



Llywodraeth Cymru  
Welsh Government



# The Future of the Band 4 Nursing Workforce in Wales

## Summary Report

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## **The future of the band 4 Nursing workforce across NHS Wales**

Commissioned by the Minister for Health & Social Services and co-led by the Chief Nursing Officer and Director of Workforce and Organisational Development for Wales

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This project is the most significant review of Nursing in Wales since the decision to introduce the graduate Nurse in 2004. The recommendations, if approved, will have a momentous and symbolic impact for the Nursing workforce across NHS Wales.

### **History**

In 2017, the then CNO (Wales) asked the Workforce, Education and Development Service to conduct a review to inform a Welsh policy position, following the introduction of the Nursing Associate in England in 2016. The review aimed to assess the appetite for such a role in Wales. The outcome was that Wales would adopt a 'holding position', based on the novel nature of the role in England and the lack of evidence to support its introduction. Northern Ireland and Scotland adopted the same stance.

### **Background**

In 2022, the current CNO announced professional priorities for Nursing and Midwifery in Wales (2022-24). The workforce ambition is to close the vacancy gap. With an aim to attract, recruit and retain an educated, competent, motivated, skilled Nursing workforce who have the capacity and attributes to assume their roles with confidence in meeting the needs of the population, whilst working to their full potential.

### **Project aim**

To consider, afresh, whether a registered and/or regulated band 4 Nursing role (AP or RNA) is desirable, appropriate and value-adding for NHS Wales.  
(NB: Midwifery is not within the scope).

### **Project outcome**

To synthesise Welsh stakeholder opinions with the lived experience of the RNA in England, fusing views with the literature, to inform project outcomes.

### **Literature review**







A systematic literature search resulted in 19,077 published and unpublished articles, papers, strategies, consultation documents and reports. Search terms: Assistant Practitioner / band 4 / Nursing Associate / Associate Nurse.

### **Engagement**

HCSWs, APs, RNAs, Ward & Team Managers, Senior Nurses, Educators, Corporate Nurses, EDoN, EDWOD, Unions, Universities, Researchers, Subject Experts, Therapists, Health Sciences, Pharmacy, Social Care Wales, Llais, Inspectorate bodies.

### Semi-structured approach

Themes explored: HCSW classification / Assistant Practitioner / Registered Nursing Associate / Role Differentiation / Regulation / Education / Delegation & Accountability / Substitution. All engagement activity was comprehensively recorded, abiding by GDPR rules. A Mendelow grid facilitated stakeholder prioritisation.

	<b>19,077</b> articles & publications
	<b>82</b> stakeholders &/or organisations <i>(98.7% responded and engaged)</i>
	<b>140</b> meetings
	<b>14</b> Clinical Site Visits (Wales & England)
	<b>11</b> Universities (Wales & England)
	<b>3</b> conferences/symposium

### Project Governance

A 5-stage approach: initiation / planning / execution / monitoring and control / reporting and closure.

A Data Protection Impact Assessment was completed for the stakeholder database.

### CNO & Welsh Government

Project aligned to:

- CNO 5 professional priorities for Nursing and Midwifery (2022): Standard 2: Workforce.
- WG National Workforce Implementation Plan: Addressing NHS Wales Workforce Challenges (2023) which states that Welsh Government will initiate scoping work to inform the development of a policy on the band 4 roles in support of the Nursing workforce, including a policy position on band 4 registrant roles.

### Devolved nation positions

Northern Ireland and Scotland are currently undertaking reviews of their respective HCSW workforce.

### Equality, Diversity, and Inclusion

It is important to have a healthcare workforce that is diverse and inclusive, and which represents the community, to render the best possible care for the heterogeneous patient population.

### The Nursing Workforce across Wales

Nursing is the largest workforce in health care and plays a pivotal role in delivering services, as well as promoting health, throughout Wales. The workforce gap between supply and demand has reportedly never been wider (HEIW 2023). Universities are also reporting a worrying decrease in the number of applications for the Nursing Degree programme, with commissioned numbers not being realised.

## Workforce Data

To note there are differences in data dependent on source and timeframe, heeding the official data provider for NHS Wales-employed staff is StatsWales.

**StatsWales** (extracted June 2023 unpublished):

The vacancy rate for Registered Nurses, Midwives and Health Visitors was 9.7% and for Health Care Support Workers\*, the vacancy rate was 6.3%. \* *Nursing, Midwifery & Health Visiting Support Staff* is the terminology applied by StatsWales—a grade name from the NHS Occupational Manual.

APs make up just 5.7% (n=690.0) of the total number of HCSWs in Wales (n=12,020.7). Despite a notable significant increase in the last 12 months, the number remains proportionately low.

**NMC data:** (April 2022 - March 2023)

The total number of Registered Nurses, Midwives and Nursing Associates with addresses in Wales grew from 38,268 to 39,219.

## ESR HB/Trust provided data:

	Org 1	Org 2	Org 3	Org 4	Org 5	Org 6	Org 7	Org 8
<b>ESR B 4s</b>	128	374	16	158	59	18	No data	No data
<b>AP title</b>	128	221	14	56*	No data	No data	42*	2

Org = Organisation / rounded up to nearest whole number / \*not clear if all relate to Nursing posts

HCSWs account for a large proportion of the total NHS workforce (circa 30%). Policy clearly indicates they make a hugely valuable and important contribution to service delivery and patient care across NHS Wales. The experiences of HCSWs engaged in the project, however, does not necessarily reflect this sentiment.

There is a wide variety of HCSW roles, titles and job descriptions which can make role articulation, understanding and definition challenging.

## Flexible entry route into the Nursing programme

HEIW set out the routes into Nursing in Wales which include Full-time Nursing Degree / Part-time Nursing Degree / Distance Learning / Return to Practice / Internationally Educated. HCSWs, who meet university eligibility criteria, can apply to join a full-time, part-time or distance learning route. Currently the part-time and distance learning routes are predominantly accessed and most favoured.

## HB / Trust provided data re: band 4s

	Total entering BSC	Still in programme	Graduated	Attrition
Org 1	126	101	19	4%
Org 2	120	69	42	5.8%
Org 3	149	114	34	1%
Org 4	121	43	26	45.7%
Org 5	No data	No data	No data	No data
Org 6	No data	No data	No data	No data
Org 7	116	90	12	11.2%
Org 8	No data	No data	No data	No data

### Band 4 categorisation

#### Clinical views

Band 4s don't feel valued / derogatory titles & references e.g.: 'greens', 'unqualified', 'health cares' / skills, knowledge and extended scope are under-utilised / perceived only by the colour of uniform / dissatisfaction with role. There is unanimous support for reclassification of the band 4 role.

