



Llywodraeth Cymru  
Welsh Government

**NHS PAY REVIEW BODY**

**EVIDENCE FROM THE**

**WELSH GOVERNMENT'S**

**HEALTH AND SOCIAL SERVICES GROUP**

**FOR 2022 – 2023**

**January 2022**

## **Acknowledgements**

We are extremely thankful to Health Education and Improvement Wales (HEIW), NHS Wales Employers and Welsh Governments cross-government departments for the support and evidence they have provided in preparing this evidence.

## **To note**

To ensure the workforce information provided is as up to date as possible, management information provided by Health Education and Improvement Wales (HEIW) has been used throughout. This will differ slightly to the official statistics that are routinely published and were last published on 17 November 2021 for June 2021 Statistics. The information used also provides more detail than is available from the official statistics (such as ethnicity and age).

For tables included within this report that have been referenced please click on the link in the reference (if provided) to see details on the caveats on the information provided.

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## Chapter 1 – Introduction

The following evidence has been prepared by the Welsh Government Health and Social Services Group in partnership with the NHS employers in Wales, HEIW and Welsh Government cross government departments.

### Remit

On 01 February 2022, the Minister for Health and Social Services, Eluned Morgan, sent a remit letter stating the following:-

I am now writing to formally commence the 2022-23 pay round for AfC staff in Wales. In this pay round I would like your advice on what would be a sufficient pay rise for AfC staff to recognise their dedication and hard work during the pandemic and, the work they will continue to undertake in the coming year to support the recovery efforts. I am conscious that the pay award should address recruitment and retention issues to ensure the NHS recovers from the pandemic.

In addition, I am aware of the increase in national insurance contributions and cost of living increases many NHS staff will be facing this coming year given the rises in inflation and energy prices and how this impacts on take home pay.

I urge you to make a pay rise recommendation that truly recognises the commitment and hard work of our NHS staff and takes into consideration the significant cost of living increases they face. However affordability is a key issue for Welsh Government, we have to balance rewarding all our public sector within finite budgets set by UK Government and to afford substantial pay increases UK Government need to make available sufficient funding.

### The NHS in Wales

As of August 2021 the NHS in Wales currently employs 101,446 people with 88,840.42 FTE (as shown in table xx & xx). It is made up of the seven Health Boards (HBs) in Wales which plan, secure and deliver healthcare services in their areas.

The health boards are:

- Aneurin Bevan University Health Board
- Betsi Cadwaladr University Health Board
- Cardiff & Vale University Health Board
- Cwm Taf Morgannwg University Health Board
- Hywel Dda University Health Board
- Powys Teaching Health Board
- Swansea Bay University Health Board

In addition to the health boards there are currently 3 NHS Trusts in Wales with an all Wales focus. These are:

- Welsh Ambulance Services Trust for emergency services

- Velindre NHS Trust offering specialist services in cancer care and a range of national support services
- Public Health Wales which is the unified Public Health organisation in Wales.

In addition to the Health Boards and Trust there are also the following NHS Wales organisations:

- Health Education and Improvement Wales (HEIW) which is a special health authority which provides a leading role in the education, training, development, and shaping of the healthcare workforce in Wales, supporting high-quality care for the people of Wales.
- NHS Wales Shared Services Partnership (NWSSP) is an independent mutual organisation, owned and directed by NHS Wales. It was set up on 1st April 2011 to provide a range of high quality, customer-focused professional, technical and administrative services on behalf of all Health Boards and Trusts in NHS Wales.
- Digital Health and Care Wales (DHCW) is a new Special Health Authority with an important role in changing the way health and care services are delivered. Established in April 2021, it replaces the NHS Wales Informatics Service.

Since the previous round of evidence the Previous Minister and current Minister have recognised the hard work NHS staff have given through this difficult year. In addition to accepting your recommendations for 2020/21 and 2021/22 the following has also been offered to NHS staff

1. In March 2021 a bonus payment of £735 was given to NHS and Social Care staff. This figure has been arrived at to cover the basic rate of tax and national insurance contributions, meaning a large number of people will receive close to £500.
2. In December 2021 a series of pay enhancements were announced, this included:
  - To pay a one off non-consolidated additional payment of 1% for those on Agenda for Change bands 1-5, and the F1 doctors who fall into this pay bands. This payment would not be pro rata.
  - To amend the bottom spine point for those on Agenda for Change (AfC) band 2 and the pay point for band 1 from April 2021 to £18,731 from the 1st April 2021
  - An additional day's annual leave will be added to the current contractual entitlements for all staff. This additional day will be pro rata and will be recurrent in future years. If staff are unable to take their additional entitlement in the current leave year 2021/22 then it should either be carried forward over and above any organisational limits into the 2022/23 leave year or sold back if preferred by the staff.
  - Employers will put a scheme in place for staff to sell back a proportion of unused annual leave which will be in place before the end of the 2021/22 leave year.

- Further details can be found at: [2021 - Pay Enhancements - 02\\_2021 - PDF.pdf \(wales.nhs.uk\)](#)

## **Chapter 2 – Economic Outlook in Wales**

### **Economic Context**

- The economy in Wales has recovered quite strongly from the effects of the pandemic, but uncertainty remains high, with supply chain disruption and rising inflation.
- In particular, the labour market has performed much better than in previous recessions owing to aggressive labour market policies including job subsidies. These labour market interventions represent major policy successes.
- However, long term unemployment has increased and the disadvantage faced by many minority groups, including people with poor health or disability, appear to have increased. This will have consequences for public services, particularly health for many years.
- Inflation has picked up sharply and is likely to impact particularly on low income groups. Both OBR and the Bank of England expect the spike in inflation to be temporary. Even so, the increase in inflation will result in pressure for pay increases across all sectors including the public sector.
- Labour shortages which are resulting in record numbers of people moving jobs will add to pay pressure.
- Almost inevitably, the pandemic will scar or permanently damage the economy. The only questions are by how much and which groups will be most impacted. Already there is evidence that many disadvantaged groups have suffered disproportionately over the last 20 months.
- The economy's prospects have been weakened substantially by the decision to leave the EU. According to the Office for Budget Responsibility (OBR), the combined impact of Brexit and the pandemic will reduce income per head by around £2,000 in today's prices.
- Wales faces both economic challenges and opportunities. Exploiting opportunities to strengthen economic performance will also improve the tax base and potentially the funding of public services including health.
- Key challenges include addressing low productivity and climate change. In addition, Wales faces a challenge from the slow growth of, and potential decline in, its population, particularly the population aged 16-64, which is most likely to be engaged in economic activity.

### **Future Growth Forecasts**

- The Welsh Government does not publish future growth forecasts for the Welsh economy partly because regional forecasts are highly unreliable. Also, it is well documented that the economies of Wales and the UK track each other closely in the short to medium term. The most comprehensive up-to-date five year economic forecast available was published by the OBR in late October. The table below provides a summary of the OBR forecast. While the



forecast relates to the UK, the expected outcomes are relevant for the Welsh economy.

**Table 2.1 Overview of OBR's Economy Forecast Published in October 2021**

	Percentage change on a year earlier, unless otherwise stated						
	Outturn	Forecast					
	2020	2021	2022	2023	2024	2025	2026
<b>Output at constant market prices</b>							
Gross domestic product (GDP)	-9.8	6.5	6.0	2.1	1.3	1.6	1.7
GDP per capita	-10.2	6.3	5.6	1.7	1.0	1.3	1.4
GDP levels (2020=100)	100.0	106.5	112.8	115.2	116.7	118.6	120.6
Output gap	-0.4	0.9	0.6	0.5	0.1	0.0	0.0
<b>Expenditure components of real GDP</b>							
Household consumption	-10.9	4.7	9.8	1.3	1.7	1.3	1.0
General government consumption	-6.5	14.7	2.0	1.5	1.2	1.7	2.1
Business investment	-10.2	-2.4	15.7	4.7	-0.8	4.8	5.8
General government investment	3.5	14.7	-2.1	6.5	-1.0	1.1	1.8
Net trade <sup>1</sup>	0.8	-0.8	-2.5	0.3	0.1	-0.1	-0.2
<b>Inflation</b>							
CPI	0.9	2.3	4.0	2.6	2.1	2.0	2.0
<b>Labour market</b>							
Employment (million)	32.5	32.2	32.6	33.0	33.2	33.3	33.4
Average earnings	1.2	5.0	3.9	3.0	2.2	2.9	3.5
LFS unemployment (rate, per cent)	4.6	4.9	4.8	4.3	4.2	4.2	4.2

<sup>1</sup> Contribution to GDP growth.

### Welsh Labour Market

The tables below show the trends of the Welsh Labour market. The tables below have either been provided by StatsWales or the Office for National Statistics. For further information on the tables and the statistics behind them please follow the relevant reference.

Table 2.2 – Average (median) gross weekly earnings by UK Country 2021<sup>1</sup>

Gender ( Persons )

Measure ( Weekly )

Gender

Measure

Year

Area

1997 to 2003

2004 to 2005

2006 to 2010

2011 onwards

2011

2012

2013

2014

2015

2016

2017

2018

2019

2020

2021

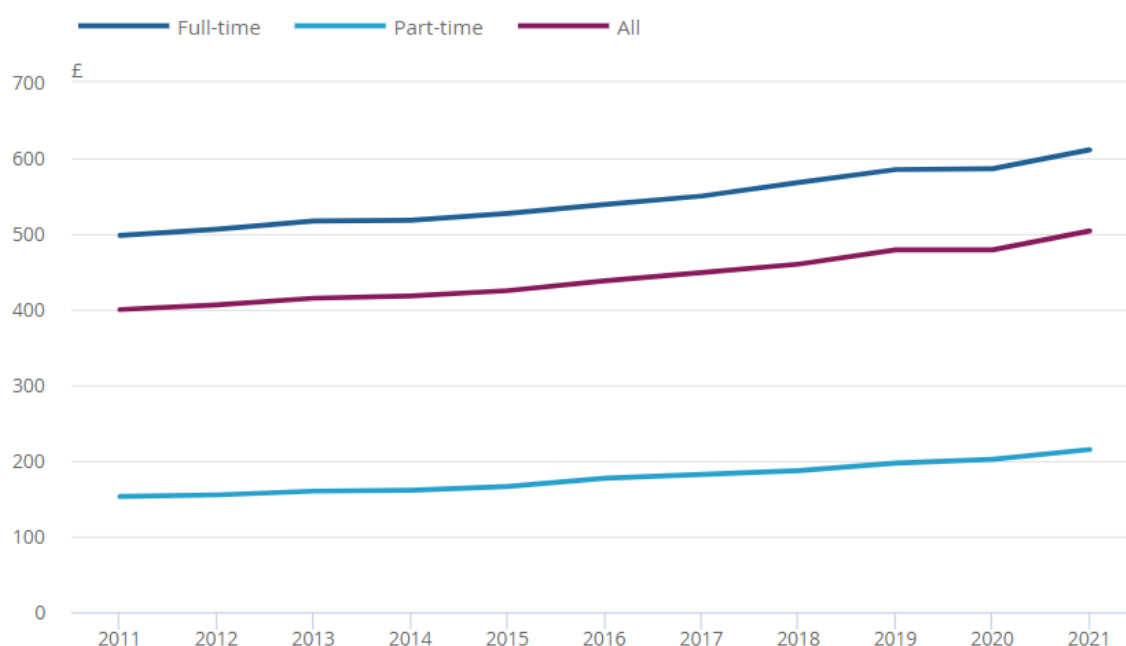
United Kingdom		.	.	.	498.30	506.10	517.40	518.30	527.10	538.60	550.00	568.30	585.20	(r) 585.70	(p) 610.70	
United Kingdom	Great Britain	.	.	.	500.00	507.90	517.60	520.40	528.50	540.10	552.00	570.20	587.00	(r) 586.80	(p) 612.80	
	England	England	.	.	.	504.00	512.60	520.30	523.50	531.60	544.20	555.80	574.80	592.20	(r) 590.00	(p) 613.30
		North East	.	.	.	449.10	454.40	470.10	479.10	490.50	493.90	504.10	507.00	533.20	(r) 524.80	(p) 538.70
		North West	.	.	.	459.50	469.40	480.80	482.70	488.70	503.90	514.20	529.90	550.50	(r) 557.80	(p) 575.80
		Yorkshire and the Humber	.	.	.	460.60	464.50	479.10	479.10	486.20	498.30	502.50	520.40	538.90	(r) 537.60	(p) 564.00
		East Midlands	.	.	.	458.30	464.40	474.10	477.10	479.10	483.10	499.90	515.60	535.30	552.00	(p) 559.80
		West Midlands	.	.	.	464.40	469.20	484.50	479.20	492.10	509.80	514.80	536.60	552.50	(r) 554.10	(p) 585.00
		East	.	.	.	489.30	495.20	505.00	504.10	516.80	528.60	545.10	557.80	581.00	574.90	(p) 601.90
		London	.	.	.	648.40	652.10	654.80	660.00	659.70	670.80	691.10	713.00	737.60	(r) 758.00	(p) 766.60
		South East	.	.	.	529.00	536.60	536.60	541.70	552.00	565.40	574.90	589.10	614.00	(r) 604.70	(p) 635.00
		South West	.	.	.	461.50	467.40	480.00	485.50	492.10	505.80	519.80	531.40	551.70	(r) 551.40	(p) 572.50
	Wales	.	.	.	451.30	452.50	470.50	473.90	478.60	493.70	498.30	509.00	534.80	(r) 541.50	(p) 562.80	
	Scotland	.	.	.	485.00	497.70	508.70	519.60	527.00	534.50	546.60	563.10	577.00	(r) 592.20	(p) 622.40	
	Northern Ireland	.	.	.	444.70	457.60	463.60	460.00	484.70	493.60	500.00	517.80	534.50	(r) 528.70	(p) 575.00	

\* These data show average gross weekly and hourly earnings in pounds for the UK countries/English regions in April of the years shown. The data relate to full-time employees on adult rates whose pay for the survey period was not affected by absence. Area relates to the location of workplace, not the residence of the employee.

The table above shows that average weekly full time earnings in Wales are on the lower end of the spectrum at £ 562.80 compared to the UK average at £610.70. Therefore, full time workers in Wales are paid approximately £47.90 lower per week period or £2,490.80 lower per 52 week period.

<sup>1</sup> Statswales.gov.wales. 2021. *Average (Median) Gross Weekly Earnings By UK Country - English Region And Year (£)*. [online] Available at: <https://statswales.gov.wales/Catalogue/Business-Economy-and-Labour-Market/People-and-Work/Earnings/medianweeklyearnings-by-ukcountryenglishregion-year> [Accessed 16 December 2021].

**Table 2.3 – Median weekly pay for full-time employees was £611 in April 2021, but the impact of the pandemic on earnings mean that the longer-term trend should be taken into consideration<sup>2</sup>**



**Source: Office for National Statistics – Annual Survey of Hours and Earnings (ASHE)**

Median weekly pay for full-time employees was £611 in April 2021. This compares with £586 in April 2020, where weekly pay was first affected by the pandemic, and £585 in 2019. The latest estimate continues the upward trend we were seeing before the coronavirus pandemic.

<sup>2</sup> Statswales.gov.wales. 2021. *Median weekly pay for full-time employees* [online] Available at: <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/bulletins/annualsurveyofhoursandearnings/2021> [Accessed 14 January 2022].

**Table 2.4 - Annual labour market summary (16 or over) by Welsh local area and economic activity status – 2021<sup>3</sup>**

Age ( Aged 16 and over )    Gender ( Persons )    Year ( * Year ending 30 Jun 2021 )				
Age    Gender    Year				
Measure    Population    Economic activity level    Unemployment rate				
Area    Employment level    Unemployment level    Economic activity level    Unemployment rate				
United Kingdom    31,950,400    1,673,800    33,624,200    5.0				
Wales    1,421,000    65,000    1,485,900    4.4				
Wales	West Wales and the Valleys    859,700    38,900    898,600    4.3			
	East Wales    561,300    26,000    587,300    4.4			
	North Wales    315,200    11,100    326,300    3.4			
	Mid Wales    96,500    (!) 5,400    101,900    (!) 5.3			
	South West Wales    309,700    14,800    324,600    4.6			
	South East Wales    699,500    33,600    733,200    4.6			
	Mid and South West Wales    406,200    20,200    426,400    4.7			

\*These data are taken from the ANNUAL datasets from the Labour Force Survey (LFS) carried out by the Office for National Statistics (ONS)

In Wales the unemployment rate is 0.6 lower than the whole of the United Kingdom. The economically active population is made up of persons in employment, and persons unemployed according to the International Labour Organisation (ILO) definition.

<sup>3</sup> Statswales.gov.wales. 2021. *Annual Labour Market Summary (16 Or Over) By Welsh Local Area And Economic Activity Status*. [online] Available at: <https://statswales.gov.wales/Catalogue/Business-Economy-and-Labour-Market/People-and-Work/Labour-Market-Summary/annuallabourmarketsummary16orover-by-welshlocalareas-economicactivitystatus> [Accessed 14 January 2022].

## Chapter 3 – NHS Wales Finances

### Funding allocation for Welsh Government from UK government

Core NHS funding represents the Welsh Government's largest single budget, and contains our core funding for Welsh health boards and NHS trusts. The funding supports primary care services, including services provided by independent GPs, dentists and community pharmacists; community-based services, including community nursing; mental health services and hospital-based and specialist care. It is used to commission services from NHS providers in other UK nations and from independent healthcare providers, as appropriate.

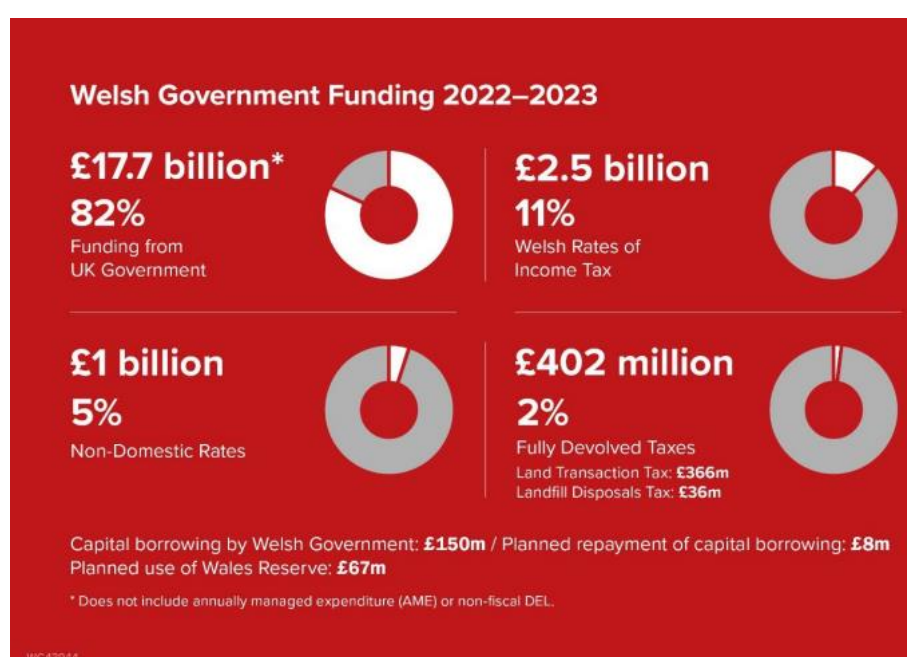
Funding is allocated to Wales through the UK Government Spending Rounds or Reviews and other Budget announcements. The amount for Wales is derived using the Barnett Formula.

The Barnett formula dates back to 1970 and works by applying an equal per head share for Wales of the “extra” funding or “cuts” given to each UK department (for those areas that the Welsh Government has devolved responsibility for). These shares are called consequential.

As part of the adjustment made to accommodate the devolution of tax powers, the fiscal framework includes a permanent change to the Barnett formula as applied to Wales. This agreement added a needs-based factor to the Barnett formula allocations to Wales. This is currently set at an additional five per cent.

