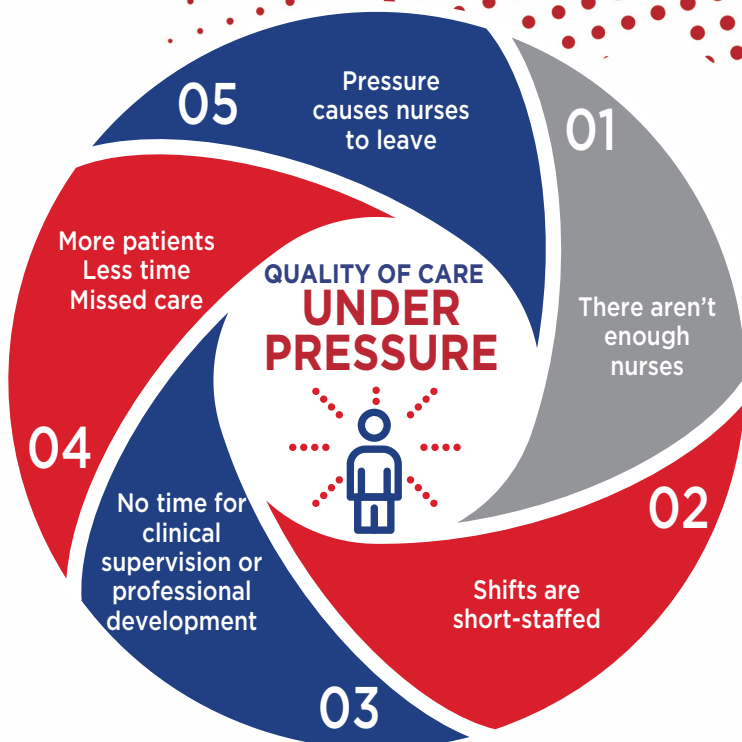


THE NURSING WORKFORCE IN WALES 2019



Coleg Nyrso Brenhinol
Cymru
Royal College of Nursing
Wales



About This Report

This briefing is designed to provide a statistical overview of the strengths and vulnerabilities of the nursing workforce in Wales. The main sources of information on the nursing workforce in Wales are Statistics Wales/Welsh Government and the Royal College of Nursing. Others are listed throughout this briefing. Figures are rounded to the nearest whole number.

The latest Welsh Government figures on nursing employed by the NHS were published in March 2018 and are from September 2017¹.

The Royal College of Nursing published the latest edition of the biannual Employment Survey in 2019. Information in this UK wide study was drawn from a comprehensive survey of our nursing membership with 965 respondents from Wales.

Please contact the Royal College of Nursing Wales for more information on any of the points raised in this briefing.

¹ <http://gov.wales/statistics-and-research/staff-directly-employed-nhs/?lang=en>



Executive Summary

- 1. Wales needs more registered nurses to deliver care. This requires an increase in student numbers and measures to safeguard international recruitment and address retention. Evidence for the nursing shortage can also be seen in the NHS nursing vacancy rate, the increased rate of spend on agency nursing and the extreme shortage of registered nurses in the independent sector.**
- 2. The Welsh Government should work with Social Care Wales on a national campaign to raise the profile of registered nursing in Welsh care homes, with a focus on recruitment and retention of nursing staff in the social care sector. The quality of workforce data on the independent sector requires improvement.**
- 3. The Welsh Government and Health Education Improvement Wales should ensure that the Nurse Staffing Levels (Wales) Act 2016 is at the heart of workforce planning. This Act protects patient lives and the provision of quality care. It should be extended to other areas of care such as children's wards, mental health, care home and community nursing.**
- 4. Every week nurses in Wales give the NHS extra hours to the value of 976 full-time nurses. This reliance on nurses' goodwill contributes to stress, sickness, low morale and poor retention rates.**
- 5. NHS Wales spent £63.8m on agency nursing in 2018/19. A rise of 24% since last year. This is the equivalent salary spend of 2,635 newly qualified nurses. The Welsh Government must take action to reduce this spend.**
- 6. The Welsh Government should ensure annual published data on workforce vacancy rates in the NHS.**
- 7. The 2019 RCN Employment Survey showed only 64% of nursing staff in Wales had been able to complete all their mandatory training with only 47% able to complete in working time. The Welsh Government must ensure employers of nurses improve these figures.**
- 8. The Welsh Government should ensure increased accessibility and sustainable funding for nurse education. There needs to be a national approach to matters of student support, retaining the bursary, distance learning, degree level apprenticeships, cadet schemes and widening student clinical placements.**
- 9. The Welsh Government and Health Education Improvement Wales should improve nationally held workforce, activity and outcome information on NHS community nursing care to improve workforce and service planning.**