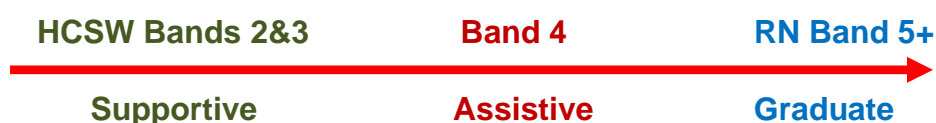
#### Academic views

Fully supportive of band 4 reclassification in recognition of education level, scope of practice and extended skills.

#### Professional / Union views

UNISON reported campaigning for re-banding of many staff to accurately reflect and value their work and clinical contribution. RCN are supportive of APs & RNAs and have issued a range of informative guidance to support practice.

**Overarching view:** The band 4 should be identified as a distinct workforce group that bridge the gap between RN and HCSW (bands 2 & 3).



### Band 4 Assistant Practitioner (AP)

APs in Nursing have been in place across Wales for some 13 years but remain unregulated, with their extended scope of practice presenting a potential risk to patient safety. In 2023, the number with the requisite knowledge, skill and educational requirements remains proportionately low. Some Health Boards are at a very embryonic stage of introducing band 4s.

### Governance documents

- Code of Conduct for HCSWs (2011)
- Career Framework for HCSWs (2015)
- Governance Framework for APs (2022)

As a result of evident variation in the approaches to implementation of the AP role across Health Boards and Trusts, an AP Governance Framework was developed with the aim of standardising the approach to the development, implementation, and governance of AP roles in Nursing across NHS Wales.

### AP role exclusions:

Planning of care	Being in charge of a shift	Advanced physical assessment
Verification of expected death	Blood transfusions	Care of infusion devices
NG tube insertion	First catheterisation	Line insertion

APs can administer a limited range of prescribed medicines, as per the All-Wales Guidance for Health Boards / Trusts and Social Care Providers in Respect of Medicines and Care Support Workers (All Wales Medicines Strategy Group 2020).

### AP criteria

Significant & relevant HCSW experience / Literacy & Numeracy GCSE Grade C or equivalent / achieved programme of study including competency assessment / Level 4 (120 credits) = Higher Education Certificate (HEIW 2022).

### Evidence

**Benefits:** AP increases confidence / provides a flexible workforce skill mix / appears to primarily flourish in specialist areas (Thurgate 2021; Wheeler 2017).

**Concerns:** Lack of role clarity / boundary blurring of AP & HCSW / role maximisation heavily dependent on RN on duty / lack of understanding of accountability & delegation / limited career progression / inconsistent mentor support / academic challenges / absence of role evaluation / absence of regulation (Webb et al. 2021; Kessler et al. 2019; Henshall et al 2018; Bungay et al. 2016).

### Clinical views

**Benefits:** APs can make a valuable contribution to patient care.

**Concerns:** Lack of awareness of governance documents / individuals in post without pre-requisite requirements / low AP numbers / lack of strategic workforce planning / lack of role evaluation / uniform too like HCSW - strong calls for change / title not appropriate - AP also the acronym for Advanced Practitioner / wide variation in scope of practice.

**RNAs working as APs in Wales:** AP role in Wales “*feels like a rudderless ship*”/ having worked as an RNA in England & now working in Wales the AP role is “*soul destroying*”.

### Academic views

**Benefits:** Enthusiastic and committed learners.

**Concerns:** Academic capability of some students undertaking HE Cert / inadequate governance / lack of consistency of AP model / NMC standards for RNA more robust & therefore safer / lack of understanding and recognition of role / less responsibility & accountability than RNAs.

### Professional / Union views

**Benefits:** APs are experienced with additional training / undertake defined clinical or therapeutic interventions / make a positive contribution to service delivery (RCN 2023).

**Concerns:** AP is unregistered & unregulated leading to regional variation (RCN 2023) / UNISON reported AP roles created a career 'dead-end' for staff stuck with no further opportunity for career progression.

### Summary

There is considerable tension between policy, vision, and implementation of the AP role in Wales.

### Band 4 Registered Nursing Associate (RNA)

The role was introduced in England in 2016 following the Lord Willis 'Shape of Caring' review, commissioned by Health Education England (2015). The RNA is seen as a natural evolution of the AP. The NMC latterly became the regulator: The first cohort of 1000 Nursing Associates were retrospectively registered in January 2019. The title RNA is protected in law.

**RNA programme:** 2-year Foundation Degree, closely mirrors years 1 & 2 of the BSc Nursing programme. Covers all 4 fields of Nursing practice.

**Tariff:** GCSE Grade C or equivalent Maths and English plus the university tariff requirement; the project noted variation of between 56 to 80 UCAS points, as minimum entry.

**Entry route:** Direct entry (new to care) via UCAS direct application / via UCAS clearing / existing HCSW via apprenticeship route / retired RNs returning as RNA / students unable to meet academic requirements of BSc / internationally educated unable to meet NMC requirements.

### Number of RNAs

The NMC report that in March 2023 there were 9,339 RNAs in England (1.18% of all UK registrants). Caution should be applied when interpreting the number of RNAs, as organisations in England reported that several thousand additional individuals successfully completed the RNA programme but did not register with the NMC, instead they immediately undertook an RN bridging programme. Many universities have now made NMC registration of the RNA an entry requirement to the BSc programme.



## NHS England Long Term Workforce Plan (2023)

RNAs have become an established and valued part of the workforce in NHS England, with significant expansion planned per annum, as outlined below:

	2021 (baseline)	2028 (planned)	2031 (planned)
RNA	5,000	7,000	10,500

### Revalidation

RNAs are required to meet the NMC standards in the same way as RNs and Midwives, which includes adherence to the Code, meeting revalidation requirements and being subject to fitness to practise rules.

### NMC (2022) Fitness to Practise referrals

RNA (Eng) 2021-22	n=18	0.34% (of all RNAs)
RN (all countries) 2021-22 as a comparison	n=5291	0.68% (of all RNs)

### Evidence

**Concerns:** pace at which the new role was initially implemented / RNA counted in HCSW numbers / initial confusion about the role / Covid impact / pay band 4 (Lucas et al. 2021; Thurgate 2021).

**Benefits:** Ability to undertake medicines administration & complex wound dressings / support delivery of high-quality patient care with increased education, knowledge and confidence / affordable route into Nursing / described as the best model of widening access into Nursing / delivery of evidence based practice / increased confidence regarding delegation / patient feedback positive re: patient centred bedside care / enables alternative routes into Nursing (HEE 2023; Fewings et al. 2022; Mullings 2021; NHS Employers 2021; Kessler et al. 2020; Leighton 2020; HEE 2019).

### Clinical views

**Concerns:** Nil raised.

**Benefits:** Role established and making a positive contribution / role has a clear 'backbone' because it is regulated / enables RNs to undertake more complex work / frees up RN time / clear NMC standards / strong role clarity.