Please note the following information in this chapter has been taken from the Welsh Government Draft Budget 2022 to 2023 ([Detailed Draft Budget Narrative 2019-20 cover \(gov.wales\)](#))

The Welsh Government receives its money from the following streams:



The Welsh Government's overall fiscal resource budget in 2022-23, taking account of block grant adjustments and devolved tax revenues, is £1.8bn higher than core funding in 2021-22. This is followed by very modest growth in the second and third years of the Budget period. It is important to note that these comparisons do not include COVID 19 funding in the current year (2021-22). Taking that into account, the Welsh Government's resource budget will be £0.7bn lower in 2022-23 than the current year and, in real terms, will remain lower throughout the Budget period.

Between 2022-23 and 2024-25 the Welsh Government's resource funding increases by less than half a per cent in real terms. Overall capital funding falls in cash terms in each year of the Spending Review period and is 11 per cent lower in 2024-25 than in the current year. The Welsh Government's budget in 2024-25 will be nearly £3bn lower than if it had increased in line with the economy since 2010-11. This presents significant challenges for us.

Land transaction tax (LTT) and landfill disposals tax (LDT) were introduced on 1 April 2018, collected by the Welsh Revenue Authority (WRA), and Welsh rates of income tax (WRIT) were introduced on 6 April 2019. Separately, in April 2015, the financial devolution of non-domestic rates (NDR) replaced the previous arrangements for managing the financial risks. Taken together, WRIT, LTT, LDT and NDR will contribute around £3.9bn to the Welsh Government Budget in 2022-23, rising to £4.3bn in 2024-25.

**Table 3.1 – Breakdown of the Welsh Government's Budget**

MAIN EXPENDITURE GROUPS (MEGs)		2022-23 Draft Budget	2023-24 Indicative Draft Budget	2024-25 Indicative Draft Budget
		£000s		
Health and Social Services		10,323,198	10,654,035	10,830,950
Finance and Local Government		5,639,245	5,879,245	6,016,245
Education and the Welsh Language		3,436,100	3,646,445	3,792,536
Climate Change		2,856,043	2,924,148	2,792,390
Economy		572,446	591,946	610,946
Rural Affairs		393,162	456,162	477,962
Social Justice		155,418	165,400	168,400
Central Services and Administration		356,995	359,995	360,995
<b>Total Allocations to Welsh Government MEGs</b>		<b>23,732,607</b>	<b>24,677,376</b>	<b>25,050,424</b>
Unallocated Resource	Fiscal Resource	99,638	562	665
	Non-Fiscal Resource	520,374	491,789	465,458
Unallocated Capital	Financial Transactions	265,026	95,754	90,386
General Capital Over Allocation		(79,715)	(98,541)	(98,840)
Senedd Commission		62,942	64,245	65,444
Public Services Ombudsman for Wales		5,354	5,354	5,354
Wales Audit Office		8,888	8,888	8,888
Electoral Commission		1,400	1,250	1,250
Direct Charges to the Welsh Consolidated Fund		748	763	778
<b>TOTAL WELSH BUDGET</b>		<b>24,617,262</b>	<b>25,247,440</b>	<b>25,589,807</b>

The Welsh Government's budget is divided across spending priorities through the Annual budget. The draft budget for 2022-23 was published on 20th December 2021 and is due to be considered by the Welsh Parliament on 8th February 2022. The following information is based on the draft budget.

The pandemic continues to have a devastating impact on our NHS with over 8,900 people in Wales tragically dying as a result of contracting the virus. In the seven days up to 9 December on average 526 people were in general and acute hospital beds in Wales for COVID 19 related reasons. In response we are increasing our core investment in the NHS by almost an additional £1.3bn in this Budget, taking our total baseline investment in 2024-25 to £9.683bn. This significant increase will provide the foundation for the NHS in its ongoing response and to continue to address the legacy on health and wellbeing.

Of the £10.3 billion dedicated to health and social services, here are some ways this money will be spent:

- In September 2021, the number of patients waiting 36 weeks or more to start treatment was 240,306. Our highest priority is to address the backlog of treatments that have been delayed by the pandemic. We are confirming the allocation of an additional £170m a year to local health boards to support the implementation of plans to strengthen planned care services. In addition, we will be investing a further £20m a year to support the implementation of a value-based approach to recovery over the medium term, with a focus on improving outcomes that matter to patients. Taken together, this investment ensures we are on course to deliver against our commitment to invest £1bn for NHS recovery over the course of this Senedd.
- We are committed to ensuring that NHS organisations maintain the financial stability they have worked hard to secure in recent years as they transform services for the future. We will allocate £180m recurrently from 2022-23 onwards to help the NHS manage the financial impact of the pandemic on their underlying financial position, including recognising the impact the pandemic has had on productivity and efficiency. We expect the NHS to return to pre-pandemic efficiency levels as the impact of COVID 19 on core services eases.
- We will continue to maintain our direct COVID 19 response for as long as is necessary. We will continue to fund our Test, Trace and Protect (TTP) programme, including allocating £6.4m recurrently to Public Health Wales to maintain their increased testing capacity. We will also set aside funding to support future vaccination programmes, and to provide free PPE to health and social care for as long as is required.
- We recognise the extreme pressure that the NHS workforce has been under over the last two years with the average NHS sickness absence rate growing since 2018 to 5.7% for the 12 months ending June 2021, alongside the reported negative impacts on mental health. We will be investing a further £31m in educating and training the workforce of the future and will continue to provide £7m towards meeting our commitment to establish a new medical school in North Wales.

- We are also investing a total of over £800m general capital for Digital Infrastructure, NHS Equipment and NHS Infrastructure up to 2024-25. Having reliable, efficient equipment infrastructure is a key requirement to being able to address the patient backlog exacerbated by the pandemic. Our digital delivery of all NHS services has been a major feature of our pandemic response. This has included specific interventions for testing, contact tracing, vaccine delivery and variant genomic sequencing, as well as service support such as NHS remote working, video consultation and digital apps.
- Throughout the pandemic people have been concerned about their mental health and wellbeing. Around a third of adults have reported that their mental health is worse than before the pandemic, with this worry greater in residents of more deprived communities, females and younger age groups. 4.15 We have allocated an additional £100m up to 2024-25 to prioritise mental health and well-being. This includes an additional £50m package in 2022-23, including £20m to support mental health service improvements and the implementation of the Mental Health Workforce Plan. 4.16 As a result of this investment, in 2022-23 alone, the ring-fenced mental health budget being provided to local health boards will be over £745m. Supporting front line mental health services is only one element of a wider system that supports primary prevention in public health, education, social services, substance misuse and other protective factors. We will continue to prioritise service redesign to improve prevention, tackle stigma and promote an approach to mental health support that ensures people will be directed to the right advice and support at the right time. 4.17 We particularly recognise the impact the pandemic has had on young people's mental health and the need to invest in preventative action alongside acute care. As part of our overall £100m investment we are therefore allocating an additional £10.5m up to 2024-25 directly in young people's mental health which will support our whole systems approach.

As part of the 2020-21 Budget, we published a Budget Improvement Plan for the first time. The Plan outlined our vision, including short and medium-term ambitions over the next five years, to improve the budget process using the Well-being of Future Generations Act (WFG Act) and the five ways of working to drive continuous improvement. We have committed to publishing the Plan annually, to recognise the ongoing nature of driving and sustaining longer term change. Our overall aim is that these planned improvements to the budget process will result in greater transparency in the annual Budget documentation to demonstrate how the Act has influenced budget decisions.

The Plan is published against the ongoing backdrop of responding to the effects of the COVID-19 pandemic, the impacts of the UK's exit from the EU and the climate and nature emergency. This acutely highlights the importance of maintaining progress on our longer term reforms. Despite this context we have remained focussed on our longer term ambitions to reform budget and tax processes. We have undertaken the first multi-year spending review since 2015. We have engaged with other governments on approaches to gender budgeting, alongside how to further embed well-being approaches and how to better assess carbon impacts.



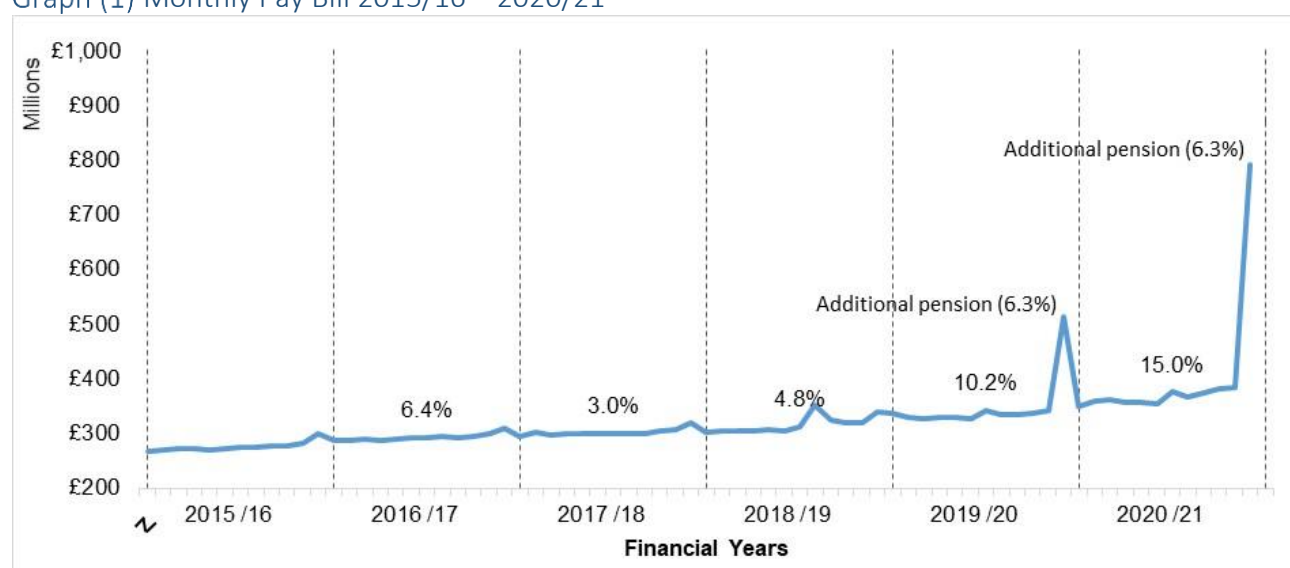
The 2020-21 accounts present that over £4.6 billion was spent on staff costs to support Hospital and Community Healthcare Services (note: this doesn't include primary care) this represents around 67% of the total expenditure on HCHS.

**Table 3.2 – Monthly Pay Bill 2015/16 – 2010/21**

For the past six years the total pay bill has increased year on year. In 2015/16 the annual pay bill was £3.3 billion compared to £4.8 billion in 2020/21 (46% increase).

In February 2021 the total pay bill for the month was £384 million which has more than doubled to £791 million for March 2021. This increase is attributed to holiday pay on overtime, NHS staff bonus accrual costs plus 6.3% pension provision.

**Graph (1) Monthly Pay Bill 2015/16 – 2020/21**

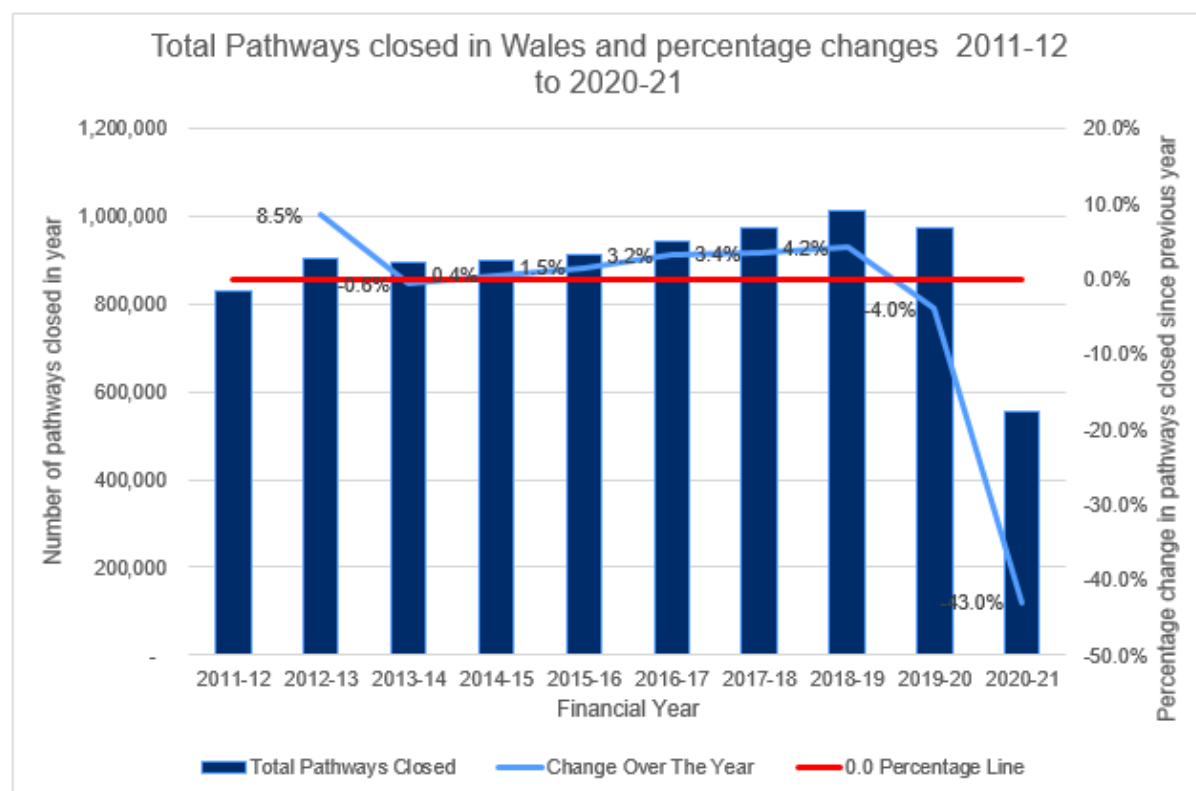


Data source: WG Finance Dept.

**Table 3.3. Total Pay Bill Cost and Percentage Difference by Financial Years**

Total Pay	Cost	% Change from Prev.
2015/16	£ 3,302,674,000	
2016/17	£ 3,514,360,186	6.4%
2017/18	£ 3,619,752,448	3.0%
2018/19	£ 3,794,064,750	4.8%
2019/20	£ 4,182,627,033	10.2%
2020/21	£ 4,811,654,939	15.0%

Table 3.4 – Number of Pathways Closed in Wales and percentage change 2011- 2021



Source: Referral to Treatment (RTT), DHCW

A line has been added at zero percentage to better show if there was an increase or decrease between the years. Please note: Cwm Taf have been unable to provide closed pathway data since August 2018 and have been excluded from all years in this chart.

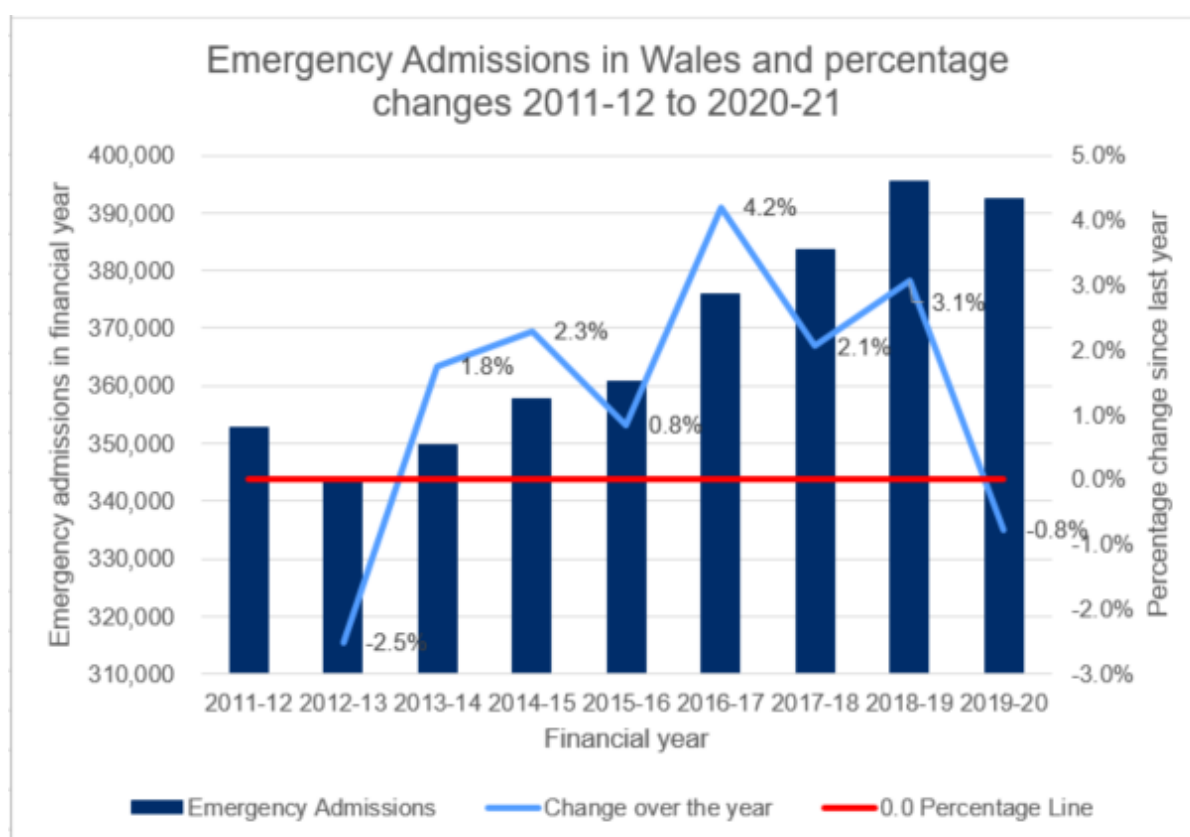
From 1st April 2019 health service provision for residents of Bridgend local authority moved from Abertawe Bro Morgannwg to Cwm Taf Morgannwg.

Furthermore, the Health Board names have changed with Cwm Taf University Health Board becoming Cwm Taf Morgannwg University Health Board and Abertawe Bro Morgannwg University Health Board becoming Swansea Bay University Health Board. Data may be subject to revision

Table 3.5 – Number of Emergency Admissions in Wales – 2021

Financial Year	Emergency Admissions	Change over the year	0.0 Percentage Line
2011-12	352,731		0.0%
2012-13	343,840	-2.5%	0.0%
2013-14	349,863	1.8%	0.0%
2014-15	357,847	2.3%	0.0%
2015-16	360,885	0.8%	0.0%
2016-17	376,015	4.2%	0.0%
2017-18	383,747	2.1%	0.0%
2018-19	395,482	3.1%	0.0%
2019-20	392,431	-0.8%	0.0%
2020-21	292,657	-25.4%	0.0%

**Table 3.6 – Number of Emergency Admissions in Wales from 2011/12 – 2020/21**



**Source: Patient Episode Database for Wales (PEDW), DHCW**

A line has been added at zero percentage to better show if there was an increase or decrease between the years. Please note that this data may be subject to revision

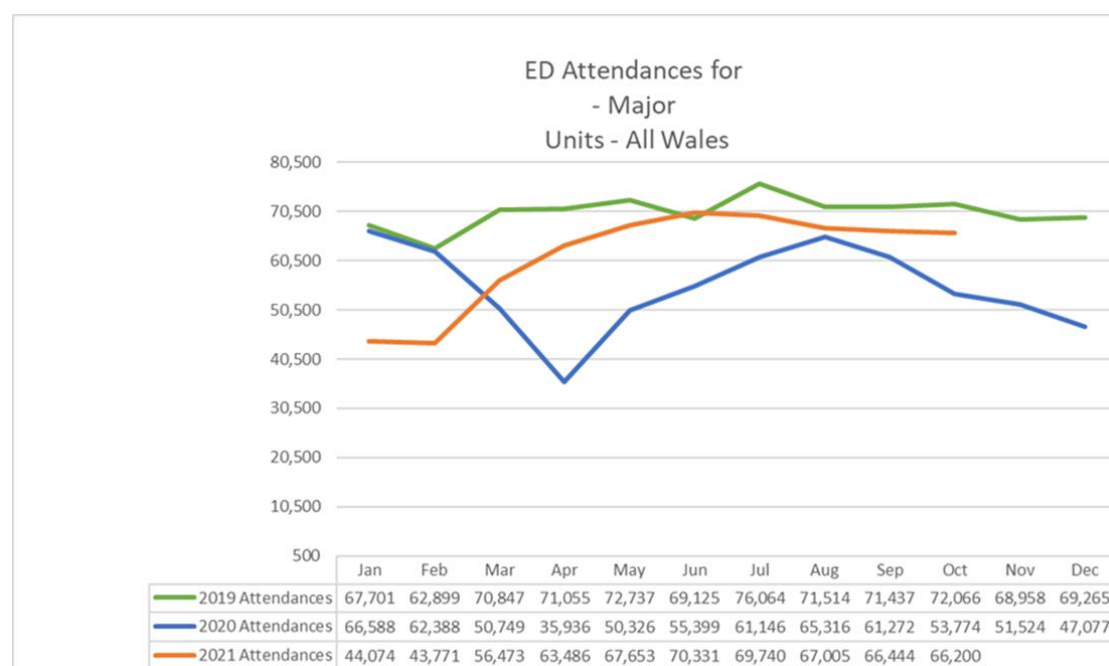
Activity at Emergency Departments (ED) across Wales reduced significantly during the first few months of the Covid-19 pandemic and again during winter 2020/21 during heightened restrictions. Activity has since returned to nearer the normal range but remains generally lower than pre-pandemic levels seen in 2018/19.