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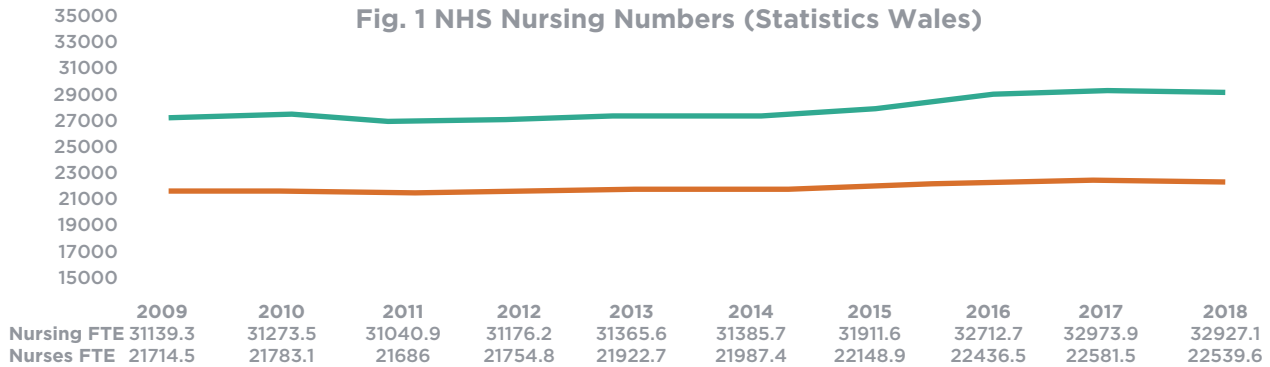
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About the Royal College of Nursing

The RCN is the world's largest professional union of nurses, representing over 430,000 nurses, midwives, health visitors and nursing students, including over 25,000 members in Wales. RCN members work in all settings; prisons, primary care, hospitals, schools, care homes and communities in both NHS and 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.

Section 1

How many nurses are employed by the NHS?



WALES NEEDS MORE REGISTERED NURSES TO DELIVER CARE.

THIS REQUIRES AN INCREASE IN STUDENT NUMBERS AND MEASURES TO SAFEGUARD INTERNATIONAL RECRUITMENT AND ADDRESS RETENTION.

THE NUMBER OF EMPLOYED NURSES DOES NOT REFLECT PATIENT NEED AS EVIDENCED BY INCREASED PATIENT NUMBERS, HIGHER PATIENT ACUITY OR HIGHER BED OCCUPANCY.

EVIDENCE FOR THE NURSING SHORTAGE CAN ALSO BE SEEN IN THE NHS NURSING VACANCY RATE, THE INCREASED RATE OF SPEND ON AGENCY NURSING AND THE EXTREME SHORTAGE OF REGISTERED NURSES IN THE INDEPENDENT SECTOR.

Statistics Wales collects and publishes information annually on nursing directly employed by the NHS in Wales. Note that “nursing” as a term includes health care support workers (HSCWs). Registered Nurse figures can be obtained by subtracting the non-nurse categories².

The figures above show overall nursing numbers employed by the NHS in Wales as generally static since 2009 with a slight rise in health care support numbers in 2015.

However, this does not reflect the patient need or service developments. There is an increased nursing workload in caring for an ageing population with increased dependency and co-morbidities. Patient throughput in hospitals has risen sharply as has bed occupancy. A substantial increase in nursing is needed to ensure the ongoing delivery of high-quality patient care. Put very simply it takes a higher number of nursing staff with a greater level of knowledge and skill to care for a person with a broken hip if they are also physically frail, and living with dementia, diabetes, a heart condition and respiratory illness. This is even more the case if this person is being cared for at home, alone or in poor housing.

The Nurse Staffing Levels (Wales) Act 2016 is now fully in force and the RCN expects Health Boards and NHS Trusts to embed the requirements of the Act into their workforce planning submissions and Integrated Medium Term Plans (IMTPS). Health Education and Improvement Wales (HEIW) is the new body in Wales that will now be responsible for the commissioning of nurse education. HIEW, along with Social Care Wales, has been commissioned by the Welsh Government, to produce a health and social care workforce strategy by the end of 2019. RCN Wales will be examining its progress carefully.