### Professional / Union views

**Concerns:** RCN (2023a) AP & RNA roles *should not be taken lightly*. Their purpose needs to be clearly defined, ensuring no possibility of substitution.

**Benefits:** UNISON state RNAs provide support to RNs and the programme offers structured opportunity for development & career progression.

**NB: Literature:** Absence of quantitative evidence; most is empirical, impressionistic, or anecdotal.

**Key reasons:** 1. First cohort registered in 2019 the year Covid was identified; 2020-21 UK was in lock-down. Pandemic recovery still in progress. Little opportunity to

conduct quantitative research into the RNA role. **2.** Covid detrimentally impacted the implementation plan, compromising role intention. **3.** Eminent researchers state it is challenging to isolate the RNA role in terms of patient safety and quality outcomes. **4.** No AP quantitative or qualitative research has been undertaken in Wales.

## Role Differentiation

### AP / RNA

There are several differences between the AP in Wales and the RNA in England. The education level and registration status being two fundamental differences. The following table highlights differences against a few themes.

Theme	AP in Wales	RNA in England
<b>Education</b>	Level 4 Higher Education Certificate	Level 5 Foundation Degree
<b>Training</b>	Locally determined	Mirrors year 1&2 of RN BSc but not field specific
<b>Entry into programme</b>	HCSW (work-based learning)	-HCSW (apprenticeship) -Direct Entry (new to care)
<b>Registration</b>	Not registered	Registered with the NMC
<b>Route to RN</b>	Full Time: enter year 2 of 3-year programme. Part Time: enter year 2 of 4-year programme	Enter RN halfway through year 2 of 3-year programme. Total 18 months & field-specific

There are also differences in scope of practice, with the AP role being significantly limited compared to the RNA, notably in the area of medicines management. During the RNA development process, employers in England highlighted the ability to undertake medicines administration as a critical function of the Nursing Associate role.

**Medicines management** is integrated into the 2-year training programme for the RNA with proficiencies set by the NMC. There are few limits at the point of registration (IVs, high risk drugs, and medicines outside of license). RNAs cannot prescribe and nor can they administer under a PGD (as set in law), but they can undertake medicine rounds. Updating of knowledge is achieved through revalidation. The AP is not able to undertake a medicine round and are only able to administer a prescribed, named medicine, to a named patient with patient consent, as delegated by the RN. Additional education modules (route-specific) must be completed in addition to a minimum of Level 3 Agored Cymru or equivalent. The AP

also undergoes annual re-assessment of competence.

### **RN /RNA**

The key differences between the RN and RNA are set out in the NMC Standards of Proficiency Platforms (2018a & 2018b). There are 7 platforms for the RN and 6 platforms for the RNA. There are essentially three key differences: The RNA cannot carry out holistic patient assessment or evaluation and they cannot lead care (or lead a team).

### **State Enrolled Nurse (SEN)**

During stakeholder engagement, the issue of whether the RNA was a re-invention of the SEN was raised on several occasions. Practitioners were unclear about the differences between the two roles. The SEN was phased out when Nursing became an all-graduate profession in 2004; the vacuum left being filled by HCSWs.

Conversely, many developed countries outside the UK have retained a second level Nurse, including Australia, New Zealand, North America, and most European countries.

### **Differences between RNA and SEN**

RNA has 'Nursing' rather than 'Nurse' in the title unlike the SEN, although both are termed *registrants*. 'Registered Nurse' is a protected title in law. The RNA is described as an assistive role, freeing RN time and enabling the RN to focus on more complex patient care. The NMC clearly state in the Nursing Associate Standards of Proficiency (2018b), that the RNA is not a Nurse and cannot substitute for an RN.

<b>Role</b>	<b>Educ-ation</b>	<b>Fields</b>	<b>Career progress-sion</b>	<b>NMC classifi-cation</b>	<b>Title</b>
<b>SEN</b>	Level 3	1	Nil	2 <sup>nd</sup> Level	Nurse
<b>RNA</b>	Level 5	4	18 mths to RN	NAR code	Nursing

## **Registration and Regulation**

Wales has a unique position whereby social care is registered and regulated but NHS support workers are not. This reveals a lack of parity, which is particularly apparent in community services. Being on a register and being regulated were explored during stakeholder engagement, with views expressed that registration without regulation was senseless, with strong beliefs that the two go together.

Regulation can be defined as the control of conduct by rule, law, or ordinance (Flook 2003). It is designed to limit risks of harm from care or treatment delivered by healthcare professionals (Professional Standards Agency 2018).

### **Regulation has three main goals:**

- 1) Protecting the public.
- 2) Maintaining public confidence in the profession.
- 3) Declaring and upholding professional standards.

Other safeguards include good governance and annual review of performance against standards of regulation carried out by the Professional Standards Authority

for Health and Social Care.

### **Evidence**

Despite a century of Nurse regulation, there is a lack of rigorous research scrutiny on the impact of regulation. Of the research that has been undertaken there is a consensus which supports the value of regulation (CQC 2023; Warren 2018; McGonicle 2017).

The AP role is not regulated, and the literature suggests this has led to the role becoming disorganised and confused in relation to title, role, scope of practice, education level and clinical skills. Initial anxieties, evident in England when the Nursing Associate role was being developed, appeared to dissipate when the NMC agreed to assume statutory responsibility for the regulation of the role and set the standards of practice, education, and training (Brimble 2021; HEE 2019; Glasper 2017; Scott 2016). The application by HEE to the NMC, in 2017, to register and regulate the AP role was deemed not to be tenable due to its multi-professional nature.

### **Clinical views**

There is essentially unanimous support for the regulation of the band 4 Nursing workforce in Wales. The underpinning rationale includes a view that regulation:

- Has the prime aim of protecting the public, reducing risks and has the ability to apply sanctions.
- Promotes and improves accountability.
- Is required due to the band 4 scope of practice.
- Increases confidence of the MDT.
- Enhances the identity of the band 4 role.
- Provides a clear career structure for HCSWs.
- Outlines the required professional standards.
- Promotes a sense of value and professionalism.

There is a unanimous voice that the NMC should be the regulator, if regulation of the band 4 is taken forward in Wales. The rationale being that the NMC has experience of band 4 regulation with the RNA role in England and already have the standards and platforms, giving structure and confidence in terms of the role. Additionally, as this is a Nursing role, the NMC should be the regulator.

There have been some concerns raised regarding the £120 annual NMC fee, which is seen as an added expenditure for band 4s.

### **Academic views**

Despite the Code of Conduct for HCSWs being in place, Welsh universities were fully supportive of the regulation of the band 4 role, citing regulation as a hallmark of a profession. Underpinning rationale includes:

- Strengthens governance and reduces risk.
- Provides increased public protection.
- Promotes and increases safety and quality from staff and patient perspectives.
- Strengthens accountability.
- Ensures professional standards consistency.
- Increases confidence of Nursing staff, especially in terms of delegation.

