Llywodraeth Cymru
Welsh Government

# Review Body on Doctors' and Dentists' Remuneration

# EVIDENCE FROM THE WELSH GOVERNMENT'S HEALTH AND SOCIAL SERVICES GROUP FOR 2023 – 2024

**11 January 2023**

## 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 report.

## 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. 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 for the caveats on the information provided.

## Contents

## 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 19 December, the Minister for Health and Social Services, Eluned Morgan, sent a remit letter stating the following:-

*In this pay round I would like your advice on what would be a fair and affordable pay rise for staff to recognise their dedication and continued hard work whilst the NHS is supporting the recover efforts. The pay award should address motivation, recruitment and retention to ensure the NHS delivers service needs. I am also very conscious of the continued inflationary pressures felt by us all and the impact on take home pay from energy, mortgage and food costs.*

*I urge you to make a pay rise recommendation that truly recognises the pressures on pay, the commitment and hard work of our NHS staff. However, affordability is a key issue for Welsh Government, in the absence of increased UK Government funding, any changes to NHS staff's terms and conditions will need to come from existing budgets that are already struggling with the inflationary costs, energy, and the cost-of-living crisis. Therefore, any consideration of NHS staff's pay and conditions will need to remain affordable.*

*For SAS Doctors I am not remitting for those on multiyear deals. However, for Specialty Doctors you will be aware that I took the decision to freeze the top of the 2008 Specialty Doctor Contract until it is aligned to the top of the 2021 contract, as explained this was on the grounds to preserve the integrity of the new contract pay scales. Also my overriding objective for making this decision was to not undermine the transition and implementation of the reformed 2021 contract by discouraging doctors from transferring to the 2021 contract from the 2008 contract on grounds of pay. Welsh Government's policy is to ensure the 2021 contract benefits can be fully realised i.e. improved terms and conditions for doctors, leading to better services and patient experience along with addressing long standing safety and wellbeing concerns for this group of doctors.*

*However, given the strength of feeling towards this decision from the Welsh SAS Committee, I have asked the committee to work in social partnership with my officials and employers to look again if there are other options not considered to align the top pay points of the two contracts (2008 and 2021), however I stressed any proposals needs to be on a cost neutral basis and should not undermine our policy objective of encouraging movement to the 2021 contract.*

*I would also welcome any observations from the pay review body in relation to this. I have also noted that DHSC have asked that you give very careful consideration to the impact any such recommendations might have on the integrity of the agreed reforms to the contract and on the delivery of their intended benefits as these would equally apply in Wales.*

The NHS in Wales

As of August 2022, the NHS in Wales directly employed 104,379 staff. Of this figure 64,477 are employed full time. 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.

NHS Executive

- Setting up an NHS Executive is an essential part of making our health system fit for the future. Its key purpose will be to drive improvements in the quality and safety of care - resulting in better and more equitable outcomes, access and patient experience, reduced variation, and improvements in population health.

- The decision to establish an executive function was first announced in *A Healthier Wales* in 2018, and then reconfirmed in the latest Programme for Government. This decision was based on the findings and recommendations of both the Organisation for Economic Cooperation and Delivery (OECD) Quality Review and the Parliamentary Review of the long-term future of Health and Social Care, published in 2018. Both of these reviews called for a stronger centre, additional transformation capacity and streamlining of current structures.

- Work to establish the NHS Executive was paused in early 2020 to ensure that the resources of the Health and Social Services Group could be focused on other urgent matters. Firstly, preparation for EU exit, followed by the need to focus efforts on the Covid-19 response.

- However, the pandemic has given us an opportunity to rethink how to establish the NHS Executive, learning lessons from that experience and ensure that we can do that successfully within the current outlook. A number of models were explored, taking into account views that had been expressed by stakeholders. However, one of the key considerations was to establish the NHS Executive with as little disruption to the health system as possible.

- Building on learning from the pandemic, the NHS Executive will now be established through a hybrid model. Not only is this a quicker and more agile option, it also avoids putting in place an additional statutory tier and the need to transfer powers or large scale staff transfers, which would be an unnecessary distraction at this time.

- The NHS Executive will comprise a small team in Government which will oversee and direct a much bigger national resource based within the NHS, comprising initially of:

    - NHS Wales Health Collaborative
    - Delivery Unit
    - Finance Delivery Unit
    - Improvement Cymru

- The expectation is that the NHS Executive will also work alongside other national bodies such as HEIW and DHCW, to deliver the ambitious strategies that have been set out.

- Working on behalf of Welsh Government, the NHS Executive will provide strong leadership and strategic direction – enabling, supporting and directing, where necessary, NHS organisations to deliver national priorities and standards, and safeguard and improve the quality and safety of care.

- Aligned to this, the initial core areas the NHS Executive will cover include:
    - **Quality, safety and improvement** – including reinforcing and refocusing national leadership for quality improvement, patient safety and transformation;

    - **Planning** – including developing national and regional planning capability and support for national decision making alongside regional and local delivery; and
    - **Oversight and assurance** – including enabling stronger performance management arrangements, financial control, and capacity to challenge and support organisations that are not operating as expected.

- However, this is not an exhaustive list and will be refined as part of the implementation programme and the component functions of each worked through. Equally, as the NHS Executive matures, these may develop over time.

- Establishing the NHS Executive will not change statutory accountability mechanisms. All NHS organisations are already directly accountable to Ministers, and the Welsh Government, and will continue to be.

- Ministers will also continue to set priorities, targets and outcome measures for the NHS. However, the NHS Executive will provide additional capacity at a national level to oversee and support delivery of these priorities.

- The focus is now on implementing this hybrid model and the aim is to have made significant progress on how the NHS Executive should operate by the end of the year and bring it into being in early 2023.

- A formal implementation programme, including a Steering Group involving representatives from Welsh Government and the NHS, has been set up to advise and support delivery. As part of this the key building blocks that will need to be in place, including detail on the functions the NHS Executive will exercise, the governance model it will require to be operational and the priorities it will need to deliver, are being worked through.

## Chapter 2 – Economic Outlook in Wales

### ***Current Economic Conditions***

- A severe squeeze on household incomes caused by higher inflation has pushed the economy into what is likely the early phase of a recession. The latest GDP estimates for the UK economy highlight that output decreased by 0.2% in the third quarter compared with the prior quarter. A similar outcome likely prevailed in Wales.

- Consistent with decreasing output, the latest Labour Force Survey (LFS) data which cover the three months to July – September 2022 reported reduced employment in Wales while economic inactivity increased.

- Despite these latest developments in employment and inactivity, the labour market across the UK is widely described as being 'tight' in the sense that the workforce has reduced in size and vacancy levels are extraordinarily high. On the latest data, there are 23,000 fewer workers in Wales as compared with the pre-pandemic position. In the UK, the number of economically inactive people is down by close to ½ a million. Working-age people have left the work-force mainly for reasons of ill-health and early retirement.

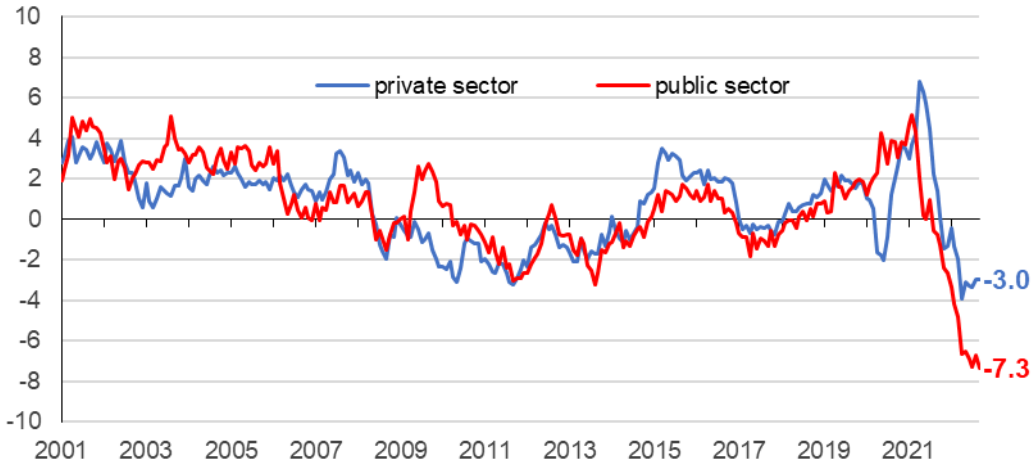
- As just mentioned, vacancy levels are elevated and this is particularly true in the health and social care sectors. Across all sectors, there is currently one vacancy for every unemployed worker; a ratio that is very rarely seen.

- Reduced numbers of economically active people is particularly challenging in a Wales context. This is because the population in Wales is already increasing only slowly and facing potentially actual decline notably in the population aged 16-64, which is most likely to be engaged in economic activity.

- High vacancy levels along with higher inflation has exerted significant pressure on private sector pay. Industrial disputes have increased significantly in frequency.

- Despite pay accelerating in the private sector, it has not kept pace with inflation so that real terms pay is decreasing. In the public sector, the pay squeeze is much more intense than in the public sector. Public sector average weekly earnings after taking inflation into account are decreasing by more than 7.0%. Against this background, it is increasingly difficult for the public sector to recruit and retain staff.

**Table 01 Annual % change in weekly pay adjusted for inflation**




Source: calculated from Office for National Statistics data

- It is also the case that the economy's capacity to produce goods and services has hit capacity constraints earlier than policy makers had expected. Coming up against these constraints has contributed to inflation although the primary driver has been a global energy price shock. Even so, the Bank of England has responded to higher prices by raising interest rates from 0.1% last December to 3.0%.

- Unexpectedly high inflation has placed substantial strain on the Welsh Government's budget, substantially eroding the settlement provided for 2022-23 to 2024-25 in October 2021's Spending Review.

***Future Growth Forecasts***

- New economic forecasts from the Bank of England and the Office for Budget Responsibility (OBR) show output or GDP contracting again in the current (fourth) quarter. Two consecutive quarters of decreasing output or GDP is the conventional definition of a recession.

- On the Bank's forecast, recession will continue until mid-2024 with GDP dropping by a cumulative 2.9%. By then, GDP would be 3.1% below the pre-pandemic level. The OBR's forecasted recession does not last as long as the recession expected by the Bank with the cumulative decrease in GDP smaller but still significant at 2.0%.

- The impending recession is not expected to be as deep as either the pandemic induced downturn when output decreased by 23.1% or the financial crisis when output fell by 6.3%

- The economy is going into recession in a weaker position than other G7 economies as all other G7 economies, except the UK, have regained pre-pandemic GDP levels.

- The OBR expects UK unemployment to increase from the current rate of 3.6% to 4.9% by mid-2024. An equivalent increase in Wales would translate into 20,000 to 25,000 more people in unemployment. The Bank of England expects unemployment in the UK to increase to 6.4% which would translate into potentially around 40,000 more people in unemployment in Wales.

- Real household disposable income (RHDI) per person, a key measure of living standards, will, says the OBR, decrease by 4.3% in 2022-23, which would be the largest single year decline since official records began in 1956-57. The following year, RHDI is expected to decrease by 2.8% - which would be the second largest fall on record. The cumulative 2-year decrease of more than 7% would, therefore, be unprecedented.

- The economy's prospects have been weakened substantially by the decision to leave the EU. According to the OBR, Brexit will reduce GDP by 4.0% compared with the level that would otherwise be realised. This is equivalent to approximately £1,500 per person in today's prices. Already, around half that damage has probably occurred.

- A key channel through which Brexit is damaging the economy is through reduced trade with adverse knock-on adverse impacts on investment and productivity. The OBR sees productivity growth decreasing next year and then post improvements that are lower than the long-term average of approximately 2.0%.

- 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. Accordingly, the OBR's forecast for the UK economy is relevant to the outlook for the Welsh economy. The table below provides a summary of the OBR forecast.

## Table 02 - Overview of OBR's UK Economy Forecast Published in November 2022

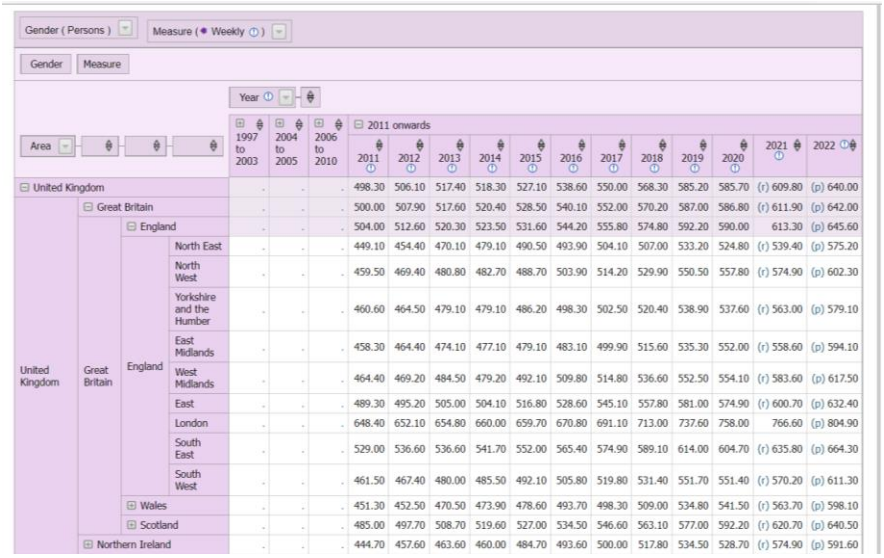
| | Percentage change on a year earlier, unless otherwise stated | | | | | | |
|---|---|---|---|---|---|---|---|
| | Outturn | Forecast | | | | | |
| | 2021 | 2022 | 2023 | 2024 | 2025 | 2026 | 2027 |
| ***Output at constant market prices*** | | | | | | | |
| Gross domestic product (GDP) | 7.5 | 4.2 | - 1.4 | 1.3 | 2.6 | 2.7 | 2.2 |
| GDP per capita | 6.9 | 4.0 | -1.8 | 1.0 | 2.3 | 2.3 | 2.0 |
| GDP levels (QTR 4 2019 = 100) | 95.4 | 99.4 | 98.0 | 99.2 | 101.9 | 104.6 | 106.9 |
| Output gap[1] | 1.4 | 1.0 | -2.5 | -2.5 | -1.5 | -0.5 | 0.0 |
| ***Expenditure components of real GDP*** | | | | | | | |
| Household consumption | 6.2 | 4.7 | -1.9 | 1.1 | 2.5 | 2.2 | 1.9 |
| General government consumption | 12.6 | 2.1 | 4.8 | 1.6 | 0.8 | 1.6 | 1.6 |
| Business investment | -0.1 | 4.9 | -2.1 | 3.1 | 8.2 | 6.6 | 4.8 |
| General government investment | 7.2 | 3.8 | 10.7 | -0.8 | -2.2 | -1.4 | -1.6 |
| Exports | -0.3 | 5.1 | -2.8 | 0.1 | 1.1 | 0.5 | 0.2 |
| Imports | 2.8 | 11.2 | -5.5 | -0.2 | 0.9 | 0.2 | 0.0 |
| ***Inflation & Income*** | | | | | | | |
| CPI | 2.6 | 9.1 | 7.4 | 0.6 | - 0.8 | 0.2 | 1.7 |
| Real household disposable income per person (fiscal years) | 0.3 | - 4.3 | - 2.8 | 1.8 | 2.4 | 2.0 | 1.5 |
| ***Labour market*** | | | | | | | |
| Labour productivity per hour | 0.9 | 0.3 | -0.8 | 0.9 | 1.5 | 1.6 | 1.4 |
| Employment (million) | 32.4 | 32.7 | 32.8 | 32.7 | 32.9 | 33.3 | 33.6 |
| Average earnings | 5.3 | 5.9 | 4.2 | 1.7 | 1.7 | 1.9 | 2.7 |
| LFS unemployment (rate, per cent) | 4.5 | 3.6 | 4.1 | 4.9 | 4.7 | 4.3 | 4.2 |

[1] Output gap measures the extent to which output is above or below its sustainable level. A -output gap implies the economy is operating below potential capacity and a + gap implies it is operating above potential capacity

### 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 03 – Average (median) gross weekly earnings by UK Country 2022[1]



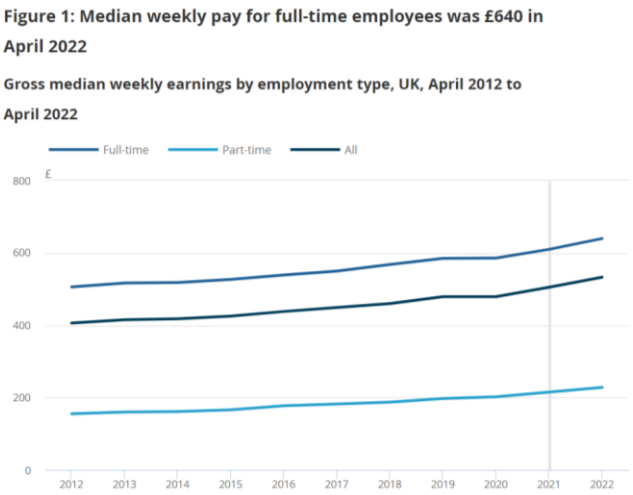
Gender ( Persons ) | Measure ( Weekly )

| Area | | | | Year: 1997 to 2003 | 2004 to 2005 | 2006 to 2010 | 2011 onwards: 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| United Kingdom | | | | . | . | . | 498.30 | 506.10 | 517.40 | 518.30 | 527.10 | 538.60 | 550.00 | 568.30 | 585.20 | 585.70 | (r) 609.80 | (p) 640.00 |
| United Kingdom | Great Britain | | | . | . | . | 500.00 | 507.90 | 517.60 | 520.40 | 528.50 | 540.10 | 552.00 | 570.20 | 587.00 | 586.80 | (r) 611.90 | (p) 642.00 |
| United Kingdom | Great Britain | England | | . | . | . | 504.00 | 512.60 | 520.30 | 523.50 | 531.60 | 544.20 | 555.80 | 574.80 | 592.20 | 590.00 | 613.30 | (p) 645.60 |
| United Kingdom | Great Britain | England | North East | . | . | . | 449.10 | 454.40 | 470.10 | 479.10 | 490.50 | 493.90 | 504.10 | 507.00 | 533.20 | 524.80 | (r) 539.40 | (p) 575.20 |
| United Kingdom | Great Britain | England | North West | . | . | . | 459.50 | 469.40 | 480.80 | 482.70 | 488.70 | 503.90 | 514.20 | 529.90 | 550.50 | 557.80 | (r) 574.90 | (p) 602.30 |
| United Kingdom | Great Britain | England | Yorkshire and the Humber | . | . | . | 460.60 | 464.50 | 479.10 | 479.10 | 486.20 | 498.30 | 502.50 | 520.40 | 538.90 | 537.60 | (r) 563.00 | (p) 579.10 |
| United Kingdom | Great Britain | England | East Midlands | . | . | . | 458.30 | 464.40 | 474.10 | 477.10 | 479.10 | 483.10 | 499.90 | 515.60 | 535.30 | 552.00 | (r) 558.60 | (p) 594.10 |
| United Kingdom | Great Britain | England | West Midlands | . | . | . | 464.40 | 469.20 | 484.50 | 479.20 | 492.10 | 509.80 | 514.80 | 536.60 | 552.50 | 554.10 | (r) 583.60 | (p) 617.50 |
| United Kingdom | Great Britain | England | East | . | . | . | 489.30 | 495.20 | 505.00 | 504.10 | 516.80 | 528.60 | 545.10 | 557.80 | 581.00 | 574.90 | (r) 600.70 | (p) 632.40 |
| United Kingdom | Great Britain | England | London | . | . | . | 648.40 | 652.10 | 654.80 | 660.00 | 659.70 | 670.80 | 691.10 | 713.00 | 737.60 | 758.00 | 766.60 | (p) 804.90 |
| United Kingdom | Great Britain | England | South East | . | . | . | 529.00 | 536.60 | 536.60 | 541.70 | 552.00 | 565.40 | 574.90 | 589.10 | 614.00 | 604.70 | (r) 635.80 | (p) 664.30 |
| United Kingdom | Great Britain | England | South West | . | . | . | 461.50 | 467.40 | 480.00 | 485.50 | 492.10 | 505.80 | 519.80 | 531.40 | 551.70 | 551.40 | (r) 570.20 | (p) 611.30 |
| United Kingdom | Great Britain | Wales | | . | . | . | 451.30 | 452.50 | 470.50 | 473.90 | 478.60 | 493.70 | 498.30 | 509.00 | 534.80 | 541.50 | (r) 563.70 | (p) 598.10 |
| United Kingdom | Great Britain | Scotland | | . | . | . | 485.00 | 497.70 | 508.70 | 519.60 | 527.00 | 534.50 | 546.60 | 563.10 | 577.00 | 592.20 | (r) 620.70 | (p) 640.50 |
| United Kingdom | Northern Ireland | | | . | . | . | 444.70 | 457.60 | 463.60 | 460.00 | 484.70 | 493.60 | 500.00 | 517.80 | 534.50 | 528.70 | (r) 574.90 | (p) 591.60 |

* This data shows 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.