² I.e. learner, practitioner, assistant, auxiliary and ‘nursery nurse’.

Other indicators of workforce and patient need to be taken into account when looking at nursing figures employed by the NHS such as vacancy rates, agency spend, and workload pressure. These are explored in the next section.

These overall figures can obscure very sharp shortages in some fields such as neonatal nursing and children's nursing in the community. These figures also do not account for the need for nurses in areas outside the NHS, such as care homes and GP practices.

Section 2

How many nurses and HCSWs are employed in the Independent Sector?

The independent sector will include employers such as care homes, GP practices and nursing agencies.

We know from care home providers and from our members that there is an acute shortage of registered nurses in the care home sector. In October 2018 Social Care Wales published a workforce data collection from 2017³. This states that 64.7% of the commissioned care workforce are care assistants (many of whom will be providing nursing care) but only 3.5% of the commissioned care workforce are registered nurses (excluding managers).

If there are not enough registered nurses in the care home workforce then the quality of the nursing care provided will fall resulting in poor health and reduced life expectancy for residents. The burden on the NHS will also increase as delayed discharges and repeat admissions increase.

Some people require nursing care in a care home. If they require nursing care this care should be overseen by a registered nurse and this care should be inspected and regulated.

A Registered Nurse presence in care homes for residents with nursing needs is essential for continuous monitoring and assessment of residents' health and wellbeing. As autonomous practitioners their clinical skills are used to recognise and anticipate problems, taking action when a person's condition is deteriorating and avoiding unnecessary hospital admissions. Registered Nurses are key to managing acute illness, making decisions around the management of long-term conditions, and delivering complex interventions in emergency or crisis situations. They also help to support the seamless transition from hospital back into the care home.

IN 2017 THERE WERE ONLY 1600 REGISTERED NURSES IN THE CARE HOME WORKFORCE IN WALES.

THIS CRITICALLY LOW FIGURE ILLUSTRATES HOW DIFFICULT PROVIDING QUALITY NURSING CARE IN CARE HOMES IN WALES HAS BECOME.

³ <https://socialcare.wales/resources/social-care-wales-workforce-development-programme-scowdp-workforce-data-collection-2017-commissioned-care-provider-services>

THE WELSH GOVERNMENT WORK WITH SOCIAL CARE WALES ON A NATIONAL CAMPAIGN TO RAISE THE PROFILE OF REGISTERED NURSING IN WELSH CARE HOMES, WITH A FOCUS ON RECRUITMENT AND RETENTION OF NURSING STAFF IN THE SOCIAL CARE SECTOR.

THE QUALITY OF WORKFORCE DATA ON THE INDEPENDENT SECTOR REQUIRES IMPROVEMENT.

Registered Nurses promote residents' independence through proactive, rehabilitative care; promote residents' health; deliver high quality palliative care and end of life care for individuals and play a key role in advocacy for residents and families.

The Welsh Government recently commissioned research on the social care sector to assess the numbers of EU nationals working in this field and the possible risks of Brexit⁴. This survey found that Registered Nurses are the staff group within social care with the highest proportion of non-UK EU workers (approximately 17.7%). The report also found that registered nurses were the section of the workforce that social care employers had the most difficulty in retaining. This data indicates that the implications of Brexit in relation to the care home sector must be carefully considered and mitigated.

The close integration of health and social care means that nursing shortages in the care home sector and/or poor workforce planning are a significant risk for the NHS. Health Board Integrated medium term Plans (IMTPs) should set out their service plans and workforce needs reflecting on the demographics of their population. Welsh Government guidance sets out the expectation that this should reflect the broad need across health and social care.

However, the thoroughness and quality of the IMTPs varies greatly across Health Boards as does their ability to assess workforce need in the independent sector of their region. The workforce report published by Social Care Wales contains no trend analysis. It states "*we are unable to provide robust comparisons with previous years.... As such the extent to which these differences represent real change is unknown*" (p.2). RCN Wales calls for the Welsh Government and Social Care Wales to take immediate action to improve this workforce data.