For major ED sites only during 2020/21 and when compared to 2019/20;

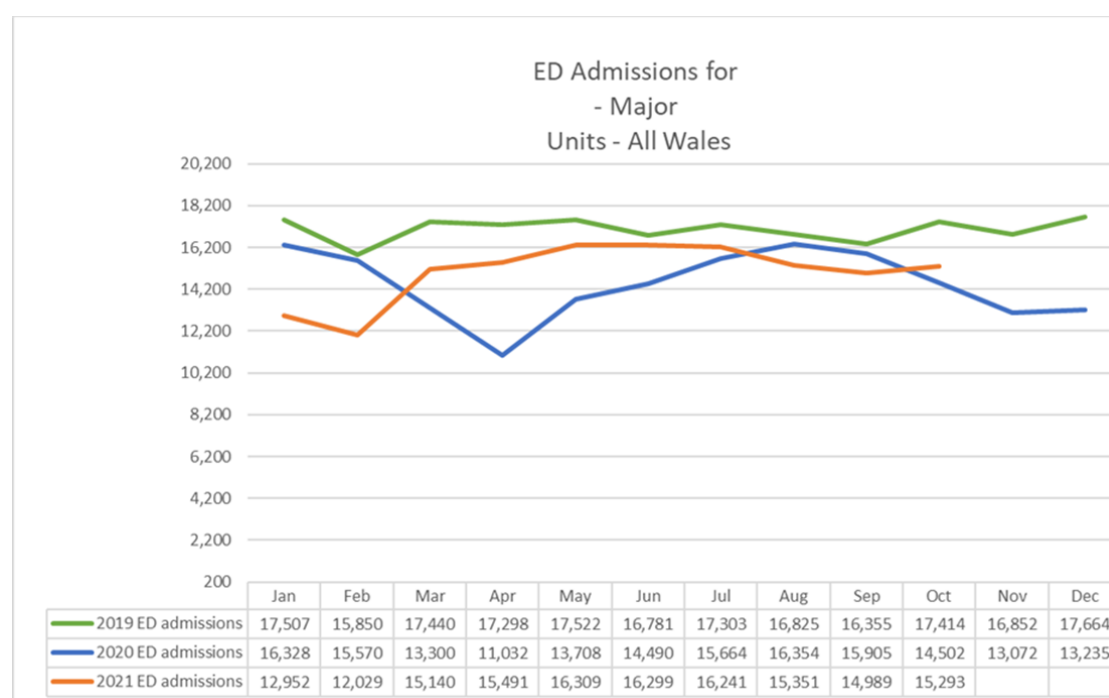
- Attendances at ED fell by around 24%
- Admissions from ED fell by around 16%
- Ambulance arrivals at ED fell by around 11%

The charts below demonstrate the changes in ED activity during the course of the pandemic and over the last three years:

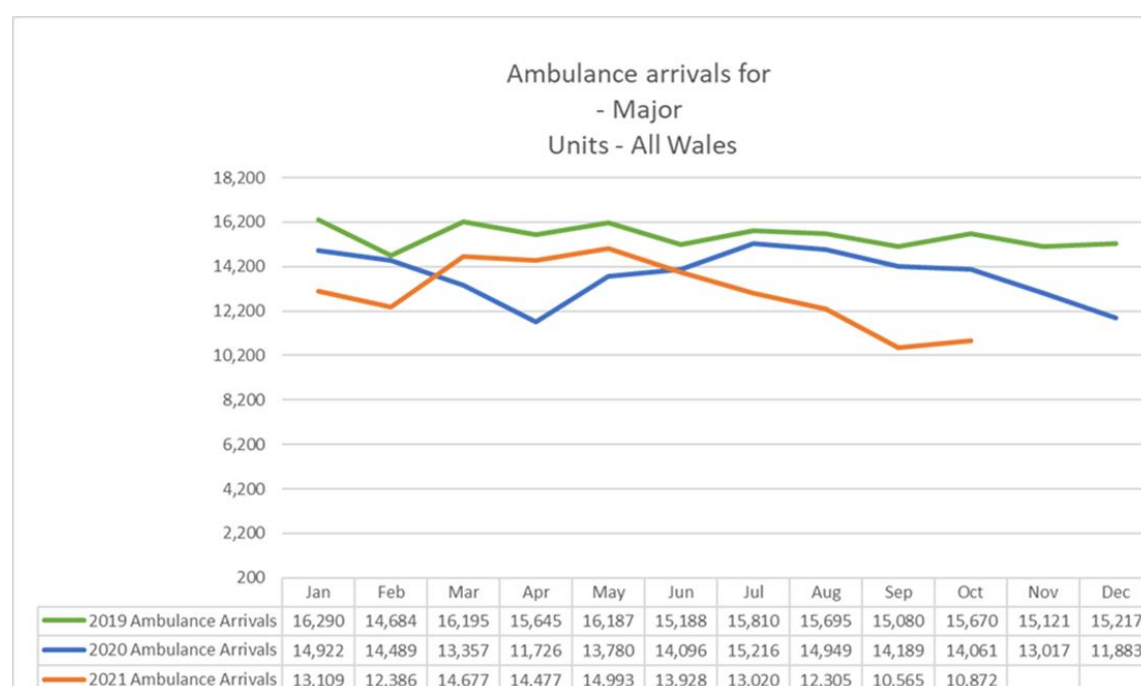
## **ED attendances (major sites only)**



## **Admissions from ED (for major sites only)**



## Ambulance arrivals at ED



### Demand pressures

At the end of November 2021, there were just over 682,000 people waiting for appointments / treatment, the highest ever recorded. Of these 241,700 were waiting over 36 weeks and 173,000 were waiting over 52 weeks. 26 week performance was at 54.7%.

During November 2021, performance on the suspected cancer pathway was 57.9% against the 75% target.

During December 2021, A&E four hour performance was 66.5% against the 95% target. Just over 8,500 patients waited over 12 hours for admission, transfer or discharge. There were 73,800 attendances at A&E departments, an average of 2,381 per day. This was 25% higher than December 2020.

The Welsh Ambulance Service dealt with over 39,700 calls during December, an average of 1,282 per day, with 9.9% of calls classed as red, most urgent.

During December 2021, 5,504 people waited over an hour for handover from ambulance service to the care of NHS hospital staff.

### Latest COVID hospital data:

On 25 January 2022, there were 981 COVID related patients in hospital beds across Wales. This was 11% of all occupied beds.

There were 22 COVID related patients (all confirmed) in critical care out of a total of 163 occupied critical care beds.<sup>4</sup>

<sup>4</sup> <https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Hospital-Activity/nhs-activity-and-capacity-during-the-coronavirus-pandemic/hospitalisations-by-date-patienttype>

## Chapter 4 – Staff Breakdown in NHS Wales

### Workforce demographics

The following tables provide an overview of the of the staff make-up in NHS Wales. The following tables, unless stated otherwise, have been provided by Health, Education and Improvement Wales (HEIW) using ESR data.

Please note, throughout this section most of the staff groups will include staff on short or fixed term contracts supporting the COVID-19 response, such as health professional students and former registrants.

The NHS in Wales, as of August 2021, directly employs 101,446 staff. Of this figure 61,142 are employed full time with 40,304 employed part time. Over the past 5 years as shown in table 4.1, the number of full and part time employs has been increasing. The FTE for NHS Wales staff was 85,204.49 in August 2020, it was 88,840.42 in August 2021.

Table 4.1 – NHS Wales Headcount Detail by Full Time/Part Time Aug 2015 – Aug 2021

<b>NHS Wales Headcount Detail by Full Time / Part Time Aug 15 - Aug 21</b>							
<b>Full Time / Part Time</b>	<b>2015-AUG</b>	<b>2016-AUG</b>	<b>2017-AUG</b>	<b>2018-AUG</b>	<b>2019-AUG</b>	<b>2020-AUG</b>	<b>2021-Aug</b>
Full Time	50785	52497	53648	53885	54918	58458	61142
Part Time	33903	34689	35653	36707	37725	39012	40304
<b>NHS Wales Headcount</b>	<b>84688</b>	<b>87186</b>	<b>89301</b>	<b>90592</b>	<b>92643</b>	<b>97470</b>	<b>101446</b>

Data Source: ESR DW

The number of NHS staff in Wales has increased by 4.1 percent in the last year. In comparison to 5.2 percent increase from 2019 to 2020.

Table 4.2 – NHS Wales FTE by Staff Group – Aug 2015 to Aug 2021

<b>NHS Wales Contracted FTE by Staff Group Aug 15 - Aug 21</b>							
<b>Staff Group</b>	<b>2015-AUG</b>	<b>2016-AUG</b>	<b>2017-AUG</b>	<b>2018-AUG</b>	<b>2019-AUG</b>	<b>2020-AUG</b>	<b>2021-Aug</b>
Add Prof Scientific and Technic	2491.54	2592.97	2715.24	2844.27	2981.58	3157.68	2719.17
Additional Clinical Services	14396.32	15113.58	15629.33	15788.99	16176.65	17388.16	18551.37
Administrative and Clerical	14712.49	15435.51	16274.25	16776.39	17514.78	18303.66	19768.05
Allied Health Professionals	5190.37	5372.60	5480.45	5527.61	5724.37	6019.37	6627.77
Estates and Ancillary	6687.76	6832.24	6823.49	6857.78	6788.41	7087.21	7100.81
Healthcare Scientists	1873.87	1893.71	1916.26	1955.24	1957.30	2045.43	2171.99
Medical and Dental	6303.18	6453.27	6595.97	6795.84	7037.27	7493.85	7933.50
Nursing and Midwifery Registered	22098.91	22346.88	22424.11	22318.30	22455.89	23029.38	23851.45
Students	62.56	68.21	78.41	66.50	66.71	679.75	116.31
<b>NHS Wales Contracted FTE</b>	<b>73817.00</b>	<b>76108.96</b>	<b>77937.51</b>	<b>78930.91</b>	<b>80702.97</b>	<b>85204.49</b>	<b>88840.42</b>

Data Source: ESR DW

**Table 4.3 – NHS Wales FTE by Staff Group and Percentage from Aug 2020 – Aug 2021**

Staff Group	2020-AUG	2021-AUG	Difference
Add Prof Scientific and Technic	3157.68	2719.17	-13.89%
Additional Clinical Services	17388.16	18551.37	7.00%
Administrative and Clerical	18303.66	19768.05	8.00%
Allied Health Professionals	6019.37	6627.77	10.11%
Estates and Ancillary	7087.21	7100.81	0.19%
Healthcare Scientists	2045.43	2171.99	6.19%
Medical and Dental	7493.85	7933.50	5.87%
Nursing and Midwifery Registered	23029.38	23851.45	3.57%
Students	679.75	116.31	-82.89%
<b>NHS Wales Contracted FTE</b>	<b>85204.49</b>	<b>88840.42</b>	<b>4.27%</b>

Data Source: ESR DW

In August 2021, in comparison to August 2020, the largest increase to staff group was in Allied Health Professionals with a 10.11% increase, followed by Administrative and Clerical at 8.00% and Additional Clinical Services at 7.00%.

**Table 4.4 - NHS Wales Headcount by Staff Group from Aug 2015 - Aug 2021**

NHS Wales Headcount by Staff Group Aug 15 - Aug 21							
Staff Group	2015-AUG	2016-AUG	2017-AUG	2018-AUG	2019-AUG	2020-AUG	2021-AUG
Add Prof Scientific and Technic	2860	2964	3111	3244	3410	3602	3129
Additional Clinical Services	16734	17527	18099	18364	18817	20179	21535
Administrative and Clerical	16844	17651	18571	19187	19957	20812	22366
Allied Health Professionals	5831	6045	6178	6233	6450	6758	7405
Estates and Ancillary	8438	8607	8603	8636	8552	8865	8829
Healthcare Scientists	2016	2041	2059	2104	2118	2208	2328
Medical and Dental	6813	6958	7106	7300	7647	8123	8579
Nursing and Midwifery Registered	25087	25321	25494	25452	25615	26216	27153
Students	65	72	80	72	77	707	122
<b>NHS Wales Headcount</b>	<b>84688</b>	<b>87186</b>	<b>89301</b>	<b>90592</b>	<b>92643</b>	<b>97470</b>	<b>101446</b>

Data Source: ESR DW

Table 4.5 - NHS Wales Headcount by Staff Group and Ethnicity Aug 2015 - Aug 2021

NHS Wales Headcount By Staff Group and Ethnicity Aug 15 - Aug 21								
Staff Group	Ethnicity	2015-AUG	2016-AUG	2017-AUG	2018-AUG	2019-AUG	2020-AUG	2021-AUG
Add Prof Scientific and Technic	Asian or Asian British	69	76	89	97	98	106	68
Add Prof Scientific and Technic	Black or Black British	12	11	14	18	26	27	19
Add Prof Scientific and Technic	Mixed	18	18	26	25	31	37	35
Add Prof Scientific and Technic	Not Stated	365	327	275	249	223	129	84
Add Prof Scientific and Technic	Unknown	74	74	75	79	122	104	125
Add Prof Scientific and Technic	Other Ethnic Groups	18	25	28	35	35	35	36
Add Prof Scientific and Technic	White	2304	2433	2604	2741	2875	3164	2762
<b>Add Prof Scientific and Technic Total</b>		<b>2860</b>	<b>2964</b>	<b>3111</b>	<b>3244</b>	<b>3410</b>	<b>3602</b>	<b>3129</b>
Additional Clinical Services	Asian or Asian British	206	275	308	342	335	337	383
Additional Clinical Services	Black or Black British	61	74	84	95	108	123	137
Additional Clinical Services	Mixed	74	85	88	98	117	150	196
Additional Clinical Services	Not Stated	2606	2318	2111	1947	1801	1326	1109
Additional Clinical Services	Unknown	407	527	542	576	686	926	1192
Additional Clinical Services	Other Ethnic Groups	88	96	106	120	138	161	166
Additional Clinical Services	White	13292	14152	14860	15186	15632	17156	18352
<b>Additional Clinical Services Total</b>		<b>16734</b>	<b>17527</b>	<b>18099</b>	<b>18364</b>	<b>18817</b>	<b>20179</b>	<b>21535</b>
Administrative and Clerical	Asian or Asian British	123	146	174	186	204	226	261
Administrative and Clerical	Black or Black British	39	42	53	51	69	84	107
Administrative and Clerical	Mixed	82	90	113	129	141	159	193
Administrative and Clerical	Not Stated	2305	2054	1776	1664	1487	969	832
Administrative and Clerical	Unknown	558	644	728	812	885	787	1139
Administrative and Clerical	Other Ethnic Groups	43	46	47	59	64	70	77
Administrative and Clerical	White	13694	14629	15680	16286	17107	18517	19757
<b>Administrative and Clerical Total</b>		<b>16844</b>	<b>17651</b>	<b>18571</b>	<b>19187</b>	<b>19957</b>	<b>20812</b>	<b>22366</b>
Allied Health Professionals	Asian or Asian British	63	63	64	64	66	91	146
Allied Health Professionals	Black or Black British	17	20	21	24	26	38	61



Allied Health Professionals	Mixed	25	27	26	29	35	44	66
Allied Health Professionals	Not Stated	955	854	780	687	616	412	368
Allied Health Professionals	Unknown	90	103	104	106	125	111	192
Allied Health Professionals	Other Ethnic Groups	20	22	21	22	24	28	46
Allied Health Professionals	White	4661	4956	5162	5301	5558	6034	6526
<b>Allied Health Professionals Total</b>		<b>5831</b>	<b>6045</b>	<b>6178</b>	<b>6233</b>	<b>6450</b>	<b>6758</b>	<b>7405</b>
Estates and Ancillary	Asian or Asian British	167	185	192	201	196	196	191
Estates and Ancillary	Black or Black British	26	30	30	27	32	28	32
Estates and Ancillary	Mixed	40	47	42	43	50	64	72
Estates and Ancillary	Not Stated	1608	1481	1356	1281	1203	669	568
Estates and Ancillary	Unknown	467	504	503	502	506	474	515
Estates and Ancillary	Other Ethnic Groups	54	62	61	64	64	98	103
Estates and Ancillary	White	6076	6298	6419	6518	6501	7336	7348
<b>Estates and Ancillary Total</b>		<b>8438</b>	<b>8607</b>	<b>8603</b>	<b>8636</b>	<b>8552</b>	<b>8865</b>	<b>8829</b>
Healthcare Scientists	Asian or Asian British	44	46	49	59	63	69	87
Healthcare Scientists	Black or Black British	21	21	26	33	36	42	53
Healthcare Scientists	Mixed	15	15	21	20	23	16	27
Healthcare Scientists	Not Stated	432	399	351	318	274	226	192
Healthcare Scientists	Unknown	48	53	57	65	71	80	91
Healthcare Scientists	Other Ethnic Groups	14	16	21	24	25	29	35
Healthcare Scientists	White	1442	1491	1534	1585	1626	1746	1843
<b>Healthcare Scientists Total</b>		<b>2016</b>	<b>2041</b>	<b>2059</b>	<b>2104</b>	<b>2118</b>	<b>2208</b>	<b>2328</b>
Medical and Dental	Asian or Asian British	1192	1253	1272	1318	1279	1368	1588
Medical and Dental	Black or Black British	132	137	141	150	163	209	300
Medical and Dental	Mixed	101	103	100	105	99	127	166
Medical and Dental	Not Stated	883	788	733	818	988	829	673
Medical and Dental	Unknown	1042	1142	1215	1387	1685	1982	1768
Medical and Dental	Other Ethnic Groups	259	248	286	292	290	324	329
Medical and Dental	White	3204	3287	3359	3230	3143	3284	3755
<b>Medical and Dental Total</b>		<b>6813</b>	<b>6958</b>	<b>7106</b>	<b>7300</b>	<b>7647</b>	<b>8123</b>	<b>8579</b>
Nursing and Midwifery Registered	Asian or Asian British	784	844	877	926	940	991	1102
Nursing and Midwifery Registered	Black or Black British	124	137	146	173	170	242	284
Nursing and Midwifery Registered	Mixed	108	116	123	133	140	150	182
Nursing and Midwifery Registered	Not Stated	3995	3379	2897	2499	2217	1517	1262
Nursing and Midwifery Registered	Unknown	832	991	952	929	995	1021	1557
Nursing and Midwifery Registered	Other Ethnic Groups	355	350	370	385	420	469	483
Nursing and Midwifery Registered	White	18889	19504	20129	20407	20733	21826	22283