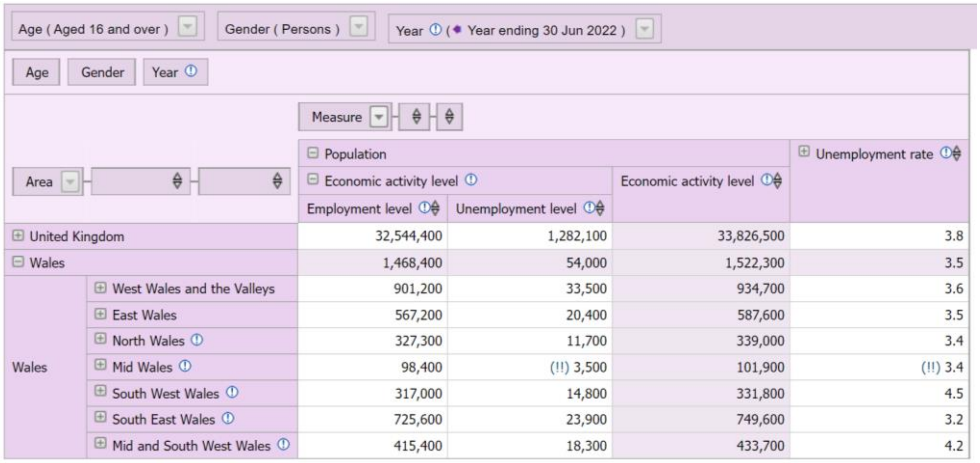
The table above shows that average weekly full time earnings in Wales are on the lower end of the spectrum at £598.10 compared to the UK average at £640.00.

Table 04 – Median weekly pay for full-time employees




[1]Statswales.gov.wales. 2022. *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 2022].

Table 05 - Annual labour market summary (16 or over) by Welsh local area and economic activity status – 2022[2]



Age ( Aged 16 and over ) | Gender ( Persons ) | Year ( Year ending 30 Jun 2022 )

Age | Gender | Year

Measure

| Area | | Population | | Economic activity level | Unemployment rate |
|---|---|---|---|---|---|
| | | Economic activity level | | | |
| | | Employment level | Unemployment level | | |
| United Kingdom | | 32,544,400 | 1,282,100 | 33,826,500 | 3.8 |
| Wales | | 1,468,400 | 54,000 | 1,522,300 | 3.5 |
| Wales | West Wales and the Valleys | 901,200 | 33,500 | 934,700 | 3.6 |
| | East Wales | 567,200 | 20,400 | 587,600 | 3.5 |
| | North Wales | 327,300 | 11,700 | 339,000 | 3.4 |
| | Mid Wales | 98,400 | (!!) 3,500 | 101,900 | (!!) 3.4 |
| | South West Wales | 317,000 | 14,800 | 331,800 | 4.5 |
| | South East Wales | 725,600 | 23,900 | 749,600 | 3.2 |
| | Mid and South West Wales | 415,400 | 18,300 | 433,700 | 4.2 |

*This data is 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 0.3 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.

[2] Statswales.gov.wales. 2022. *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 December 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.

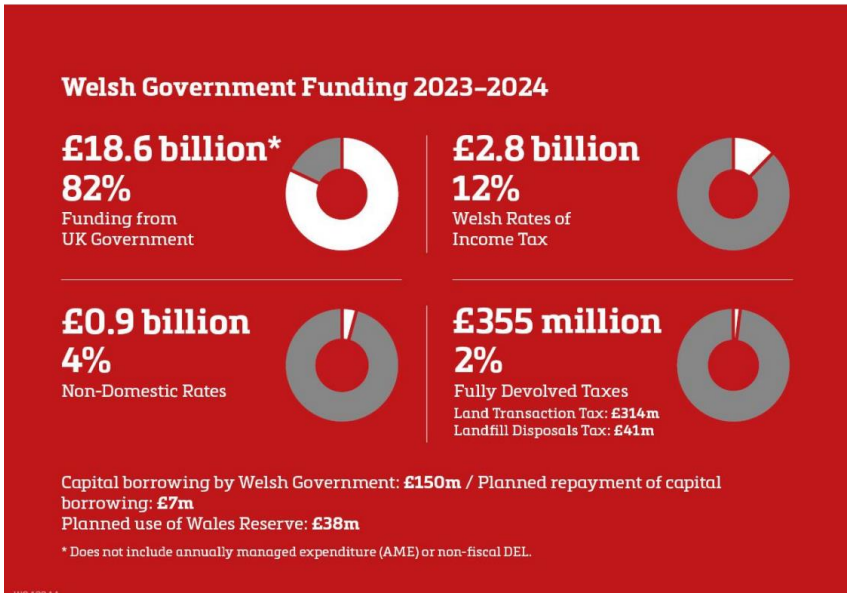
Funding is allocated to Wales through the UK Government Spending Rounds or Reviews and other Budget announcements. The amount for Wales is derived using the Barnett Formula.

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 consequentials.

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 2023 to 2024.

The Welsh Government receives its money from the following streams:



The Welsh Government was provided with expenditure limits for 2022-23 to 2024-25 following the UK Government's Spending Review in Autumn 2021. These limits were reflected in the Welsh Government's Final Budget for 2022- 23 alongside indicative spending plans for 2023-24 and 2024-25, which were published in March 2022.

The UK Government's recent Autumn Statement provided additional revenue of £666m in 2023-24 and £509m in 2024-25. The limits for the Welsh Government Resource Departmental Expenditure Limit (DEL) are now £18,916m and £19,152m for 2023-24 and 2024-25 respectively, before block grant adjustments. Our Capital Del budgets did not change as a result of the Autumn Statement.

Even with the additional resource funding outlined above, the high levels of inflation currently being experienced mean the Welsh Government's settlement is now worth less in real terms than when the spending envelopes were set. Depending on the inflation measure used, the settlement could be worth up to £3bn less in real terms over the three years covered by the Spending Review and £1bn less in 2023-24 alone.

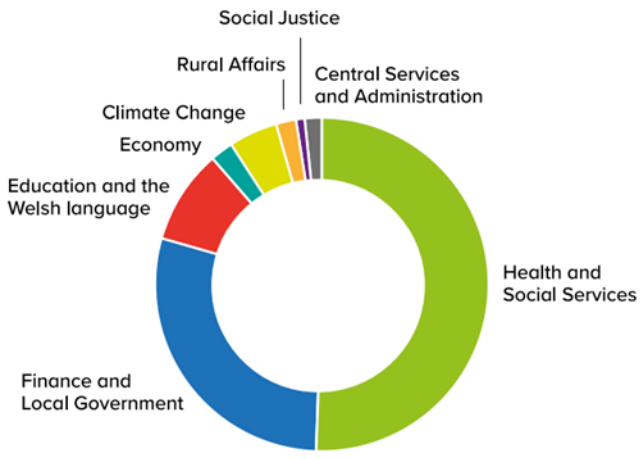
The Welsh Government and public services in Wales are funded through a combination of a block grant from the UK Government and revenue generated from taxes in Wales. In April 2015, financial responsibility for Non-Domestic rates (NDR) was devolved to Wales. Land Transaction Tax (LTT) and Landfill Disposals Tax (LDT) were introduced in Wales on 1 April 2018 – replacing stamp duty land tax and landfill tax, respectively – and are collected by the Welsh Revenue Authority (WRA). Welsh Rates of Income Tax (WRIT) were introduced on 6 April 2019 and are collected by HMRC. Taken together, WRIT, LTT, LDT and NDR will contribute around £4bn to the Welsh Government's budget in 2023-24, rising to £4.7bn in 2024- 25.

Table 06 - Breakdown of the Welsh Government's Budget

| MAIN EXPENDITURE GROUPS (MEGs) | | 2023-24 Draft Budget December 2022 | 2024-25 Indicative Draft Budget December 2022 |
|---|---|---|---|
| | | £000s | £000s |
| Health and Social Services | | 10,970,502 | 11,218,296 |
| Finance and Local Government | | 6,019,621 | 6,176,441 |
| Education and the Welsh Language | | 3,635,471 | 4,215,845 |
| Climate Change | | 2,900,407 | 2,751,752 |
| Economy | | 612,195 | 603,681 |
| Rural Affairs | | 447,234 | 469,034 |
| Social Justice | | 184,683 | 188,735 |
| Central Services and Administration | | 361,303 | 362,303 |
| **Total Allocations to Welsh Government MEGs** | | **25,131,416** | **25,986,087** |
| Unallocated Resource | Fiscal Resource | 854 | 116 |
| | Non-Fiscal Resource | 542,528 | 512,273 |
| Unallocated Capital | Financial Transactions | 57,842 | 112,085 |
| General Capital Over Allocation | | -98,542 | -98,840 |
| Senedd Commission | | 67,643 | 69,362 |
| Public Services Ombudsman for Wales | | 5,750 | 5,750 |
| Wales Audit Office | | 8,452 | 8,452 |
| Electoral Commission | | 1,250 | 1,250 |
| Direct Charges to the Welsh Consolidated Fund | | 763 | 778 |
| **TOTAL WELSH BUDGET** | | **25,717,956** | **26,597,313** |

## How are we planning to spend the money for Wales over the next year?

**Total revenue funding**



The Welsh Government's budget is divided across spending priorities through the Annual budget. The draft budget for 2022-23 was published on 13 December 2022.

Priorities for the draft budget

- This Draft Budget builds on the work undertaken last year as part of the 2022 Welsh Spending Review, which outlined indicative spending plans up to 2024-25. These were aligned to the delivery of the Programme for Government and our overarching aim to tackle climate change, while realising our ambitions to create a stronger, fairer and greener Wales.

- We have worked hard to maintain the delivery of our priorities as a Government in these challenging times, some of which may take longer to deliver, while protecting frontline public services and targeting support towards those most affected by the cost of living crisis. To ensure this, the Draft Budget has been focused on three key investment pillars to ensure we maximise the impacts of our available funding within our constrained settlement.

- We recognise and value our public services – they play an important role in our local communities as a source of support, help and employment. In Wales, we have always sought to invest in our public services, to protect them from the worst of the cuts imposed by successive UK Governments. But after a decade of austerity, Brexit and the experience of the pandemic, our public services are fragile; they do not have the resilience to withstand further economic shocks caused by high inflation, soaring energy prices and record demand.

- We will continue to invest in our public services to support them through these hard times and in this Draft Budget we will make additional funding available to the NHS, to local government and to education to help protect frontline services.

- We will also do all we can to provide help to those people and businesses most affected by the cost of living crisis – through schemes which help people in an emergency or put money back in people's pockets.

- In the absence of additional funding from the UK Government to support the second year of its Homes for Ukraine scheme, we will continue to fund our humanitarian response to people fleeing the conflict in Ukraine and seeking safety in Wales. We are proud of our reputation as a Nation of Sanctuary.

- Finally, we are doing all we can to support our economy during recessionary times while laying foundations for future prosperity. Our comprehensive non domestic rates relief package to help support businesses will continue and we will provide transitional relief during the revaluation. We will support employability measures to help people find work.

- We will also maintain our public investments by delivering on our commitments to improve public transport links, enable better connectivity in

Wales and ensure we continue our journey towards Net Zero.

Health and social services

Building on the allocations we outlined for 2023-24 and 2024-25, as part of our 2022 Welsh Spending Review, we have committed to invest a further £165m in health and social care in 2023-24, which will be baselined into 2024- 25.

Together with more than £9.4bn of existing funding, this will support our health service as it continues to respond to urgent and emergency care pressures and to reduce long waiting times, which built up during the pandemic. It will be doing this, while continuing to transform the way care is provided, with more services available closer to people's homes in local communities. Even with this uplift in funding however, there will be difficult choices for the NHS as it seeks to protect frontline services amidst the twin pressures of high inflation and rising energy costs.

This budget provides a year on year net increase for the Delivery of Core NHS Services in 2023-24 of £407.3million, with a further increase of £204million in 2024-25.

In addition to core NHS funding uplift the HSS budget also includes specific funding of:

- Mental health £75million for 2023-24, increasing to £90million by 2024-25
- Social care £55million, increasing to £60million by 2024-25 and;
- Childcare & early years £28million allocated in 2022-23, increasing to £30million in 2023-24.

Recurrent revenue funding of £170million for NHS recovery remains in place for 2023-24 and this funding will be allocated to the NHS to support the implementation of plans to strengthen planned care services and help reduce hospital waiting times.

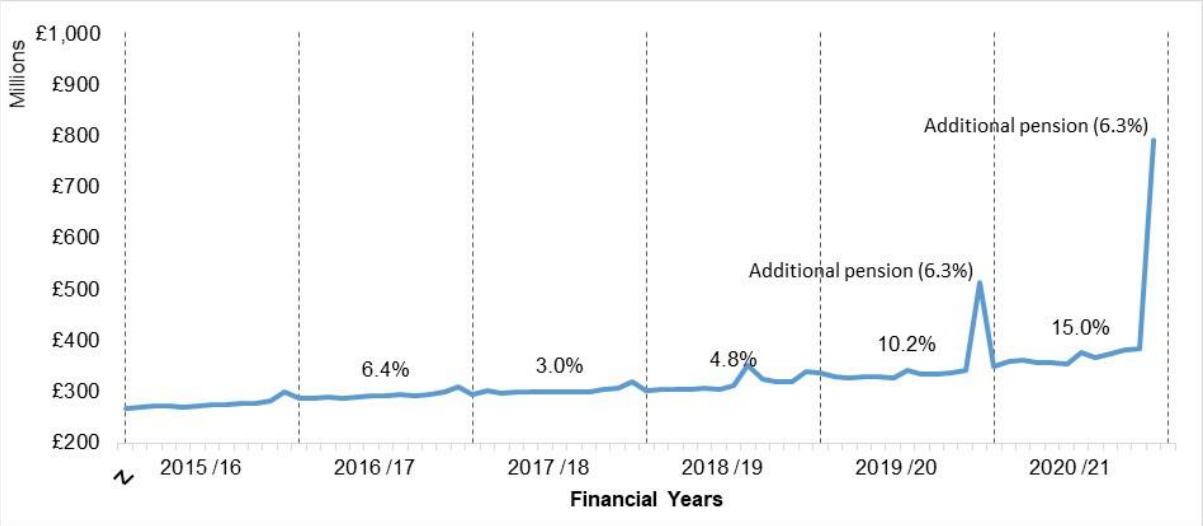
We will also continue to invest in a value-based approach to recovery over the medium term, with a focus on improving outcomes that matter to patients; £19million is allocated in 2023-24 for this. Taken together, these investments ensure we are on course to deliver against our commitment to invest £1billion for NHS recovery over the course of this Senedd.

We have set aside funding in this budget for ongoing Covid interventions, specifically testing, contact tracing, mass vaccination and provision of PPE to the NHS and social care. This funding has been scaled back, in line with plans, in 2022-23 and will be kept under review as we work through the ongoing challenges of Covid.

There will be a £17.8million increase in funding to support the Education and Training commissioning plan, investing in the future workforce of NHS Wales. This will be our largest ever investment in workforce training for the NHS. We will also continue to provide £7million towards meeting our commitment to establish a new medical school in North Wales.

We are also allocating an additional £10million to support the expansion of Flying Start to help meet the Programme for Government commitment to deliver a phased expansion of early years provision to include all two-year-olds (Phase One), with a particular emphasis on strengthening Welsh medium provision.