The Royal College of Nursing recommends a number of measures the Welsh Government and Social Care Wales should take to address the shortage of registered nurses in the independent sector such as raising the profile of the workforce, improving pay and conditions, access to continuous professional development (CPD) and a strong career framework. These are explored further in the recent report of the Cross Party Group on Nursing and Midwifery on nursing in care homes⁵.

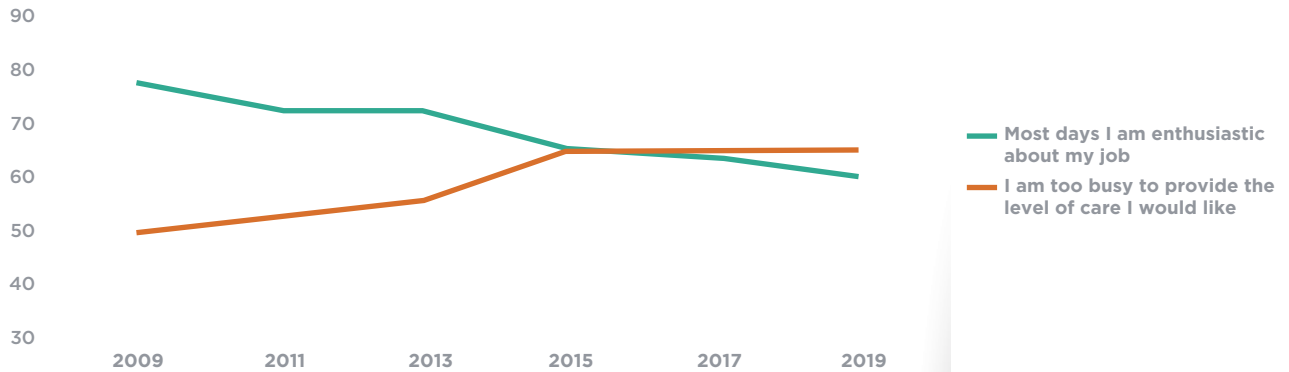
⁴ <https://gov.wales/implications-brexit-social-care-and-childcare-workforce>

⁵ Nursing in Care Homes: A View from the Frontline Report of the Cross Party Group on Nursing & Midwifery - Spring 2019 Chair: David Rees AM

Section 3

Are there enough Nurses to provide safe and effective patient care?

Fig. 2 Nursing Morale in Wales (2019 RCN Employment Survey)

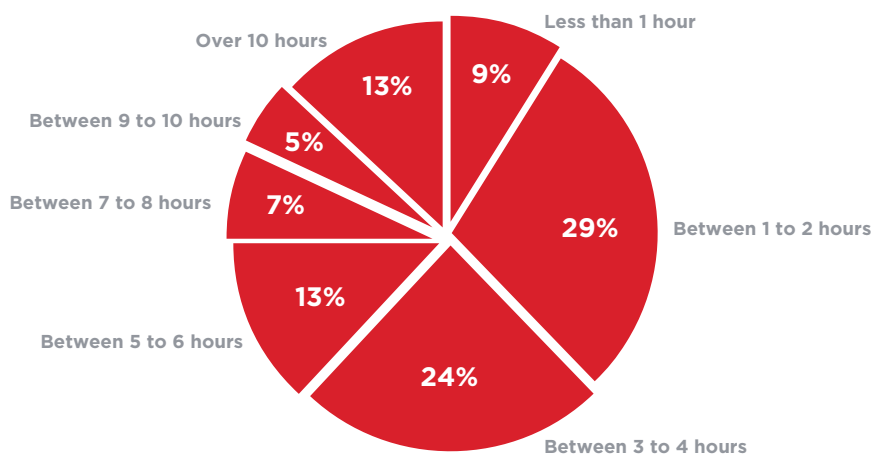


The graph above provides a start illustration of the pressure nurses feel in their work.

We know the Welsh NHS continues to demonstrate a heavy reliance on nurses' willingness to work overtime. 76% of nurses work overtime at least once a week. Of this the majority work between one and four hours extra a week⁶.

There are 22,539 FTE nurses employed in the NHS. Using this figure (rather than the higher assignment count figure as an individual nurse could hold more than one post) 76% equates to 17,130 nurses.

Fig.3 Of nurses who work overtime every week - these are the number of additional hours they work



If 17,130 nurses worked just two hours more in one week the NHS in Wales would be receiving 34,260 additional hours of work in that one week. The equivalent of 976 full-time nursing posts.