<b>Nursing and Midwifery Registered Total</b>		<b>25087</b>	<b>25321</b>	<b>25494</b>	<b>25452</b>	<b>25615</b>	<b>26216</b>	<b>27153</b>
Students	Asian or Asian British			1	5	8	23	3
Students	Black or Black British				1	3	7	1
Students	Mixed	1		1			5	
Students	Not Stated	3	2	3	1	2	9	1
Students	Unknown	10	5	1	4	3	140	28
Students	Other Ethnic Groups		1	1	1	3	1	1
Students	White	51	64	73	60	58	522	88
<b>Students Total</b>		<b>65</b>	<b>72</b>	<b>80</b>	<b>72</b>	<b>77</b>	<b>707</b>	<b>122</b>
<b>NHS Wales Headcount</b>		<b>84688</b>	<b>87186</b>	<b>89301</b>	<b>90592</b>	<b>92643</b>	<b>97470</b>	<b>101446</b>

Data Source: ESR DW

The table below details the breakdown of ethnicity figures by profession. The staff group that employs the most people from each ethnic background, as of August 2021 figures, is as follows:

- Asian or Asian British – Medical and Dental
- Black or Black British - Medical and Dental
- Mixed – Additional Clinical Services
- Not stated - Nursing and Midwifery Registered
- Unknown – Medical and Dental
- Other ethnic groups - Nursing and Midwifery Registered
- White - Nursing and Midwifery Registered

Table 4.6 - NHS Wales Headcount and Ethnicity (6 year comparison) - Aug 2015 - Aug 2021

<b>Ethnicity</b>	<b>2015-AUG</b>	<b>2021-Aug</b>	<b>Difference</b>
Asian or Asian British	2648	3829	44.60%
Black or Black British	432	994	130.01%
Mixed	464	937	101.94%
Not Stated	13152	5089	-61.31%
Unknown	3528	6607	87.27%
Other Ethnic Groups	851	1276	49.94%
White	63613	82714	30.03%
<b>Total</b>	<b>84688</b>	<b>101446</b>	<b>19.79%</b>

Data Source: ESR DW

Table 4.7 - NHS Wales Headcount by Staff Group and Age Band Aug 2015 - Aug 2021

NHS Wales Headcount By Staff Group and Age Band Aug 15 - Aug 21								
Staff Group	Age Band	2015-AUG	2016-AUG	2017-AUG	2018-AUG	2019-AUG	2020-AUG	2021-Aug
Add Prof Scientific and Technic	Under 25	103	109	115	118	110	114	94
Add Prof Scientific and Technic	25 - 29	309	320	344	367	387	403	357
Add Prof Scientific and Technic	30 - 34	414	410	431	444	469	520	493
Add Prof Scientific and Technic	35 - 39	420	465	476	521	543	547	483
Add Prof Scientific and Technic	40 - 44	431	433	433	446	463	503	469
Add Prof Scientific and Technic	45 - 49	408	408	424	438	483	484	385
Add Prof Scientific and Technic	50 - 54	370	391	403	404	413	436	362
Add Prof Scientific and Technic	55 - 59	239	260	287	293	325	359	301
Add Prof Scientific and Technic	60 +	166	168	198	213	217	236	185
<b>Add Prof Scientific and Technic Total</b>		<b>2860</b>	<b>2964</b>	<b>3111</b>	<b>3244</b>	<b>3410</b>	<b>3602</b>	<b>3129</b>
Additional Clinical Services	Under 25	879	1010	1024	946	1002	1340	1545
Additional Clinical Services	25 - 29	1595	1762	1912	1849	1954	2117	2368
Additional Clinical Services	30 - 34	1619	1766	1878	2014	2103	2364	2609
Additional Clinical Services	35 - 39	1603	1640	1738	1841	1927	2048	2313
Additional Clinical Services	40 - 44	2084	2064	1988	1937	1889	1978	2057
Additional Clinical Services	45 - 49	2495	2505	2512	2455	2387	2455	2450
Additional Clinical Services	50 - 54	2895	2920	2949	2960	2899	2893	2969
Additional Clinical Services	55 - 59	2085	2306	2423	2534	2672	2827	2883
Additional Clinical Services	60 +	1479	1554	1675	1828	1984	2157	2341
<b>Additional Clinical Services Total</b>		<b>16734</b>	<b>17527</b>	<b>18099</b>	<b>18364</b>	<b>18817</b>	<b>20179</b>	<b>21535</b>
Administrative and Clerical	Under 25	544	634	692	737	730	802	1090
Administrative and Clerical	25 - 29	1126	1186	1325	1311	1389	1508	1684
Administrative and Clerical	30 - 34	1682	1747	1756	1832	1904	1916	2116
Administrative and Clerical	35 - 39	1696	1833	2003	2137	2259	2372	2563
Administrative and Clerical	40 - 44	2304	2211	2171	2129	2162	2315	2513
Administrative and Clerical	45 - 49	2713	2898	3049	3030	3041	2917	2916

Administrative and Clerical	50 - 54	2892	3000	3093	3133	3255	3370	3598
Administrative and Clerical	55 - 59	2261	2396	2604	2800	2920	3122	3245
Administrative and Clerical	60 +	1626	1746	1878	2078	2297	2490	2641
<b>Administrative and Clerical Total</b>		<b>16844</b>	<b>17651</b>	<b>18571</b>	<b>19187</b>	<b>19957</b>	<b>20812</b>	<b>22366</b>
Allied Health Professionals	Under 25	308	362	357	393	419	494	520
Allied Health Professionals	25 - 29	759	764	791	759	791	855	963
Allied Health Professionals	30 - 34	953	950	945	964	994	1036	1124
Allied Health Professionals	35 - 39	808	838	931	979	1007	1042	1128
Allied Health Professionals	40 - 44	744	799	770	789	820	858	937
Allied Health Professionals	45 - 49	772	760	771	760	792	783	876
Allied Health Professionals	50 - 54	810	807	808	768	765	764	814
Allied Health Professionals	55 - 59	494	556	563	565	594	640	688
Allied Health Professionals	60 +	183	209	242	256	268	286	355
<b>Allied Health Professionals Total</b>		<b>5831</b>	<b>6045</b>	<b>6178</b>	<b>6233</b>	<b>6450</b>	<b>6758</b>	<b>7405</b>
Estates and Ancillary	Under 25	316	331	311	320	289	412	360
Estates and Ancillary	25 - 29	523	503	506	468	437	456	446
Estates and Ancillary	30 - 34	550	588	591	611	565	620	629
Estates and Ancillary	35 - 39	549	596	603	621	631	653	651
Estates and Ancillary	40 - 44	806	735	687	648	675	684	716
Estates and Ancillary	45 - 49	1164	1133	1078	1016	960	935	878
Estates and Ancillary	50 - 54	1562	1573	1534	1545	1457	1384	1330
Estates and Ancillary	55 - 59	1510	1608	1656	1649	1679	1735	1776
Estates and Ancillary	60 +	1458	1540	1637	1758	1859	1986	2043
<b>Estates and Ancillary Total</b>		<b>8438</b>	<b>8607</b>	<b>8603</b>	<b>8636</b>	<b>8552</b>	<b>8865</b>	<b>8829</b>
Healthcare Scientists	Under 25	67	71	64	73	74	85	130
Healthcare Scientists	25 - 29	200	212	228	243	239	282	322
Healthcare Scientists	30 - 34	276	275	252	262	290	291	311
Healthcare Scientists	35 - 39	331	338	369	355	337	322	319
Healthcare Scientists	40 - 44	250	258	266	281	306	341	367
Healthcare Scientists	45 - 49	271	262	251	259	249	254	259
Healthcare Scientists	50 - 54	303	286	280	261	251	256	242
Healthcare Scientists	55 - 59	221	242	253	261	260	257	239
Healthcare Scientists	60 +	97	97	96	109	112	120	139
<b>Healthcare Scientists Total</b>		<b>2016</b>	<b>2041</b>	<b>2059</b>	<b>2104</b>	<b>2118</b>	<b>2208</b>	<b>2328</b>
Medical and Dental	Under 25	305	278	285	281	280	270	311
Medical and Dental	25 - 29	1107	1157	1171	1210	1229	1285	1309
Medical and Dental	30 - 34	955	993	1058	1132	1230	1401	1530

Medical and Dental	35 - 39	946	935	897	918	951	1062	1159
Medical and Dental	40 - 44	920	976	952	965	969	992	1025
Medical and Dental	45 - 49	904	868	899	883	940	982	1052
Medical and Dental	50 - 54	744	792	824	850	903	901	882
Medical and Dental	55 - 59	555	567	585	608	640	691	745
Medical and Dental	60 +	377	392	435	453	505	539	566
<b>Medical and Dental Total</b>		<b>6813</b>	<b>6958</b>	<b>7106</b>	<b>7300</b>	<b>7647</b>	<b>8123</b>	<b>8579</b>
Nursing and Midwifery Registered	Under 25	786	863	802	723	796	897	938
Nursing and Midwifery Registered	25 - 29	1925	2114	2297	2345	2409	2531	2713
Nursing and Midwifery Registered	30 - 34	2484	2506	2523	2573	2746	2988	3406
Nursing and Midwifery Registered	35 - 39	3047	2981	2921	2953	2926	2949	3078
Nursing and Midwifery Registered	40 - 44	3738	3656	3522	3331	3189	3242	3237
Nursing and Midwifery Registered	45 - 49	4381	4184	4096	4025	3933	3801	3758
Nursing and Midwifery Registered	50 - 54	4762	4826	4792	4570	4423	4248	4154
Nursing and Midwifery Registered	55 - 59	2755	2915	3103	3295	3399	3537	3621
Nursing and Midwifery Registered	60 +	1209	1276	1438	1637	1794	2023	2248
<b>Nursing and Midwifery Registered Total</b>		<b>25087</b>	<b>25321</b>	<b>25494</b>	<b>25452</b>	<b>25615</b>	<b>26216</b>	<b>27153</b>
Students	Under 25	1	3	1		1	233	22
Students	25 - 29	11	12	10	10	12	158	27
Students	30 - 34	13	13	23	16	10	128	16
Students	35 - 39	12	17	14	15	23	84	18
Students	40 - 44	13	14	12	12	13	49	16
Students	45 - 49	9	10	17	13	12	33	8
Students	50 - 54	5	3	3	5	3	16	9
Students	55 - 59				1	2	4	5
Students	60 +	1				1	2	1
<b>Students Total</b>		<b>65</b>	<b>72</b>	<b>80</b>	<b>72</b>	<b>77</b>	<b>707</b>	<b>122</b>
<b>NHS Wales Headcount</b>		<b>84688</b>	<b>87186</b>	<b>89301</b>	<b>90592</b>	<b>92643</b>	<b>97470</b>	<b>101446</b>

Data Source: ESR DW

The age group of NHS staff in Wales has changed over the last 5 years. Whilst the number of under 30s has increased in the majority of professions, the number of over 60's has also increased, highlighting we have an aging workforce in NHS Wales.

Table 4.8 - NHS Wales Contracted FTE by Staff Group and AfC Band Aug 2015 - Aug 2021

NHS Wales Contracted FTE by Staff Group and AfC Band Aug 15 - Aug 21								
Staff Group	AfC Grade	2015-AUG	2016-AUG	2017-AUG	2018-AUG	2019-AUG	2020-AUG	2021-AUG
Add Prof Scientific and Technic	Band 2	22.99	11.91	2.00	3.00	2.00		
Add Prof Scientific and Technic	Band 3	13.81	8.47	13.91	10.00	10.40	14.22	19.59
Add Prof Scientific and Technic	Band 4	190.46	186.85	159.46	155.75	167.55	164.51	137.97
Add Prof Scientific and Technic	Band 5	727.39	734.07	786.71	800.32	797.59	828.48	538.67
Add Prof Scientific and Technic	Band 6	513.32	548.52	567.96	592.22	651.30	679.30	517.10
Add Prof Scientific and Technic	Band 7	322.61	324.44	341.46	363.63	382.74	456.32	433.69
Add Prof Scientific and Technic	Band 8 and above	698.18	776.80	841.57	893.45	942.23	1001.14	1056.25
<b>Add Prof Scientific and Technic Total</b>		<b>2488.77</b>	<b>2591.07</b>	<b>2713.06</b>	<b>2818.38</b>	<b>2953.80</b>	<b>3143.97</b>	<b>2703.26</b>
Additional Clinical Services	Band 1	5.30	2.70	4.30	4.30	2.13		
Additional Clinical Services	Band 2	6288.55	6645.01	6814.60	6737.23	6892.38	7365.62	7651.00
Additional Clinical Services	Band 3	5588.11	5816.94	5898.97	6018.13	6055.79	6255.44	6757.79
Additional Clinical Services	Band 4	1876.06	1966.81	2151.78	2234.16	2331.39	2782.93	2954.83
Additional Clinical Services	Band 5	395.74	408.88	445.93	482.12	553.67	643.56	712.77
Additional Clinical Services	Band 6	180.27	214.32	231.88	230.28	244.32	255.97	262.52
Additional Clinical Services	Band 7	38.48	39.52	36.97	37.88	39.53	40.12	155.80
Additional Clinical Services	Band 8 and above	7.60	7.80	5.60	6.60	7.03	6.33	6.56
<b>Additional Clinical Services Total</b>		<b>14380.11</b>	<b>15101.98</b>	<b>15590.04</b>	<b>15750.69</b>	<b>16126.24</b>	<b>17349.98</b>	<b>18501.28</b>
Administrative and Clerical	Band 1	20.17	17.08	8.59	7.65	1.33	1.00	1.00
Administrative and Clerical	Band 2	2842.11	2947.88	3094.79	3039.53	2988.65	2996.35	3140.04
Administrative and Clerical	Band 3	2974.63	3128.84	3197.34	3337.31	3521.45	3713.79	3962.19
Administrative and Clerical	Band 4	3551.38	3683.06	3807.24	3831.94	3867.44	3977.17	4187.57
Administrative and Clerical	Band 5	1449.94	1562.92	1728.44	1837.46	1942.59	2023.91	2220.06
Administrative and Clerical	Band 6	1218.06	1322.22	1406.62	1429.51	1549.79	1670.28	1855.71
Administrative and Clerical	Band 7	965.78	992.06	1105.84	1193.55	1317.55	1463.18	1664.13

Administrative and Clerical	Band 8 and above	1442.86	1526.75	1651.77	1754.37	1894.11	2069.57	2325.26
<b>Administrative and Clerical Total</b>		<b>14464.93</b>	<b>15180.81</b>	<b>16000.64</b>	<b>16431.33</b>	<b>17082.91</b>	<b>17915.25</b>	<b>19355.95</b>
Allied Health Professionals	Band 3	1.40	1.60		0.93	3.87	3.87	2.93
Allied Health Professionals	Band 4	1.00	1.97	3.12	3.21	13.96	6.75	11.61
Allied Health Professionals	Band 5	1524.91	1566.91	1395.11	838.19	936.00	1056.12	1302.58
Allied Health Professionals	Band 6	1969.49	2051.92	2303.81	2830.21	2832.75	2915.48	2993.81
Allied Health Professionals	Band 7	1303.74	1359.21	1359.56	1412.39	1467.91	1538.07	1779.06
Allied Health Professionals	Band 8 and above	377.22	380.99	409.85	432.81	459.00	491.49	529.59
<b>Allied Health Professionals Total</b>		<b>5177.77</b>	<b>5362.60</b>	<b>5471.45</b>	<b>5517.75</b>	<b>5713.51</b>	<b>6011.77</b>	<b>6619.58</b>
Estates and Ancillary	Band 1	1555.32	1563.49	1527.78	1498.09	1017.16	274.03	204.79
Estates and Ancillary	Band 2	3642.67	3745.08	3786.16	3783.64	4223.83	5147.77	5218.16
Estates and Ancillary	Band 3	675.00	697.10	695.66	732.10	745.48	838.67	831.69
Estates and Ancillary	Band 4	391.96	403.55	393.79	403.01	381.42	383.09	388.58
Estates and Ancillary	Band 5	224.20	230.10	229.86	223.03	218.66	236.76	250.00
Estates and Ancillary	Band 6	105.64	104.44	106.80	107.40	110.40	105.20	107.20
Estates and Ancillary	Band 7	47.60	44.00	46.20	47.20	45.60	54.40	55.20
Estates and Ancillary	Band 8 and above	32.00	32.60	27.40	27.20	27.71	31.21	35.21
<b>Estates and Ancillary Total</b>		<b>6674.40</b>	<b>6820.36</b>	<b>6813.64</b>	<b>6821.67</b>	<b>6770.26</b>	<b>7071.12</b>	<b>7090.83</b>
Healthcare Scientists	Band 2						1.00	
Healthcare Scientists	Band 3				0.51			
Healthcare Scientists	Band 4	1.56	10.36	9.80	6.40	11.20	13.30	40.60
Healthcare Scientists	Band 5	276.88	283.33	306.02	343.46	327.18	342.88	408.68
Healthcare Scientists	Band 6	774.46	771.99	758.89	758.53	748.04	759.71	754.54
Healthcare Scientists	Band 7	509.06	506.20	518.19	523.02	540.19	575.35	605.56
Healthcare Scientists	Band 8 and above	307.67	317.57	320.35	320.32	327.69	349.38	359.61
<b>Healthcare Scientists Total</b>		<b>1869.62</b>	<b>1889.46</b>	<b>1913.26</b>	<b>1952.24</b>	<b>1954.30</b>	<b>2041.63</b>	<b>2168.99</b>
Nursing and Midwifery Registered	Band 3			0.80				
Nursing and Midwifery Registered	Band 4	5.00	21.00	14.00	5.00	4.00	41.64	13.39
Nursing and Midwifery Registered	Band 5	10864.03	10724.36	10412.79	10111.69	10002.82	10130.97	10421.18
Nursing and Midwifery Registered	Band 6	6745.63	6959.02	7195.93	7384.78	7549.02	7758.29	8048.72
Nursing and Midwifery Registered	Band 7	3632.85	3706.60	3796.69	3774.30	3819.78	3948.09	4116.99
Nursing and Midwifery Registered	Band 8 and above	831.63	908.19	970.04	1003.18	1037.21	1113.85	1214.40

<b>Nursing and Midwifery Registered Total</b>		<b>22079.14</b>	<b>22319.18</b>	<b>22390.25</b>	<b>22278.95</b>	<b>22412.84</b>	<b>22992.84</b>	<b>23814.67</b>
Students	Band 2	1.00	4.00	13.00	14.07	5.07	1.23	1.84
Students	Band 3		1.00	2.00	1.00	14.84	65.56	38.35
Students	Band 4				5.00	3.23	578.92	40.03
Students	Band 5	31.10	33.10	27.10	16.67	20.96	26.54	23.60
Students	Band 6	20.46	11.43	7.64	10.78	18.62	7.50	10.50
Students	Band 7	1.00	2.00	1.00	1.00	1.00		2
Students	Band 8 and above		1.00					
<b>Students Total</b>		<b>53.56</b>	<b>52.53</b>	<b>50.74</b>	<b>48.51</b>	<b>63.71</b>	<b>679.75</b>	<b>116.31</b>
<b>NHS Wales - Contracted FTE on AfC Bands</b>		<b>67188.30</b>	<b>69317.98</b>	<b>70943.08</b>	<b>71619.54</b>	<b>73077.58</b>	<b>77206.31</b>	<b>80370.86</b>

Data Source: ESR DW

The above table show a breakdown, by staff group, as to which is the most common band on Agenda for Change pay scales for FTE. A summary of this is below:

- Add Prof Scientific and Technic – Band 8 and above
- Additional Clinical Services – Band 2
- Administrative and Clerical – Band 4
- Allied Health Professionals – Band 6
- Estates and Ancillary – Band 2
- Healthcare Scientists – Band 6
- Nursing and Midwifery Registered – Band 5
- Students – Band 4