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

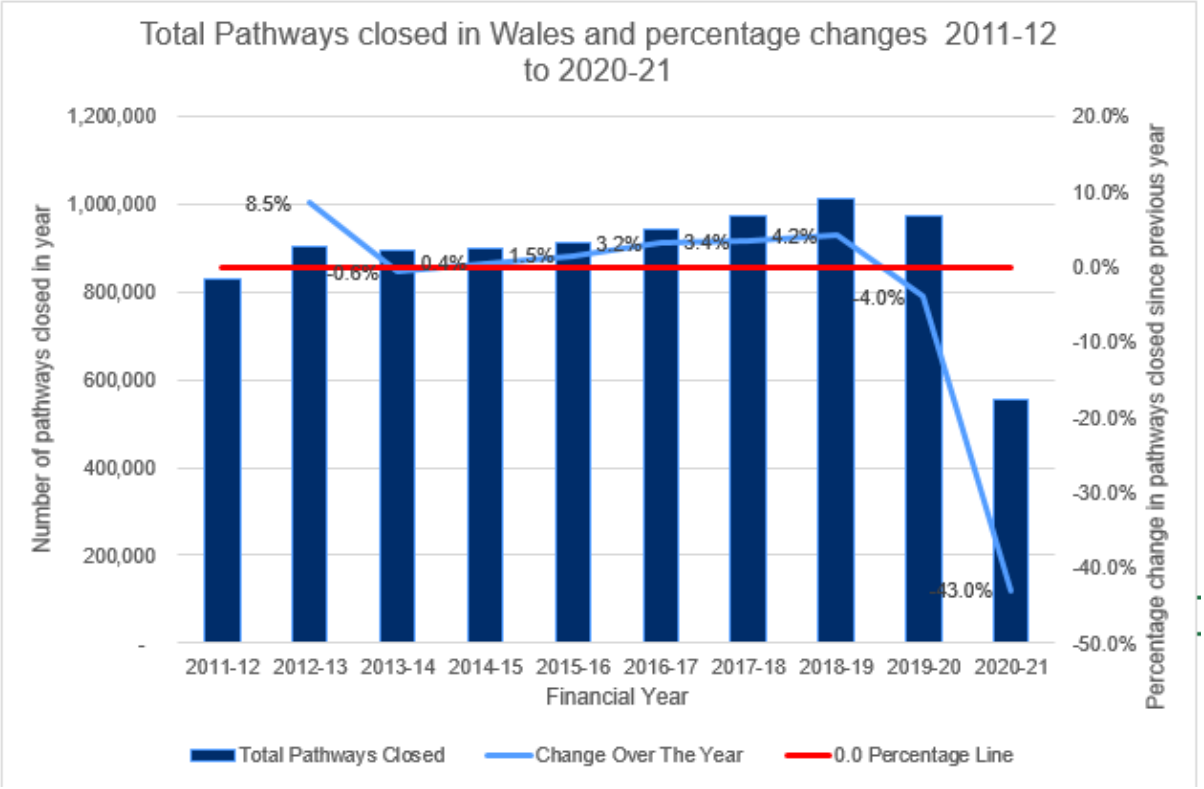



**Data source: WG Finance Dept.**

Table 07. **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 08 – Number of Pathways Closed in Wales and percentage change 2011- 2021



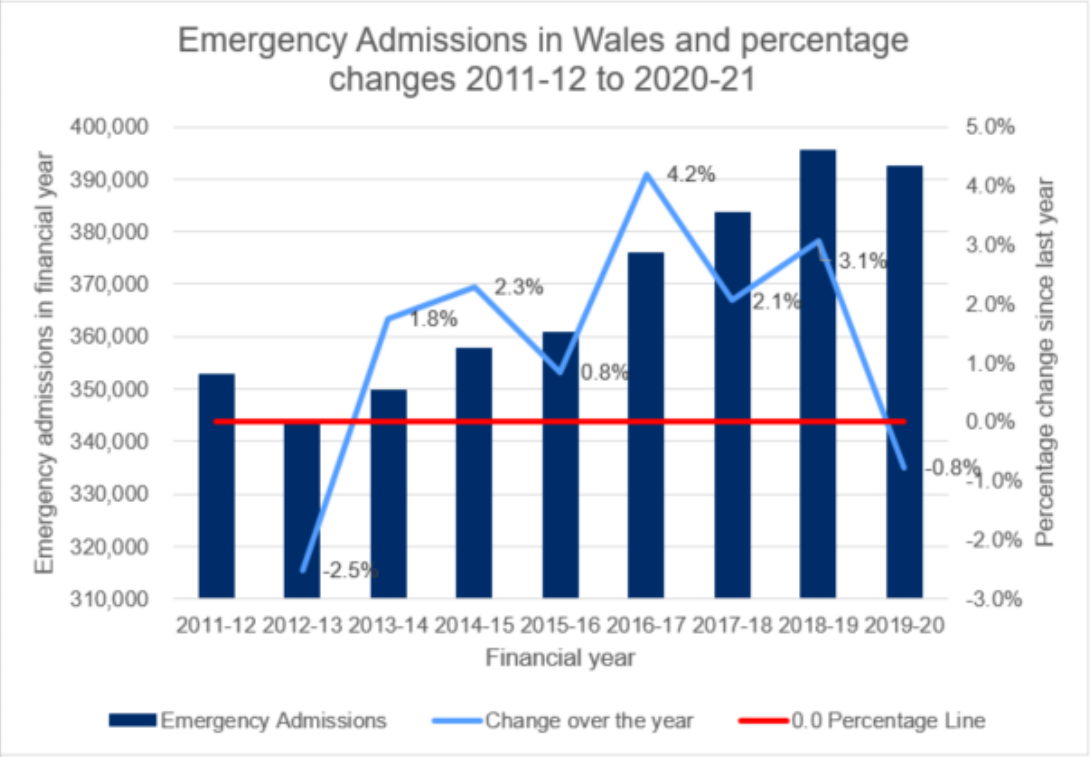

**Source: Referral to Treatment (RTT), DHCW**

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 09 – 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 10 – Number of Emergency Admissions in Wales from 2011/12 – 2020/21

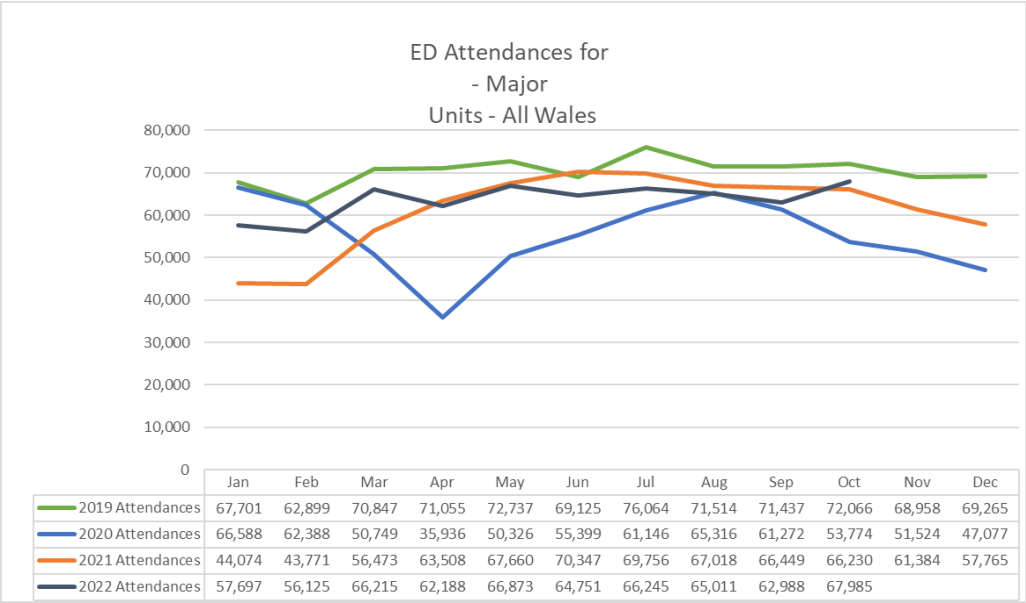


**Source: Patient Episode Database for Wales (PEDW), DHCW**

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

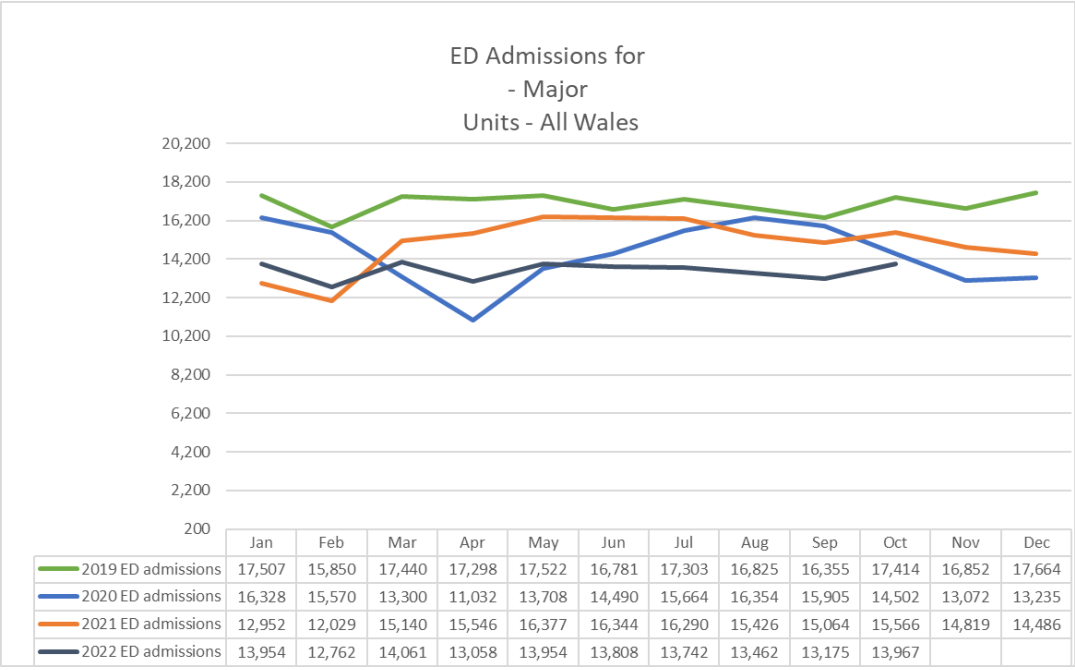
The charts below demonstrate the changes in ED activity:

## Table 11 ED attendances (major sites only)



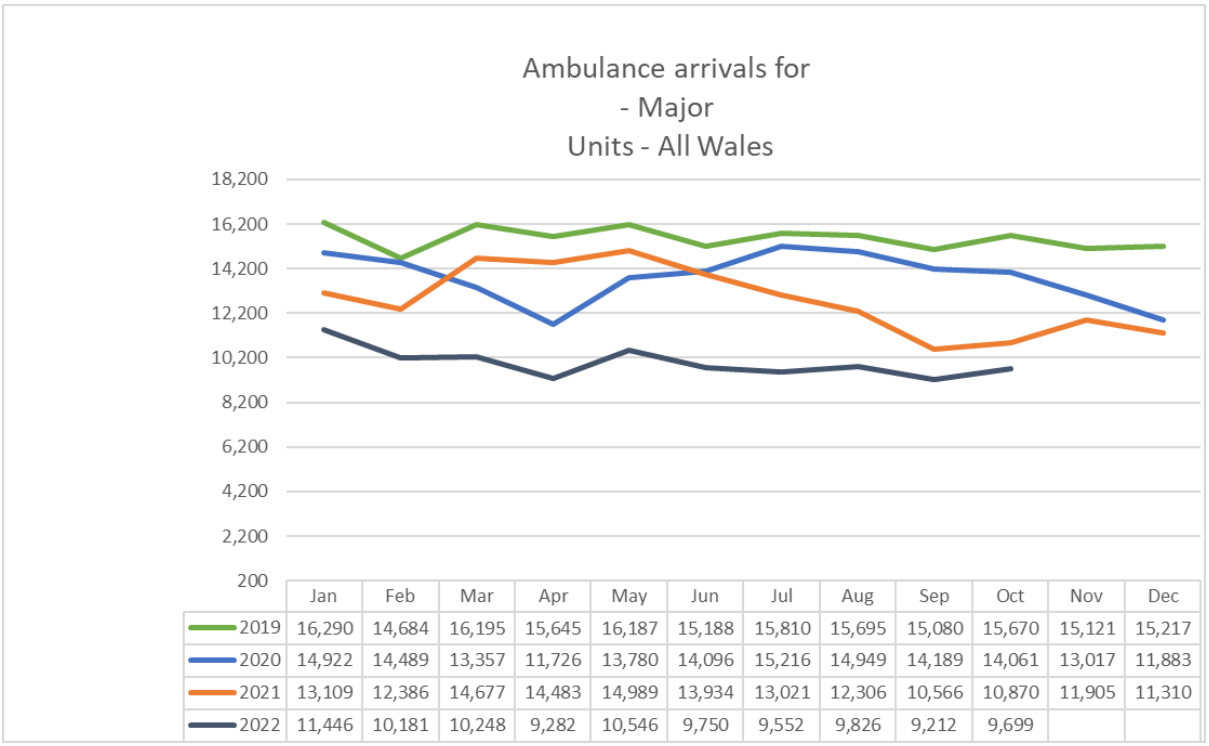

| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2019 Attendances | 67,701 | 62,899 | 70,847 | 71,055 | 72,737 | 69,125 | 76,064 | 71,514 | 71,437 | 72,066 | 68,958 | 69,265 |
| 2020 Attendances | 66,588 | 62,388 | 50,749 | 35,936 | 50,326 | 55,399 | 61,146 | 65,316 | 61,272 | 53,774 | 51,524 | 47,077 |
| 2021 Attendances | 44,074 | 43,771 | 56,473 | 63,508 | 67,660 | 70,347 | 69,756 | 67,018 | 66,449 | 66,230 | 61,384 | 57,765 |
| 2022 Attendances | 57,697 | 56,125 | 66,215 | 62,188 | 66,873 | 64,751 | 66,245 | 65,011 | 62,988 | 67,985 | | |

## Table 12 Admissions from ED (for major sites only)




| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2019 ED admissions | 17,507 | 15,850 | 17,440 | 17,298 | 17,522 | 16,781 | 17,303 | 16,825 | 16,355 | 17,414 | 16,852 | 17,664 |
| 2020 ED admissions | 16,328 | 15,570 | 13,300 | 11,032 | 13,708 | 14,490 | 15,664 | 16,354 | 15,905 | 14,502 | 13,072 | 13,235 |
| 2021 ED admissions | 12,952 | 12,029 | 15,140 | 15,546 | 16,377 | 16,344 | 16,290 | 15,426 | 15,064 | 15,566 | 14,819 | 14,486 |
| 2022 ED admissions | 13,954 | 12,762 | 14,061 | 13,058 | 13,954 | 13,808 | 13,742 | 13,462 | 13,175 | 13,967 | | |

## Table 13 Ambulance arrivals at ED




| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2019 | 16,290 | 14,684 | 16,195 | 15,645 | 16,187 | 15,188 | 15,810 | 15,695 | 15,080 | 15,670 | 15,121 | 15,217 |
| 2020 | 14,922 | 14,489 | 13,357 | 11,726 | 13,780 | 14,096 | 15,216 | 14,949 | 14,189 | 14,061 | 13,017 | 11,883 |
| 2021 | 13,109 | 12,386 | 14,677 | 14,483 | 14,989 | 13,934 | 13,021 | 12,306 | 10,566 | 10,870 | 11,905 | 11,310 |
| 2022 | 11,446 | 10,181 | 10,248 | 9,282 | 10,546 | 9,750 | 9,552 | 9,826 | 9,212 | 9,699 | | |

Service pressures

At the end of September 2022, there were nearly 755,000 open patient pathways waiting for appointments / treatment, the highest ever recorded. Of these, 181,500 were waiting over 52 weeks and 57,200 were waiting over two years. 26 week performance was at 54.8%.

At the end of September 2022, there were 45,000 pathways waiting over eight weeks for a diagnostic test and 11,600 waiting over 14 weeks for therapy services.

During September 2022, performance on the suspected cancer pathway was 53.3% against the 75% target.

During October 2022, A&E four hour performance was 66.6% against the 95% target. Over 11,000 patients waited over 12 hours, the highest ever recorded, for transfer, admission or discharge. There were 91,400 attendances at A&E departments, an average of 2,949 per day. This was 7% higher than October 2021.

The Welsh Ambulance Service dealt with over 37,500 calls during October 2022, an average of 1,213 per day, with 12.1% of calls classed as red, most urgent. This was the highest proportion of red calls recorded.

During October 2022, nearly 7,000 people waited over an hour for handover from ambulance service to the care of NHS hospital staff, the highest number ever recorded.

Latest COVID hospital data:

On 22 November, there were 511 COVID related patients in hospital beds across Wales.  This was 5% of all occupied beds.

There were 11 COVID related patients in critical care out of a total of 166 occupied critical care beds.

## Chapter 4 – General Medical Practitioners

### Introduction

This chapter provides written evidence on General Medical Practitioners (GMPs) providing General Medical Services (GMS) in Wales.

Since 2018, an ambitious contract reform programme has been underway in Wales to address the challenges of existing contractual arrangements across Primary Care. The Primary Care Reform Alignment Group, with membership from across Welsh Government, NHS Wales and representative bodies for the four contractor areas; GPC Wales, Community Pharmacy Wales, Optometry Wales and BDA Wales, continues to provide the strategic direction for the programme.

This group has ensured alignment with wider policy intent and common priorities, including; improving access to and from services, focussing on Quality Improvement and Prevention, strengthening and driving cluster working/working at scale and the strengthening of our Primary Care workforce. As the only UK nation to fully involve the Health Service in work on contract reform, this continues to bring strong alignment and integration with health service priorities.

### General Medical Services Contract: 2022-23

Negotiations for the 2022-23 GMS Contract were jointly announced by Welsh Government, NHS Wales and GPC Wales to the profession on 28 October 2022. The positive social partnership approach in Wales has seen us make a substantial amount of progress towards reform and the agreement reached represents the greatest change to the GMS contract since 2004. Alongside in-year changes, a new streamlined Unified Contract will be introduced, subject to consultation, from October next year.

The following sets out the key areas of agreement based on an agreed joint mandate, aligned to the common priorities identified.

### Pay and Expenses

A 4.5% uplift to the GP Pay element of the contract, fully meeting the DDRB recommendations on GP pay for 2022-23 and backdated to April 2022. It was agreed to meet in full the DDRB recommendations on pay at 4.5%, as has been the case in the last 5 years.

Recognising the vital role all practice staff play in the delivery of services and the desire for a fair and equitable pay uplift to be made to those existing staff, funding of £7.5 million was made available to ensure all existing practice staff received a 4.5% uplift to their gross pay. This pay uplift for practice staff was mandated as part of the 2022-23 contract agreement.

In recognition of the impact of rising costs on practices expenses, and taking into account the significant progress made in key areas throughout the whole mandate, an expenses uplift of £2.718m was applied to the remaining expenses element of the contract.

This represented a total investment in GMS of £17.618m as a result of the 2022-23 contract agreement.

**Unified Contract**

Work has been underway for the last twelve months, jointly with GPC Wales and NHS Wales to take forward the development of a new streamlined and simplified GMS contract. Emphasis has been placed on clinical judgement with a focus on those things which only GMS can and should do at an individual practice level.

Subject to Ministerial approval and the Senedd legislative procedures, the intention is to bring the new Unified Contract into force on 1 October 2023. The key aim of this new contract is to remove the bureaucracy and layers which currently exist, whilst strengthening the assurance held by health boards as to the delivery of GMS.