EVERY WEEK NURSES IN WALES GIVE THE NHS EXTRA HOURS TO THE VALUE OF 976 FULL-TIME NURSES.

THIS RELIANCE ON NURSES' GOODWILL CONTRIBUTES TO STRESS, SICKNESS, LOW MORALE AND POOR RETENTION RATES.

⁶ 2019 Employment Survey RCN

**NHS WALES SPENT
£63.8M ON AGENCY
NURSING IN 2018/19.
A RISE OF 24% FROM
LAST YEAR.**

**THIS IS THE
EQUIVALENT SALARY
SPEND OF 2,635
NEWLY QUALIFIED
NURSES.**

**THE WELSH
GOVERNMENT MUST
TAKE ACTION TO
REDUCE THIS SPEND.**

There will always be a need for some element of temporary nursing in the NHS to cover short-term sickness and maternity. 'Bank nursing' is the term given to the system whereby nurses employed by the NHS can register with the 'bank' to be available to provide extra coverage. Most nurses work some hours for the 'bank' and some will work exclusively for it.

Health Boards also use agency nursing to cover nursing shortages brought on by failing to workforce plan, failure to recruit sufficient nurses and failure to retain nurses. Nurses often move from the NHS to work for agencies to ensure control over their own hours of work and receive a higher rate of pay than the NHS. Nurses in Wales are frequently the sole or main wage earner in the family. They often also care for both children and older members of the family as well. Control over hours worked is therefore extremely important and/or necessary for this group. Increasingly nurses are choosing to work *exclusively* for agencies. If NHS Wales is to retain its nursing staff it needs to modernise its HR procedures to allow nurses more control over when they work.

Instead of incentivising its nurses to stay, NHS Wales tries to discourage nurses from leaving by measures such as refusing to hire agency nurses who also work for the Health Board/Trust. This creates the bizarre situation of agency nurses travelling from London or Manchester to fill vacancies in Cardiff or Ysbyty Gwynedd.

NHS Wales is displaying a dangerous and increasing reliance on agency nursing. The Auditor General for Wales wrote to the Chair of the Public Accounts Committee on the 13th May 2019⁷ to warn that agency spend on nursing and midwifery had risen by an astonishing 24% from 2017/18 to 2018/19. This is £63.8 million. £63.8 million is the equivalent of 2,365 newly qualified nurses. The scale of the increase ranged from 1.6% (£0.2m) at Hywel Dda to 52.9% (£4m) at Abertawe Bro Morgannwg.

Agency nursing is expensive as there is a higher cost to cover profit to the agency. It is also not ideal for patient care as a permanent or long-term option as agency nurses will be less familiar with ward layout, polices and equipment and less able to provide continuity of care.

⁷ http://senedd.assembly.wales/documents/s88142/PAC5-13-19 PTN1 - Welsh Government on NHS Agency Staff_e.pdf

Professional development and learning is a fundamental career-long requirement for every nurse. It is a requirement for successful revalidation by the Nursing and Midwifery Council and essential for patient safety and clinical effectiveness. Yet, because of the difficulty of backfilling nurses on the team, some Health Boards have stopped all access to continuous professional development (CPD) for nurses. This means that keeping up to date (e.g. with new legislation on mental capacity) or learning new skills in looking after vulnerable patients with dementia becomes something that nurses have to struggle to do at home and at their own cost. In contrast, doctors have access to CPD as part of their contracts.

‘Mandatory’ training includes equipment knowledge, emergency life support/CPR, and infection control. The 2019 RCN Employment Survey revealed that across the UK 85% of all nursing staff indicated that they had completed all their mandatory training but this fell to 70% in Wales. Across the UK 54% said they had completed their last mandatory training in normal working time but in Wales this falls further to a disturbing 29%. If nurses cannot complete even their mandatory training in work time there are simply not enough nurses employed to deliver safe patient care.

The Welsh Government and/or NHS Wales also fail to publish national figures for nursing vacancies in the NHS using an agreed definition of what constitutes a vacancy. This is a critical indicator of the pressure specific Health Boards or disciplines are under. It is published in the other countries of the UK.

The data in the table below should obviously be treated with caution. The source data is from different points in time. The figures taken from Board papers vary in whether Health Boards report only on Band 5 vacancy rates, and in whether they are reporting only the vacancy rates in wards that come under the scope of the Nurse Staffing Levels (Wales) Act 2016 Section 25B. RCN Wales believes it to be an *underrepresentation* of the vacancy rate.