Table 4.9 - NHS Wales Headcount by Staff Group and AfC Band Aug 2015 - Aug 2021

<b>NHS Wales Headcount by Staff Group and AfC Band Aug 15 - Aug 21</b>								
<b>Staff Group</b>	<b>AfC Grade</b>	<b>2015-AUG</b>	<b>2016-AUG</b>	<b>2017-AUG</b>	<b>2018-AUG</b>	<b>2019-AUG</b>	<b>2020-AUG</b>	<b>2021-AUG</b>
Add Prof Scientific and Technic	Band 2	26	12	2	3	2		
Add Prof Scientific and Technic	Band 3	16	10	14	10	11	15	21
Add Prof Scientific and Technic	Band 4	211	208	176	171	183	180	152
Add Prof Scientific and Technic	Band 5	817	833	893	906	904	933	617
Add Prof Scientific and Technic	Band 6	597	619	644	669	727	758	578
Add Prof Scientific and Technic	Band 7	364	364	384	400	422	501	476
Add Prof Scientific and Technic	Band 8 and above	822	912	993	1054	1117	1183	1238



<b>Add Prof Scientific and Technic Total</b>		<b>2853</b>	<b>2958</b>	<b>3106</b>	<b>3213</b>	<b>3366</b>	<b>3570</b>	<b>3082</b>
Additional Clinical Services	Band 1	9	5	8	8	4		
Additional Clinical Services	Band 2	7488	7879	8073	8032	8208	8722	9058
Additional Clinical Services	Band 3	6394	6646	6735	6883	6964	7236	7874
Additional Clinical Services	Band 4	2129	2230	2433	2542	2627	3108	3285
Additional Clinical Services	Band 5	433	454	492	539	615	710	787
Additional Clinical Services	Band 6	208	247	266	265	286	304	302
Additional Clinical Services	Band 7	45	45	44	47	48	51	167
Additional Clinical Services	Band 8 and above	8	8	6	7	7	6	7
<b>Additional Clinical Services Total</b>		<b>16714</b>	<b>17514</b>	<b>18057</b>	<b>18323</b>	<b>18759</b>	<b>20137</b>	<b>21480</b>
Administrative and Clerical	Band 1	25	23	13	11	2	1	1
Administrative and Clerical	Band 2	3678	3827	4019	3983	3917	3942	4090
Administrative and Clerical	Band 3	3537	3708	3785	3962	4184	4402	4692
Administrative and Clerical	Band 4	4003	4138	4277	4316	4350	4480	4700
Administrative and Clerical	Band 5	1545	1655	1828	1945	2044	2134	2333
Administrative and Clerical	Band 6	1300	1406	1485	1508	1636	1761	1945
Administrative and Clerical	Band 7	1007	1043	1161	1260	1381	1531	1736
Administrative and Clerical	Band 8 and above	1487	1575	1705	1812	1960	2133	2391
<b>Administrative and Clerical Total</b>		<b>16582</b>	<b>17375</b>	<b>18273</b>	<b>18797</b>	<b>19474</b>	<b>20384</b>	<b>21888</b>
Allied Health Professionals	Band 3	2	2		1	4	4	3
Allied Health Professionals	Band 4	1	2	6	5	18	8	14
Allied Health Professionals	Band 5	1577	1623	1453	879	979	1089	1375
Allied Health Professionals	Band 6	2275	2374	2644	3193	3204	3304	3365
Allied Health Professionals	Band 7	1550	1615	1621	1676	1741	1814	2071
Allied Health Professionals	Band 8 and above	413	417	445	468	492	530	569
<b>Allied Health Professionals Total</b>		<b>5818</b>	<b>6033</b>	<b>6169</b>	<b>6222</b>	<b>6438</b>	<b>6749</b>	<b>7397</b>
Estates and Ancillary	Band 1	2230	2229	2180	2122	1418	390	295

Estates and Ancillary	Band 2	4648	4782	4848	4859	5510	6720	6775
Estates and Ancillary	Band 3	728	753	747	790	801	908	899
Estates and Ancillary	Band 4	397	408	398	407	387	389	395
Estates and Ancillary	Band 5	227	233	232	225	221	239	251
Estates and Ancillary	Band 6	108	107	109	109	113	108	109
Estates and Ancillary	Band 7	48	45	47	48	47	56	56
Estates and Ancillary	Band 8 and above	32	34	28	28	28	31	35
<b>Estates and Ancillary Total</b>		<b>8418</b>	<b>8591</b>	<b>8589</b>	<b>8588</b>	<b>8525</b>	<b>8841</b>	<b>8815</b>
Healthcare Scientists	Band 2						1	
Healthcare Scientists	Band 3				1			
Healthcare Scientists	Band 4	2	12	11	7	12	15	41
Healthcare Scientists	Band 5	293	295	319	358	345	363	428
Healthcare Scientists	Band 6	848	857	841	842	832	840	830
Healthcare Scientists	Band 7	548	541	552	561	581	620	650
Healthcare Scientists	Band 8 and above	321	332	334	334	345	365	376
<b>Healthcare Scientists Total</b>		<b>2012</b>	<b>2037</b>	<b>2057</b>	<b>2103</b>	<b>2115</b>	<b>2204</b>	<b>2325</b>
Nursing and Midwifery Registered	Band 3			1				
Nursing and Midwifery Registered	Band 4	5	21	14	5	4	40	10
Nursing and Midwifery Registered	Band 5	12512	12330	12019	11701	11609	11710	12067
Nursing and Midwifery Registered	Band 6	7780	8009	8281	8533	8680	8923	9235
Nursing and Midwifery Registered	Band 7	3912	3995	4135	4121	4194	4331	4527
Nursing and Midwifery Registered	Band 8 and above	856	938	1004	1042	1081	1166	1271
<b>Nursing and Midwifery Registered Total</b>		<b>25065</b>	<b>25293</b>	<b>25454</b>	<b>25402</b>	<b>25568</b>	<b>26170</b>	<b>27110</b>
Students	Band 2	1	4	13	16	7	2	3
Students	Band 3		1	2	1	16	81	48
Students	Band 4				5	4	585	32

Students	Band 5	34	35	28	18	24	32	26
Students	Band 6	21	13	8	13	22	10	11
Students	Band 7	1	2	1	1	1		2
Students	Band 8 and above		1					
<b>Students Total</b>		<b>57</b>	<b>56</b>	<b>52</b>	<b>54</b>	<b>74</b>	<b>710</b>	<b>122</b>
<b>NHS Wales - Headcount on AfC Bands</b>		<b>77519</b>	<b>79857</b>	<b>81757</b>	<b>82702</b>	<b>84319</b>	<b>88765</b>	<b>92219</b>

Data Source: ESR DW

The following table is a breakdown by headcount for the number of Agenda for Change staff broken down by band and staff group. The most common band per staff group, based on August 2021 figures, is as follows:

- Add Prof Scientific and Technic - Band 8 and above
- Additional Clinical Services – Band 2
- Administrative and Clerical – Band 4
- Allied Health Professionals – Band 6
- Estates and Ancillary – Band 2
- Healthcare Scientists – Band 6
- Nursing and Midwifery Registered – Band 5
- Students – Band 3

## Workforce Demographic Data

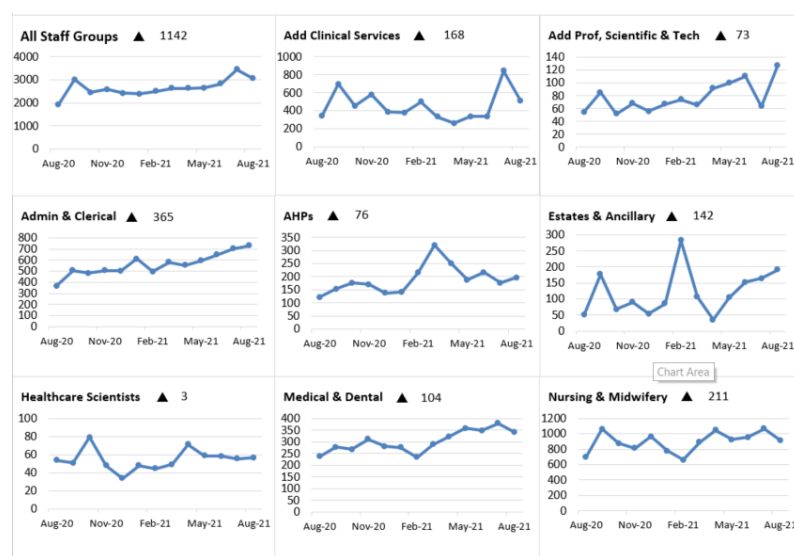
The below tables are from the NHS Work force Performance Dashboard. Since it was rolled out it has continued to expand and to be refined in the way that key performance metrics are reported to Welsh Government and key NHS organisations. Monthly dashboards are sent to Welsh Government colleagues and NHS Workforce & Organisational Development Directors throughout the sector to enable a more proactive approach to monitoring of individual targets, offering comparison to NHS Wales figures as a whole.

Table 4.10 - NHS Wales advertised vacancies between August 2020 and August 2021

	Aug-20	Aug-21
	Vacancies	
All Staff Groups	1925	3067
Add Prof Scientific and Technic	54	127
Additional Clinical Services	341	509
Administrative and Clerical	365	730
Allied Health Professionals	121	197
Estates and Ancillary	50	192
Healthcare Scientists	54	57
Medical and Dental	238	342
Nursing and Midwifery Registered	702	914

\* advertised FTE where 'advertised' date falls between the first and last calendar day of the reporting period (by Staff Group). It is acknowledged that this metric is a proxy metric for Vacancies. There will be a level of under reporting within these figures because the system allows the use of rolling adverts (i.e. adverts kept open continually).

**Table 4.11 - NHS Wales changes in advertised vacancies – Aug 2021**



**Data source: ESR DW**

\*The graphs above show the number of FTE Advertised Vacancies by month per staff group for the organisation you have selected. The BLACK Triangle and numbers in the heading indicate whether there has been an increase or decrease between the first data point and the last data point. – From dashboard

The graphs above outline that across all staff groups the total number of vacancies has raised by 1142 in the last year. The largest rise in vacancies are in Administrative and Clerical with 365 increase. There have been no decreases in vacancies for any staff group in the last year.

## Turnover Rate per Area

NHS Organisations are in process of collating consistent exit data.

## Health and Wellbeing

### General and COVID-19 Update

Individual health boards and trusts are ultimately responsible for their staff wellbeing policies, and we have seen responsive investment by all NHS employers to the impact of the COVID-19 pandemic on the workforce. This was recognised by the Audit Wales report [Taking Care of the Carers?](#) published in October 2021. All partners in Wales recognise that in order to be effective, workforce health and wellbeing must be addressed on a number of fronts. With one dimension of the quadruple aim being to enrich the wellbeing, capability and engagement of the health and social care workforce, *A Healthier Wales* enables us to provide a stronger focus on a programme of coordinated activities and to drive delivery in a more rigorous way.

In our last evidence submission we updated you that oversight and guidance to support workforce health and wellbeing planning had transitioned from the Health and

Wellbeing Sub-group of the COVID-19 Workforce Deployment and Wellbeing Planning Response Group (Workforce Cell), to well-established groups and networks, including the Occupational Health Sub-group, Health and Wellbeing Network and the Managing Attendance at Work Project Group.

Membership of these groups included representation from NHS Wales employers and clinicians, HEIW, Welsh Government, trade unions and Social Care Wales.

Welsh Government officials continue to work with the three sub-groups to further understand current approaches and identify those which have the potential for rapid scale up to national level, in order to inform proposals for a programme of work to accelerate progress and drive the case for coordinated action across Wales.

The Health and Wellbeing network continue to act as an expert forum for the identification of appropriate and informed courses of action based on workforce intelligence from several sources. The network also drives development and assesses offers of interventions to support staff, reviews best practice from elsewhere and adopt where possible and explore and procure where appropriate priority access solutions.

Individuals will be affected differently by the pandemic; people will require different levels of intensity and style of interventions and so the network continue to ensure that the multi-layered support offer reflects the needs of the workforce. Funded by Welsh Government and extended until August 2022, the offer includes a confidential listening service dedicated to health and social care working in Wales and available in both Welsh and English provided by the Samaritans. This complements more in-depth therapy and CBT through SilverCloud and the expanded Health for Health Professionals (HHP) service, and physical health services, as well as practical and financial advice.

### Workforce Wellbeing Conversation Tool

The sustainability of NHS and social care services during this demanding time is critical and so ensuring that we have a well and able workforce is more important than ever. As the full impact of the pandemic continues to emerge and we move toward a busy recovery period it is imperative to ensure that mechanisms are in place to help all our staff and their managers to think carefully about individuals' circumstances and wellbeing and the practical support they need to support their wellbeing, personal recovery and boost their resilience.

The Minister tasked officials with developing a guide to facilitate conversations in the workplace to help assess whether or not any kind of wellbeing support is needed, and then help sign-post them to the most appropriate intervention if required.

A partnership group was set-up on a task and finish basis to develop an interactive non-clinical framework guide to support managers and staff in the NHS and social care settings to hold wellbeing conversations and identify support needs where appropriate. Chaired by Dr Adrian Neal, Clinical Psychologist and Head of Employee Wellbeing at Aneurin Bevan UHB, the group included representation from Welsh Government Health and Social Services workforce officials, NHS employers, Social Care Wales and union partners.

The online Workforce Wellbeing Conversation Guide was launched for use across health and social care settings in Wales in November 2021.

This online guide is a starting point for staff to encourage conversations about their experiences of work and exploring how this influences well-being, and can be used flexibly to suit individuals and teams.

### Health for Health Professionals Wales Service

Health for Health Professionals (HHP) was introduced in August 2012 in response to recommendations made by Professor Sir Mansel Aylward in the One Wales Occupational Health Task and Finish Group 2nd report (2011). The service is based on evidence that doctors are more likely to suffer common mental health problems than the general population and other professional groups, and that they tend to self-manage, self-prescribe and delay seeking support.

HHP Wales provided all doctors in Primary and Secondary Care with access to British Association for Behavioural and Cognitive Psychotherapy (BABCP) in their area. Doctors can self-refer and are assessed by a doctor adviser, qualified in physicians' health, before being referred for face to face counselling.

The service consists of four elements:

- A helpline, which explains what the HHP service can provide and puts clients in contact with a doctor adviser;
- A network of doctor advisers who ring the client within 24 hours to discuss their concerns;
- Access to a network of British Association of Behavioural and Cognitive Psychotherapies (BABCP) accredited counsellors;
- Access to expert clinical support/opinion for all doctors and counsellors in more complex cases.

Before the COVID-19 crisis, 619 doctors had received therapy through HHP Wales. Outcomes and feedback has been very positive; distress levels have reduced and 98% of doctors who provided feedback stated that the service was helpful or very helpful in dealing with their problems.

The health system was put under great pressure due to COVID-19 and the response to this pressure had to be rapid and focussed. Due to the demand anticipated, it was recommended that funding be made available to bolster Cardiff University's existing provision of Health for Health Professionals Service Wales and the service be made available to all of the NHS workforce. This included support for a changing workforce with retired doctors and final year medical students forming part of the future service delivery. There were, and still are, significant risks and a number of psychological factors which may manifest and have a significant impact upon the mental health of the workforce.

It was agreed that Welsh Government should access UK Government funding announced on the 11 March 2020 for a number of measures to assist the NHS, public services and businesses with the preparation and response to COVID-19 and an additional non recurrent funding amount of £1,047,288 was requested for 2020-21 to enhance service delivery and upscale psychological support and extend outreach across the whole of the NHS workforce. A request for additional funding was agreed to continue delivery of the service into 2021-22 and to expand the newly developed model to the Social Service sector should the need be there.

A tendering exercise for the provision of a mental health service for the NHS and Social Care workforce in Wales is now underway. The tender exercise started mid-September. This will allow the contract to be awarded in November/early December 2021 and the contract start date to be the 1 April 2022. This will allow for a seamless transition to the new service.

### Welsh Health Circular

In October 2020 Welsh Government issued a Welsh Health Circular (WHC 2020/019) to NHS organisations setting out how they are expected to support the health and wellbeing of their staff during the COVID-19 pandemic. This includes support to complete a COVID-19 Workforce Risk Assessment Tool, developed to help people working in the NHS understand if they are at higher risk of developing more serious symptoms if they come into contact with the COVID-19 virus; promoting access to the free multi-layered wellbeing support offer; promoting the availability of FAQ guidance and advice for staff and managers, and ensuring access to the COVID-19 Life Assurance Scheme for eligible beneficiaries of frontline staff should they die in service as a result of being affected by COVID-19. A link below to the Welsh Health Circular:

<https://gov.wales/health-and-wellbeing-support-nhs-health-boards-and-trusts-workforce-whc2020019>

Please note Welsh Government are planning to update this within the coming months.

### Occupational Health

In our last evidence submission, we told you that a social partnership group had been established, led by HEIW on behalf of the Workforce and OD Directors (WODDs) group, to consider an appropriate solution for Wales, to review a 2019 independent review of occupational health services in Wales, taking in to consideration developments and learning from the pandemic. As a consequence of the report being presented in June 2020, the requested an Outline Business Case (OBC) be developed to explore how much the options outlined in the review would cost. Recognising the required level of leadership this would involve, the Chair of the OH Project Group was seconded into HEIW to undertake this work initially from September 2020 – February 2021, however the post-holder was successful in gaining an external post, and left HEIW in December 2020. The work is now being taken forward by members of the WODDs group to move forward with a Once for Wales approach to Occupational Health Services.



A working group has been established, this includes representation from employers and WG in the first instance, which has drafted a scoping document. Meetings are arranged for early 2022 to scope this work further reassessing the current health and wellbeing offer in light of advances made over the last 12 months, use learning from the pandemic and take recommendations from the occupational health partnership group in order to readdress our previous proposals. Officials will be happy to keep the Review Body informed of developments in these areas.

**Table 4.12 – Sickness Absence 12 month rolling figure (percentage) – Aug 2020 to Aug 2021**

	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
	Sickness Absence 12 Mth Rolling												
All Staff Groups	5.9%	5.9%	5.9%	5.9%	6.0%	6.1%	6.1%	5.9%	5.8%	5.7%	5.7%	5.8%	6.0%
Add Prof Scientific and Technic	4.2%	4.2%	4.2%	4.2%	4.3%	4.3%	4.3%	4.1%	3.9%	3.7%	3.4%	3.5%	3.6%
Additional Clinical Services	8.4%	8.4%	8.4%	8.5%	8.7%	8.9%	8.9%	8.7%	8.4%	8.3%	8.4%	8.6%	8.8%
Administrative and Clerical	4.8%	4.7%	4.6%	4.6%	4.5%	4.5%	4.5%	4.3%	4.2%	4.1%	4.1%	4.2%	4.3%
Allied Health Professionals	4.3%	4.3%	4.3%	4.4%	4.5%	4.5%	4.5%	4.4%	4.4%	4.4%	4.6%	4.7%	4.8%
Estates and Ancillary	8.0%	8.0%	8.0%	8.0%	8.2%	8.3%	8.3%	8.2%	8.0%	8.0%	8.1%	8.3%	8.5%
Healthcare Scientists	3.3%	3.3%	3.3%	3.3%	3.3%	3.2%	3.1%	3.0%	2.9%	2.9%	3.0%	3.1%	3.1%
Medical and Dental	2.2%	2.1%	2.1%	2.1%	2.2%	2.2%	2.2%	2.0%	1.9%	1.8%	1.8%	1.8%	1.8%
Nursing and Midwifery Registered	6.5%	6.5%	6.5%	6.6%	6.7%	6.8%	6.8%	6.6%	6.4%	6.3%	6.3%	6.4%	6.5%

Since Aug 2020, the sickness percentage rate across all staff groups has increased from 5.9% to 6.0%. The largest increase in sickness percentage is in Allied Health Professionals and Estates and Ancillary with a 0.5% increase.

Since March 2020, we were anticipated to see a rise in sickness due to the COVID-19 pandemic.