- Fosters professional practice.
- Professionalises Nursing roles.

Again, the call was for the NMC to be regulator of choice. There are mixed views about the regulation of band 2s & 3s, from clinicians and academics, with a view that regulation of band 4s is justifiable and a priority based on scope of practice, skills and educational attainment.

### **Professional / Union views**

The RCN (2021) have a strong view that all HCSWs should be regulated, believing this is in the interest of public protection and safety. UNISON reported, during their engagement, that they played a key role in the regulation of the RNA in England and would welcome the introduction of a regulated band 4 role in Wales. CIW would welcome the regulation of all HCSWs, bringing parity with Social Care, but support band 4 regulation as the priority due to the extended skills and scope of practice.

## **Education**

### **Higher Education Certificate (HE Cert)**

The band 4 project identified some unanticipated findings in relation to the existing HE Cert in Wales. These included: Significant differences in access to study with varying processes in place across HBs /Trusts. Application process is multi-layered and can take up to 18 months. Communication can be poor and programmes cancelled due to insufficient student numbers or organisational inability to release staff for study. Unanimous reporting of high education workload with no allocated study time, contributing to increased attrition rates. Expectations are deemed to be unreasonable, with calls for: protected study time / recognition of student status / student uniform whilst in clinical practice / increased support from mentors / equitable access to programmes across Wales.

Academics consider, if the RNA role was to be introduced in Wales, both the HE Cert and flexible route should be replaced, articulating that too many routes would be inefficient, potentially making courses unviable.

### **Education for band 4s — HE Cert versus the Foundation Degree**

As already highlighted, the band 4 AP in Wales academically requires a Level 4 HE Cert, whereas the AP role and RNA role in England both require a Level 5 Foundation Degree. This anomaly highlights that in England there are additional educational dimensions: critical thinking, analysis, information interpretation and problem solving - all supporting the provision of evidence-based Nursing care, not currently available in Wales.

During the project, a fundamental question was asked about whether Wales should move to a Level 5 education requirement for the band 4 role. The results demonstrated majority support, across clinical practice and academia, for raising the level in Wales; however, there was some hesitancy relating to perceived academic capability. The reality is year 1 of the Foundation Degree is at Level 4, closely mirroring year 1 of the BSc Nursing programme, and year 2 is at Level 5. Academics reported that most students who successfully study at Level 4, can advance effectively to Level 5 and onwards to Level 6 (Degree), if desired.

It has been identified as vital to have step-on / step-off options for Nursing

programmes.

Through the engagement process, students undertaking the flexible BSc Nursing route reported they found studying at Level 5 more achievable than studying at Level 4 because of the dedicated study time associated with the programme, of 20+ hours a week, recognition of student status together with university and clinical practice placement support. There is an overwhelming view that Work Based Learning must be a primary option for band 4 study.

The experience in England following implementation of the RNA programme is that the AP in Nursing has been primarily phased out.

### Widening access

Currently in Wales:

UCAS entry to BSc programme.
UCAS entry via clearing not currently available but being explored.
HCSW flexible routes to BSc.
HCSW direct access being explored in 1 HB, employing HCSW with contractual arrangements to access study.
Return to practice for RNs who have lapsed.
Internationally educated Nurses seeking NMC registration.
Currently unable to fill RN commissioned places and attrition rates across Wales = 10—12%.
Routes are described as being inflexible, rigid and limited by project participants.

In England there are additional options; the RNA is said to offer the biggest opportunity to reshape the workforce. RNA offers a route into Nursing for individuals from different walks of life who had previously been denied or thought not possible. The RNA is seen as a natural evolution of the AP, aids recruitment and widens access.

Concern has been raised that the RNA programme has the potential to reduce the number of traditional BSc applicants. From clinical and academic site visits in England, this was not found to be the case, with high numbers of applicants for RNA and RN programmes and, in some cases, over-subscription.

There must be clear, robust, and appropriate student selection criteria and processes, ensuring individuals with the right core values are selected for Nursing.

The RNA role provides important workforce functions; a destination and a stepping stone to accessing BSc Nurse education. The Welsh Government is totally committed to maintaining Degree-educated Registered Nurses.

**Destination:** Thus far, the experience of the RNA role in England, suggests that depending on availability of financial support arrangements, between 65—80% of RNAs will remain in post. It is important to note that data is not easily accessible and is reliant on organisation-specific data reporting. Development of a critical mass of RNAs within the Nursing workforce is essential to positively impact patient care and to support better understanding and experience of the role.

**Stepping stone:** The second RNA function is to act as a stepping stone to RN; a route that exists in England seen as a major opportunity to access a large pool of people, who would otherwise not be able to access degree level education. The RNA can complete an 18-month field specific programme, joining the BSc nursing programme halfway through year 2. The NMC report that in 2022-23, 756 Nursing Associates undertook bridging programmes to RN. There has been a clear increase in numbers in England of RNA to RN, where targeted financial incentives are in place. There was also evidence from English universities, visited during project engagement, that direct entry students undertook RN bridging programmes in greater numbers than existing HCSWs. In one cohort, all students accessed RNA through UCAS clearing and all had places for direct bridging from RNA to RN. Another model, demonstrated in England, was a preceptorship year for RNAs to provide a period of structured support post registration to build confidence and competence, with funding to support bridging to an 18-month BSc Nursing programme at the end of that year.

Robust planning would be necessary for RNA to RN commissioning. RNAs should not, however, automatically be accepted onto an RN bridging programme. It would be essential to have robust governance and selection processes in place.

### **Numeracy and literacy**

With the introduction of the RNA programme in England, existing HCSWs were recruited however, following admittance of around 7000 individuals, there was a sense that the pool of HCSW applicants, with the required numeracy requirement, was diminishing. There was wide agreement among clinical and academic staff, engaged in England and Wales, that a robust approach to on-going numeracy education and assessment is necessary.

### **Practice Assessment Document (PAD)**

The NMC's RN Future Nurse Standards (2018a) includes proficiencies set out in Annexes A and B, which are mapped within the Practice Assessment Document for achievement in practice or in simulated learning. Similarly, the NMC's 2-year Foundation Degree RNA programme, which is closely aligned to years 1 and 2 of the 3-year degree programme, also requires a PAD, which covers the RNA required proficiencies.

### **Supervision and assessment / placement capacity**

Supervision and assessment capacity were explored during the project: opinions from clinical practice and universities were: the PAD would be relatively familiar and easy to use / innovative placements would be required / there would be sufficient placement capacity in the system / recognition of the longer term benefits of supervision of SNAs to reduce vacancy rates / need equal access to placements for BSc Students and SNAs.