However the table works well as firstly as an illustration of how ridiculously difficult it is at present to scope the nursing vacancy rate in Wales and secondly of significant the total impact is on patient care and the pressure experienced by our nurses in the NHS.

THE 2019 RCN EMPLOYMENT SURVEY SHOWED ONLY 64% OF NURSING STAFF IN WALES HAD BEEN ABLE TO COMPLETE ALL THEIR MANDATORY TRAINING WITH ONLY 47% ABLE TO COMPLETE IN WORKING TIME.

THE WELSH GOVERNMENT MUST ENSURE EMPLOYERS OF NURSES IMPROVE THESE FIGURES.

Fig. 4 Estimate of Nursing Vacancies in Wales

Health Board	Vacancy Date WTE	Source	Date
Aneurin Bevan	330 RN vacancies across whole Health Board	Evidence submitted to NAW Health, Social Care & Sport Committee Inquiry into Community & District Nursing	March 2019
Betsi Cadwaladr	559.8 RN vacancies across whole Health Board	Evidence submitted to NAW Health, Social Care & Sport Committee Inquiry into Community & District Nursing	March 2019
Powys	79.5 RN vacancies across whole Health Board	Evidence submitted to NAW Health, Social Care & Sport Committee Inquiry into Community & District Nursing	March 2019
Hywel Dda	99.63 RN vacancy rate across wards where Section 25B of the Nurse Staffing Levels (Wales) Act applies	Update on Implementation of the Nurse Staffing Levels (Wales) Act Board Report	November 2018
Cwm Taf	56.8 RN vacancy rate across wards where Section 25B of the Nurse Staffing Levels (Wales) Act applies	Nurse Staffing (Wales) Act Update Board Report. Also note that in January 2019, it was announced by the Health Minister that the Health Board would have its escalation status raised from 'routine arrangements' to 'enhanced monitoring'. Non-compliance with the Nurse Staffing Levels (Wales) act 2016 was cited by the Health Minister as one of the contributing factors to this decision.	January 2019
ABMU	288.56 Band 5 vacancies across all areas	Nurse Staffing Levels (Wales) Act Board paper	June 2018
Cardiff & Vale	237.31 Band 5 vacancies across all 4 clinical boards	Nurse Staffing Levels (Wales) Act Board Paper	November 2018
Total reported vacancies	1651.6		

Section 4

The Nurse Staffing Levels (Wales) Act 2016

The Nurse Staffing Levels (Wales) Act became law in March 2016 and was fully implemented in April 2018. The first (Section 25A) is a general duty on NHS organisations in Wales. Where they provide nursing services the organisation must provide **“sufficient nurses to allow the nurses time to care for patients sensitively.”**

Section 25B and 25C specifies that in adult acute medical and surgical wards the level of “sufficient nursing” must be calculated according to a specific methodology as laid out in the guidance and make arrangements to inform patients of the nurse staffing level. This prescribed methodology’s algorithm has skill mix built into it thus the output of the workforce planning tool is a number of registered nurses and healthcare support workers required.

Section 25D specifies that the Welsh Government shall issue further guidance to the NHS on their duties under this Act and Section 25E specifies that Health Boards must publish a report every three years which clearly lays out steps taken to adhere to the Act, any breaches of the Act and any mitigating actions. The Royal College of Nursing campaigned for this Act in order to protect patient care.

In 2007 Professor Rafferty surveyed nearly four thousand nurses across England and Scotland and looked at 118,752 patient episodes of care in 30 hospital trusts in England. She found that wards with lower nurse to patient ratios had a 26% higher patient mortality rate. An international meta study in 2007 estimated that each additional full time nurse per patient per day saved five lives per 1,000 medical patients, and six per 1,000 surgical patients.

Another study in 2014 found that when a nurse is required to work with more than seven patients per day the risk of the patient dying within 30 days increases by 7 per cent⁸.

Poor outcomes also associated with low levels of nursing care include adverse events after surgery; increased accident rates and patient injuries; increased cross-infection rates; and higher rates of pneumonia.