Table 4.13 - Percentage absent by organisation and date – 2021<sup>5</sup>

Staff group (All staff)												
Area code		Date										
Organisation		Jul - Sep 2020	Oct - Dec 2020	2020	Jan - Mar 2021			Jan - Mar 2021	Apr - Jun 2021			Apr - Jun 2021
					Jan 2021	Feb 2021	Mar 2021		Apr 2021	May 2021	Jun 2021	
Wales		5.1	6.4	6.0	6.7	5.5	5.0	5.7	5.1	5.6	5.9	5.5
Wales	Betsi Cadwaladr University LHB	4.9	5.4	5.5	6.0	5.5	4.9	5.5	4.9	5.3	5.5	5.2
	Powys Teaching LHB	4.4	5.1	4.9	5.5	4.5	4.4	4.8	4.5	5.6	5.6	5.2
	Hywel Dda University LHB	4.6	5.5	5.2	6.3	5.0	4.7	5.3	4.5	4.9	5.4	4.9
	Abertawe Bro Morgannwg University LHB	-	-	-	-	-	-	-	-	-	-	-
	Swansea Bay University LHB	6.2	8.3	7.4	7.9	6.2	5.7	6.6	5.8	6.3	6.8	6.3
	Cwm Taf University LHB	-	-	-	-	-	-	-	-	-	-	-
	Cwm Taf Morgannwg University LHB	5.6	8.5	7.0	8.0	5.8	5.1	6.3	5.6	6.5	7.1	6.4
	Aneurin Bevan University LHB	5.1	6.1	6.1	6.5	5.3	4.8	5.5	5.0	5.4	5.4	5.3
	Cardiff & Vale University LHB	5.1	6.0	6.0	6.7	5.8	5.2	5.9	5.3	5.9	6.1	5.8
	Public Health Wales NHS Trust	2.6	3.7	3.5	4.1	3.3	3.2	3.5	3.4	3.4	3.8	3.6
	Velindre NHS Trust	3.1	3.5	3.7	3.9	3.5	3.2	3.5	3.4	3.8	4.7	3.8
	Welsh Ambulance Services NHS Trust	5.9	8.4	7.0	10.5	7.6	7.0	8.4	7.3	7.9	8.9	8.1
	Health Education and Improvement Wales	1.2	2.7	2.0	1.6	1.9	2.1	1.9	1.9	1.8	3.3	2.3
	Digital Health and Care Wales	-	-	-	-	-	0.0	0.0	2.2	1.5	1.5	1.7
	NHS Wales Shared Services Partnership	-	-	-	1.4	1.5	1.1	1.3	1.9	1.9	2.9	2.5

Out of the health boards Cwm Taf Morgannwg University LHB had the highest sickness rate at 6.4% with the lowest sickness rate at Hywel Dda University LHB being 4.9%. Of the Trusts, Welsh Ambulance Services NHS Trust had the highest rate at 8.1% in comparison with Digital Health and Care Wales NHS Trust at 1.7%. The NHS Wales average is 5.5%.

### NHS Wales Staff Survey

The Welsh Partnership Business Committee agreed to postpone the all-Wales NHS Wales Staff Survey until later in 2022 to ensure that the survey completion and subsequent data was not compromised by the winter and pandemic pressures.

HEIW are leading the implementation of the renewed NHS Staff Survey and considering lessons learnt from the new NHS England Staff Survey, and opportunities to develop a sustainable question set and reporting tool.

An outline proposal will be shared with business committee to agree approach and timeline.

<sup>5</sup> Statswales.gov.wales. 2021. *Percentage Absent By Organisation And Date*. [online] Available at: <https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Staff/Sickness-Absence/percentageabsent-by-organisation-date> [Accessed 16 December 2021].

## Healthier Working Relationships

Following the publication of *A Healthier Wales* and the creation of the draft Workforce & OD Strategy, it became clear that NHS Wales needed to develop its approach to organisational culture and behaviour. It is the intention this new approach will lead to more compassionate, collective, healthier and fairer behaviours, work and workplaces.

The 2018 Staff Survey results also highlighted a need to change our approach and focus on addressing dysfunctional workplace relationships (including bullying, harassment & abuse). Additionally, the approach to policies as well the policies themselves has continued to be developed which was particularly relevant to grievance and dignity at work issues.

It was therefore agreed that a partnership approach was the best way to deliver this new approach through working to align the Welsh Government, trade union and employer interests in moving to healthier working relationships in the workplace. A partnership review group was therefore established from the outset with representation from NHS Wales Employers, NHS organisations, Trade Unions and Welsh Government.

A number of partnership workshops took place during 2020 to build confidence in the resolution based process and to test some of the products/toolkit which had been developed to support the approach and raise awareness amongst key stakeholders. One of the key proposed outputs of the work was the replacement of the existing dignity at work procedure and grievance policy with a new respect and resolution policy. There was a great deal of scepticism with regard to this development from both HR and TU colleagues alike. Our approach was to form a very small drafting team of 3 people (a senior TU full time officer, an Employer colleague and a legal advisor). The group were tasked with coming up with as simple a policy as possible whilst remaining ACAS compliant.

Once the policy had been developed and ratified, a series of well attended virtual awareness raising events were held in advance of the launch in early June 2021. The policy was developed, ratified and published ready for the formal “go-live” date of 1st June 2021 and awareness sessions have been held to launch of the new approach. The next stage will be to monitor and evaluate the overall achievement of the project and a further partnership group has been established to look at monitoring and evaluation.

This has been an extremely successful piece of partnership working to complete the development and launch of the policy despite the constraints of working through the pandemic. We have worked together to engage continuously throughout the development of the policy and the overall cultural change associated with it, engaging in partnership with as many key stakeholder groups and individuals as possible. This has been key in achieving our early identified goal of needing to take colleagues with us on the journey. We have supported attendance, in partnership, with over 50 different stakeholder group meetings as well as organising a series of awareness raising and engagement sessions to accompany the launch which has

allowed us to demonstrate our partnership commitment to this bold new approach to well over 2000 individuals across NHS Wales.

### Social Partnership Structures in Wales

The Welsh Government is committed to working with the NHS workforce through strong social partnership between employers, workforce representative and government. These social partners meet regularly at a strategic level with the Minister, and with the Chief Executive of NHS in Wales.

The NHS Wales Partnership Forum (WPF) has been established as the forum where the Welsh Government, NHS Wales's employers and Trade Unions work together to improve health services for the staff and the people of Wales. It is the forum where key stakeholders can engage with key policy leads from across the Welsh Government to inform thinking around national priorities on health issues.

The principle focus and purpose of the WPF is:

- Service change and modernisation – to redesign services to be modernised in line with the aims within A Healthier Wales.
- Service Delivery – influencing, developing and engaging in the formulation of national strategies to ensure they are deliverable and have ownership.
- Workforce – taking a national overview on issues regarding the workforce.

In addition to the Full Welsh Partnership Forum, there is a NHS Wales Partnership Forum Business Committee (WPFBC), whose main function is to support the progress and delivery of the business of the NHS Welsh Partnership Forum (WPF) in the development of service change and modernisation, service delivery and workforce strategy. The WPFBC manage and facilitate the business of the WPF and any associated Task and Finish Groups. This group typically meets a month before the Full WPF meeting and as of when required to discuss urgent matters.

The principle focus and purpose of the WPFBC are:

- Agreeing the work plan for WPF and Task and Finish Sub Groups – highlighting the main issues and ensuring that appropriate work is made and implemented efficiently.
- Oversee the work programmes of task and finish sub groups
- Ensuring that national NHS Wales-wide agreements on workforce issues are communicated and used across all NHS Wales employers.
- Assisting in the implementation of a Workforce and OD agenda agreed in partnership
- To hold discussions and consider policies which best benefit the Workforce in Wales on a national approach.

In Welsh Government social partnership structure, there is a Medical and Dental Business (MDBG). The MDBG work in social partnership through the principles of a substantial and sustained commitment by employers, staff side and Welsh Government to seek genuine consensus on issues that affect employer/employee

relationships. The role of the MDBG is to advise the Minister accordingly on such matters.

In addition to the above groups, we also hold a series of meetings focussed on practical issues relating to the implementation of arrangements for pay and contractual matters, to address issue of concern and to share successes and learn from what is working well across Wales.

Due to the pandemic we have had increased social partnership meetings. This included:

**Workforce Cell** – solely related to NHS Workforce and Vaccination processes for COVID-19. This group meets monthly with representatives from NHS Wales Employers, Health Trade Unions and Welsh Government officials.

**Informal Business Committee Catch Ups** – these meetings are to discuss business as usual issues that are affected by the COVID-19 pandemic. This group meets monthly with representatives from NHS Wales Employers, Health Trade Unions and Welsh Government officials.

#### Mechanical and Electrical Craft Persons Review

Three NHS Wales organisations have required a Recruitment and Retention Payment (RRP) for Mechanical and Electrical Craftsperson roles within their Estate departments. These are Cwm Taf Morgannwg UHB, Cardiff and Vale UHB and Aneurin Bevan UHB. The Cwm Taf Morgannwg UHB and Cardiff and Vale UHB were due to cease in November 2021 but, following agreement at the WPF Business Committee on 8th June 2021 and subsequent discussions with Directors of Finance and Directors of Workforce & OD, it was agreed to extend them to March 2022 and bring them in line with the Aneurin Bevan UHB.

A partnership task and finish group has been established to determine whether these RRP's should continue, be amended or cease. An additional aspect which needs to be borne in mind when considering the need for these RRP's in future, is the new Tradesperson Higher Level (band 5) evaluated job profile. Given the development of this new profile, the group has asked all Estates departments, i.e., those with the RRP in place and those without, to review their structures and determine whether the new profile should be used in future. This would require roles to be matched to the new profile. It is only following this consideration, i.e., structures developed on the basis of the use of the Tradesperson Higher Level profile, that any decisions on the future application and targeting of RRP's can be determined.

The partnership task and finish group has developed guidance to support Estates departments in the review process.

In undertaking this exercise, organisations have been asked to determine the shape of their future structures, including consideration of the use of the Tradesperson Higher Level profile, and also consider how existing roles may currently be performing their roles within the scope of the higher level profile, and the extent to which the current

position aligns with the future structure, and whether there may be a need for a transitional structure to be established to enable movement from the current position to the future structure over a period of time.

#### Overtime and Pay during Annual Leave

The Welsh Partnership Forum agreed a framework to enable NHS Organisations in Wales to correctly interpret the calculation of overtime and pay during annual leave. A corrective payment based on applying a 13% multiplier to overtime paid during the period 1 October 2018 – 31 March 2021 was paid to staff in their August pay. Work is ongoing to ensure that colleagues who retired prior to 31 March 2020 and those that have left NHS Wales to work elsewhere are made aware of their entitlement to the corrective payment.

There are complexities with delivering a technical solution within ESR to enable the application of ongoing payments i.e., from 1 April 2021. Employers and trade union partners have discussed the specific arrangements for making the ongoing payments from 1 April 2021 and agreed that two further lump sum payments will be made during the 2021/22 financial year to ensure payments can be made on an ongoing basis. Two payments will be made. The first covers the period from April 2021 – September 2021 and will be paid in November 2021 and the second will cover the period October 2021 – March 2022 and will be paid in May 2022.

The payments will use the 13% multiplier which will be applied to any overtime that was paid during the two periods.

Employers and trade union partners are continuing to discuss the ongoing arrangements and will be working with colleagues in NWSSP/payroll/ESR to ensure that a technical solution can be put in place at the earliest opportunity. Our aim is that this will be in place from 1 April 2022 subject to the technical solutions being deliverable and in place.

#### Speaking Up Safely

A partnership group has been established and its Terms of Reference have been agreed at the Welsh Partnership Forum Business Committee.

The group has been established to develop an All Wales approach to support staff to speak up safely when raising and responding to concerns within the NHS in Wales. Currently, at an All Wales level, a Procedure for NHS Staff to Raise Concerns is in place, and this has been recently subject to a high level review and a revised version issued to the service. The role of the group is to consider the development of an All Wales framework/set of principles and governance arrangements to help achieve consistency of outcome in relation to how organisations approach this issue (whilst recognising organisational culture and the need for a psychologically safe environment), but which will also allow organisations the opportunity to develop their own arrangements within certain agreed parameters.

#### Race Equality Action Plan

A commitment was made by the Welsh Government to produce a Race Equality Action Plan (REAP) recognising that urgent action was needed, culminated by the

inequities faced by our ethnic minority communities from the impact of Covid-19. The consultation on the draft Race Equality Action plan concluded on 15 July 2021 and the responses were analysed.

The Health goals and action in the REAP contain key actions specifically related to workforce and focus on fundamental areas for action to ensure that all our NHS Wales staff “work in safe, inclusive environments, built on Allyship, supported to reach their full potential, and be empowered to identify and address racist practise. Ethnic diversity will be achieved at all levels, in our NHS Workforce across Wales”

Following the consultation process and further engagement with key stakeholders, priority actions were identified. One of the key actions is the introduction of a Workforce Race Equality Standard, and a scoping group has been established to make recommendations based on best practice.

Additionally, by December 2022, Welsh Government will independently review existing workforce policies and procedures through an anti-racist lens, and expect representation of ethnic minority groups within forums or groups established to support their effective implementation and application.

We also have actions to address public appointments to ensure our senior leadership is visibly representative and inclusive of our workforce and that anti-racist training is redesigned for all staff, volunteers and students.

### COVID-19

A great deal of policy work has continued in this area and the FAQs for managers and employees have been continually updated. Version 13 was published in January 2022 this is available at: [Frequently asked questions for NHS managers and employees | NHS Confederation](#)

Specifically, the following has also been agreed in partnership:

- COVID sickness absence - transition from enhanced provisions to application of regular sickness absence arrangements with effect from 1st April 2022.
- NHS Wales guidance for managers on supporting employees on long term sickness absence with a diagnosis of post-COVID-19 syndrome.

### Other Policy Work

The All Wales policy review work that has taken place within the last year is as follows:

- Development of Agile Working guidance (published in March)
- Review of secondment policy (Approved at March WPF)
- Review of Procedure for NHS Staff to Raise Concerns (Approved at July WPF)

Other ongoing policy work as follows:

- Review of Organisational Change Policy
- Review of Managing Attendance at Work Policy

Policy reviews deferred:

- Review of Capability Policy (deferred to 2022)

### Workforce Capacity and the Impact of Vacancies

There are national and international labour shortages in particular areas which impact on the recruitment into the NHS in Wales.

Health boards and trusts are responsible for planning their workforce. All organisations are required to provide Integrated Medium Term Plans (IMTPs) to provide a framework of continuous improvement and increased accountability. The IMTPs are scrutinised by Welsh Government, who support organisations in the development of their plans.

Vacancies are monitored and managed by individual organisations through the management structure and are a key performance measure. These are reported on regularly to the health board's workforce and OD Committee.

There are a number of local and national initiatives aimed at tackling recruitment challenges.

- The Train Work Live (TWL) marketing campaign continues to promote the benefits of working as a healthcare professional in Wales and is currently in its sixth year. The campaign was successfully transferred to HEIW in 2020 having previously been managed directly by Welsh Government
- We have developed a co-ordinated Wales-wide approach to ethical overseas nurses recruitment, recognising there is a significant potential for a once for Wales approach to enable accelerated recruitment plans across all regions of Wales
- Health boards and trusts continue to be responsible for their own recruitment plans.

### Investment in Education and Training Programmes

On the 6 December 2021 the Minister for Health and Social Services announced a £262.295m investment package to support education and training programmes for healthcare professionals in Wales. This represents an increase of 15% compared with 2021/22.

This is the eighth consecutive year funding to support health professional education and training in Wales will increase. £262.295m will be invested in 2022/23, this equates to a 15% increase from 21/22 which is an extra £18.08m (14% increase) for education and training programmes for healthcare professionals in Wales. £5.26m (9.5% increase) extra for medical training places, an extra £7.97m (30.4% increase) to support core GP training numbers and a net increase of £2.72m (29% increase) for pharmacy training across Wales.



This means for the last six years since 2016,

- Nurse Training Places have increased by 69%
- Midwifery training places increased by 96.8%
- Health Visiting training places have increased by 29.5%
- Physiotherapists places increased by 29.8%
- Therapeutic Radiographer Training places have increased by 18%

## Chapter 5 – Bank and Agency

Table 5.1 - Agency and Locum (premium) Expenditure

Agency/Locum (premium) Expenditure					
	Medical & Dental	Nursing & Midwifery	Other Temp Staffing	Total	As a % of Total Pay
	£000's	£000's	£000's	£000's	%
2014-15 Annual Expenditure	40,956	28,720	18,110	87,787	
2015-16 Annual Expenditure	62,057	45,903	27,257	135,218	
2016-17 Annual Expenditure	77,348	53,846	33,163	164,358	4.7%
2017-18 Annual Expenditure	60,033	51,431	24,259	135,724	3.7%
2018-19 Annual Expenditure	54,622	65,440	23,577	143,640	3.8%
2019-20 Annual Expenditure	60,646	81,605	34,544	176,795	4.2%
2020-21 Annual Expenditure	58,600	94,429	46,115	199,144	4.1%
2021-22 Annual Expenditure	63,156	125,507	59,038	247,701	5.1%

Data Source: Welsh Government

### NHS Wales Collaborative Bank Partnership

#### Scope

The concept of the Collaborative Bank Partnership (CBP) was established in April 2020, to support cross boundary working and to deliver weekly pay to all bank workers (including those with substantive posts); thus, reducing the reliance on premium cost nursing agency spend.

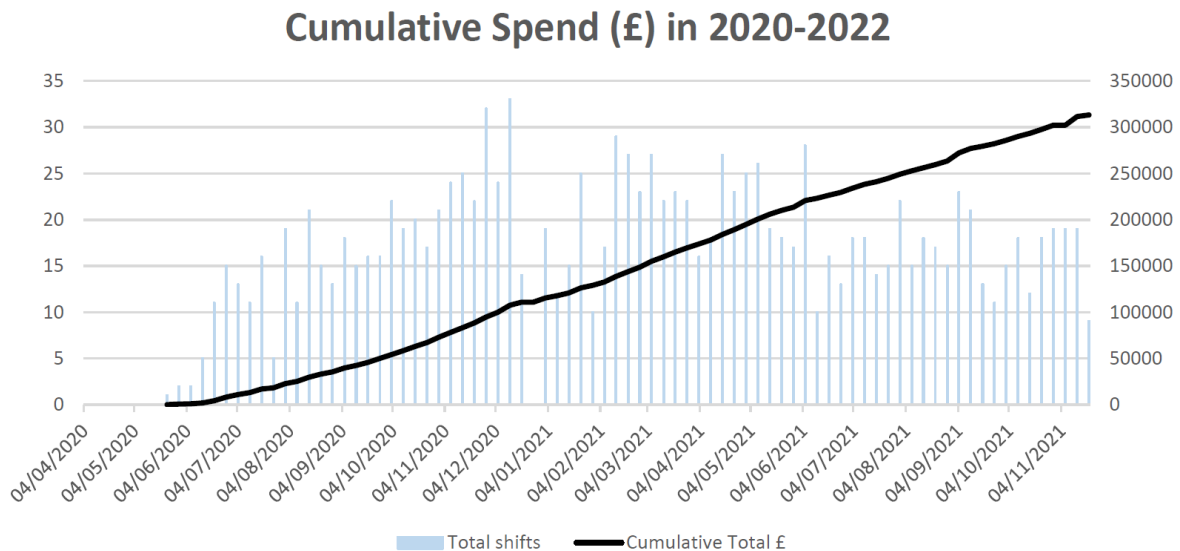
#### Progress

Since launching in April 2020 during the first Covid-19 peak a significant collaboration effort between multiple NWSSP divisions, the two Health Boards currently engaged with the CBP along with external technology providers (ESR & Allocate) completed the pilot set up between Swansea Bay and Cwm Taf Morgannwg University Health Boards. Launching the CBP during Covid-19 was not without risk but deployed additional temporary workers across the organisations at its most critical time.

Since April 2020, the Collaborative Bank Partnership has grown, it currently has a workforce headcount of 181 employees, 167 of these are active bank workers, cleared to work across NHS Wales organisations, with an average time to recruitment and deploy a nurse to the front line in under 7 days. The Collaborative Bank is currently open to Registered Nurses, but additional staff roles are currently being explored (i.e., Endoscopy, Physiotherapy, Midwifery and Mental Health).