The proposed changes will be taken forward over coming months and a consultation with professionals, stakeholders and the public is planned for April 2023:

- All services currently identified as additional services will be re-classified as unified services (previously known as essential services).
- Some enhanced services (or elements of the enhanced service) will be re-classified as unified services.
- Those services which do not need to be provided by all GP practices and continue to be considered supplementary in nature will be redefined as supplementary services and delivered through commissioning by health boards. (Local Enhanced Service arrangements will remain the responsibility of health boards).
- Strengthened and holistic contract assurance measures, performance management and monitoring through a new Assurance Framework.
- Further work will be undertaken to finalise the Assurance Framework building on the principles which have been agreed.

**Sustainability and supporting additional capacity in GMS**

The longer-term sustainability of GMS is inextricably linked to the sustainability of its multi-disciplinary workforce. The retention of existing staff, and recruitment of new postholders is a key priority and an ongoing enabler to the recovery of the whole health system.

During the 2021-22 financial year to support additional capacity within GMS and to support the system to meet winter pressures, £2m new funding was made available. This was to fund additional staff resources above what was already in place within GMS.

From 1 April 2022, capacity funding of £4m was made available, recurrently for three years and accessible to practices via Health Boards. This scheme facilitates match funding of up to 50% of the cost of either additional posts upon appointment or additional hours worked by existing post-holders, enabling GP practices to take on

additional administrative and clinical resourcing. This will support the full implementation of a new joint commitment to improve access to GMS.
As a result of the 2022-23 GMS contract agreement, we will be working with NHS Wales and GPC Wales to explore further opportunities to support the longer-term sustainability of GMS including a review of existing incentive schemes for recruitment and retention. Moving forwards, we will need to explore options to pursue and support a blended workforce model, including ensuring there are high quality roles for salaried GPs alongside the partner roles.

**Access to and from GMS**

The health system continues to be challenged with a number of issues, including those borne out of, or exacerbated by, the ongoing pandemic response. Continuing emphasis is needed on an integrated and whole system approach to addressing the unmet, and sometimes unknown, need that exists within the system.

Improving access to GMS continues to be a key area of focus, and this year's contract agreement builds on the significant progress already seen in this area over the past three years. The Phase 1 Access Standards first introduced in 2019 will be mandated through the contract from April 2023. The Access Commitment and Phase 2 standards are being progressed via QAIF, and practices will take account of patient experiences and feedback on access to develop an action plan for improvement by 31 March 2023.

In addition, we have continued to focus on strengthening the access to information and data within GMS to ensure there is a robust and accurate picture of the activity being undertaken.

**Quality Improvement**

In 2019-20 we introduced the Quality Assurance and Improvement Framework (QAIF), which replaced the previous QOF. Building on the work to date to develop QAIF, through this year's contract negotiations consideration was given to what elements should form part of the contract moving forwards.

Alongside this, we have considered how we can strengthen the role GMS plays in prevention and health promotion, particularly in those patients at risk of/suffering from chronic condition or disease.

Moving forwards, QAIF will be transformed to provide a greater focus on quality improvement, with those other elements which should and can be done at an individual practice level moving into the core element of the contract.

We previously commenced the transfer of active clinical indicators and disease registers into the contract, coupled with the reactivation of remaining inactive indicators in 2021/22. Through the course of negotiations this year, it was agreed that all remaining clinical indicators within QAIF will transfer into the core contract and be mandated for all practices from 1 October 2022. Monitoring will be supported through the Assurance Framework when introduced.

## Premises

In 2021 Welsh Government commissioned research by health care planners to explore the approach taken to investment in Primary Care premises and capital development, and how this relates to current policies. One of the areas highlighted was the sustainability of the ownership model of GP Practices. An increasing number of GPs and potential GPs see the model of practice partnerships as owner-occupiers of premises as being a barrier to continuing to be or becoming a GP. Future investment decisions will need to take account of potential changes to ownership structures, such as practice premises being owned by the NHS, local authorities or Health Boards, rather than GPs themselves.

## GP Earnings

The published 2020-21 GP Earnings and Expenses data highlights for GPs in Wales: GP Earnings and Expenses Estimates, 2020/21 - NDRS (digital.nhs.uk)

The average income before tax for GMS contractor GPs in Wales in 2020-21 was £122,500, compared with £115,000 in 2019-20, an increase of 6.5%. Staff expenses increased from £117,400 in 2019-20 to £124,900 in 2020-21, an increase of 6.4%. This increase in overall staff costs indicates that the mandated pay rise agreed via contact negotiations was passed on to staff. To be noted also was GPs' involvement in the Covid-19 vaccination programme, which led to practices earning additional income in 2020-21 (and also 2021-22), that will not be earned in future years.

- The average income before tax for GMS salaried GPs in Wales in 2019-20 was £65,700 - compared to £64,200 in 2019-20, an increase of 2.3%.

## GP Workforce

Wales National Workforce Reporting System

The latest published workforce data relating to GPs and general practice staff is as at the end of at 30 June 2022[3]. This has been sourced from the Wales National Workforce and Reporting System (WNWRS) quarterly data extract which is subject to full validation processes by NHS Wales Shared Services Partnership and Welsh Government Knowledge and Analytical Services.

The data shows that in Wales, as at 30 June 2022, there were:

- 386 active GP practices.
- 2,301 fully qualified GPs with a Full Time Equivalent (FTE) of 1,562.6 (or 67.9% of the headcount); this includes partners, providers, salaried, retainers and active locums only.

[3] General practice workforce: as at 30 June 2022 | GOV.WALES

- 432 GP registrars (trainee GPs) with an FTE of 385.3 (or 89.2% of the headcount).
- 7,983 wider practice staff (non-GPs) with an FTE of 5,788.2 (or 72.5% of the headcount).

When broken down by specific GP types and staff groups, there were:

- 1,982 GP practitioners with an FTE of 1,447.5 (or 73.0% of the headcount); this includes partners, providers and salaried GPs but excludes registrars, retainers and locums.
- 28 GP retainers with an FTE of 10.8 (or 38.4% of the headcount).
- 400 GP locums with an FTE of 104.3 (or 26.1% of the headcount).
- 1,423 registered nurses with an FTE of 1,028.2 (or 72.3% of the headcount).
- 1,299 direct patient care staff with an FTE of 914.5 (or 70.4% of the headcount); this includes professions such as pharmacists, dispensers, health care assistants and physiotherapists but does not include GPs or nurses.
- 5,333 administrative or other non-clinical practice staff with an FTE of 3,845.5 (or 72.1% of the headcount).

The fully populated WNWRS is able to generate returns and reports, available at Wales, Health Board and Cluster level to inform and support more effective workforce planning. Quarterly data extracts are returned to the system after full validation processes by NWSSP and Welsh Government statisticians. Non validated data is available from the system monthly.

NWSSP and WG have worked together to validate GP data collected through WNWRS. This level of quality assurance allows WG to publish WNWRS data as Official Statistics, in line with the Code of Practice for Statistics. By working to the Code, WG statisticians work independently to ensure that high quality statistics are published in a timely manner, which add value to stakeholders. Data flows are managed by strict information governance policies, using sound data analysis methods and comprehensive quality checks.

At a level of detail never seen before, Health Boards and Clusters now have a much greater understanding of the General Practice workforce and are able to more accurately project the workforce of the future by analysing workforce demographic data.

Locum Hub Wales

Introduced in April 2019, The All Wales Locum Register (AWLR) enabled a greater understanding of the needs and support the locum market provide to general practice.

From February 2021, locum GPs registered on the AWLR were required to log shifts worked on Locum Hub Wales (LHW), in order to benefit from the state-backed General Medical Practice Indemnity (GMPI) of practices they undertake sessional work within.

The AWLR has been an overwhelming success. As at the end of August 2021, there were 1,467 GP locums (including registrars) registered on the AWLR an increase of 137 since October 2020.

LHW enables GP Practices across Wales to advertise their sessional needs, and choose and book a GP Locum, who's preferences match those of the practice. LHW has significantly increased the pool of locums who are available, especially at short notice, to meet any temporary sessional needs.

From 1 February 2021 to the end of June 2021:

- 310 GP Practices used a GP locum (82% of all Practices).
- 2,428 shifts were booked across all Health Board areas using the LHW booking feature.
- 13,745 shifts were booked using other means and logged onto LHW

A first for both Wales and the UK, the introduction of the AWLR and LHW provides structure to GP sessional work and supports our GP partners who are delivering Primary Care services and the provision of care closer to home.

**GPWales permanent jobs**

GPWales is a website developed by GPs in Wales for GPs in Wales. The intuitive, completely free to use and streamlined website for GP Practices in Wales, to advertise and manage job vacancies for free, provides a single point of advertising to make it easier for applicants to apply for jobs and for Practices to monitor outcomes.

All Vacancies advertised via GPWales are simultaneously posted to NHS Jobs to reach a wider audience, ensuring visibility of all vacancies to support quicker multi-disciplinary appointments across practices and clusters.

From the end of November 2021 to the end of October 2022:

- an average 49 job vacancies were posted by GP Practices each month.
- 194 GP vacancies were posted
- 392 other job vacancies were posted

As at the end of October 2022

- 253 Practices have now logged on to GPWales and claimed their Practice in readiness to advertise vacancies.
- 231 practices across Wales have published a job advert on GPWales. Each vacancy advertised on GP Wales includes further Practice and local information.

## RECRUITMENT, RETENTION AND MOTIVATION

The Partnership Premium Scheme

The Partnership Premium Scheme was introduced on 1 October 2019 as an incentive for GPs to take up partner roles and with payments made based on clinical sessions undertaken. After nearly two years since launch, data up to September 2021 shows that Partnership Premium is now the biggest retention scheme, when compared with the Seniority Scheme. The number of GPs in both the core and the higher scheme continues to rise each quarter, whilst the number in the frozen Seniority Scheme declines each quarter.

Quarterly payments are in excess of £1.2m and gradually increasing each quarter. Annual payments are now c. £5m.

In light of the introduction and ongoing support of the Partnership Premium Scheme agreement was reached in the 2020-21 GMS negotiations that the Seniority Scheme payment scales will be frozen at their current levels with no future uplifts applied. Payments into this scheme are still £1.3m per quarter.

As detailed above we have continued to monitor trends and success of the scheme and so as part of the 2021-22 agreement a new funded Partnership Premium Scheme for non-GP partners has been introduced, in recognition of the vital role these staff play in the sustainability of GMS. This scheme is being rolled out in phases, with phase 1 being open to those who had signed a Partnership Agreement prior to 31 March 2021.

Recruitment

Historically, recruitment into GP training posts has been challenging, and remains a challenge for much of the UK. Before 2019, Wales was not achieving its baseline target of 136 GP training places per annum. Since then, our *Train Work Live* marketing campaign has worked with partners to deliver a significant increase in the take up of GP training places in Wales. We have also provided financial incentives to attract GP trainees to speciality training schemes in mid, north and west Wales; areas to which it has been historically difficult to recruit.

The GP speciality training programme has been significantly expanded over the past three years and since the launch of the Train Work Live campaign, there has been a significant increase in the fill rate for GP training. The current recruitment target of 160 new GP trainees each year is consistently being achieved.

GP Fill Rates 2018-2022

| Year | **2018** | **2019** | **2020** | **2021** | **2022** |
|---|---|---|---|---|---|
| Trainees Appointed | 134 | 186 | 200 | 182 | 175 |

## Conclusion

Throughout 2022 Welsh Government have continued our support for general practice to ensure the service remained able to respond to patient need during a period of increasing demand on GP services. The level of support has changed at times to reflect the extent of the ongoing challenges faced by GPs and their teams.

During the winter 2021-22 period, general practice delivered an expanded flu vaccination programme, as well as a proportion of first and second doses of the Covid vaccination and the subsequent Covid booster programme in 2022. This was facilitated through bespoke payment arrangements that reflected the urgent public health need, with the intention that core service delivery was also maintained but with flexibility to ensure GMS capacity was focussed on the priority areas. Practices continued to be supported with a centrally-procured supply of PPE through arrangements initiated in 2020.

Health Boards continue to raise concerns around GMS sustainability over the longer term: rising energy costs and other expenses have been highlighted as a more acute pressure for GMS contractors this year.

# Chapter 5 General Dental Practitioners

## Introduction

This chapter provides written evidence on General Dental Practitioners (GDPs) providing NHS primary care dental services in Wales.

The past year has been a key time in the recovery of dental services and the wider reform of dentistry in Wales. Dental services have gradually increased activity but have needed to continue to focus on urgent care and addressing delayed and postponed treatment. The underlying aim throughout the past year has been the need to focus on those in need of dental treatment and where possible re-establish routine care.

Welsh Government acknowledges and appreciates all those in the dental community who have worked hard to meet patient need and offer dental services during this first year of recovery following the Covid-19 pandemic.

## Contract reform and the Covid-19 response

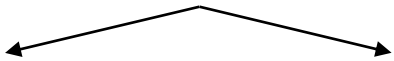
*The oral health and dental services response to A Healthier Wales* set out a whole system change approach in dentistry to facilitate a step up in needs-led preventive care. At the heart of this policy direction is meeting need and improving outcomes for patients and the public through evidence informed preventive models of care, supported by contract reform.

Whilst Covid-19 paused the planned progress to increase dental practice participation in the reform programme learning from the programme has been used to enable us to fully re-start contract reform from April 2022.

From April 2022 we have offered practices the opportunity to opt-in to a variation of their contract with Health Boards which will significantly reduce the reliance on Units of Dental Activity (UDA) in line with the principles of dental contract reform. Practices joining the contract reform programme can focus on providing preventive dental care for a set number of patients for their annual contract value instead of focussing on achieving their previous UDA target. This will also help open up access and practices will be required to see a given number of new NHS patients (based on the size of their NHS contract). After making the offer 89% of the total dental contract value commissioned in Wales has now moved on to the contract reform variation. This moves the majority of NHS dental practices into a new model of working, focussed on prevention and needs-based care that will create the capacity needed to deliver more access for new patients.

Working under the variation practices have been asked to achieve the metrics set out in the diagram below:

Table 14:

| Maximum contract value remains the same **£170,000** | | | |
|---|---|---|---|
| |  | | |
| **UDA element** | **25% / £42,500**<br>allocated to existing metrics (UDAs) (this value would be the ACV for the purposes of the SFEs)<br>1,700 UDAs | **75% / £127,500**<br>allocated to new metrics (details below):<br>Fluoride varnish **(5%)**<br>New patient target **(25%)**<br>Supply of mandatory General Dental Services to (and completion of ACORNs for) existing patients **(40%)**<br>Recall intervals **(5%)** | **New metrics** |

We aim to build on this progress next year which we intend to be a final variation year before conducting the legislative work required to bring in a new dental contract from April 2024.

**2022-23 settlement**

For 2022-23 DDRB again decided to restrict their recommendation to an uplift in pay only of 4.5% net of expenses. In terms of the data historically used in the DDRB formulae-based decisions for independent GDPs, the DDRB report also included the following elements:

- 4.5% for dental salaries (income);
- 8.6% for staff costs;
- 7% for laboratory costs;
- 7% for material costs; and
- 6.9% for other costs.

For 2021-22 the Welsh Government, taking into account the concerns around the reliability of the formula used in past years, decided to uplift total contract values in accordance with the DDRB recommended uplift around pay. This approach has

continued this year and contract values have been increased by 4.5%. This is a more straightforward method and, in our view, removes the inconsistency inherent in the formula-based approach.

In agreeing this investment, the Minister for Health and Social Services made it clear in her written statement that the uplift is intended to be passed on in terms of the pay increases for the whole dental team contracted or employed in delivering NHS dental services.

Welsh Government and BDA Wales acknowledge that there continues to be complex and wide-ranging areas of consideration across the whole of dentistry and we remain committed to working collectively to deliver fundamental reform to dentistry in Wales. Welsh Government and BDA Wales have agreed to keep under review the approach to expenses and to consider any other approaches on gaining a greater understanding on general dental practice expenses.

**Policy update**

Activity levels since April 2022 have increased significantly when comparing to the same period the previous year. This is expected and follows the removal of IPC restrictions as we moved out of the pandemic. However, activity at November 2022 remains around 60% compared to the same period in 2019. This is not unexpected as dental reform asks practices to focus on those patients with most need therefore taking more time and capacity and reducing the time available for providing a high volume of routine care.

The introduction of the new patient volume metric as outlined above is also having a positive effect on access. At November 2022 over 109,000 new patients have gained access to NHS dental services. This is well on track to achieving the estimate made at the start of the year of 112,000.

Welsh Government have provided additional funding to support dental services with £2 million of recurrent funding added to Health Board budgets from 2022-23 and we have asked for this to be used to improve access both in general and community dental services.

**GDP Earnings and Expenses**

Data comes from the NHS Digital report *Dental Earnings and Expenses Estimates 2020-21.* This is the third time that figures have been published separately for England and Wales; prior to this, findings have been published for England and Wales combined. In addition to publishing these England and Wales' figures separately, there has also been an unavoidable methodological change in the way dental type is determined in the countries. These two changes mean that the figures in this report are not comparable with any figures published prior to 2018-19

When considering the results in this report it is important to note the funding arrangements in place as part of the Welsh Government's support for dental practices during the period of time to which the report relates.

In summary UDA targets were suspended for the whole year and contracts were funded at 80% for the first quarter and 90% for the remainder of the year providing certain conditions, such as providing aerosol generating procedures, were met. These arrangements and the letters from Welsh Government setting out the arrangements can be accessed at the start of the Wales section of the *Dental Earnings and Expenses Estimates 2020-21.*

Notable results for income were as follows:

- For all self-employed primary care dentists, average taxable income from NHS and private dentistry was £67,300, a 2.1% decrease from 2019-20, which is not statistically significant.

- For Providing-Performer dentists, average taxable income from NHS and private dentistry was £100,200, a 1.3% increase from 2019-20, which is not statistically significant (note: small sample size of less than 125).

- For Associate dentists, average taxable income from NHS and private dentistry was £60,100, a 2.9% decrease from 2019-20, which is not statistically significant.

- Looking at all dental type classifications combined, on average, male dentists had higher gross earnings, total expenses and taxable income than their female counterparts. For all male self-employed primary care dentists, average taxable income was £78,300 compared to £57,500 for all female self-employed primary care dentists. This is however, partly explained by a higher proportion of male dentists being Providing-Performers.

- It is important to note that this report includes both full-time and part-time dental earnings and expenses and given that previous reports have shown that on average male dentists tend to work longer weekly hours compared to their female counterparts (Dentists' Work Patterns, Motivation and Morale - 2018/19 and 2019/20) – this could be another contributory factor to the differences observed in earnings and expenses by gender.

For expenses the following results were highlighted:

- Average expenses (business expenses allowable for tax purposes) for all dentists in Wales in 2020-21 was £62,400, a 22.3% decrease from 2019-20. For Provider-Performer dentists average expenses were £185,700, an 17% decrease from 2019-20. For Associate dentists they were £35,500, a 26.1% decrease from 2019-20.

- NHS Digital data show that 48.1% of gross payments to dentists in Wales was to meet expenses in 2020-21, a 5.8% decrease from 2019-20.