### **Supernumerary status**

Supernumerary placement status is beneficial in the view of clinicians, academics and within the literature. Hedayioglu et al. (2023) describes Nursing related education programmes as intense, challenging, and hard to balance with work. Hedayioglu et al. (2023) and Attenborough et al. (2020) both call for supernumerary status for all BSc Students and SNAs.

### **Practice Educator / Facilitator**

Dedicated Practice Education Facilitators would be needed to support SNA learning in practice. Practice Educators would have a role in supporting RNAs in the post registration period, together with a role in raising the profile of the RNA and its contribution if the RNA role was to be introduced in Wales.

## **Delegation and Accountability**

Through the course of clinical engagement, issues of delegation and accountability were raised by participants specifically, but not exclusively, in relation to the introduction of the AP (Nursing) role in Wales and the RNA role in England.

Delegation, as an activity, is the responsibility of one person, and completed by another who accepts the responsibility of undertaking the activity in an appropriate manner (Haugen et al. 2019). The concept of delegation is founded upon authority and responsibility.

### **Evidence**

The legal responsibility of the delegator is described by Griffiths et al. (2019): It is the professional responsibility of the registrant, who delegates healthcare activities, to ensure that the delegatee is educated, competent and experienced in the task to be undertaken, to ensure patient safety. Registrants have a duty of care to patients which includes legal obligations, as well as ethical and professional duties. Wagner (2018) says that to delegate effectively registrants need a range of skills and abilities including a sound theoretical understanding of delegation, good communication, sound clinical judgement and strong critical thinking. Delegation can be described as one of the most difficult and complex non-technical skills in Nursing. Despite policies and guidelines to support delegation, there are inconsistencies in practice which impact on patient care (Walker et al. 2021).

### **Clinical views**

During project engagement, the All-Wales Delegation Guidelines (2019) were discussed. There was a striking lack of awareness of the guidelines among staff, except for Corporate Nurses and Practice Educators. At a senior level the guidelines were thought to be fit for purpose, but it was felt that the relaunch in 2019 was detrimentally impacted by Covid. There was a strong feeling that the guidelines had not been maximised in Wales. There has only been auditing of delegation in 1 HB and it was reported that delegation is not routinely covered in clinical induction. Staff also raised that there is little access to delegation education post-registration. There is an understanding that delegation and accountability are inter-related but a lack of confidence to delegate, which appears to be based on a misunderstanding of accountability. There is a strong view that delegation would improve if an RN was delegating to another regulated member of staff.



### Academic views

Universities confirmed that delegation is covered within the undergraduate curricula although not all universities were aware of the All-Wales Guidelines. Like clinicians, there was a consensus that delegation would improve if an RN was delegating to another regulated member of staff. The rationale was that regulation strengthens governance and enables accountability to be more clearly understood.

### Professional / Union views

The NMC (2018) state that RNs are accountable for their delegation decisions, and standards for delegating are set out in the NMC Code under standard 11. As a registrant, whether delegating or receiving a delegated task, you are accountable for your conduct and practice.

The RCN (2017) have published guidelines on accountability and delegation, setting out the duty of care and stating that when an activity is delegated appropriately, and a Nurse works within their sphere of competence, their employer is also accountable via vicarious liability.

HEIW (2019) set out the key principles of delegation as well as stating that the delegator will remain responsible for the decision to delegate, but the delegator will not be accountable for the decisions and actions of the delegatee.

### Summary

There is a strong view that delegation confidence amongst RNs would improve if the delegatee was a regulated member of staff. There is a lack of education provision for RNs to refresh their knowledge regarding delegation and accountability, nor are there on-going educational opportunities for HCSWs to better understand delegation.

## Substitution

WG and the CNO do not support RN substitution with an RNA / AP (whether regulated or not).

The concerns regarding a band 4 being used as a replacement for the RN, despite RNAs accounting for only 1.18% of all UK registrants, appear to be threefold:

- I. A perceived cost-effective alternative.
- II. The lower education level of band 4s may increase patient risk (due to the documented position that Degree Level education of RN is associated with improved patient outcomes).
- III. Blurring of boundaries between RN and RNA may cause role conflict and confusion — clear standards and controls must be in place.

### Evidence

In Wales, the Nurse Staffing Levels (Wales) Act (2016) clearly states the need for staffing establishments to be based on a triangulated approach to enable the provision of sensitive patient care. The act places a legal duty on Health Boards and Trusts to calculate and maintain Nurse staffing levels (with the Nurse being on parts 1 & 2 of the NMC register, explicitly anchoring the definition of RN). The duty came into force in 2018.

### Clinical views

Health Boards and Trusts in Wales have expressed views that the terminology 'substitution' is perhaps outdated, particularly in the context of multi and inter disciplinary team working and 'Team Around the Patient' concepts. Most clinical stakeholders engaged do not see the RNA or AP as an RN substitute but have described the skill set for each role as being different. They cite the AP or RNA as being an additional valuable resource, that assists the RN, and which releases RN time to lead and holistically assess, plan, and evaluate care and focus on more complex patients.

### **Academic views**

There were mixed views among academics in terms of substitution, with a greater recognition that substitution of the RN with an RNA could indeed be a risk. Academics acknowledge the impact of the Nurse Staffing Levels (Wales) Act (2016), which offers a degree of mitigation. They state the NMC are very clear the RNA cannot lead a team, undertake holistic patient assessment or evaluation and, as such, the RNA cannot substitute for the RN. It was also highlighted by the academics that the arbitrary use of the terminology 'substitution', without context, is unhelpful.

### **Professional/Union views**

The NMC has explicitly stated the RNA is not a replacement for an RN and are very clear that the holistic assessment and evaluation of care is the responsibility and domain of the RN (NMC 2018).

The RCN identified the need for a philosophical debate about protecting the profession, stating the RNA will be seen, by many, as a cheaper alternative to the RN. The RCN via the Independent Newspaper (2018) warned that financially challenged employers, particularly in the context of significant shortfalls in the RN workforce, could substitute RNs for RNAs, and this may have unintended consequences on the ability to provide safe and effective care. They also highlight the risk of over-developing band 4s at the detriment of band 5 RNs. Finally, with reference to the Nurse Staffing Levels (Wales) act, their view is the act does not completely mitigate the risk of substitution.

UNISON indicate that substitution is a risk, but state that, as Wales has the Staffing Act, this should minimise risks.