To date, this supplementary NHS workforce has benefited from receiving weekly pay for over 1,374 shifts, providing circa 13,000 hours of nursing care at a cost of circa £313.2K; which has realised significant costs savings compared to Nursing Agency spend.

The below graph shows the total number of shifts worked in month, along with total spend to date.



## Next Steps

NHS Wales Shared Service Partnership working with Health Board across Wales to.

- Discussions are currently underway to add additional Health Boards to the partnership i.e. Betsi Cadwalladr and Powys.
- Facilitate full cross boundary working which has been prevented due to Covid-19 infection control risks.
- Continue to work with Health Boards in collaboration to review and standardise protocols and procedures to address issues related to dealing with concerns and upholding professional standards etc.
- Expand the Collaborative Bank in additional Health Boards to have a more regional bank approach.
- Expand into new roles such as specialities (i.e., Endoscopy, Physiotherapy, Midwifery and Mental Health) as well as HCSWs, which due to Covid-19 NHS Wales organisations are now reporting a shortage.
- To utilise technology further to further improve the experience for users. This will be achieved with an electronic application form via TRAC to join Collaborative Bank as well exploring increased functionality through the Allocate Software to advertise, book and manage shifts.

## Chapter 6 - Changes in NHS Wales

### Nurse Staffing Act

The reporting period of the Nurse Staffing Levels (Wales) Act 2016 was established under section 25E of the legislation at 3 years, the first of which ended in April 2021. Health boards submitted their three-year nurse staffing levels reports to Welsh Government in October (allowing time for all serious incident investigations for the period to be closed, which can take several months). The Welsh Government's document summarising these reports will be published in December 2021.

Reliably assessing impact requires volumes of data over time, and a single reporting period's worth of information is too early a stage to make many definitive claims in that regard. Implementing this legislation is about long term impact and supporting the nursing workforce into the future rather than short-term headlines.

The one definite impact we can report on at this stage is the financial difference when comparing establishments before and after the Act's second duty came into force. There were 139.74 additional WTE RNs (+3.3%) and 597 additional WTE HCSWs (+23.8) funded into the adult medical and surgical establishments at the final calculations of the reporting period in November 2020 compared to March 2018. That equates to approximately £21.94m additional funding of band 3 and band 5 nursing staff (based on midpoint Agenda for Change salaries for 2021/22 with 30% on-costs).

It is worth noting that a snapshot comparison of establishments from immediately before the reporting period and at its end is a simplistic metric based on the data presented for those two static points in time. It cannot take into account the dynamic nature of ward changes and staff investments within each of the three years - not least when the third year was so significantly disrupted by the Covid pandemic.

With the extension of the Act's second duty to paediatric inpatient wards in October 2021, we have seen a similar increase in nurse staffing following the first triangulated calculations under their new duties. Compared to the health boards first data returns against compliance with the interim nurse staffing principles in November 2019, there are now 81.96 WTE additional RNs (+21.7%) and 26.44 WTE additional HCSWs (+30.6%). That equates to approximately £3.7m additional funding of band 3, 5 and 6 nursing staff on paediatric inpatient wards

Anecdotally, we know that nurses at all levels feel that their professional judgement is more supported following the implementation of the Act. Even at executive level, the Act has strengthened the nurse's voice in historically difficult conversations about staffing establishments.

### Transformation Fund

The **£150 million Transformation Fund** is supporting the scaling of seamless models of health and social care delivered through Regional Partnership Boards (RPBs). Prior to the Covid-19 emergency, £89 million had been allocated across all seven RPBs to support 14 proposals, £11m was moved into the Covid-19 response reserve. An

additional £50m was allocated to the Transformation Fund for an additional year, to continue delivery but also play a fundamental role in our Covid-19 response:

- £24.3m for the West Glamorgan Regional Partnership.
- £4.6m for the Powys Regional Partnership Board
- £21.4m for the North Wales Regional Partnership Board
- £19.2m for the West Wales Regional Partnership Board
- £23.2m for the Gwent Regional Partnership Board
- £12.4m for Cardiff and Vale Regional Partnership Board
- £33.7m for Cwm Taf Morgannwg Regional Partnership Board

TF projects summary:

<https://gov.wales/health-and-social-services-transformation-fund-projects>

### Example 1:

Cardiff and Vale: **Me, My Home, My Community** includes changes to the way organisations work together in hospitals. Local authorities work with the NHS to provide increased daily contact on the wards. The Get Me Home Plus project, sponsored by the Transformation Fund, sees people being assessed in their own home after being discharged from hospital, rather than being assessed before being discharged. This gives a better understanding of the support and adaptations needed in the home, and allows people to return home more quickly after a stay in hospital. Wrap-around care at home is provided by healthcare professionals, social services carers, and social workers.

During the first 6 months of 2021 the project had the following outcomes:

1,441 patients supported with discharge

187 resolved at first point of contact

100% of health staff feels service supports a better discharge

Similar rapid discharge projects are underway in other regions.

### Example 2:

The **Stay Well At Home** project which operates throughout the Cwm Taf Morgannwg region provides a service that consists of a multi-disciplinary hospital based team of health and social care professionals operating 7 days a week. It has proved successful in supporting people to be as independent as possible, ensuring they receive the right treatment at the right time, and helping them to achieve their own personal well-being outcomes. The service has significantly reduced the average length of stay for people in hospital across the region.

A national mid-point evaluation of the fund was published in 2020 and offers valuable learning for the ongoing implementation of new models of care. An update was published earlier this year:

Health and social services transformation fund 2018 to 2021: evaluation | GOV.WALES

Communities of Practice (CoPs) have been established to share experiences and best practice across RPBs focussing on the themes identified in the evaluation report - hospital to home services; community based care; emotional and mental health; and

technology enabled care. An output document for the hospital to home CoP is available here:

<https://gov.wales/hospital-home-community-practice>

### Workforce Strategy for Health and Social Care

In 2020 Health Education and Improvement Wales and Social Care Wales published the 10 year workforce strategy which sets out an ambition for a motivated, engaged and valued, health and social care workforce, with the capacity, competence and confidence to meet the needs of the people of Wales.

The workforce strategy is shaped around the following seven key themes, and each section will contain a number of actions. The actions will be delivered via a series of underpinning implementation plans.

- An engaged, motivated and Healthy workforce
- Attraction & Recruitment
- Seamless workforce models
- Building a digitally ready workforce
- Excellent Education & Learning
- Leadership & Succession
- Workforce Supply & Shape

The strategy is published on the HEIW website, which can found at the link below:

<https://heiw.nhs.wales/programmes/health-social-care-workforce-strategy/>

Please note that a special edition bulletin was published in December which includes an update on the strategy. This can be found at:

<https://heiw.nhs.wales/files/workforce-strategy-bulletin-winter-2021/>

### Risk Assessment Tool

Understanding why our ethnic minority communities were so disproportionately impacted by COVID-19 required identifying the evidence to act in an informed way to minimize avoidable harm to these vulnerable groups. This called for swift action from the Welsh Government, who taking a cross-government approach, established the [Black, Asian and Minority Ethnic Covid-19 Advisory Group](#), chaired by Judge Ray Singh in April 2020.

Two subgroups of this group were set up. A [Socio-economic subgroup](#) chaired by Prof Emmanuel Ogbonna and a [Scientific Risk Assessment subgroup](#) chaired by Prof Keshav Singhal MBE. The Risk Assessment subgroup was tasked with developing a risk assessment tool for use by NHS and Social care staff.

Within one month the RA tool was developed and launched by the Welsh Government for use by all NHS/Social care staff on 27th May 2020 by the First Minister of Wales. ([Launching risk assessment to support BAME workers | GOV.WALES](#))

The COVID-19 Workforce Risk Assessment Tool uses Government guidelines, and the most up to date research, evidence and data available to identify known risk factors, including age, sex, ethnicity, underlying health conditions, obesity and any relevant family history in relation to COVID-19. It is a combination of these various factors coming together which contribute to the severity of infection.

The approach is a self-assessment in the first instance. This supports and empowers our workforce to consider their own health and wellbeing status – this personal score gives an indication of their likely level of risk and the safeguards they should expect in their workplace setting.

The Risk Tool is available in several versions tailored for different workplace settings including for **NHS** staff, **Health and Social Care**, **Education** a **Generic** version for other workplaces as well as an **Easy Read** version. These can all be accessed on the Welsh Government webpage [COVID-19 workforce risk assessment tool | GOV.WALES](https://gov.wales/covid-19-workforce-risk-assessment-tool)

The first version of the Tool was developed in pdf form and distributed across the NHS and Social Care for immediate use. Subsequently an interactive version was developed on the [Learning@Wales](#) platform along with an electronic version for NHS staff on the [Employment Staff Record](#) system. By August 2021:

- Over 71,000 Health staff had completed a personal assessment with the majority doing so using the ESR system. This represents around 90% of all NHS staff.
- Over 3,000 assessments were completed using the Learning@Wales platform. These included Social Care (700), Education and Local Authority (1,500) and other public and private sectors (700).
- The pdf version of the Risk Tool was actively used by North Wales Police and Dyfed Powys Police.

It is not possible to accurately estimate the number who completed paper or online pdf versions. However, website analytics show over 58,500 unique page views (up to December 2021) to the main web page from users based in the UK, Europe and beyond.

## **Chapter 7 – Total Reward and Pension**

### Pension

NHS Wales pension scheme is not devolved to Welsh Government, the scheme applies to NHS staff in England and Wales.

The Department for Health and Social Care are currently consulting as employee contribution rates will be amended from April 2022, these changes will impact people's take home pay.

The changes from April 2022 in relation to the McCloud ruling will also impact.

### Bank employees<sup>6</sup>

The start date of any bank post is the first day the member actually performs any duties and paid contributions, not the date they joined the bank. Bank employees do not have a specific employment contract, so their employment should be recorded at 01.00 / standard hours.

A bank employee's pension record may remain open, even if they do not work for up to a period of three months, as long as they remain 'on the bank' of the employer and return to pensionable work within three months. This is an administration easement and during this three month period the member will earn qualifying membership. If the break exceeds three months, the employment must be closed down on the last day they actually worked.

This rule also applies to freelance GP locums.

### NEST - National Employment Savings Trust

In addition to the NHS Pension Scheme, employers offer an alternative auto-enrolment scheme (NEST), for employees who aren't eligible to join the NHS pension scheme or choose to join NEST as an alternative.

Noting the comments of the Review Body on the potential impact of pension and wider Total Reward strategies, we will continue to monitor the scheme membership rates and to seek to identify the impact of the wider reward packages on recruitment and retention.

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<sup>6</sup> NHS Pensions - calculating the membership [Internet]. NHS Business Services Authority. 2015 [cited 10 January 2020]. Available from: <https://www.nhsbsa.nhs.uk/sites/default/files/201702/Calculating%20Membership%20Factsheet%20V3%2004.2015.pdf>



## **Number of people in Pension schemes in Wales and ONS**

**Table 7.1 – Pension Scheme Membership by Staff Group - Mar 20**

\*The tables in this section have been provided by Health Education Improvement Wales (HEIW).

<b>Staff Group</b>	<b>NHS Pension</b>	<b>NEST Pension</b>	<b>Not in Pension</b>	<b>Total</b>
Add Prof Scientific and Technic	2877	48	197	3122
Additional Clinical Services	19516	605	1427	21548
Administrative and Clerical	20116	461	1787	22364
Allied Health Professionals	6916	164	327	7407
Estates and Ancillary	7758	177	891	8826
Healthcare Scientists	2174	50	103	2327
Medical and Dental	6938	84	1558	8580
Nursing and Midwifery Registered	23666	1817	1657	27140
Students	116		14	130
<b>Grand Total</b>	<b>90077</b>	<b>3406</b>	<b>7961</b>	<b>101444</b>

**Table 7.2 – NHS Pension Scheme Membership by Agenda for Change Pay Band - Mar 20**

<b>Pay Grade</b>	<b>NHS Pension</b>	<b>NEST Pension</b>	<b>Not in Pension</b>	<b>Total</b>
Band 1	223	2	71	296
Band 2	17726	474	1732	19932
Band 3	12221	390	931	13542
Band 4	7975	174	493	8642
Band 5	15698	816	1366	17880
Band 6	14637	806	943	16386
Band 7	8781	462	434	9677
Band 8a	2975	98	143	3216
Band 8b	1194	36	75	1305
Band 8c	739	35	30	804
Band 8d	327	19	28	374
Band 9	162	4	19	185
Other Pay Grades	7419	90	1696	9205
<b>Grand Total</b>	<b>90077</b>	<b>3406</b>	<b>7961</b>	<b>101444</b>

The above tables highlight the majority of people in NHS Wales are in the NHS Pension scheme or the NEST Pension scheme. Of these two schemes the NHS Pension scheme is the most popular.

### Total Reward

Total Reward Statements are available to all NHS Wales staff to access via ESR Self Service they include financial personal details and employer benefits. A number of benefits are provided by all organisations e.g. access to the NHS Pension Scheme, childcare vouchers, Flu Vaccination Programme however there are some organisational variations with different benefit in kind schemes being offered e.g. some organisations offer IT schemes.

## **Chapter 8 - Targeted Pay**

The Welsh Government does not support the use of targeted pay to specific staff groups.

Although there are shortages of staff in specific specialities, evidence shows that these are UK wide issues and relate to the numbers of staff training in these areas, rather than the financial rewards.

Where possible, Wales aims to maintain parity with the other nations regarding pay. Any deviations could create difficulties in recruiting staff across borders. The Welsh Government wants to see continuity of this approach.

The challenge of recruiting to particular specialities need to be addressed through workforce planning, recruitment initiatives as well as changing the way roles are designed. At this stage we do not wish to consider the use of targeted pay until we have evaluated the impact of some of our wider measures designed to address the underlying causes of recruitment challenges.

The Welsh Government is supporting local recruitment activity through our Train Work Live (TWL) marketing campaign. The campaign is marketing Wales as an excellent place for doctors, and their families, to Train Work and Live.

## **Chapter 9 - Future Direction of NHS in Wales**

### **A Healthier Wales**

*A Healthier Wales* is our long term plan for Health & Social Care that sets out a long term future vision of a 'whole system approach to health and social care' focussing on health and wellbeing, and prevention. The aims and objectives of this strategy and those underpinning it have provided a solid foundation to the Covid-19 response through established partnership and integrated working. There is a recognition that both the world we live in has changed as a result of the pandemic, and that the long term vision in *A Healthier Wales* has been validated and is still relevant for the Wales of today.

In March 2021 the 40 actions in *A Healthier Wales* were critically reviewed to ensure they reflected the work required to support the stabilisation and recovery of services following Covid-19 and the priorities that have been brought to the forefront by the pandemic. Some actions were closed, and new themes and actions were introduced to focus on building resilient communities in Wales, health inequities, prevention, mental health, children and young people and decarbonisation.

**Decarbonisation** - As part of our commitment to embed our response to the climate emergency in everything we do we published the **NHS Wales Decarbonisation Strategic Delivery Plan** in March 2021. This plan sets out 46 commitments for delivery by 2025 across our highest emissions areas including Buildings, Procurement, Land Use, Mobility and Transport. 30 of these commitments are due for delivery by 2023.

A dedicated Health and Social Services Programme has been developed, including a Programme Board to provide strategic leadership, engagement and support to Health and Care services in Wales to transition to net zero by 2030. Dedicated funding has also been provided for an evidence based project which will develop a **Social Care specific strategy** to complement the NHS Strategic Delivery Plan.

**Inequities** - It is widely acknowledged that the Covid-19 pandemic has exacerbated health inequalities and outcomes for people who already face disadvantage and discrimination. Work is already underway and is reflected in the cross government policies of the **Strategic Equality Plan 2020-2024** (which now includes an objective to eliminate inequality caused by poverty); and the **Race Equality Action Plan** (which acknowledges the impact Covid-19 has had on existing health inequalities for some groups).

The '**Placing health equity at the heart of Covid-19 sustainable response and recovery – Building prosperous lives for all in Wales**' report which was published in March 2021, highlights Wales' position as the first country to apply a milestone World Health Organization European Health Equity Status Report initiative.

We know that being a healthy weight has become one of the most effective ways to reduce the risk of long term health conditions and so a revised delivery plan for our **Healthy Weight: Healthy Wales** ten year strategy was launched in March 2021 to

drive forward key targeted actions along with **£13m of funding** for the first two years.

**Prevention** – We have seen positive behaviours in terms of prevention and an increased personal responsibility demonstrated during the Covid-19 pandemic to help people stay well. A **shift from reliance on traditional services to prevention and wellness** is an integral part of the *A Healthier Wales* vision, and has never been more important given the pressure on our system. Pressures this coming winter will be challenging and will require organisations to continue to adopt new ways of working and to deliver care closer to home.

With support from the Transformation Fund (TF) and Integrated Care Fund (ICF), Regional Partnership Boards have developed new models of care that have proved invaluable over the past 18 months including rapid discharge from hospital to home, and admission avoidance models.

We have continued to support our targeted prevention policies. The publication of a revised action plan for '**Transforming the way we deliver Outpatients in Wales**' highlights a new approach, embracing technology and empowering the public. We have also launched the new **All Wales Children and Young People Weight Management Pathway 2021** with investment of **£2.9m** to support Health Boards to develop and implement local plans. This programme complements and supports the adult pathway. Further investment of **£7.8m** over 2 years has also been provided for **Breast Test Wales** for equipment and centre upgrades.

**Children and Young People** - Children and Young People were identified as a priority group in the Parliamentary Review that led to the introduction of *A Healthier Wales* and our commitment to provide the best possible start for the youngest members of our society remains. To deliver this ambition, **funding of £20m** has been invested through the Integrated Care Fund to support activity for children with complex needs. A **£2m investment** has been made in three Regional Partnership Boards to provide pump priming support to develop residential services for children and young people and further financial support has been agreed for the remaining four regions to develop and improve residential services in their areas.

In the longer term we recognise that social care reform needs to directly address children's needs and the white paper '**Rebalancing Care and Support**' therefore included children's services as part of the wider sector reform proposals.

**Speech and Language** support is vitally important for development and for those children and young people with complex needs. To address commitments in our '**Talk with me**' plan and as part of Covid-19 recovery proposals, we have provided an additional **£250,000 for 2021/22** for health boards and specialist centres.

**Mental Health** - The Covid-19 pandemic and the introduction of social distancing restrictions and lockdowns have had a significant impact on people's wellbeing and mental health. That is why we have ensured mental health services are a priority for investment and the focus of a specific action *A Healthier Wales*.

The **'Together for Mental Health' Delivery Plan 2019-22** has been updated to reflect the impact Covid-19. We are prioritising service redesign to improve prevention, tackle stigma and promote a 'no wrong door' approach to mental health support. This approach will include rolling out child and adolescent mental health services in schools across Wales, increasing support for both staff and patients in our health and care systems, and providing an additional **£991,200** for a further year for the healthy and active fund to support mental health.

**Digital and Technology** - Significant and accelerated investment in digital technology has enabled rapid service transformation and the continuation of essential services in a safe environment during the pandemic.

In June we announced an investment of **£25m** for **new technology imaging equipment** as part Covid-19 recovery plans for cancer services. Digital tools that have proved so valuable to health and care staff over the past 18 months will now be rolled out further across our systems, and Digital Health and Care Wales have been commissioned to provide access for community pharmacy teams.

Following the review that Welsh Government commissioned into ePrescribing the recommendations are being taken forward and Digital Health and Care Wales are **establishing an ePrescribing Programme** for Wales to introduce efficiencies into our system and enable accurate detection of disease through artificial intelligence.

In collaboration with the University of Wales Trinity Saint David and Wales Institute of Digital Information a **Digital Pathway for Health and Care Professions** has been developed to enable staff to gain competence and confidence in their digital skills. Funding has also been provided to support digital nursing scholarships.