QUESTIONS TO ASK HEALTH BOARDS ABOUT SAFE NURSE STAFFING LEVELS

- **HOW ARE YOU ENSURING APPROPRIATE NURSE STAFFING LEVELS THROUGH YOUR WORKFORCE PLANNING?**
- **HOW HAVE THE REQUIREMENTS OF THE ACT BEEN COMMUNICATED TO ALL STAFF?**
- **HOW ARE PATIENTS BEING INFORMED OF THE STAFFING LEVEL ON THEIR WARD?**
- **HAVE ANY BREACHES OCCURRED IN COMPLYING WITH THE LEGISLATION, AND WHAT MEASURES ARE IN PLACE TO ADDRESS THIS FOR THE FUTURE?**

⁸ Rafferty, Anne Marie et al. 2007. Outcomes of variation in hospital nurse staffing in English hospitals: Cross-sectional analysis of survey data and discharge records. *International Journal of Nursing Studies* 44 (2), pp. 175 - 182

Kane, RL et al. 2007. *Nurse Staffing and Quality of Patient Care*. Rockville: Agency for Healthcare Research and Quality (US)

Aiken, Linda et al. 2014. Nurse staffing and education and hospital mortality in nine European countries: a retrospective observational study. *The Lancet* 383 (9931) , pp. 1824 - 1830

THE WELSH GOVERNMENT AND HEALTH EDUCATION IMPROVEMENT WALES SHOULD ENSURE THAT THE NURSE STAFFING LEVELS (WALES) ACT 2016 IS AT THE HEART OF WORKFORCE PLANNING.

THIS ACT PROTECTS PATIENT LIVES AND THE PROVISION OF QUALITY CARE.

IT SHOULD BE EXTENDED TO OTHER AREAS OF CARE SUCH AS CHILDRENS WRADS, MENTAL HEALTH, CARE HOME AND COMMUNITY NURSING.

The RCN expects Health Boards to take account of their duties under this Act when submitting their workforce plans to HEIW. The RCN also expects HEIW to take account of the Act as it commissions student nursing places and post-registration nurse education and its national workforce strategy due to be published at the end of 2019. In addition, the RCN is currently compiling a report on the implementation of the Nurse Staffing levels (Wales) Act 2016 and this will be published at the end of 2019.

Section 25B and 25C of the Act specifies that in adult acute medical and surgical wards the level of “sufficient nursing” must be calculated according to a specific methodology as laid out in the guidance. The Welsh Government has made a commitment to extend this requirement to other areas of care. The national programme for safe staffing which is developing these methodologies for workforce planning currently sits within 1000 Lives Plus Programme in Public Health Wales. The RCN believes the responsibility for this programme of work should be moved to HEIW to ensure synchronicity with workforce planning and adequate resourcing.

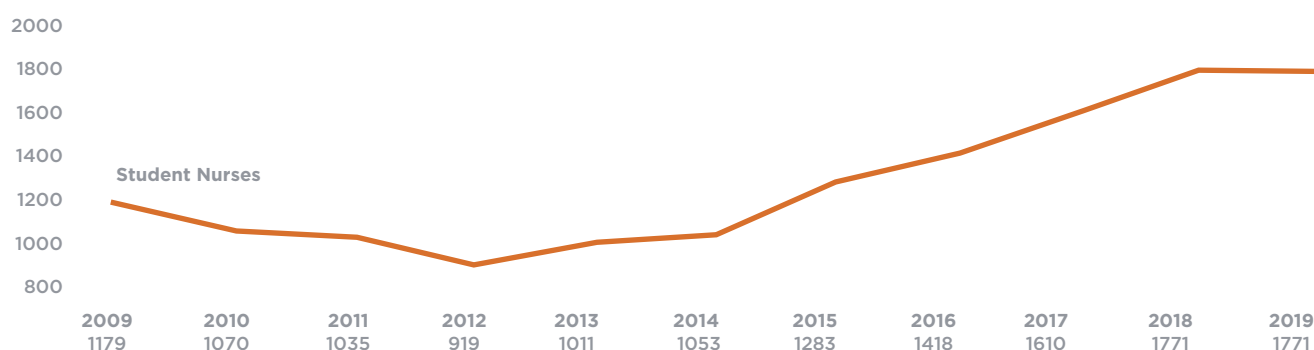
The RCN believes the Nurse Staffing Levels (Wales) Act 2016 needs to be extended to other areas such as mental health, care homes and community nursing as a matter of urgency.