### **Summary**

The band 4 should never be a substitute for the RN in Wales. In terms of parameters of practice, a centralised 'Once for Wales' approach, which unequivocally distinguishes the RN from the RNA, would be essential if there is a policy decision to introduce a regulated band 4 role in Wales, with parameters mirroring the NMCs platforms for RNs and RNAs: The RNA cannot holistically assess or evaluate patient care, although they can participate in assessment and evaluation activities. The RNA cannot lead care and they cannot take charge of the team. Holistic assessment, evaluation and leading care remain the domain of the RN, even in the context of a multi-disciplinary 'team around the patient' model. This model, whilst recognising the changing acuity and complexity of healthcare, and whilst acknowledging some role overlap, must continue to value the RN role as distinctive and intrinsically linked with the provision of safe and effective patient care. A social partnership approach could be undertaken between CNOs office, the Unions, inspectorate bodies and NHS Wales, to develop parameters of practice, subject to consultation. Role deployment guidelines could also be developed in collaboration, to ensure robust mitigation is in place to minimise, or eliminate, the risk of RN substitution if the RNA role is

introduced in Wales. Patient safety and the protection of the Registered Nurse profession is paramount.

## Position Statements

### **Council of Deans for Health Wales (CoDH)**

CoDH Wales, in their position statement (2023), support the introduction of a regulated Nursing Associate role in Wales but highlight that a robust pan-Wales approach is critical.

### **Executive Directors of Workforce and OD (EDWOD)**

EDWOD, in their position statement (2023), are fully supportive of a re-classification of Nursing band 4, stating a role is required to bridge the gap between the RN and HCSW. They indicate regulation would promote accountability and clearly outline standards expected to ensure quality and patient safety but state more debate is required. They consider the introduction of a new role will widen access into Nursing.

### **Executive Directors of Nursing (EDoN)**

EDoN, in a letter from the Peer Group (2023), endorse the work led by the CNO regarding the band 4 Nursing workforce across NHS Wales. EDoN and Nursing teams have been actively involved in the work. They state the context, environment and challenges of care delivery has changed considerably and a very different workforce is now required to meet the needs of patients. The band 4 Nursing role is undoubtedly vital, not only now but also for the future, as the challenges and complexities will continue, whether it is a registered/regulated role or not.

### **UNISON**

UNISON Cymru/Wales, in their position statement (2023), welcome the introduction of the regulated Nursing Associate role in Wales, as a step to improving staffing levels and providing opportunities for the development of the health care workforce.

### **RCN**

The RCN (2017) produced a position statement outlining standards they believed to be key in terms of the introduction of the RNA role. An updated position is being developed by Council but at the time of this report it has not been published. Whilst there is support for the role and a welcoming of RNAs as members of the RCN, they have expressed concerns about the extended scope of practice of RNAs, RN substitution and the lack of quantitative evidence to demonstrate impact of the RNA role in England.

## The Legislative Position

There would be legislative implications associated with any decision in Wales to introduce a regulated band 4 nursing role, requiring WG to collaborate with the DHSC & NMC. Firstly, an amendment to the Nursing and Midwifery Order (2001), via Section 60, would be required, with necessary consultation. Secondly, there would need to be amendment to the 'Operational Guidance' associated with the Nurse Staffing Levels (Wales) Act (2016).

## Recommendations

This band 4 project, commissioned by the Minister for Health and Social Services and co-led by the CNO and Director of Organisational Development for Wales, has explored the options and opportunities to inform a policy position and recommendations for the future of the band 4 Nursing workforce across NHS Wales. The aim being to consider, afresh, whether a registered and regulated band 4 Nursing role is desirable, appropriate and value-adding for NHS Wales, aligned to CNO professional priorities for Nursing and Midwifery (2022-2024): Priority 2 Workforce.

In response to the underpinning evidence and the key findings for regulating band 4s, there are four policy recommendations for WG, as set out below. Any changes to the band 4 role in Wales will require robust evaluation as part of the implementation plan. Developing metrics that can provide triangulation of policy and practice outcomes will be essential.

*NB: Below are the high-level recommendations which are articulated in greater detail with supporting evidence in the full version of this report.*

<b>Policy (WG) Welsh Government will set a policy position in line with the following:</b>
<b>R1</b> Only one band 4 Nursing role will exist in NHS Wales, that of the Registered Nursing Associate, with the Nursing and Midwifery Council (NMC) as the regulator.
<b>R2</b> Enact a centralised, <i>Once for Wales</i> approach to the parameters of practice, which unequivocally distinguishes the RN from the RNA, avoiding substitution.
<b>R3</b> Mandate the dedicated provision of Practice Education Facilitators, to support the Student Nursing Associate (SNA) learning in practice, and Practice Educators, to support RNAs in the post-registration period (aligned to the All-Wales Preceptorship Principles), for a transitional period of 48 months.
<b>R4</b> In keeping with the Public Sector Equality Duty (contained in the Equality Act 2010), the Anti-Racist Wales Action Plan (Welsh Government 2022), and the Workforce Race Equality Standard (Welsh Government 2023a), ensure iterative improvements in Nursing monitoring, data collection, and action against the nine protected characteristics.

If the decision is made to implement a regulated band 4 nursing role in Wales, completion of additional work will be essential to enable the new role to be introduced in a systematic, structured, and robust manner, subject to the necessary legislative change. Outlined below is further proposed work relating to HEIW and Health Boards / Trusts, for consideration in phase 2 of the project.

**HEIW — the strategic workforce body for NHS Wales, dedicated to**

**transforming the workforce for a healthier Wales.**

**R5** Amending the current HCSW Framework based on the introduction of the RNA and the allocation of a new workforce code by NHS Wales Shared Services Partnership.

**R6** Collaborating with the Council of Deans Health Wales, and current HE Cert L4 providers, to enact the RNA superseding the HE Cert and the flexible route into Nursing in Wales and establish an All-Wales approach to building and mapping a L5 year 2, enabling programme accreditation with the NMC for RNAs.

**R7** Triggering discussions with the NMC to explore the mapping of the HE Cert against the RNA Standards of Proficiency (2018).

**R8** Scoping the skills, qualifications, and competencies of HCSWs that have previously successfully completed earlier iterations of the HE Cert L4, to explore feasibility of a "bridging" programme to RNA NMC registration.

**R9** Collaborating with the Council of Deans Health Wales to establish an All-Wales approach to the building and mapping of an L6 18-month, field-specific "bridging" programme for RNAs to achieve BSc Nursing, accredited with the NMC.

**R10** The Work Based Learning model must feature highly in terms of commissioned education provision as the preferred approach for Levels 4 & 5 learners.

**R11** Working with universities to expand the utilisation of the UCAS 'clearing' process, with the aim of increasing the pool of candidates for the RN and RNA Nursing programmes.

**R12** Working with Health Boards and Trusts to coordinate the robust mapping and workforce planning of RNA commissioning numbers, aligned to the IMTP process.

**R16** Monitor and report Nursing workforce data against the nine protected characteristics.

**R13** Securing transitional financial support (48 months) for Practice Education Facilitators to support the Student Nursing Associate's (SNA) learning in practice and Practice Educators to support RNAs in the post-registration period (aligning to the All-Wales Preceptorship Principles), apportioned for each Health Board and Trust.

