and high-quality care delivery.

In recent years, strides have been made in the development of advanced nursing practice across Wales. However, despite this progress, consultant-level posts remain extremely limited. This lack of senior clinical roles restricts opportunities for leadership, mentorship, and strategic influence within the nursing profession, and undermines the full potential of nurses to shape and improve services.

At the same time, the infrastructure to support career progression is under strain. Postgraduate education provision, while available, is often underutilised. A major barrier is the persistent difficulty in releasing nurses from their posts to undertake further study.

The challenge of backfilling these roles means that even when educational opportunities exist, uptake remains low. This has a knock-on effect: when courses are undersubscribed, fewer places are commissioned in subsequent years, leading to the gradual erosion of educational capacity within universities. Over time, this cycle threatens the sustainability of advanced nursing education and limits the ability of the workforce to evolve in line with service needs.

Without a coordinated national strategy, Wales risks falling short of the workforce capability required to deliver future services. The current approach lacks the planning and foresight needed to ensure that nurses are supported to develop their careers and contribute at higher levels of practice. A strategic framework for commissioning post-registration education is therefore vital. It must be backed by a commitment from NHS Wales and employers to release nurses for study and to provide the necessary backfill. At the same time, HEIW must commission sufficient educational places, and universities must be supported to maintain and expand postgraduate programmes.

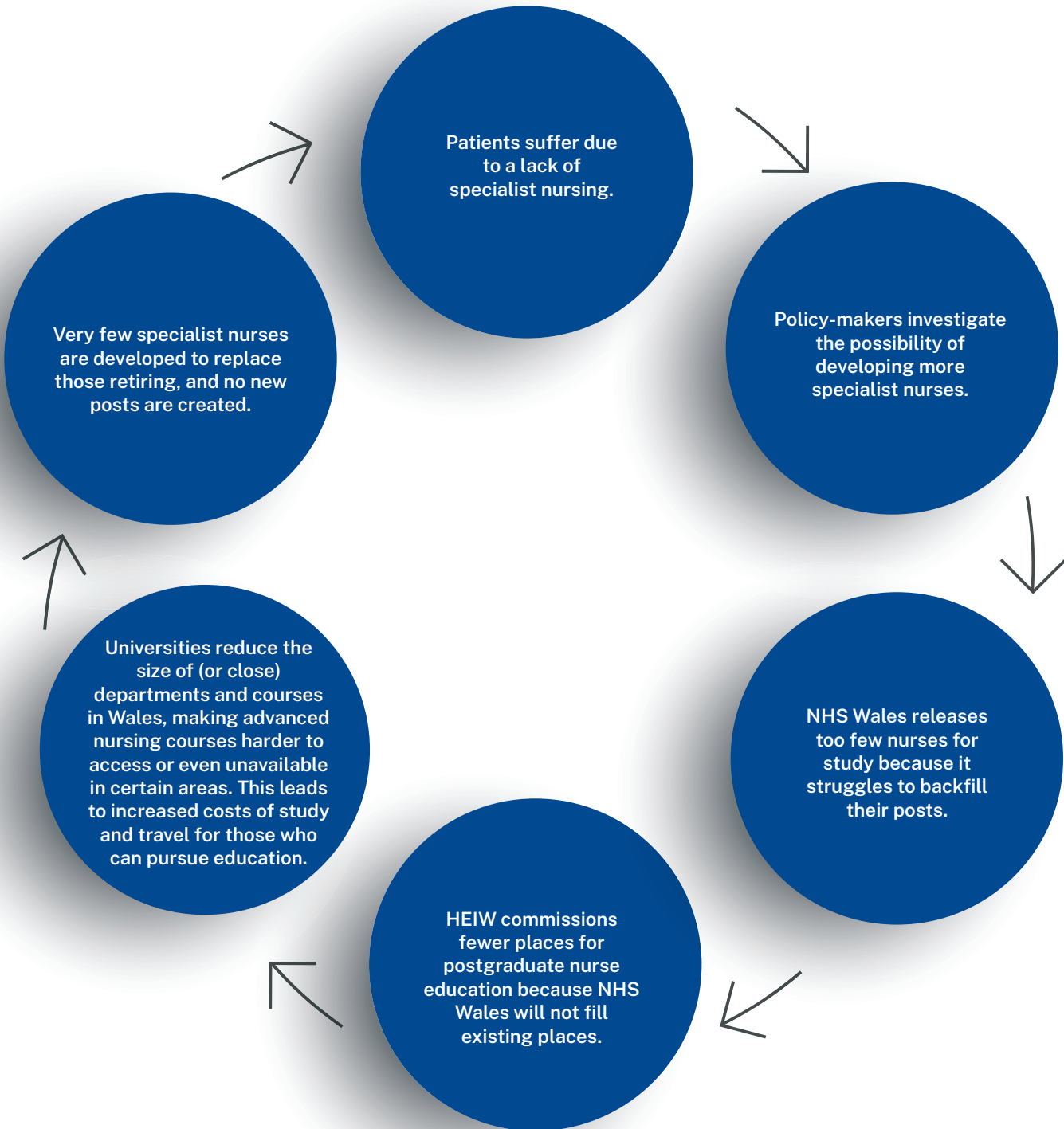
In addition, HEIW must ensure that the processes relating to procurement, tendering, and outcome notification are well-coordinated and delivered in a timely manner. At present, these processes are often protracted, with higher education institutions waiting an inordinate amount of time to receive outcomes. This delay makes effective business planning extremely difficult and places further strain on a system already facing multifaceted challenges. If Wales is to build a resilient, skilled nursing workforce capable of meeting future health and social care needs, these structural inefficiencies must be addressed as part of a broader, strategic reform.

## RECOMMENDATION FOR THE WELSH GOVERNMENT

**12**

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

Figure 6: The cycle of specialist nurse shortages



## Consultant nurses

A consultant nurse is an expert nurse that bridges the worlds of clinical practice, research, education, strategy and leadership to improve patient care. The title of ‘consultant’ is used in various fields ‘to represent a person who provides professional or expert advice in a particular field of science or business to either an organisation or individual.’<sup>37</sup> In the case of consultant nurses, this expert advice is developed through extensive clinical experience, research and professional development. Consultant nurses work across five pillars: clinical practice; education; leadership and management; research and audit; strategy.

As of March 2025, there are 56.2 consultant nurses employed at FTE across NHS Wales, which is lower than the number employed in 2007 (61.2 at FTE). While the Welsh Government directly provided initial funding for consultant nurses at the beginning of devolution, this funding has long come to an end, with funding now being the responsibility of health boards and trusts. Health boards and trusts in NHS Wales often take a short-term view in service planning, saving money by discontinuing posts without considering the long-term value of investing in the workforce or the long-term implications for the health of the population. The low numbers of consultant nurses compared to 2007 can be attributed to retiring consultant nurses not being replaced due to budget constraints.

### RECOMMENDATION FOR THE WELSH GOVERNMENT

**13** Instruct Health Education and Improvement Wales to develop evidence-based guidance to enable health boards and trusts to regularly scope population need and determine the number of consultant nurses that each health board and trust needs. Health Education and Improvement Wales should ensure that its workforce planning and education commissioning reflect this.

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