**Recruitment, retention and motivation**

To varying degrees recruitment and retention difficulties are being encountered by all Health Boards. Particular issues remain in the more rural and remote areas of Wales.

Recruitment and retention of dentists is not a new challenge but seems to have been exacerbated by the pandemic and is having a significant impact on the provision of NHS dental services in some areas. However, on a positive note, Health Boards have been successful in awarding several new contracts this year which suggests there is appetite from new dentists wanting to become provider-performers and from existing practice owners to expand.

In 2020-21, 132 dentists (9.5% of all dentists in 2020-21) stopped performing NHS work, compared to 123 dentists (8.9% of all dentists in 2020-21) newly performing NHS work in 2020-21. Again due to the period in the Covid-19 pandemic to which this data relates it is difficult to draw any conclusions.

However, the latest data for 2021-22 shows that there were 163 joiners, 40 more than in 2020-21. Due to the way this data is captured the number of leavers will not be known until April 2023. This information was published in the NHS Dental Statistics in Wales, 2021-22 report published in October 2022.

We continue to discuss with Health Boards and Healthcare Education and Improvement Wales how to address these issues, including incentives and greater use of skill mix. In August 2022 a Welsh Health Circular (WHC) on the Role of the Community Dental Service was published. This WHC provides updated guidance on the role of the community dental service, including the expansion of salaried dental officer posts, to support local communities who have limited or no access to general dental services normally provided by the independent contractor model.

Health Education and Improvement Wales, who are a Special Health Authority, are looking at the commissioning of training numbers, training and education packages to help develop the workforce; and considering whether there are more effective workforce models to deliver services which could improve dentists' workloads and make practices more sustainable. They are due to prepare a workforce plan for dentistry this year and are working with the current cadre of undergraduates to understand their ambitions and motivations for their career.

We are also looking to identify and establish innovative opportunities to upskill and improve career pathways in dentistry. We will be launching a programme this year that looks to use a salaried model to provide dentists with a range of work and study experiences over a 2-year period. It is hoped that these kind of opportunities can offer a better balance and improve retention.

**Working patterns, motivation and morale**

There has yet to be an update to the NHS Digital *Dentists' Working Patterns, Motivation and Morale 2018-19 and 2019-20* report. Therefore, the position remains as reported in last year's evidence.

To recap for ease of reference:

- dentists (full and part-time) reported working an average of 36.0 hours per week in dentistry, with 26.8 hours (74.3%) devoted to NHS dental services;
- on average, Provider-Performer dentists worked more weekly hours (39.3 hours) than Associates (35.0 hours);
- dentists reported that their time spent on dentistry was split into 83.2% on clinical work and 16.8% on non-clinical work;
- Associates have a higher 'overall average' motivation score (42.5%) compared to Provider-Performer dentists (35.7%);
- Associates rate their morale more highly than Providing-Performer dentists with 26.4% reporting their morale as either 'very high' or 'high' compared to 17.3%;

- nearly two-thirds (66.0%) of Providing-Performer dentists rate their morale as ‘very low’ or ‘low’, compared to 44.7% of Associates.

Welsh Government remain conscious of the concerns expressed by dentists about workload, pay, operational aspects of the contract and perceived increases in administration all of which are combined with the current increase in inflation placing additional financial pressures on businesses. We continue to work with the dental profession in considering new and improved ways of working. The reform of the dental contract is a key part of this providing dentists more time to spend with patients and focus on the quality of dental services provided.

We recognise that Providing-Performer dentists in Wales have the lowest income and some of the lowest levels of motivation and morale in the UK. At the same time Associates have the highest incomes and are among the most motivated in the UK. This isn’t just an issue of pay and as part of our dental reform programme we continue to want to work with the dental profession and their representatives to shape change.

**Community Dental Service (Salaried Dentists)**

Latest data shows for the year to March 2020 there were 99.3 whole time equivalent (WTE) dentists working in the Community Dental Service (CDS). This is a fall of 4.8 WTE compared to 2019-20. This is the second year where the number has reduced. However, as referenced earlier, the revised WHC for Community Dental Services encourages its expansion particularly around a salaried model to provide services where there are gaps in independent contractor provision. This clear steer from Welsh Government will hopefully reverse the trend for this particular staff group.

The CDS provides NHS dentistry to vulnerable people, for those who have experienced difficulty obtaining treatment from general dental service, or for whom there is evidence that they would otherwise not seek treatment. They also deliver oral health promotion and intervention programmes including the Welsh Government’s *Designed to Smile* child oral health improvement scheme and the *Gwên am Byth* (A Lasting Smile) oral health programme for older people living in care homes.

Many CDS staff undertook essential NHS Covid-19 roles during the pandemic. The *Designed to Smile* and *Gwên am Byth* programmes have both now been re-established though it will be next year before they can be recovered the pre-pandemic levels of activity.

## Financial Sanctions (Clawback)

In our engagement with DDRB in advance of this year's review we were asked to provide an analysis of clawback and any trends that relate to socio-economic or disease profiles of relevant patient bases, case studies of the impact of clawback on practice sustainability and account of how clawed back funds are used by the NHS.

In reality the last two years have seen minimal or no financial sanctions imposed principally because UDA targets were suspended for 2020-21 and 2021-22. We are currently in our first year where the majority of practices are working under reform principles and volume metrics rather than UDA targets. It is too early at this stage to provide any projection of what effect this system change might have on the volume of financial sanctions and any comparison with pre-reform we would argue is not appropriate. Ultimately getting contract reform and wider reform of dentistry right should minimise the need for financial sanctions.

## Chapter 6 – 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.

The NHS in Wales, as of August 2022, directly employs 104379 staff. Of this figure 64477 are employed full time. Over the past 5 years as shown in tables 15 and 16, the number of full and part time employs has been increasing. The FTE for NHS Wales staff was 88840 in August 2021, it was 91545 in August 2022

Table 15 – NHS Wales Headcount Detail by Full Time/Part Time Aug 2015 – Aug 2022

| NHS Wales Headcount by Staff Group Aug 15 - Aug 22 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Staff Group** | **2015-AUG** | **2016-AUG** | **2017-AUG** | **2018-AUG** | **2019-AUG** | **2020-AUG** | **2021-AUG** | **2022-AUG** |
| Add Prof Scientific and Technic | 2860 | 2964 | 3111 | 3244 | 3410 | 3602 | 3129 | 3309 |
| Additional Clinical Services | 16734 | 17527 | 18099 | 18364 | 18817 | 20179 | 21535 | 21941 |
| Administrative and Clerical | 16844 | 17651 | 18571 | 19187 | 19957 | 20812 | 22366 | 23616 |
| Allied Health Professionals | 5831 | 6045 | 6178 | 6233 | 6450 | 6758 | 7405 | 7694 |
| Estates and Ancillary | 8438 | 8607 | 8603 | 8636 | 8552 | 8865 | 8829 | 8844 |
| Healthcare Scientists | 2016 | 2041 | 2059 | 2104 | 2118 | 2208 | 2328 | 2455 |
| Medical and Dental | 6813 | 6958 | 7106 | 7300 | 7647 | 8123 | 8579 | 8962 |
| Nursing and Midwifery Registered | 25087 | 25321 | 25494 | 25452 | 25615 | 26216 | 27153 | 27432 |
| Students | 65 | 72 | 80 | 72 | 77 | 707 | 122 | 126 |
| **NHS Wales Headcount** | **84688** | **87186** | **89301** | **90592** | **92643** | **97470** | **101446** | **104379** |
| ***Data Source: ESR DW*** | | | | | | | | |

The table above shows that the headcount of NHS staff in Wales has been increasing since 2015

Table 16 – NHS Wales FTE by Staff Group – Aug 2015 to Aug 2022

| NHS Wales Contracted FTE by Staff Group Aug 15 - Aug 22 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Staff Group** | **2015-AUG** | **2016-AUG** | **2017-AUG** | **2018-AUG** | **2019-AUG** | **2020-AUG** | **2021-AUG** | **2022-AUG** |
| Add Prof Scientific and Technic | 2491.54 | 2592.97 | 2715.24 | 2844.27 | 2981.58 | 3157.68 | 2719.17 | 2888.96376 |
| Additional Clinical Services | 14396.32 | 15113.58 | 15629.33 | 15788.99 | 16176.65 | 17388.16 | 18551.37 | 18914.13113 |
| Administrative and Clerical | 14712.49 | 15435.51 | 16274.25 | 16776.39 | 17514.78 | 18303.66 | 19768.05 | 20963.13046 |
| Allied Health Professionals | 5190.37 | 5372.60 | 5480.45 | 5527.61 | 5724.37 | 6019.37 | 6627.77 | 6921.63068 |
| Estates and Ancillary | 6687.76 | 6832.24 | 6823.49 | 6857.78 | 6788.41 | 7087.21 | 7100.81 | 7098.46397 |
| Healthcare Scientists | 1873.87 | 1893.71 | 1916.26 | 1955.24 | 1957.30 | 2045.43 | 2171.99 | 2292.05451 |
| Medical and Dental | 6303.18 | 6453.27 | 6595.97 | 6795.84 | 7037.27 | 7493.85 | 7933.50 | 8229.18868 |
| Nursing and Midwifery Registered | 22098.91 | 22346.88 | 22424.11 | 22318.30 | 22455.89 | 23029.38 | 23851.45 | 24108.55111 |
| Students | 62.56 | 68.21 | 78.41 | 66.50 | 66.71 | 679.75 | 116.31 | 129.36664 |
| **NHS Wales Contracted FTE** | **73817.00** | **76108.96** | **77937.51** | **78930.91** | **80702.97** | **85204.49** | **88840.42** | **91545.48094** |
| ***Data Source: ESR DW*** | | | | | | | | |

In addition to the headcount of NHS increasing, the FTE of NHS staff in Wales has also increased.

Table 17 - NHS Wales Headcount by Staff Group and Ethnicity Aug 2015 - Aug 2022

| NHS Wales Headcount By Staff Group and Ethnicity Aug 15 - Aug 22 | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Staff Group** | **Ethnicity** | **2015-AUG** | **2016-AUG** | **2017-AUG** | **2018-AUG** | **2019-AUG** | **2020-AUG** | **2021-AUG** | **2022-AUG** |
| Medical and Dental | Asian or Asian British | 1192 | 1253 | 1272 | 1318 | 1279 | 1368 | 1588 | 1546 |
| Medical and Dental | Black or Black British | 132 | 137 | 141 | 150 | 163 | 209 | 300 | 304 |
| Medical and Dental | Mixed | 101 | 103 | 100 | 105 | 99 | 127 | 166 | 157 |
| Medical and Dental | Not Stated | 883 | 788 | 733 | 818 | 988 | 829 | 673 | 554 |
| Medical and Dental | Unknown | 1042 | 1142 | 1215 | 1387 | 1685 | 1982 | 1768 | 2641 |
| Medical and Dental | Other Ethnic Groups | 259 | 248 | 286 | 292 | 290 | 324 | 329 | 348 |
| Medical and Dental | White | 3204 | 3287 | 3359 | 3230 | 3143 | 3284 | 3755 | 3412 |
| **Medical and Dental Total** | | **6813** | **6958** | **7106** | **7300** | **7647** | **8123** | **8579** | **8962** |

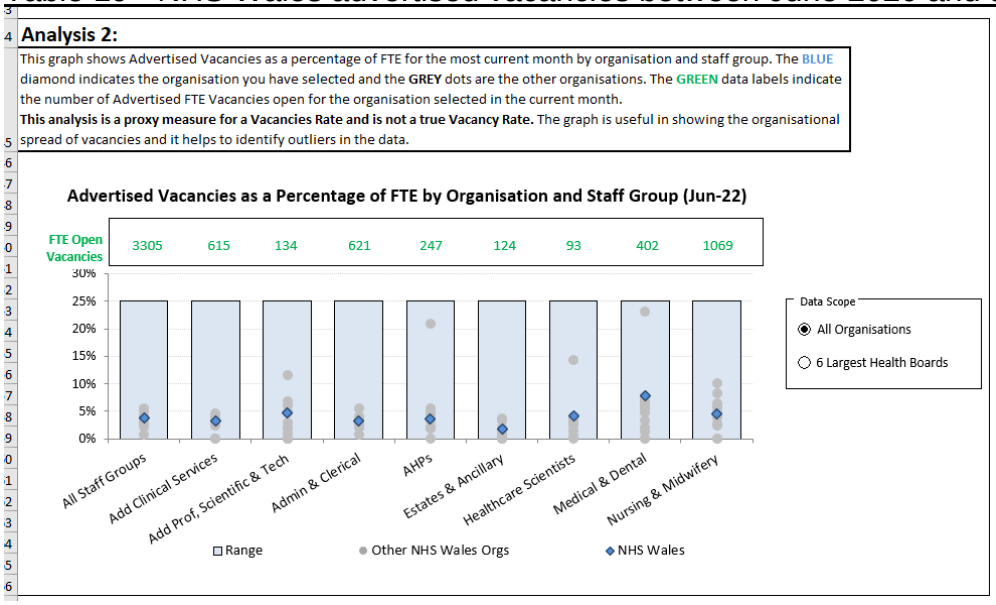
Table 18 - NHS Wales Headcount by Staff Group and Age Band Aug 2015 - Aug 2022

| NHS Wales Headcount By Staff Group and Age Band Aug 15 - Aug 22 | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Staff Group** | **Age Band** | **2015-AUG** | **2016-AUG** | **2017-AUG** | **2018-AUG** | **2019-AUG** | **2020-AUG** | **2021-AUG** | **2022-AUG** |
| Medical and Dental | Under 25 | 305 | 278 | 285 | 281 | 280 | 270 | 311 | 313 |
| Medical and Dental | 25 - 29 | 1107 | 1157 | 1171 | 1210 | 1229 | 1285 | 1309 | 1328 |
| Medical and Dental | 30 - 34 | 955 | 993 | 1058 | 1132 | 1230 | 1401 | 1530 | 1611 |
| Medical and Dental | 35 - 39 | 946 | 935 | 897 | 918 | 951 | 1062 | 1159 | 1338 |
| Medical and Dental | 40 - 44 | 920 | 976 | 952 | 965 | 969 | 992 | 1025 | 1035 |
| Medical and Dental | 45 - 49 | 904 | 868 | 899 | 883 | 940 | 982 | 1052 | 1065 |
| Medical and Dental | 50 - 54 | 744 | 792 | 824 | 850 | 903 | 901 | 882 | 906 |
| Medical and Dental | 55 - 59 | 555 | 567 | 585 | 608 | 640 | 691 | 745 | 786 |
| Medical and Dental | 60 + | 377 | 392 | 435 | 453 | 505 | 539 | 566 | 580 |
| **Medical and Dental Total** | | **6813** | **6958** | **7106** | **7300** | **7647** | **8123** | **8579** | **8962** |

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 19 - NHS Wales advertised vacancies between June 2020 and June 2022




*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 20 - NHS Wales changes in advertised vacancies – June 22


**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

Table 21 Turnover Rate by staff group

The 12 month turnover rate for NHS Wales, by staff group, is shown in the following table. Please note, we are exploring if we can provide more data on exit data for the review body, should we be able to achieve further details this will be shared with the review body ahead of the oral evidence session.

| | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | Apr-22 | May-22 | Jun-22 | Jul-22 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Turnover Rate | | | | | | | | | | | |
| All Staff Groups | 7.7% | 7.7% | 7.8% | 7.9% | 8.3% | 8.7% | 9.0% | 9.3% | 9.3% | 9.1% | 8.8% | 8.3% |
| Add Prof Scientific and Technic | 7.3% | 7.2% | 7.3% | 7.3% | 7.7% | 7.6% | 7.7% | 7.8% | 6.8% | 6.6% | 6.3% | 6.5% |
| Additional Clinical Services | 8.2% | 8.2% | 8.3% | 8.4% | 9.2% | 10.2% | 10.7% | 11.2% | 10.9% | 10.7% | 10.3% | 9.7% |
| Administrative and Clerical | 6.2% | 6.2% | 6.4% | 6.6% | 6.8% | 7.2% | 7.5% | 7.9% | 7.8% | 7.9% | 7.9% | 8.0% |
| Allied Health Professionals | 5.6% | 5.8% | 6.0% | 6.0% | 6.2% | 6.3% | 6.7% | 7.1% | 7.7% | 7.3% | 7.3% | 7.4% |
| Estates and Ancillary | 8.7% | 8.3% | 8.6% | 8.9% | 8.9% | 9.4% | 9.8% | 10.3% | 9.7% | 9.4% | 9.3% | 9.0% |
| Healthcare Scientists | 6.7% | 6.9% | 6.9% | 6.8% | 6.5% | 6.3% | 6.4% | 6.4% | 6.2% | 5.8% | 6.0% | 5.7% |
| Medical and Dental | 14.5% | 14.7% | 14.6% | 14.4% | 14.7% | 14.7% | 14.9% | 15.0% | 16.1% | 14.8% | 13.8% | 9.3% |
| Nursing and Midwifery Registered | 6.5% | 6.7% | 6.9% | 6.9% | 7.4% | 7.5% | 7.8% | 8.0% | 8.1% | 7.9% | 7.7% | 7.6% |

## Health and Wellbeing

Our commitment in *A Healthier Wales* describes the ambition to achieve a whole system approach to health and social care with '*a motivated and sustainable health and social care workforce'* at the core of this system. Having a healthy workforce working to their potential is the only way that we can reach our ambitious plans for NHS recovery and achieve the best care for people of Wales.

Individual health boards and trusts are ultimately responsible for their staff wellbeing policies, and we continue to see responsive investment by all NHS employers to the ongoing impact of the COVID-19 pandemic on the workforce. Staff health and wellbeing is multi-factorial and should be at the core of organisational planning and governance to promote and protect workforce health and wellbeing through the systemic fundamental principles of providing physically and psychologically safe working environments, robust workforce and workload planning and management. Organisations must consider these foundational principles and how they are underpinned by the core values of NHS Wales, their own values and our commitment in Wales to compassionate leadership and cultural change in line with the Healthy Working Relationships approach.

We made a very significant investment in our workforce health and wellbeing during the pandemic, and we acknowledge the substantial adverse effect that the pandemic has had on our workforce. As the longer-term effects come to light, we remain committed to supporting health and wellbeing and to continue to respond and work with social partners to put in place tools to complement that which is offered locally by organisations. We are committed to ensuring that staff can access proactive, high-quality support at the time they need it most.

Welsh Government officials continue to work with the NHS Wales Health and Wellbeing Network which include representation from NHS Wales employers and clinicians, HEIW, Welsh Government, trade unions and Social Care Wales. The Network continue 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 including the online resources and CBT through SilverCloud and the expanded Canopi service, and physical health services, as well as practical and financial advice.

Workforce Wellbeing Conversation Guide

In our last submission, we outlined the development of the Workforce Wellbeing Conversation Guide – 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. This was a mechanism designed 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.