**R14** Delegation and Accountability to feature in education and development programmes, including induction, for registrants and HCSWs.

**R15** All Wales Delegation Guidelines to be amended to incorporate the RNA role and re-launched with a robust implementation plan, which incorporates evaluation.

**R16** Monitoring and reporting Nursing workforce data against the nine protected characteristics.

<p><b>Health Boards and Trusts</b>  <b>NHS Wales delivers services through Local Health Boards, NHS Trusts, and Special Health Authorities, who are responsible for planning and delivering NHS services.</b></p>
<p><b>R17</b> Commencing the process of robust workforce mapping and planning with HEIW, aligned to the IMTP process, in preparation for the introduction of the RNA role, as both a destination role and a steppingstone to RN, together with a clear process of role evaluation.</p>
<p><b>R18</b> Through the transition phase from AP to RNA prioritise, support, and sensitively manage existing APs.</p>
<p><b>R19</b> Employing Practice Education Facilitators, based on HEIW funding apportionment, to support the Student Nursing Associate's (SNA) learning in practice and Practice Educators to support RNAs post-registration (aligned to the All-Wales Preceptorship Principles), through the transitional period.</p>
<p><b>R20</b> Delegation and Accountability to be included in clinical staff induction, with ongoing education provided for RNs and HCSWs, with auditing of delegation practice (as per the All-Wales Delegation Guidelines).</p>

**To note:**

**A policy position to introduce the RNA in Wales would represent the biggest and most fundamental change for the Nursing workforce in two decades. If this does occur, proactive and comprehensive communication plans would be required, together with a robust implementation plan.**

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## References

All Wales Medicines Strategy Group (2020) All Wales guidance for health boards / trusts and social care providers in respect of medicines and care support workers. Cardiff: All Wales Therapeutics and Toxicology Centre.

Attenborough, J., Abbott, S., Brook, J. et al. (2020) Pioneering new roles in healthcare: Nursing Associate students' experiences of work-based learning in Buchan, J., Charlesworth, K. London: Sage Publishing.

Bungay, H., Jackson, J., Lord, S. (2016) Exploring assistant practitioners' views of their role and training. *Nursing Standard* 30 (30) 46-52.

Care Quality Commission (CQC) (2023) An update on our plan and approach for transformation (online). Available at: <https://www.cqc.org.uk/news/update-our-plan-and-approach-transformation-april-2023> (Accessed Oct 2023).

Equality Act (2010) Equality Act (online). Available at: <https://libanswers.brunel.ac.uk/faq/13878> (Accessed Oct 2023).

Fewings, H., Chambers, T. (2022) Trainee Nursing associates understanding of their clinical role, a review of the literature. *British Journal of Healthcare Assistants* 16 (10) 476-483.

Flook, M., (2003) The professional Nurse and regulation. *Journal of P-anaesthesia Nursing* 18 (3) 160-7.

Glasper, A. (2017) Professionalism in practice. *British Journal of Nursing* 26 (912) 706-7.

Griffith, R., Dowie, I. (2019). *Dimond's legal aspects of Nursing: A definitive guide to law for Nurses*. London: Pearson.

Haugen, N., Galura, S., Ulrich, S. P. (2019) *Canale's Nursing care planning guides: Prioritisation, delegation, and critical reasoning* 8<sup>th</sup> Ed. UK: Elsevier.

Health Education England (HEE) (2023) Nursing Associates (online). Available at: <https://www.england.nhs.uk/NursingMidwifery/delivering-the-nhs-ltp/Nursing-associate/> (Accessed Oct 2023).

Health Education England (HEE) (2019) Trainee Nursing associate numbers continue to grow as thousands more train to become Nursing associates (online). Available at: <https://www.hee.nhs.uk/news-blogs-events/news/trainee-Nursing-associate-numbers-continue-grow-thousandsmore-train-become-Nursing-associates> (Accessed Sept 2023)

Health Education Improvement Wales (HEIW) (2023) Annual report and Accounts 2022/23 (online). Available at: <https://heiw.nhs.wales/files/heiw-annual-report-2022-23> (Accessed Oct 2023).

Health Education Improvement Wales (HEIW) (2022) Once for Wales Band 4 Assistant Practitioner (Nursing) Governance Framework (online). Available at: <https://sbuhb.nhs.wales/about-us/key-documents-folder/workforce-and-od-committee-papers/workforce-and-od-committee-9th-august-2022/52-appendix-2->

[once-for-wales-b4pdf/](#) (Accessed Oct 2023).

Health Education Improvement Wales (HEIW) (2015) Developing excellence in healthcare. An NHS Wales skills and careers framework for healthcare support workers supporting Nursing and the allied health professionals. Cardiff: Shared Services Partnership.

Health Education Improvement Wales (HEIW) (2015a) All Wales delegation guidelines (online). Available at: <https://heiw.nhs.wales/news/all-wales-delegation-guidelines/> (Accessed Oct 2023).

Health Education and Improvement Wales (HEIW) (2011) Code of Conduct for Healthcare Support Workers in Wales (online). Available at: <https://cavuhb.nhs.wales/files/induction/code-of-conduct-1-pdf/> (Accessed Oct 2023).

Henshall, C., Doherty, A., Green, H., Westcott, L., Aveyard, H. (2018) The role of the assistant practitioner in the clinical setting; a focus group story. BMC Health Services Research 18 (1) 1-9.

Hedayioglu, S., Yearsley, G., Nash, G., et. al. (2023) Staff experiences of the Nursing associate role in a community setting. Nursing Standard 38 (9) 34.

Independent Newspaper (2021) NHS trusts replacing Nurses with non-Nurses compromises safety, warns RCN (9<sup>th</sup> June 2021) (online). Available at: <https://www.independent.co.uk/news/health/Nurses-nhs-workforce-rcn-safety-b1861586.html> (Accessed Oct 2023).

Kessler, I., Steils, N., Samsi, K., Moriarty, J., Harris, J., Bramley, S., & Manthorpe, J. (2020) Evaluating the Introduction of the Nursing Associate Role in Health and Social Care: Interim Report. London: Kings College.

Kessler, I., Moriarty, J. et al. (2019) Policy Makers Perspectives on the Introduction of the RNA role in England. London: Kings College.

Leighton (2020) In praise of Nursing associates. British Journal of Nursing 29 (1) 6.

Lucas, G., Brook, J., Thomas, T., et al. (2021) Healthcare professionals' views of a new second-level Nursing associate role: A qualitative study exploring early implementation in an acute setting. Journal of Clinical Nursing.

McGonigle, C. (2017) Systematic narrative review to consider the contribution of professional regulation on the health and social care workforce (online). Available at: <https://www.scie.org.uk/northern-ireland/research-evidence-quality-improvement/workforce-regulation/systematic-narrative-review> (Accessed Oct 2023).