Section 5

Student Nurses and the Future of Healthcare

The graph below⁹ shows a sharp decline in nursing student numbers between 2009 and 2012. This shortfall subsequently caused great pressure on the NHS Wales between 2012 and 2015 and its effects are still being felt.

Fig. 5 Student Nurses since 2008 (Welsh Government)



The graph also shows the recent increase in the number of student nurses places commissioned by the Welsh Government. This increase is needed and welcome. However, this trend needs to continue. In 2019/20 the student commissioning figures were static. Given the vacancy rate outlined earlier nursing retention rates will need to improve dramatically to reduce the pressure on the NHS and independent sector.

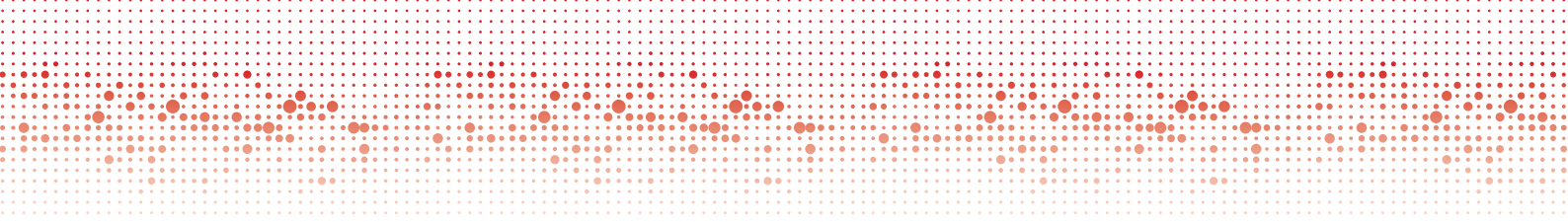
In order to provide the future nursing workforce for both the NHS and the independent sector in Wales, it is crucial that are sufficient numbers of nursing students entering the profession.

Student nurses spend three years (years which are 42 working weeks and not merely the traditional academic calendar) undertaking the nursing degree course (fields of practice are Adult, Child, Learning Disability and Mental Health) spending 50% of their time on practical placements in NHS Wales or other settings.

Research in 2014, conducted across nine European countries, found that a better educated nursing workforce reduced unnecessary deaths. Every 10% increase in the number of Bachelor's degree educated nurses within a hospital is associated with a 7% decline in patient mortality¹⁰.

⁹ Welsh Government figures

¹⁰ <http://www.kcl.ac.uk/nursing/newsevents/news/2014/degree-educated-nurses-can-reduce-hospital-deaths.aspx>



The average age of a nursing student is 29 and they are far more likely to have caring responsibilities. An RCN survey found that 31% had dependent children, 10% were single parents and 23% were caring for a sick, disabled or elderly relative¹¹.

The Welsh Government pays the university the cost of tuition fees. If students commit to working for NHS Wales for two years they receive a non-means tested grant of £1,000 and can apply to receive a means tested bursary and other means-tested benefits. In contrast the UK Government abolished the student nurse bursary in England and the number of applicants for nursing in England plummeted by 30%¹². Dropout rates from courses are also much higher than Wales. However, Wales is not reaping the full benefits of the decision to retain the bursary. Since 2016, the Welsh Government has confirmed this decision for a year or for two years. In July 2019 the Welsh Government announced a further round of 'engagement' on the future system. This uncertainty means that potential students in Wales are confused and disheartened. Moreover, the university planning their finances cannot be certain of the future system. This is having a negative impact as departments fail to invest in nursing and consider making cuts to provision instead.

Wales needs to take action to ensure that its own supply of nurses is safeguarded and that access to the profession is widened¹³. HRH the Prince of Wales has recently launched a nursing cadet scheme with RCN support and a cohort of youngsters from Wales. HEIW should consider supporting this scheme. A national apprenticeship model (leading to a degree) and wider use of distance learning are required alongside a concerted effort to widen the scope of clinical placements offered. HEIW is currently undertaking a review of education commissioning in Wales and the Royal College of Nursing Wales expects these issues to be addressed.

¹¹ RCN response to the UK Department of Health consultation Changing how healthcare education is funded

¹² <https://www.rcn.org.uk/get-involved/campaign-with-us/student-funding-fund-our-future>

¹³ RCN Wales has published The Future of Nursing Education in Wales This document outlines a strategic vision for widening access equitably and sustainably to nursing education in Wales.