Developed in partnership with Welsh Government Health and Social Services workforce officials, NHS employers, Social Care Wales and union partners, the Guide has now been rolled out to the health and social services workforce and the initial feedback from the pilot period has been very encouraging.

The online Workforce Wellbeing Conversation Guide will now be evaluated on a yearly basis to inform future development.

Canopi (previously Health for Health Professionals – HHP)

From April 2022, Health for Health Professionals Wales has been rebranded as Canopi to highlight that it now encompasses both the health and social care sectors: https://canopi.nhs.wales/about-us/

Welsh Government are investing £1.5m per year to support the Canopi service, that sits alongside and complements other existing mental health and wellbeing support services available to the NHS and social care workforce in Wales. Specifically, it provides the opportunity of disclosure to those who feel unable to access employer-based services. In doing so, Canopi offers an equitable, whole system approach to supporting the NHS and social care workforce, further integrating the health and social care sectors through collaboration, planning and service delivery.

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.

By supporting a motivated and sustainable NHS and social care workforce, Canopi will help improve people's experience of care, aid in the destigmatisation of mental ill health, improve the health of the population of Wales, reduce per capita cost of effective treatment, and improve the working lives of the workforce

Occupational Health

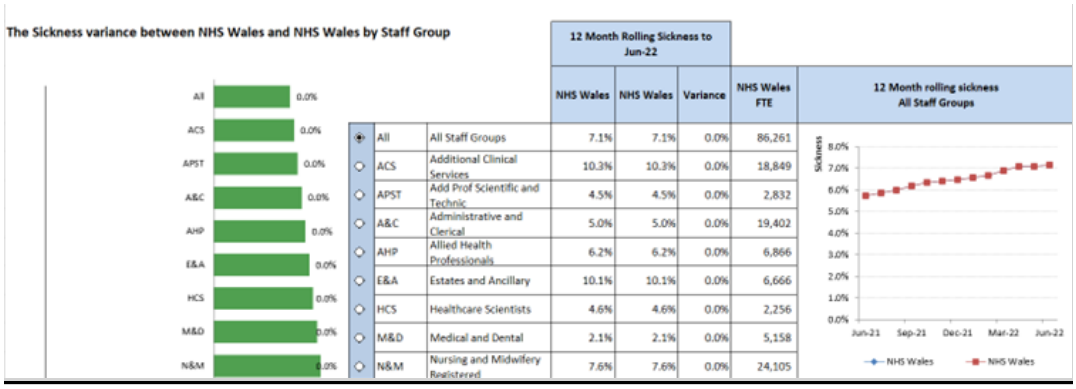
In our last evidence submission, we told you that a working group had been established to scope developments in providing sustainable and equitable occupational health provision across NHS Wales organisations. Welsh Government officials, based on feedback and discussions with key stakeholders, presented a proposal to the Workforce and OD Directors outlining the development of an All-Wales Centre for Occupational Health Excellence that would catalyse and provide focus for occupational health services in Wales.

The proposal suggested establishing a **Programme Development Expert Group (PDEG)** to provide advice and assist in testing options for an All Wales Centre of Occupational Health Excellence.

The PDEG met four times between June-September 2022 and WG officials met with individuals and smaller groups of PDEG members and wider stakeholders in between meetings. WG officials also sought feedback and advice from the Welsh Partnership Forum and WG Health and Social Services Group Policy Forum and the Executive Directors Team. The PDEG identified themes and five interdependent work areas to address some of the more urgent issues which negatively impact staff and service delivery in OH Workforce Education and Training, Workforce Planning and Systems and Standards.

Welsh Government officials will lead on the work streams and have identified groups and individuals who will be able to facilitate, advise and guide with progression. Officials will be happy to keep the Review Body informed of developments in these areas.

Table 22 – Sickness




| | | | 12 Month Rolling Sickness to Jun-22 | | | | 12 Month rolling sickness All Staff Groups |
|---|---|---|---|---|---|---|---|
| | | | NHS Wales | NHS Wales | Variance | NHS Wales FTE | |
| ◉ | All | All Staff Groups | 7.1% | 7.1% | 0.0% | 86,261 | |
| ○ | ACS | Additional Clinical Services | 10.3% | 10.3% | 0.0% | 18,849 | |
| ○ | APST | Add Prof Scientific and Technic | 4.5% | 4.5% | 0.0% | 2,832 | |
| ○ | A&C | Administrative and Clerical | 5.0% | 5.0% | 0.0% | 19,402 | |
| ○ | AHP | Allied Health Professionals | 6.2% | 6.2% | 0.0% | 6,866 | |
| ○ | E&A | Estates and Ancillary | 10.1% | 10.1% | 0.0% | 6,666 | |
| ○ | HCS | Healthcare Scientists | 4.6% | 4.6% | 0.0% | 2,256 | |
| ○ | M&D | Medical and Dental | 2.1% | 2.1% | 0.0% | 5,158 | |
| ○ | N&M | Nursing and Midwifery Registered | 7.6% | 7.6% | 0.0% | 24,105 | |



The table above shows the sickness rates of NHS staff per staff group. The group with the lowest rolling sickness period is add prof scientific and technic and the group with the highest is additional clinical services.

NHS Wales Staff Survey

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.
The NHS Wales Staff Survey is due to launch in March 2023.

Healthier Working Relationships

Together with steering group colleagues, HEIW has developed pages on the leadership portal Gwella setting out the approach to Healthy Working Relationships in NHS Wales: Healthy Working Relationships - Gwella HEIW Leadership Portal for Wales. These pages are to provide employees working in NHS Wales with access to useful resources aligned to the Healthy Working Relationships Framework and highlight the benefits of restorative and transformational approaches to conflict, disputes and incivility in the workplace. These resources are regularly reviewed and updated.

As part of continuously evaluating the benefits of Healthy Working Relationships strand of work, the partnership steering group is currently identifying a number of metrics that should assist in measuring the success of changing our approaches to resolution.

A number of masterclasses were held in March for HR professionals to promote and help parties understand the benefits of mediation. A review and evaluation of the mediation service is about to begin with a view to promoting outcomes of those who have accessed the service.

The Respect and Resolution policy and the FAQs are under review and all stakeholders were invited to submit comments. These comments are now being considered by a small partnership group.

Consideration is being given to broadening the remit of the group to ensure a co-ordinated approach to a number of other related pieces of work including the Just Culture pilots; the Speaking Up Safely work; the Staff Governance Framework; and the review of the All-Wales Disciplinary policy.

## Flexible Working

A partnership steering group has been set up, led by NHS Wales Employers, to develop All Wales guidance to support organisations in their approach to flexible working and the implementation of the revised Section 33 of the NHS Terms and Conditions of Service.

## COVID-19

In line with the Coronavirus Act provisions coming to an end on 24 March 2022 it was agreed in partnership to "pause" the application of the COVID-19 Frequently Asked Questions but to reserve the right to reinstate them either as individual FAQs or collectively should the situation necessitate it. To this end, version 13 issued on the 12 January 2022 was the last version issued.

Subsequently, revised NHS Wales COVID-19 sickness absence arrangements which came into effect with effect from 1 July 2022 were agreed in partnership. These arrangements were updated in early December 2022 in line with Welsh Government advice. Link below: -

https://www.nhsconfed.org/publications/covid-sickness-absence-transition-enhanced-provisions-application-regular-sickness

## 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 WPFBC Terms and conditions subgroup which meets on a monthly basis to discuss any practical issues

<u>Agreement of a protocol to increases mileage reimbursement costs to address increased costs of fuel</u>

NHS Wales Employers and NHS trade union colleagues have worked in partnership and agreed a protocol which provides for an increase in the level of reimbursement for travel incurred on NHS business. The normal arrangements for reimbursement are not responsive to dramatic and sudden increases in the cost of fuel and to address this a temporary increase of 5 pence per mile has been in place for Agenda for Change (AfC) staff since 1st April 2022.

The agreed rate of reimbursement remains as the Approved Mileage Allowance Payment (AMAP) rate for AfC staff, or the published Medical and Dental (M&D) rates and a protocol has been agreed to address how any short term volatility in the price of fuel is addressed. The protocol provides a formula to calculate the marginal increase in cost of fuel above what has been the average cost of the price of petrol over the past 10 years and is designed to respond to the costs being incurred by

NHS staff until such time as the AMAP or M&D rates reflect any sustained increase in the price of fuel.

The protocol (https://www.nhsconfed.org/publications/mileage-protocol) provides a formula to place this increase on a firmer footing and addresses:

i) The threshold at which an increase would come into force

ii) Identifies an independent reference point to guide the decision making

iii) The point at which the threshold would need to be breached to trigger a further increase (which will be 1.5 pence per mile) or the point at which it will be removed e.g., an increase in the AMAP rate

The 5 pence per mile increase will continue for A4C staff in line with the agreed protocol. In addition, the reserve rate (public transport rate) has also increased by 5 pence per mile. In some circumstances this rate can be paid without incurring tax and NI and in such circumstances the increase is 3 pence per mile.

The 5 pence per mile increase has also been applied to the M&D mileage claims from September 2022 where the published M&D rate of reimbursement is at or below 47 ppm, with the increase subsequently being backdated to claims made since April 2022. Any subsequent increases to the AMAP adjustment is also considered for M&D mileage rates. In addition, the M&D public transport rate has also increased by 5 pence per mile. In some circumstances this rate can be paid without incurring tax and NI and in such circumstances the increase is 3 pence per mile. This has been backdated to June 2022.

Furthermore, in line with the jointly agreed protocol to temporarily increase mileage reimbursement costs and the HMRC's decision to increase the Advisory fuel rate to 18p per mile (for petrol cars with an Engine size 1401 - 2000cc), an additional 1.5p per mile increase (1p where tax and NI are not incurred) was applied for the period 1 September 2022 to 30 November 2022.

Following the HMRC's assessment which decreased the Advisory fuel rate back to 17p per mile (for petrol cars with an Engine size 1401 - 2000cc), from 1 December 2022, the temporary increase returned to the rates agreed in April 2022 with effect from 1 December 2022.

Speaking Up Safely

A partnership 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 and is meeting on a monthly basis.

To date the group has commissioned and considered data and analysis from Health Boards, Strategic Health Authorities and Trusts on the current arrangements in place for staff to raise concerns within organisations; developed a draft All Wales framework /set of principles and governance arrangements for NHS Wales when considering arrangements for staff to raise and respond to concerns; and set up partnership sub

groups to develop some key toolkits to support the implementation of the All Wales Framework/set of principles.

The framework and toolkits are in the final stages of development.

Staff Welfare Project

The 2021-22 pay enhancements offer included a key element involving a Staff Welfare Project resource defined as “a dedicated project resource will lead a social partnership group that looks at staff welfare and bring together new initiatives and existing best practice”. In the pay enhancements offer letter, the following areas were suggested for the social partnership group to consider and agree a joint work plan:

- Staff health and wellbeing at work.
- Working environments.
- Training, development and CPD.
- Career development.
- Flexible working.
- Child care.

The social partnership group consisted of the nine trade union members of the WPF Business Committee and five representatives identified by Employers to act as their key participants. The Project Group agreed the scope and initial work programme and over the past year have agreed a joint proposal that the Minister for Health and Social services will be considering in early 2023. The following area’s are proposed and a further update on the proposals will be given in the oral evidence session.

Proposal 1 - Hydration
Proposal 2 - Nutrition
Proposal 3 - Rest
Proposal 4 - Learning and Development (protected time)

All Wales Policy Audit – Anti- Racist Lens

On June 7, 2022, the Welsh Government published the final Anti Racist Wales Action Plan (ArWAP) with refined goals and actions through the consultation. The ArWAP commits to tackle the *“root causes of racism, in the way we lead, manage and work with others to deliver public services”* with a focus on changing *“the systems, polices, processes and the ways of working we have that too often have excluded and more, damaged ethnic minority people.”* In order to specifically address the issues raised regarding racism in NHS Wales, one of the priority actions highlighted in the health chapter of the ArWAP is that Welsh Government, would:

**‘*Commission an independent audit of all existing workforce policies and procedures through an anti-racist lens, and expect representation of ethnic minority groups within forums or groups established to design the audit/ and oversee and support their effective implementation and application’***

A small partnership sub group has been set up to oversee the commissioning of the independent audit. During autumn 2022 the group developed tender documentation, reviewed the submitted the tender bids and identified the preferred provider.

The audit is due to conclude by the end of April 2023 and the conclusions and recommendations presented in June/July 2023.

**Updates on All Wales policy reviews during 2022/23 are outlined below: -**

Organisational Change Policy

The policy has been subject to a period of engagement. A partnership group has been established, led by NHS Wales Employers, and is currently considering a broader review of the policy, with a view to developing an easier to use, more streamlined version.

Managing Attendance at Work Policy

Under the guidance of the Managing Attendance at Work partnership group which has extensive membership from both Employers organisations and Trade Unions and meets biannually, a partnership review group has been established. The partnership review group has met on many occasions during the last 12 months to work through the extensive comments. The final draft of the revised policy is currently being considered for sign off by the partnership review group and will be presented to the Welsh Partnership Forum for ratification in early 2023.

Capability Policy

The review of the policy has begun with a period of engagement with stakeholders running from 13 May 2022 to 10 June 2022. A partnership review group has been set up and the group has agreed to take a different approach to the previous version and to consider the development of a high level, more responsive and less process driven policy.

Disciplinary Policy

The WPF Business Committee agreed to defer the review of the Disciplinary policy pending any outcomes and lessons learned following the implementation and subsequent review of the new Respect and Resolution policy, as well as the need to consider within the context of the Just Culture approach being piloted in certain organisations, and the ongoing work on Speaking Up Safely (referenced above).

Workforce Supply 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 seventh 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 develop their local people, in addition to local, national and international recruitment.

## Chapter 7 – Bank and Agency

Table 23 - 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**

Table 24 - Agency total spend:-

| 2021-22 | 2020-21 | 2019-20 | 2018-19 | 2017-18 | 2016-17 | 2015-16 | 2014-15 |
|---|---|---|---|---|---|---|---|
| £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 |
| 271.031 | 200,734 | 174,299 | 144,331 | 131,759 | 154,581 | 133,454 | 87,787 |

We are developing an Implementation Plan that will aim to address immediate challenges facing the workforce, whilst also focussing on the medium and longer term planning that is required to deliver a sustainable workforce for the future. The programme will:

- encourage return of people to the NHS labour market so improving regular workforce supply and quality and consistency of care to patients;

- increasing the equity and transparency of reward systems and reduction of internal wage competition across the NHS in Wales; and
- ensure the value for money of spend on the additional workforce hours, by reducing the overall spend on agency staff whilst we focus on the underlying causes.

GP locums

Introduced in April 2019, The All Wales Locum Register (AWLR) enabled a greater understanding of the needs and support the locum market provide to general practice.

Appendix B of the Scheme for General Medical Practice Indemnity Guidelines: General Medical Practice Indemnity (GMPI) - NHS Wales Shared Services Partnership sets out specific requirements GP locums must comply with in order to benefit from GMPI of the Practices they undertake sessional work for.

The AWLR has been an overwhelming success. As at the end of October 2022, there were 1,704 GP locums (including registrars) registered on the AWLR (located within Locum Hub Wales), an increase of 237 since first introduced.

Locum Hub Wales (hosted by GPWales) enables GP Practices across Wales to advertise their sessional needs, and choose and book a GP Locum, who's preferences match those of the practice. LHW has significantly increased the pool of locums who are available, especially at short notice, to meet any temporary sessional needs.

From the end of November 2021 to the end of October 2022:

- an average 284 GP Practices actively sought a GP locum each month.
- this ranged from 247 in October to 312 in February.
- 34,127 shifts were worked by GP locums
- an average of 2,844 per month
- this ranged from 2,450 in October to 3,246 in March
- 1,179 shifts were booked and worked using LHW booking facility
- 32,948 shifts were booked using other means and recorded on LHW as worked

A first for both Wales and the UK, the introduction of the AWLR and LHW provides structure to GP sessional work and supports our GP partners who are delivering Primary Care services and the provision of care closer to home.

## Chapter 8 – Contract Reform

Junior doctors

In 2022, Welsh Government along with NHS Wales employers and BMA Cymru Wales, worked in social partnership to develop a potential new contract for Doctors and Dentists training in Wales, details of the proposed contract can be found in Annex 2.

This contract was subject to a referendum in September 2022. Those that voted in the referendum rejected the proposed contract, with 64% rejecting.

Employers and the Welsh Junior Doctors Committee are reflecting on the outcome, have agreed not to abandon contract reform in it's entirely and have agreed to come together again in 2023 given the proposed benefits in contract reform in relation to equality, safeguards, making Wales the best place to train, live and work, which in turn will improve patient safety and NHS services.

SAS doctors

As detailed in previous evidence, Welsh Government and NHS Wales employers have also implemented a new SAS contract in 2021. Please see the table below which details which contract doctors are employed on. Please note that we are currently exploring if it is possible to identify how many of those on the new contract have moved from the old contract and this will be shared with the DDRB at a later date.

**Table 25 - Total SAS in NHS Wales per contract type, headcount and full time equivalent (18.10.22)**

| SAS contract type | Head Count | FTE |
|---|---|---|
| Specialist Grade (new 2021 contract) | 16 | 14.3 |
| Specialty Doctor (new 2021 contract) | 422 | 383.25 |
| Associate Specialist (closed contract) | 171 | 149.93409 |
| Specialty Doctor (closed 2008 contract) | 441 | 379.142 |

When referring to a "closed" contract, this is intended to mean that NHS Wales employees can no longer be appointed to these contracts. Those employees on "closed" contracts will continue to remain on their applicable terms and conditions of service.

**Table 26 - All Wales analysis of total speciality doctor's remaining on 2008 contract (18.10.22)**

| Specialty Doctor (closed 2008 contract) | Headcount | FTE |
|---|---|---|
| Total at top of scale on 2008 contract | 180 | 144.53 |

| | | |
|---|---|---|
| Total not at top of scale on 2008 contract | 261 | 234.612 |
| Grand Total | 441 | 379.142 |

**Table 27 - All Wales analysis of total speciality doctor's remaining on 2008 contract per health board, gender, years in grade and years at top of scale (18.10.22)**

| Health Board | Gender | Head Count | Average of years in grade | Average of years at top of scale |
|---|---|---|---|---|
| Aneurin Bevan University Health Board | Female | 9 | 8.67 | 4.88 |
| Aneurin Bevan University Health Board | Male | 11 | 6.84 | 4.70 |
| Betsi Cadwaladr University Health Board | Female | 19 | 9.31 | 4.16 |
| Betsi Cadwaladr University Health Board | Male | 31 | 7.86 | 3.72 |
| Cardiff and Vale University Health Board | Female | 15 | 8.54 | 3.71 |
| Cardiff and Vale University Health Board | Male | 10 | 7.06 | 1.86 |
| Cwm Taf Morgannwg University Health Board | Female | 19 | 6.52 | 2.50 |
| Cwm Taf Morgannwg University Health Board | Male | 30 | 5.60 | 2.27 |
| Hywel Dda University Health Board | Female | 9 | 8.33 | 5.50 |
| Hywel Dda University Health Board | Male | 14 | 6.67 | 3.04 |
| Powys Teaching Health Board | Male | 2 | 7.35 | 6.85 |
| Swansea Bay University Health Board | Female | 4 | 6.87 | 3.62 |
| Swansea Bay University Health Board | Male | 5 | 10.00 | 5.15 |
| Velindre University NHS Trust | Female | 1 | 8.17 | 8.17 |
| Velindre University NHS Trust | Male | 1 | 1.48 | 0.48 |

## Chapter 9 – 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[4]

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.