**System Recovery and New Models of Care** – In March 2021 we published '**Health and social care in Wales - COVID-19: looking forward**' to set out how we will build better, fairer and more equal services to deal with the long term impacts of the pandemic. We announced in May 2021 a **£100m investment to kick start the health and care system recovery** from Covid-19. This money is supporting new equipment, staff, technology and new ways of working to help health boards improve services across primary, community and hospital care, by increasing capacity and reduce waiting times as they begin resuming non-emergency care following the pandemic. This was supplemented with an **additional £411m** in August for the ongoing costs of dealing with the pandemic until April 2022 and **£140m** for **recovery and tackling waiting times**.

Transforming access to **urgent and emergency care** has been supported with **recurring funding of £25m**. This funding will support three models of care for urgent and emergency services.

**Planning** - The **National Clinical Framework** was published in March 2021, alongside the first two **Quality Statements** for cancer and heart conditions. The Framework sets out a health system that is coordinated nationally and delivered locally or through regional collaborations. This is complemented by the Statements

which highlight the outcomes and standards we expect to see in high quality, patient focussed NHS services. Statements covering Critical Care, Diabetes, Renal and Urgent and Emergency Care are under development. These tools will help us achieve the third element of the Quadruple Aim; higher value health and social care.

**Workforce** - Welsh Government are working with NHS employers, clinical psychologists, Social Services and trade unions to focus on staff wellbeing and ensure that there is a robust multi-layered support offer for health and social care staff to access the right care at the right time.

The delivery of service transformation requires a workforce that is equipped with the expertise, skills and confidence to drive the redesign of our systems, and for the better. We are therefore investing over **£9m** in new **Intensive Learning Academies** that will help deliver transformational training and support across preventative health, Value-Based Health and Care, digital leadership and innovation in health and social care. These new specialised academies, the first of their kind, will offer exciting opportunities for leaders and aspiring leaders from across all sectors who are committed to establishing new ways of evidence-based working through partnership.

### **Recovery from COVID-19**

COVID-19 has had a profound impact on society and on services. The link below describes the impact on health and social care, some of the lessons learnt and priorities as we move towards recovery. The response brought out the best in staff across the public services, who have worked tirelessly for the last year to keep as many services going as possible.

Many services have had to be reduced, and many people are waiting for the care and support they require. It is the same staff who have worked so hard on whom we will depend as services emerge from the pandemic response. Supporting the wellbeing of our staff must be a key priority, and the pace of recovery must take this into account. As well as looking after the wellbeing of our workforce, we will continue the drive towards implementing the prudent healthcare principles and create a larger pool of staff able to operate in new ways.

A Healthier Wales remains the guiding statement of the future direction for our health and social care system. Recovery will not be easy and we know it will take many years. It is only through collective efforts that we will successfully recover from the devastating, wide ranging impacts of COVID-19.

Initial plans for 2021/22 will be produced by individual organisations by the end of March, with support and guidance from Welsh Government. These plans will set out the local assessment of the impact of COVID-19 and the proposals organisations have as we move into the next phase and towards recovery. We will expect to see strong regional collaboration as plans are developed, recognising the wide range of impacts from COVID-19 as outlined in this document. At a national level, existing programmes for example in primary care, planned care or mental health will continue to support consistent approaches to pathway design, service models and standards.

Please find below the link to Welsh Government's overarching recovery plan, Health & Social Care in Wales – Covid-19: Looking Forward (published in March 2021):

[https://gov.wales/sites/default/files/publications/2021-03/health-and-social-care-in-wales--covid-19-looking-forward\\_0.pdf](https://gov.wales/sites/default/files/publications/2021-03/health-and-social-care-in-wales--covid-19-looking-forward_0.pdf)

The Minister for Health and Social Services recognises that as a country we must continue to respond to the immediate challenges of COVID, whilst also turning our attention to longer-term sustainability and improving population health. We must invest in recovery, tackle health inequalities, improve mental health provision by giving parity between physical and mental health conditions, and focus on prevention. The Minister is deeply committed to supporting our health and care workers who have been and remain at the forefront of our efforts.

The timetable for the development of the Integrated Medium Term Plans (IMTPs) is shown below:

- Planning Framework issued to NHS Wales – November 2021
- NHS Wales to review and plan over winter 2021
- Welsh Government engagement with NHS organisations to discuss draft plans – January 2022
- Confirmation to Welsh Government to submit IMTP – 15 January 2022
- Plans submitted to Welsh Government by 28 February 2022
- Welsh Government review of plans and consideration of risks – March/April 2022
- Progress engagement on development of measures for Outcomes Framework for Health and Social Care to be published in 2022

Please find below the link to the most recent NHS Wales Planning Framework 2022-25 (published November 2021): <https://gov.wales/nhs-wales-planning-framework-2022-2025>

## Vaccination Statistics<sup>7</sup>

### Vaccination

Individuals who have received at least one dose of COVID-19 vaccine*	<b>2,506,323</b>
Individuals who have received at least two doses of COVID-19 vaccine*	<b>2,359,337</b>
Individuals who have received a three dose primary course of COVID-19 vaccine*	<b>53,482</b>
Individuals who have received a booster dose of COVID-19 vaccine*	<b>1,816,545</b>

As of January 25 2022, the population of Wales is at 3,170,000, the figures above suggest that:

- 79.06% of the Wales population have received one dose of COVID-19 vaccine

<sup>7</sup> <https://phw.nhs.wales/>. 2021. *Vaccination Statistics*. [online] Available at: <https://public.tableau.com/app/profile/public.health.wales.health.protection/viz/RapidCOVID-19virology-Public/Headlinesummary> [Accessed 25 January 2022].



- 74.43% of the Wales population have received two doses of COVID-19 vaccine
- 1.68% of the Wales population have received three dose primary course of COVID-19 vaccine
- 57.30% of the Wales population have received a booster dose of COVID-19 vaccine

### Uptake by priority group and age, counting individuals once only in their highest priority group<sup>8</sup>

Priority Group	Group size (n)	Received 1st dose (n)	Completed primary course..	Received booster dose (..	1st dose uptake (%)	Primary course uptake* (%)	Booster dose uptake (%)
Severely Immunosuppressed	51,400	50,988	47,030	350	99.2%	91.5%	0.7%
Care home residents	13,859	13,632	13,507	12,491	98.4%	97.5%	90.1%
Care home workers	38,564	36,575	35,819	29,064	94.8%	92.9%	75.4%
80 years and older	147,316	141,428	140,521	134,374	96.0%	95.4%	91.2%
Health care workers	143,459	139,788	138,095	121,579	97.4%	96.3%	84.7%
Social care workers	46,573	45,837	45,430	39,441	98.4%	97.5%	84.7%
Aged 75-79 years	122,545	118,802	118,146	114,357	96.9%	96.4%	93.3%
Aged 70-74 years	171,751	165,456	164,500	159,094	96.3%	95.8%	92.6%
Clinically extremely vulnerable	52,922	49,469	48,503	43,299	93.5%	91.6%	81.8%
Aged 65-69 years	154,599	146,715	145,425	139,378	94.9%	94.1%	90.2%
Clinical risk groups aged 12-64 years	356,019	322,913	312,573	262,794	90.7%	87.8%	73.8%
Aged 60-64 years	108,860	99,722	98,382	92,254	91.6%	90.4%	84.7%
Aged 55-59 years	132,066	117,979	116,016	105,150	89.3%	87.8%	79.6%
Aged 50-54 years	140,335	122,680	120,190	104,547	87.4%	85.6%	74.5%
Aged 40-49 years	262,553	214,709	207,570	160,198	81.8%	79.1%	61.0%
Aged 30-39 years	317,774	241,289	226,482	143,342	75.9%	71.3%	45.1%
Aged 18-29 years	402,067	310,434	282,036	150,272	77.2%	70.1%	37.4%
Aged 16-17 years	65,123	50,933	40,658	7,430	78.2%	62.4%	11.4%
Aged 12-15 years***	163,893	100,590	50,588	59	61.4%	30.9%	

### Summary by health board/ trust of vaccination<sup>9</sup>

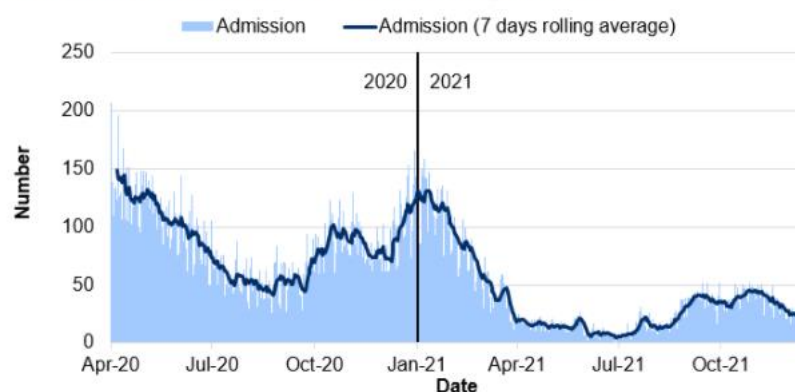
Vaccinating Local Health Board/ Trust	Total doses
Aneurin Bevan University Health Board	1,275,263
Betsi Cadwaladr University Health Board	1,463,176
Cardiff and Vale University Health Board	1,034,361
Cwm Taf Morgannwg University Health Board	978,008
Hywel Dda University Health Board	821,213
Powys Teaching Health Board	308,402
Swansea Bay University Health Board	785,816
Public Health Wales	650
Velindre NHS Trust	14,940
Unknown	422
<b>Wales total</b>	<b>6,682,251</b>

<sup>8</sup> <https://phw.nhs.wales/>. 2021. *Vaccination Statistics*. [online] Available at: <https://public.tableau.com/app/profile/public.health.wales.health.protection/viz/RapidCOVID-19virology-Public/Headlinesummary> [Accessed 25 January 2022].

<sup>9</sup> <https://phw.nhs.wales/>. 2021. *Vaccination Statistics*. [online] Available at: <https://public.tableau.com/app/profile/public.health.wales.health.protection/viz/RapidCOVID-19virology-Public/Headlinesummary> [Accessed 25 January 2022].

Table 9.1 – Patients admitted to hospital as suspected or confirmed with COVID-19 from 1 April 2020 – Oct 2021<sup>10</sup>

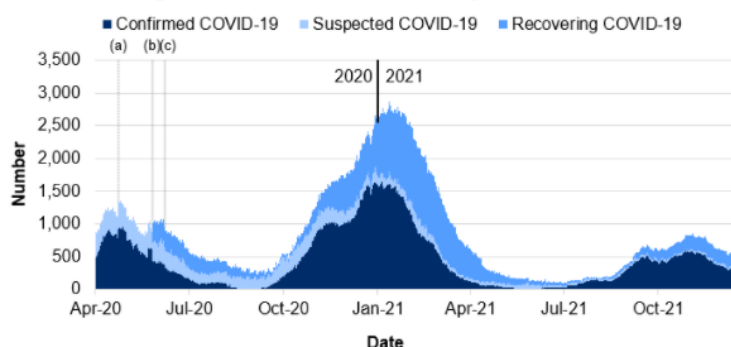
**Chart 1: Patients admitted to hospital as suspected or confirmed with COVID-19, from 1 April 2020**



Source: Digital Health and Care Wales (DHCW)

Table 9.2 – Number of people in hospital as suspected, confirmed or recovering with COVID-19 from 1 April 2020 – Oct 2021<sup>11</sup>

**Chart 2: Number of people in hospital as suspected, confirmed or recovering with COVID-19, from 1 April 2020**



Source: Digital Health and Care Wales (DHCW)

(a) From 23 April 2020, data from community hospitals are included.

(b) From 26 May 2020, a new category for recovering patients was introduced.

(c) From 7 June 2020, Aneurin Bevan started reporting recovering patients but these were previously captured in the confirmed COVID-19 category.

<sup>10</sup> GOV.WALES. 2021. *NHS Activity And Capacity During The Coronavirus (COVID-19) Pandemic: 16 December 2021* | GOV.WALES. [online] Available at: <https://gov.wales/nhs-activity-and-capacity-during-coronavirus-covid-19-pandemic-16-december-2021.html> [Accessed 16 December 2021].

<sup>11</sup> GOV.WALES. 2021. *NHS Activity And Capacity During The Coronavirus (COVID-19) Pandemic: 16 December 2021* | GOV.WALES. [online] Available at: <https://gov.wales/nhs-activity-and-capacity-during-coronavirus-covid-19-pandemic-16-december-2021.html> [Accessed 16 December 2021].

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## COMMISSIONING TRENDS - HEALTH PROFESSIONAL STAFF

Staff Group	2021	2020	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999	1998
Pre Registration Nursing	2202	1,987	1,911	1,911	1,750	1,418	1,283	1,053	1,011	919	1,035	1,070	1,179	1,095	1,079	1,271	1,265	1,247	1,387	1,291	990	1,113	976	905
Midwifery	185	161	134	134	134	94	94	94	109	107	102	123	110	95	90	100	97	97	100	120	96	86	70	72
District Nurses	80	80	80	80	80	41	41	24	31	20	26	30	26	28	45	71	68	71	65	57	62	69	50	52
DN (Modules)	123	123	123	123	123	123	123	163	172	100	50	40	40	98										
Health Visitors	92	92	92	90	82	71	66	49	39	31	31	36	46	36	36	37	47	53	62	55	48	36	44	44
Health Visitors (Modules)	30	30	30	30	40																			
CPNs	30	30	30	30	39	21	27	23	13	26	20	21	21	21	13	23	15	17	34	34	30	40	16	35
CPN (Modules)	60	60	60	60	40	48	48	40	40	30	20	20	20	20										
CLDNs	0	0	0	0	0	12	12	0	0	5	0	2	3	2	3	6	5	10	10	14	10	13	7	15
CLDNs (Modules)	10	0	10	10	10	12	12	7	8	0	4	10	6	4										
School nurse	30	19	19	19	19	18	18	18	18	27	22	24	24	24	22	21	21	24	20	17	13	6	0	0
School nurse (modules)	0	3	3	3	3	2	2	6	10	0	25													
Practice nurses	30	20	20	20	20	1	1	14	12	39	16	16	18	16	20	23	17	11	15	15	23	0	0	0
PN (Modules)	50	29	29	29	29	29	34	18	8	10	12	16	16	16										
CCN (p/t)	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Paediatric nurses	0	7	0	0	16	12	12	11	13	10	8	6	9	7	2	15	10	7	13	15	0	0	0	0
Paed. nurses (Modules)	24	10	24	24	24	3	3	13	8	3	8	8	8	8										

Staff Group	2021	2020	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999	1998
Occupational Therapists	179	163	133	133	121	116	111	88	79	71	69	102	100	93	81	98	91	106	112	79	65	45	40	37
Physiotherapists	174	164	147	147	134	134	121	96	89	103	90	90	95	85	82	86	101	126	140	115	91	77	73	67
Speech & Language Therapy	49	49	44	44	0	44	44	37	30	25	36	43	35	35	54	44	40	39	40	38	33	33	33	27
Dietetics	40	40	30	30	30	42	38	30	33	28	30	36	40	34	22	24	24	30	31	28	28	28	28	27
Post grad. Dietetics	20	20	12	12	12									12	11	12	12	14	15	15	15	15	15	30
Podiatry	27	24	24	24	24	20	20	26	15	24	24	31	30	26	28	26	26	26	27	28	28	28	28	21
Orthoptics	0	5	5	5	5	5	5	5	3	2	0	0	0	0	0									
Medical Photography	7	5	5	5	5	4	4	4	3	3	2	2	2	2	2	3	3	3	3	3	3	3	3	3
ODPs	49	49	49	49	49	39	39	46	44	28	32	29	30	25	23	32	32	39	41	36	33	32	14	14
Surgical Care Pracs	0	0	0	0	0	0	0	0	0	0	0	0	8	8										
Physicians Associate	61	60	42	32	32	27																		
Clinical Psychologists	32	29	27	27	27	27	27	26	25	21	16	18	19	18	18	21	21	21	20	19	18	15	15	15
Pharmacists - Pre Reg.	160	40	50	41	41	38	38	40	40	39	43	45	43	38	36	40	40	40	40	36	34	4	30	30
Pharmacists Dip & Techs	77	99	85	75	75	60	60	62	63	63	41	54	66	54	51	66	64	50	53	21	20	19	14	12
Dental Hygienists	18	18	18	18	18	18	18	10	12	10	7	9	11	9	9	9	9	9	9	8	8	7	7	6
Dental Therapists	13	13	13	13	13	13	13	12	11	11	6	8	11	8	8	8	8	8	8	7	7	6	6	0
Ambulance Paramedics	105	115	85	76	86	69	94	36	25	24	40	57	75	101	70	90	85	85	70	57	48	48	40	48

Staff Group	2021	2020	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999	1998
Diagnostic Radiographers	166	140	112	112	112	102	92	73	58	56	51	58	55	51	51	54	49	61	63	61	57	49	27	33
Therapeutic Radiographers	26	22	20	20	20	22	21	21	23	23	15	17	17	17	21	15	13	14	15	14	13	12	8	7
Asst Practitioners Radiography	12	12	12	12	12	0	0	17	12	15	17	18	21	10	19	13								
PTP																								
BMS - Blood/Infection/Cellular/Genetics	25	24	21	21	21	23	27	26	28	0	27	45	45	45	43	53	45	49	51	44	34	34	24	35
HE Cert in Audiological Practice	13	15																						
Clinical Physiologists - Cardiac																								
Physiology/Audiology/Respiratory and Sleep Science	44	39	45	47	47	33	27	30	27	0	34	30	32	40	44	35	35	30	28	23	20	14	10	6
Neuro Physiology	3	4	3	3	3	3	4	5	5	3														
Medical Radiation Techs - Nuclear Medicine & Radiotherapy Physics	6	3	3	3	3	3	3	2	5	0	3	3	4	3	3	3	3	7	7	4	2	2	0	2
Clinical Engineering in Rehab	4	2	3	3	2	1	1	2	1															
Medical Engineering	4	0	0	0	0		1																	
STP																								
Audiological Scientists/Neurosensory Sciences	5	6	6	3	3	5	4	3	4	3	3	3	3	3	3	3	5	5	3	2	2	1	1	1
Neurophysiology	2	0	2	2																				
Respiratory and sleep science	2	1	3																					
Reconstructive Science	0	0	1																					
Cardiac Physiology	7	3	1	3																				
Haematology and Transfusion Science	0	1																						
Biochemists/Blood Sciences	0	4	2	0	3	3	5	3	0	2	2	3	2	2	2	2	1	2	1	1	1	1	1	1
Cytogeneticists	0	0	0	0	0	0	0	0	0	0	1	1	1	1	1	1	2	2	1	1	1	1	2	1
Medical Physics/Radiotherapy Physics/INIR/IIR	11	7	3	3	4	4	5	4	3	4	4	5	4	4	3	3	5	6	5	4	3	2	2	2
Molecular Geneticist/Genomics/	1	1	1	1	1	1	1	0	0	0	1	0	0	1	0	1	1	1	1	1	1	1	0	1
Cancer Genomics	1	1	1	1																				
Genomic Counselling	1	2																						
Bioinformatics	1	1	1	2	1																			
Tissue Typing/Immunology/Histocompatibility	0	0	0	0	0	0	2		1	0	0	1	1	0	1	0	1	1	0	1	0	1	0	0
Clinical Engineering/DRMG	3	2	1	2	4	1	3	3	4	3	2	2	1	2	2	2	1	2	2	1	0	0	0	0
Cellular Science/Embryology/Andrology	1	1	2	0	0	2	1	0	2															
Infection Science - Clinical Microbiology	0	2	0	3	3	0	1	0	1															
HSST																								
Life Sciences - Genetics/Genomics	0	0	0	0	1	1																		
Microbiology/Infection	2	1	0	1																				
Life Sciences - Molecular Pathology of acquired disease	0	0	0	1	0	1																		
Physical Sciences and Biomedical Engineering - Medical Physics (Radiotherapy/radiation protection)	2	1	1	1	1	1																		
Physical Sciences and Biomedical Engineering - Clinical Biomedical Engineering	0	0	1	0	1	1																		
Bioinformatics	2	0	1																					
Audiology	0	1	0	0	1																			
Histocompatibility & Immunology	0	3	1	0	1																			
Transfusion Science	0	0	0	1																				