Mullings (2021) Shining a light on assistant practitioners ahead of first annual conference. British Journal of Healthcare Assistants. 214-8 (p5).

NHS England (2023) NHS long term workforce plan (online). Available at: <https://www.england.nhs.uk/wp-content/uploads/2023/06/nhs-long-term-workforce-plan-v1.2.pdf> (Accessed Oct 2023).

Nursing and Midwifery Council (NMC) (2023) The NMC register 1 April 2022 – 31 March 2023 (online). Available at:



<https://www.nmc.org.uk/globalassets/sitedocuments/data-reports/may-2023/0110a-annual-data-report-full-uk-web.pdf> (Accessed Oct 2023).

Nursing and Midwifery Council (NMC ) (2022) Annual Fitness to Practice Report 2021-2022 (online). Available at: [https://www.nmc.org.uk/globalassets/sitedocuments/annual\\_reports\\_and\\_accounts/ftannualreports/2022-ftp-annual-reports/nmc-annual-fitness-to-practise-report-2021-2022.pdf](https://www.nmc.org.uk/globalassets/sitedocuments/annual_reports_and_accounts/ftannualreports/2022-ftp-annual-reports/nmc-annual-fitness-to-practise-report-2021-2022.pdf) (Accessed Oct 2023).

Nursing and Midwifery Council (NMC) (2018) The Code. Professional standards of practice and behaviour for Nurses, midwives and Nursing associates (online). Available at: <https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf> (Accessed Oct 2023).

Nursing and Midwifery Council (NMC) (2018a) Future Nurse: Standards of proficiency for registered Nurses (online). Available at: <https://www.nmc.org.uk/globalassets/sitedocuments/standards-of-proficiency/Nurses/future-Nurse-proficiencies.pdf> (Accessed Oct 2023).

Nursing and Midwifery Council (NMC) (2018b) Standards of proficiency Nursing associate (online). Available at: <https://www.nmc.org.uk/globalassets/sitedocuments/standards-of-proficiency/Nursing-associates/Nursing-associates-proficiency-standards.pdf> (Accessed Oct 2023).

Nursing and Midwifery Order (2001) Nursing and Midwifery Order (online). Available at: <https://www.legislation.gov.uk/ukxi/2002/253/contents/made> (Accessed Oct 2023).

Professional Standards Agency (2018) Professional healthcare regulation in the UK explained (online). Available at: <https://www.professionalstandards.org.uk/news-and-blog/blog/detail/blog/2018/04/10/professional-healthcare-regulation-explained> (Accessed Oct 2023).

Royal College of Nursing (RCN) (2023) Assistant Practitioner (online). Available at: <https://www.rcn.org.uk/professional-development/your-career/hca/assistant-practitioner> (Accessed Oct 2023).

Royal College of Nursing (RCN) (2023a) Nursing in numbers 2023 (online). Available at: <https://www.rcn.org.uk/Professional-Development/publications/rcn-Nursing-in-numbers-english-uk-pub-011-188> (Accessed Oct 2023).

Royal College of Nursing (RCN) (2021) The Regulation of Health Care Support Workers (online). Available at: <https://www.rcn.org.uk/about-us/our-influencing-work/policy-briefings/POL1107#:~:text=The%20RCN%20has%20a%20clear%20view%20that%20all,registered%20Nurses%20in%20the%20Nursing%20body%2C%20the%20NMC> (Accessed Oct 2023).

Royal College of Nursing (RCN) (2017) Accountability and delegation. A guide for the Nursing Team (online). Available at: <https://www.rcn.org.uk/Professional-Development/publications/accountability-and-delegation-a-guide-for-the-Nursing-team-uk-pub-006-465> (Accessed Oct 2023).

Royal College of Nursing (RCN) (2017 Unpublished) Response to the CNO Wales scoping exercise in Wales following the implementation of the RNA role in England. Available from the RCN.

Staffing Levels (Wales) Act Parliament (2016) Statutory Guidance: How to ensure an appropriate number of Nurses are available to provide care or patients (online). Available at: <https://www.gov.wales/Nurse-staffing-levels-wales-act-2016-statutory-guidance-version-2-html> (Accessed Oct 2023).

Scott, G. (2016) Consensus is clear new Nursing roles should be regulated. Nursing Standard 30 (33) 7.

STATS Wales (2023 unpublished) NHS Staff: RN vacancy numbers (online). Available at: <https://statswales.gov.wales/Catalogue/Health-and-Social-Care> (Accessed Oct 2023).

Thurgate, C. (2021) Making sense of the individual experience of those who undertake new role development in the workplace. Journal of Workplace Learning 33 (4) 259-272.

Wagner, E. (2018) Improving patient care outcomes through better delegation-communication between Nurses and assistive personnel. Journal of Nursing Care Quality. 33 (2) 187.

Walker, F., Ball, M., Cleary, S., Pisani, H. (2021) Transparent teamwork: The practice of supervision and delegation within the multi-tiered Nursing team. Nursing Inquiry 28 (4) e12413.

Warren, M. (2018) Professional Standards Authority: Professional healthcare regulation in the UK explained (online). Available at: <https://www.professionalstandards.org.uk/news-and-blog/blog/detail/blog/2018/04/10/professional-healthcare-regulation-explained> (Accessed Oct 2023).

Webb, E. et al. (2021) Supportive and Palliative Care. Conference: Palliative Care Congress 1 Specialty: 3 Settings - Home, Hospice, Hospital Edinburgh International Conference. Virtual. BMJ. 11 (Supplement 1) (pp. A27). Welsh Government (WG) (2003) National workforce implementation plan (online). Available at: <https://www.gov.wales/sites/default/files/publications/2023-01/national-workforce-implementation-plan.pdf> (Accessed Oct 2023).

Welsh Government (WG) (2023a) Workforce Race Equality Standard (online). Available at: <https://www.gov.wales> (Accessed Oct 2023).

Welsh Government (WG) (2022 ) Anti Racist Action Plan (online). Available at: <https://www.gov.wales/anti-racist-wales-action-plan-content> (Accessed Oct 2023).

Wheeler, I. (2017) Drivers for and barriers to the continued development of AP roles. Journal of Healthcare Assistants 11 (2) 83.

## Abbreviations

AP = Assistant Practitioner  
BSc = Bachelor of Science  
CIW = Care Inspectorate Wales  
CNO = Chief Nursing Officer  
CQC = Care Quality Commission (England)  
DHSC = Department of Health & Social Care (England)  
EDI = Equality, Diversity, and Inclusion  
EDoN = Executive Directors of Nursing  
EDWOD = Executive Directors of Workforce and Organisational Development  
ESR = Electronic Staff Record  
GCSE = General Certificate of Secondary Education  
HB = Health Board  
HCSW = Health Care Support Worker