### 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.

[4] 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

## Chapter 10 - 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 11 - Future Direction of NHS in 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. As per the last calculations of the first three-year reporting period in November 2020, there were 139.74 additional WTE RNs (+3.3%) and 597 additional WTE HCSWs (+23.8) funded into the adult medical and surgical establishments 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.

This has been borne out by more recently reported data from the second three-year reporting period. A year following the above figures in November 2021, there were 59 (+1.4%) additional funded Registered Nurses (RN) in Wales' acute adult medical and surgical wards when compared to March 2018 before the Act came into force, and 915 (+36.6%) additional funded Health Care Support Workers (HCSW).

This is indicative of an NHS that has been struggling to recruit RN staff – as has the whole world due to the global shortage of nursing staff and the ongoing impact of the covid pandemic - and relying on HCSW recruitment as short-term solution.

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 were 81.96 WTE additional RNs (+21.7%) and 26.44 WTE additional HCSWs (+30.6%) as of November 2021 (the most contemporary data is due imminently). 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.

## 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. Thirty of these commitments are due for delivery by 2023. A dedicated Health and Social Services Programme has been developed 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. The All Wales Greener Primary Care Framework and Award Scheme launched in June 2022. The Social Care Decarbonisation Route map was published in July 2022, supporting these sectors in their contributions to decarbonisation targets.

**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).

Details on an anti-racist wales can be found at: Anti-racist Wales Action Plan | GOV.WALES

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 during the pandemic including rapid discharge from hospital to home, and admission avoidance models. These funds have been replaced by the Regional Integration Fund as of April 2022.

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.

In October 2022, as part of our approach under A Healthier Wales to improvements of pharmacy services we launched the new **Pharmacy: Delivering a Healthier Wales.**

**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. The Integrated Care Fund (ICF) has been replaced by the Regional Integration Fund (RIF) as of April 2022. The learning from the 20m investment to support activity for children with complex needs under ICF helped to inform the development of the 'Supporting families to stay together safely, and therapeutic support for care experienced children' model of care' in the RIF.

In the longer term we recognise that social care reform needs to directly address children's needs. Our Programme for Government commitments focus on a new vision for Children's Services in Wales. They are about making radical whole system change and at its heart, ensuring that children and young people only enter care when it is the best option for them, and making sure they experience a nurturing and supportive environment to enable them to reach their full potential.

**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 Heathier 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. The healthy and active fund, launched in 2019-20 has been extended to a fourth year with a particular focus on strengthening community support for 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 three years 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.

**Planning** - The **National Clinical Framework** was published in March 2021. The Framework sets out a health system that is coordinated nationally and delivered locally or through regional collaborations. Six **Quality Statements** have been published covering cancer, heart conditions, critical care, stroke, women's health and end of life care. 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 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 have invested 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 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.

**Regional Integration Fund**

The Regional Integration Fund runs from April 2022 to March 2027 and will develop national integrated models of care around six key thematic priorities; Community based care (prevention and community coordination), place based care (complex care closer to home), promoting good emotional health and wellbeing, supporting families to stay together safely and therapeutic support for care experienced children, home from hospital and accommodation based solutions.

A Healthier Wales recognises the Regional Partnership Boards as key drivers of integration, empowering them to pool resources and expertise to deliver seamless, preventive models of care at a local, regional and national level.

The fund will achieve the ambition set out in A Healthier Wales for people to access the right care and support in the right place at the right time, and for people to take control of their own health and wellbeing to prevent escalation of needs.

The Regional Integration Fund will support people in Wales who would most benefit from integrated models of care. Priority population groups will include older people including people with dementia, children and young people with complex needs, people with learning disabilities and neurodevelopmental conditions including autism, unpaid carers and people with emotional and mental health wellbeing needs.

Welsh Government has committed to an annual investment of £144 million for five years.

- Cwm Taf Morgannwg – 21.8m per year
- Cardiff & Vale – 19m per year
- Gwent – 26.6m per year
- West Wales – 18.5m per year
- Powys – 6.9m per year
- North Wales – 32.2m per year
- West Glamorgan – 18.2m per year

A national evaluation of the Transformation Fund (which preceded the RIF, ending in March 2022) is underway and the final report will be published once completed. A national evaluation of the **Regional Integration Fund** will be undertaken in 2023.

**Regional Integration Fund Communities of Practice** (CoPs) were established in March 2022. The key premise of the CoPs is to consider key areas of transformation, alongside identifying good practice. The CoPs have brought together groups of practitioners across sectors and provides a proactive vehicle for productive discussions, share experiences, encourage and support collaborative solutions to system and service delivery challenges, as well as contributing and aligning to the development and implementation of the six national models of integrated care (Community Based Care: prevention and early intervention, Community Based Care: care close to home, Hospital to Home, Emotional and Mental Health, Supporting Families and therapeutic support for care experienced children and Accommodation Based Solutions).

There are four CoPs, with a further two to be initiated:

- Community Based Care
- Hospital to Home
- Emotional and Mental Health
- Technology Enabled Care
- NEST Framework implementation
- Accommodation Based Solutions

## Recovery from COVID-19

In April 2022, a planned care recovery plan for Wales was issued https://gov.wales/sites/default/files/publications/2022-04/our-programme-for-transforming--and-modernising-planned-care-and-reducing-waiting-lists-in-wales.pdf

The plan is aimed at encouraging health and social care organisations to focus on:

- transforming outpatient services
- prioritising diagnostic services
- early diagnosis and treatment of suspected cancer patients
- patient prioritisation to minimise health inequalities
- those waiting a long time
- building sustainable planned care capacity
- improving communication and support

Recovering the long waiters caused by the pandemic is a government priority and is supported by significant investment. This includes a recurrent £170m and a recurrent transformational fund of £15million. Capital programmes are also being prioritised to support this priority particularly in diagnostic in the first year and beyond.

**Early impact from transformation is being seen with investment from the £15 million transformation fund:**

To date (April to end of September) there has been £3.4m of the transformation fund issued in Q1/Q2, to the NHS, with finding for Q3/Q4 being released in line with project reviews and delivering against project milestones.

Below are key areas of impact seen in the first six months, other areas are more long-term and transformational, with benefits not evident in the first six months.

**Outpatient transformation projects –** are supporting the implementation of innovative approaches and initiatives that contribute towards sustainable transformation of outpatients. This includes working with primary care looking at the flow of referrals and what referrals needs to come through.

**Impact**

- Between April and August 2022 there has been a total reduction of referrals (18,802) across all health board for the 7 planned care speciality.
- This is against an overall increase in referral, rising above the same period in 2019 which was pre-covid.
- Evidence of significant reduction in referrals across all health boards in orthopaedics (down by over 18,800) and ENT (down by over 6,300) suggest that national work in these areas is showing an early impact.

**Table 28 - Alternatives to follow-up appointments**

| | AB | BCU | C&V | CTM | Hywel Dda | Powys | SB | All Wales |
|---|---|---|---|---|---|---|---|---|
| **SOS** | 6327 | 5531 | 13018 | 8517 | 4730 | 1023 | 20154 | 59300 |
| **PIFU** | 14323 | 5803 | 212 | 1854 | 2781 | 152 | 4788 | 29913 |
| **Total** | 20650 | 11334 | 13230 | 10371 | 7511 | 1175 | 24942 | 89213 |

**Impact:**

- Across Wales from April 2022 to September 2022, **89,000** See on Symptom SOS & Patient initiated follow-up (PIFU) pathways have commenced which is an alternative to the traditional, in person follow-up appointment
- It is anticipated that of the 89,000 pathways, 10% may convert to requiring a follow-up appointment, however the reduction in the number of follow up appointments needed (approximately 80,100) could help provide additional capacity for both new and other follow-up appointments, this is an area of priority for next year's plans.

**Teledermoscopy**

- Evidence from both ABUHB and HDUHB has shown that around 50% of the patients that have accessed the service have been discharged (compared to 25% discharge previously). Specialists are able to undertake 24 digital reviews where previously they would do 12 in-person reviews during the same session

**Impact**

- HBs with Telederm in place Swansea Bay, ABUHB and more recently Hywel Dda and Cardiff and Vale, have zero or reducing numbers over 52 weeks at outpatients.
- The plan is to roll the model out across Wales.

**Breast cancer regional working**

**Impact**

- The Cancer Network and Welsh Government transformation fund funded a regional programme in CVUHB to ensure that CTMUHB and CVUHB suspected breast cancer patients were seen in a timely way. Over 200 patients have been seen (CTMx175 CVUHB x38) have been seen in the clinics held in Cardiff on weekends, demonstrating that regional working can work and allowing us to develop a regional response model. The clinic has seen an 89% discharge rate

**Validation**

- A centrally validation company has been secured to support wide scale validation across three Health Boards, BCU, CTM and Swansea Bay.

**Impact**

- Evidence so far at BCU indicates an 8% removal rate, based on 7,786 admin validation and 6,386 telephone validation.
- By the end of December 2022, 41,594 will have been validated at BCU, 39,228 at CTM, 31,900 at Hywel Dda and 30,582 at Swansea Bay,

**Eye care**

**Impact**

- There are 12 Eye care schemes across Wales which has seen £1.4m funding distributed across Wales – Projects have focused on seeing patients and adopting different ways of working. Whilst these initiatives have been set up during the first half of the year, seeing over **1,645** patients, it is projected that a further **7,464** patients will be seen over the next 2 quarters.
- The fund has supported one health board to eliminate any patients waiting over 2 weeks for a Wet AMD appointment and all Diabetic Retinopathy patients seen within target (95%).
- It is important to note as Ophthalmology services enlist community optometrists, this additional activity will not be included in Planned Care activities figures

**The additional £170m investment**

The monies were put into the system in advance of the recovery plan launch in April 2022. As such organisations made individual choice as opposed to being led by a strategic direction which we now have. This has meant opportunities such as regional have not been exploited which is being done now e.g., regional diagnostics,

Organisations focused the resources largely in the following areas.

- Maximizing internal capacity
- Bringing infrastructure on site – Theatres
- Additional capacity with private sector
- Diagnostics
- Improvements in urgent care pathways to reduce the possibility of cancelations

Key headlines from the specialty data summary received by the FDU include as examples:

- Ophthalmology £18m, activity 39,945
- Orthopaedics £13m, activity 18,519
- Planned Care / Various /Multiple specialties accounts for c. £42m
- Unscheduled Care/Urgent Care/Medicine £22m- supporting whole system working

Within the national plan there are a set of high-level challenging ambitions, two of the ambitions relate to targets in 2023.

The first ambition of the plan is ***to remove all waits over 52 weeks (1 year) for first outpatients from referral.***

At the end of September 2022, there were 100,683, open pathways waiting over 52 weeks for a first outpatient appointment. This is

- a decrease of 1,979 (2%) compared to August 2022,
- an increase of 679 (1%) compared to September 2021.
- The first decrease seen in this number.

While we have seen added capacity in outpatients, it has taken time for this to come through and it is not evident in every specialty.

The priority remains urgency including cancers, while we have prioritised clinical urgency the availability for long waiters has not been sufficient to meet the challenging target.

The second ambition is for the number of open pathways over 104 weeks to be reduced to zero in most specialities by Spring 2023.

At the end of September 2022, there were 57,284, open pathways over 104 weeks in all specialities. This is:

- a decrease of 2,066 (3.5%) compared to August 2022; and
- 13,133 (19%) lower than the high of 70,417 in March 2022.

This was the sixth consecutive month where a decrease had been seen. Four health boards showed a reduction in the number of open pathways over 104 weeks this month when compared to the previous month. The number of open pathways over 104 weeks ranged from zero in Powys to 14,363 in Betsi Cadwaladr.

For inpatient and day case treatment activity September 2022 is the key month that we have now witnessed activity beyond pre covid baselines. This pattern follows a similar pattern to both diagnostic and cancer where it is quarter 3 that activity levels has picked up.

North Wales Medical School

- Establishment of the new independent medical school in North Wales will enable us to train more medical students here in Wales and to ensure that we distribute both training opportunities and the provision of well qualified doctors across Wales. This measure is good for North Wales, for the Health Board and the University
- The creation of the new Medical School will eventually create another 140 training places for Wales annually over the forthcoming years
- Ministers have approved the advice and recommendations provided by officials and a written statement will be issued in due course. Meanwhile the letter of assurance has been signed off and issued to the GMC which will enable the accreditation process to progress
- Comms are being coordinated with both WG and Bangor University, with a press release expected at the end of January to confirm progress. Bangor have confirmed that they are recruiting University staff to support the new medical school and are boosting their academic staff numbers at both lecturer and senior lecturer grades

## Annex 1

Table 29- Headcount Detail by Specialty for NHS Wales M&D Staff
Aug 22 (Specialty based on Occupational Code Description)

| | 2022-AUG | | | | |
|---|---|---|---|---|---|
| **Specialty based on Occupational Code Description** | **Consultant** | **Other M&D** | **SAS** | **Training Grades** | **All M&D** |
| Acute Internal Medicine | 28 | | 1 | 58 | 87 |
| Acute Internal Medicine Locum | | | | | |
| Anaesthetics | 454 | 4 | 134 | 329 | 921 |
| Anaesthetics Locum | 14 | | 1 | 1 | 16 |
| Audio Vestibular Medicine | 2 | | 1 | 1 | 4 |
| Audio Vestibular Medicine Locum | | | | | |
| Cardiology | 81 | 2 | 9 | 65 | 157 |
| Cardiology Locum | 4 | 1 | 1 | 1 | 7 |
| Cardio-thoracic Surgery | 16 | | 1 | 22 | 39 |
| Cardio-thoracic Surgery Locum | 2 | | | | 2 |
| Chemical Pathology | 7 | | | 5 | 12 |
| Child and Adolescent Psychiatry | 36 | | 10 | 18 | 64 |
| Child and Adolescent Psychiatry Locum | 3 | | | | 3 |
| Clinical Genetics | 10 | 1 | 1 | 7 | 19 |
| Clinical Genetics Locum | 2 | | | | 2 |
| Clinical Neurophysiology | 4 | | | 3 | 7 |
| Clinical Oncology | 59 | 1 | 15 | 35 | 110 |
| Clinical Oncology Locum | 3 | | | 1 | 4 |
| Clinical Pharmacology and Therapeutics | 1 | | | 2 | 3 |
| Clinical Radiology | 170 | 2 | 10 | 99 | 281 |
| Clinical Radiology Locum | 14 | | | | 14 |
| Community Health Services Dental | | | | | |
| Community Health Services Medical | | | | | |
| Community Health Services Medical Locum | | | | | |
| Community Sexual and Reproductive Health | 7 | 2 | 8 | 6 | 23 |
| Community Sexual and Reproductive Health Locum | 1 | | | | 1 |
| Dental and Maxillofacial Radiology | | | | 2 | 2 |
| Dental Medical Specialties (Closed) | | | | | |
| Dermatology | 41 | 4 | 30 | 27 | 102 |
| Dermatology Locum | 4 | | | | 4 |
| Diagnostic Neuropathology Locum | | 1 | | | 1 |
| Emergency Medicine | 121 | 11 | 61 | 301 | 494 |
| Emergency Medicine Locum | 21 | | | | 21 |

| | | | | | |
|---|---|---|---|---|---|
| Endocrinology and Diabetes Mellitus | 41 | | 5 | 26 | 72 |
| Endocrinology and Diabetes Mellitus Locum | 2 | | | | 2 |
| Forensic Psychiatry | 9 | | 3 | 11 | 23 |
| Forensic Psychiatry Locum | 2 | | | 1 | 3 |
| Gastro-enterology | 68 | 2 | 4 | 33 | 107 |
| Gastro-enterology Locum | 6 | 1 | | 1 | 8 |
| General (Internal) Medicine | 96 | 13 | 66 | 569 | 744 |
| General (Internal) Medicine Locum | 17 | 1 | 1 | 4 | 23 |
| General Dental Practitioner | 4 | 259 | 13 | | 276 |
| General Medical Practitioner | 31 | 371 | 9 | | 411 |
| General Medical Practitioner Locum | | | | | |
| General Pathology Locum | | | | | |
| General Payments \| GP Bed/Casualty Fund | | | | | |
| General Payments \| Medical Research Council | | | | | |
| General Payments \| Other | | 3 | | 7 | 10 |
| General Payments \| Payment to Clinical Member of Management Team | | 2 | | | 2 |
| General Practice | 1 | 20 | | 543 | 564 |
| General Psychiatry | 105 | 9 | 56 | 134 | 304 |
| General Psychiatry Locum | 20 | | | 7 | 27 |
| General Surgery | 127 | 5 | 74 | 314 | 520 |
| General Surgery Locum | 13 | | 1 | | 14 |
| Genito-Urinary Medicine | 18 | | 11 | 3 | 32 |
| Genito-Urinary Medicine Locum | | | 2 | | 2 |
| Geriatric Medicine | 122 | 4 | 24 | 99 | 249 |
| Geriatric Medicine Locum | 8 | | | | 8 |
| Haematology | 46 | 1 | 10 | 43 | 100 |
| Haematology Locum | 5 | | 1 | | 6 |
| Histopathology | 68 | | 2 | 18 | 88 |
| Histopathology Locum | 5 | | | | 5 |
| Immunology | 3 | | | 2 | 5 |
| Immunology Locum | | | | | |
| Infectious Diseases | | | | 1 | 1 |
| Infectious Diseases Locum | | | | | |
| Intensive Care Medicine | 45 | 2 | 1 | 64 | 112 |
| Intensive Care Medicine Locum | 3 | | | | 3 |
| Manager \| Clinical Support | 1 | | | | 1 |
| Medical Microbiology | 36 | | 4 | 19 | 59 |
| Medical Microbiology and Virology Locum | | | | | |
| Medical Oncology | 21 | 3 | 5 | 20 | 49 |
| Medical Oncology Locum | 5 | | 1 | 2 | 8 |
| Medical Ophthalmology | | | | | |

| | | | | | |
|---|---|---|---|---|---|
| Medical Ophthalmology Locum | | | | | |
| Medical Psychotherapy | | | | | |
| Medical Psychotherapy Locum | | | | | |
| Neurology | 34 | 1 | 1 | 18 | 54 |
| Neurology Locum | 4 | | 1 | | 5 |
| Neurosurgery | 17 | 1 | 1 | 12 | 31 |
| Neurosurgery Locum | 1 | | | | 1 |
| Obstetrics and Gynaecology | 151 | 4 | 54 | 189 | 398 |
| Obstetrics and Gynaecology Locum | 11 | | | 1 | 12 |
| Occupational Medicine | 1 | | 3 | | 4 |
| Occupational Medicine Locum | 1 | | | | 1 |
| Old Age Psychiatry | 46 | | 22 | 32 | 100 |
| Old Age Psychiatry Locum | 3 | | | 2 | 5 |
| Ophthalmology | 61 | | 40 | 42 | 143 |
| Ophthalmology Locum | 9 | | 1 | | 10 |
| Oral and Maxillo-Facial Surgery | 26 | | 33 | 49 | 108 |
| Oral and Maxillo-Facial Surgery Locum | 3 | 1 | | 2 | 6 |
| Oral Medicine | | | | 2 | 2 |
| Oral Surgery | 5 | 1 | 15 | 6 | 27 |
| Oral Surgery Locum | | | | | |
| Orthodontics | 13 | | 4 | 5 | 22 |
| Orthodontics Locum | 1 | | | | 1 |
| Other Specialities | 47 | 2 | 4 | 20 | 73 |
| Other Specialities Locum | 1 | | | | 1 |
| Otolaryngology | 47 | 1 | 29 | 59 | 136 |
| Otolaryngology Locum | 7 | | | 1 | 8 |
| Paediatric Cardiology | 6 | | 1 | | 7 |
| Paediatric Dentistry | 2 | 1 | | 6 | 9 |
| Paediatric Dentistry Locum | | | 1 | | 1 |
| Paediatric Surgery | 6 | | | 10 | 16 |
| Paediatric Surgery Locum | 2 | | | | 2 |
| Paediatrics | 218 | 6 | 94 | 313 | 631 |
| Paediatrics Locum | 17 | | 2 | | 19 |
| Palliative Medicine | 38 | 4 | 23 | 25 | 90 |
| Palliative Medicine Locum | 2 | | | | 2 |
| Plastic Surgery | 25 | 1 | 1 | 30 | 57 |
| Plastic Surgery Locum | 1 | | | 1 | 2 |
| Psychiatry of Learning Disability | 21 | | 4 | 12 | 37 |
| Psychiatry of Learning Disability Locum | 3 | | | | 3 |
| Public Health Dental | 4 | | | 9 | 13 |
| Public Health Medicine | 43 | 4 | 1 | 5 | 53 |
| Public Health Medicine Locum | 2 | | | | 2 |
| Rehabilitation Medicine | 7 | | 18 | 5 | 30 |
| Rehabilitation Medicine Locum | 1 | | | | 1 |
| Renal Medicine | 34 | | 9 | 29 | 72 |

| | | | | | |
|---|---|---|---|---|---|
| Renal Medicine Locum | 1 | | | | 1 |
| Respiratory Medicine | 66 | | 4 | 50 | 120 |
| Respiratory Medicine Locum | 3 | | | 1 | 4 |
| Restorative Dentistry | 9 | | 7 | 10 | 26 |
| Restorative Dentistry Locum | | | | | |
| Rheumatology | 39 | | 2 | 13 | 54 |
| Senior Manager \| Central Functions | | 1 | | | 1 |
| Special Care Dentistry | 1 | 1 | | 4 | 6 |
| Sport and Exercise Medicine | | | 1 | | 1 |
| Trauma and Orthopaedic Surgery | 173 | | 70 | 178 | 421 |
| Trauma and Orthopaedic Surgery Locum | 10 | | | 3 | 13 |
| Urology | 46 | 1 | 19 | 60 | 126 |
| Urology Locum | 7 | | 1 | | 8 |
| Vascular Surgery | 27 | | 4 | 11 | 42 |
| Vascular Surgery Locum | 1 | | | | 1 |
| **All Specialties** | **3337** | **755** | **1046** | **4119** | **9257** |

N.B. Where M&D staff work in more than one specialty they have been counted in each. Therefore, the total headcount showing for M&D will not match the headcount detail on other reports provided as part of the same request.

**Annex 2**

## Introduction

In early 2020 social partnership discussions commenced in earnest between the BMA Cymru Wales, Welsh Government and NHS Wales Employers on the Doctors and dentists in training terms and conditions (England) 2016 in seeking a new contract for Wales. At that time there was consensus amongst social partners that the 2002 contract in operation in Wales was no longer attractive to junior doctors and there was evidence that the Wales was at a disadvantage competitively in terms of recruitment and retention of junior doctors.

Following the culmination of over 18 months of discussion with partners, Welsh Government issued a mandate for negotiations to NHS Wales Employers and BMA Cymru Wales on 30 August 2022 which included a funding envelope for reform of 3%. The mandate specifically set out that the contract should be "*appropriately aligned to the Doctors and dentists in training terms and conditions (England) 2016 as currently amended, recognising any need to make specific changes to achieve an agreement in Wales*".

Negotiations concluded early September 2022 with all social partners agreeing in principle a new junior doctor contract for Wales which has built upon the Doctors and dentists in training terms and conditions (England) and will enable there to be a high degree of consistency between the contract operating in England which will aid and support recruitment and retention of doctors in Wales.

This document is based on a summary produced by England and has been updated to reflect the contract agreements achieved in Wales. It aims to provide an overview of the agreed contract for stakeholders in Wales and compares the features of the 2002 contract with the 2016/2018 contract (England), and the Welsh contract.

## Scope of the new contract

The mandate issued by Welsh Government on behalf of the Minister for Health and Social Services clearly outlined the contractual reform required in Wales of the 2002 junior doctor contract, notably;

- To protect the work/life balance of doctors and dentists
- Address the equality issues presented in the current 2002 contract
- Support the ambition to make Wales an attractive option to Train, Work, Live[5]
- Improve patient safety

[5] Train Work Live | Wales

- Support *A Healthier Wales* [6] and the *Workforce Strategy for Health and Social Care* [7] outline ambitions to deliver an engaged, sustainable, and flexible workforce in health and social care in Wales
- Balance the terms and conditions with educational and training needs, service delivery and wellbeing to enable doctors and dentists to be productive and effective in delivering quality care to patients.

If there is unilateral agreement between social partners in Wales to adopt the new contract, it will replace the existing New Deal arrangements, and the hospital medical and dental staff terms and conditions of service, 2002 as they apply to doctors and dentists in training. The new contractual arrangements will also apply to general practice trainees during the approved General Medical practice placements that form part of postgraduate medical education.

Subsequently a detailed contract implementation and transitional plan will be required to be co-developed that will aim to:

- Support social partners to work at a national and local level to transition trainees on to the new contract
- Facilitate the co-develop of all interdependent supporting mechanisms for the new contract, for example introducing and establishing the roles of Guardian of Safe Working Hours and Champion of Flexible Working
- Enable employers to plan and prepare for new working patterns and rotas
- Transition trainees onto the new contract at an appropriate point in their training with no financial loss (in basic salary)

Arrangements for transition and pay protection have been agreed and these will include:

- pay protection will be based on the salary paid on the day before trainees are placed onto the new contract.
- Pay protection not being applicable to trainees that are applying for and are recruited to new training programmes i.e. F1, CT1 & ST3

The aim is to move as soon as possible to communicate the features of the new contact should the contract be agreed. This will ensure that any doctors applying for posts in Wales are aware they would be placed onto the new contract in August 2023 and to ensure the benefits of the new contract are known compared to the English contract.

A significant programme of work will need to take place to ensure organisations will be ready for implementation and Welsh Government have agreed to support a level of funding for the Guardian of Safe Working and the Champion of Flexible Training roles and additional support so as to facilitate the transition to the new contract.

For the purposes of the remainder of this document, for “doctor” read “doctor /dentist” throughout.

## Contract Schedules

Schedule 1: General Duties and Responsibilities

[6] A healthier Wales: long term plan for health and social care | GOV.WALES
[7] Health and Social Care Workforce Strategy - HEIW (nhs.wales)

Schedule 2: Arrangements for Pay

Schedule 3: Working Hours

Schedule 4: Work Scheduling

Schedule 5: Exception Reporting

Schedule 6: Guardian of Safe Working

Schedule 7: Champion of Flexible Training

Schedule 9: Other Conditions of Employment

Schedule 10: Leave

Schedule 11: Termination of Employment

Schedule 12: Expenses

Schedule 13: Facilities

Schedule 14: Sections of the NHS Terms and Conditions of Service Handbook Applicable to Doctors and Dentists in Training

Schedule 15: Transitional Arrangements

# Junior doctor contract detail and comparison

## Pay

| Current contract (2002) | New contract (England) | Specific details agreed (Wales) |
|---|---|---|
| Basic pay linked to length of service rather than level of responsibility. | Basic pay is directly linked to the stage of training. | Same as English contract. |
| Pay progression not linked to progress through training / employment. | Stage of training determines the associated nodal point and basic pay. | Same as English contract. |
| | | Flexible training pay premium (FTPP) will be payable to doctors to recognise professional development and experience outside of formal training programmes. The FTPP will also apply to trainees that change programmes until nodal point 4 is reached. A set criterion Eligibility for the FTPP will be in place with the payment being dependant on meeting the criteria. This payment will be pensionable. |
| Banding system that results in huge variations in pay when doctors rotate from one post to another. | Increased basic pay - increase at transition (on average this was 13.5% in the English contract) with a lesser proportion of pay being variable, providing for a more stable salary for doctors and increased pension benefits. | Increased basic pay for each nodal point compared to the English contract. Basic pay has been developed from the 2018/2019 English junior doctor pay scales in and applies the DDRB recommended pay rises from 2019/2020 to 2022/2023. This represents an increase of 6.9% against the 21/22 (England) actual pay scales. |
| Inflexible banding system that does not properly distinguish between unsocial and social hours worked. | • Every day 2100 – 0700: 37% premium for hours worked between these hours.<br>• Provisions for the 37% premium to be paid for all hours worked for shifts which include hours worked between 00:00 and 04:01 and those that start between 20:00 and 23:59.<br>• a minimum weekend working frequency of 1 in 8 across the length of the rota cycle paid as | • 37% pay premium - same as contract in England.<br>• Shifts commencing on a Friday that end on a Saturday will count towards weekend frequency allowance calculations (excluding Non-Resident On Call shifts).<br>• a minimum weekend working frequency of 1 in 8 – same as contract in England. |

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| | an allowance – ranging for 3% (1 in 8) to 15% for 1 in 2 | |
| | • introduction of a less than full time (LTFT) allowance of £1000 | • less than full time (LTFT) allowance expressed as % of nodal point x initial value £xx. |
| | • Introduction of flexible pay premia | • Flexible pay premia expressed as % of nodal point x initial value £xx. |

## Working Hours

| Current contract (2002) | New contract (England) | Specific details agreed (Wales) |
|---|---|---|
| Maximum average 56 hour working week. | Maximum average 48-hour working week. | Same as English contract. |
| Opt out capped at maximum average of 56 working hours per week. | Opt out capped at maximum average of 56 working hours per week. | Same as English contract. |
| Maximum 91 hours' work in any seven-day period. | Maximum 72 hours' work in any seven-day period. | Same as English contract. |
| Maximum shift length of 14 hours. | Maximum shift length of 13 hours. | Same as English contract. |
| Maximum of seven consecutive long shifts. | Maximum of four consecutive long shifts (10hours+). Minimum 48-hour rest period rostered immediately following the conclusion of the fourth long shift | Same as English contract. |
| Maximum of seven consecutive night shifts. | Maximum of four consecutive night shifts with a minimum 46-hour rest period rostered immediately following the conclusion of the shift(s) | Same as English contract. |
| Rigid on-call rules with limited flexibility. | On-call duty of 3 hours or fewer of work on any given day, and no more than 3 episodes of | Where the work schedule of a doctor rostered for on-call duty on a Saturday and Sunday contains 3 |

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| | work on each day, then such duty is defined as 'low intensity'. In such a 'low intensity' working pattern a maximum of 7 days can be rostered or worked consecutively. | hours or fewer of work on each any given day during the non-resident on call period, and no more than 3 episodes of work on each day during the non-resident on call period, then such duty is defined as 'low intensity'. In such a 'low intensity' working pattern a maximum of 7 on call duties can be rostered or worked consecutively. Where 7 on call duties are worked consecutively, following the end of the 7th on call duty, the hours of worked must not exceed 12 noon on the 8th day. |
| | Breaks:<br>• at least one 30-minute paid break for a shift rostered to last more than five hours,<br>• a second 30-minute paid break for a shift rostered to last more than nine hours, and<br>• a third 30-minute paid break for a night shift rostered to last 12 hours or more. | Breaks - same as English contract. |
| | Limits on on-call working:<br>No more than three rostered on-calls in seven days except by agreement.<br>Guaranteed rest arrangements where overnight rest is disturbed. | Limits on on-call working - same as English contract. |

## Work Scheduling

| Current contract (2002) | New contract (England) | Specific details agreed (Wales) |
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| Rota specifies juniors' work based on service need, not their training needs | Job plans to be agreed by the trainee, academic employer and clinical employer prior to the commencement of the placement | Same as English contract. |
| Departmental rota. | Generic work scheduling to include time for rota development, induction and in line with Fatigue and Facilities Charter. Individual work scheduling. To be issued 8 weeks in advance of the doctor commencing. Duty roster issued 6 weeks in advance and a personalised work schedule to be agreed within 4 weeks of commencement . | Same as English contract. |
| | Work schedule to be linked to the educational curriculum. | Same as English contract. |
| | Training needs to be identified and included in the work schedule. | Same as English contract. |

## Exception reporting

| Current contract (2002) | New contract (England) | Specific details agreed (Wales) |
|---|---|---|
| Twice-yearly hours monitoring exercises. | Exception reports to replace hours monitoring. | Same as English contract. |
| Juniors have option of requesting monitoring and going to a banding appeal if they are not being treated fairly, potential for disagreement between employees and employer with no independent oversight | Work schedules for GP trainees in practices to reflect guidance on work plans from Committee of GP Education Directors. | Trainees in all non-hospital settings to send exception reports to educational supervisor. GP trainees will have an appointed Guardian of Safe Working Hours. |
| | Exception reporting is the mechanism used by doctors to ensure compensation for all work performed and uphold agreed educational opportunities. | Same as English contract. |
| | Exception reports raised per trainee. | Exception reports raised per trainee and ability of the Guardian of Safe Working Hours to investigate if other trainees affected. |

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| | Remit of exception reports to include safe working hours, working practices, adequate training opportunities are available, academic work, rota development or co-ordination responsibilities, differences in the nature of work. | Exception reporting will be used by trainees to inform the employer when their day to day work varies significant and/or regularly from the agreed work schedule in instances of differences in; hours of work, pattern of hours worked, educational opportunities and support and in the roles and responsibilities. |
| | Guidance on exception reporting must be included in junior doctor inductions and clinical and educational supervisor training. | Same as English contract. |
| | Reviewal process for exception reports to be locally agreed. | All Wales national process to be co-developed to ensure consistency. |
| | Breaches that automatically incur financial penalties include; breaching the 48-hour average working week, breach of the maximum 13 hour shift length, breach of maximum of 72 hours worked across any consecutive 168 hour period, where 11 hours rest in a 24 hour period has not been achieved, where five hours of continuous rest between 22:00 and 07:00 during a non-resident on-call shift has not been achieved or where 8 hours of total rest per 24 hour non-resident on-call shift has not been achieved .<br>Where, without good reason, notice periods for the issuing of the generic work schedule, duty roster, or personalised work schedule have not been met.<br>Where a breach that incurs a financial penalty can be demonstrated to affect a group of doctors, of whom only one or a proportion reported the breach, then the penalty will | Same as English contract. |

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| | be levied as though all doctors reported the breach. | |

## Guardian of Safe Working

| Current contract (2002) | New contract (England) | Specific details agreed (Wales) |
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| | Work schedule reviews on request and when required by the guardian. | Same as English contract. |
| | Guardian of safe working appointed jointly with junior doctors. Guardian of safe working appointed for GP trainees independently of the Single Lead Employer | Same as English contract. |
| | Appraisal of guardian by board level director based on multisource feedback and agreed key performance indicators (KPIs). | Same as English contract. |
| | Each Guardian and Director of Medical Education shall jointly establish a Junior Doctors Forum (or fora) to advise them. This shall include junior doctor colleagues from the organisation and must include the relevant junior doctor representatives from the JLNC (or equivalent) as well as the Chair of the JLNC. Doctors on the fora may also be elected or otherwise nominated from amongst the trainees. | Same as English contract. |
| | Safe working hours enshrined as a KPI for performance management framework for all managers. | Same as English contract. |

## Champion of Flexible Training

| Current contract (2002) | New contract (England) | Specific details agreed (Wales) |
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| | To promote and support LTFT and other models of flexible training. | Same as English contract. |
| | To establish benchmark standards for educational facilities. | Same as English contract. |
| | Contract will facilitate both standard and lead employer models. | Same as English contract. |
| | To commitment to identify ways of reducing the costs of training through centralised provision and other means. | Same as English contract. |
| | Improved access to less-than full-time training. Will work with the Guardian of safe working hours but the two posts cannot be combined. | Same as English contract. |

## Private & professional fee paying work

| Current contract (2002) | New contract (England) | Specific details agreed (Wales) |
|---|---|---|
| Junior doctors can retain fees received for fee paying work | Subject to specific conditions junior doctors can either remit the fee to their employer or keep the fee and make the time up later, or have the relevant amount deducted from their salary | Subject to specific conditions junior doctors can either remit the fee to their employer or keep the fee and make the time up later, or have the relevant amount deducted from their salary , unless the work involves minimal disruption to NHS work (30 minutes or less). |

## Other conditions of employment

| Current contract (2002) | New contract (England) | Specific details agreed (Wales) |
|---|---|---|
| **Outside activities**<br>Permitted with the agreement of the trainer/educational supervisor to undertake any duties or professional activities outside those of the practice whether remunerated or not. | **Outside employment and financial interests**<br>Declarations required of outside financial interest or any financial relationship with an external | Same as English contract. |

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| Representation of GPSTs on recognised bodies or to attend the annual conference of representatives of LMCs facilities will be given including special paid leave, to undertake such functions and to attend appropriate meetings. | organisation which may conflict or could be perceived to conflict with the policies, business activity and decisions of the employing organisation; including any financial or pecuniary advantage they may gain whether directly or indirectly as a result of a privileged position within the employing organisation. It is the responsibility of the doctor to ensure they comply with their corporate responsibilities as set out in the organisation's standing financial instructions. | |
| **Confidentiality**<br>Preservation of confidentiality during and following the ending of the contract of employment. A breach of which is regarded as gross misconduct. | **Confidentiality**<br>Overriding professional obligation to maintain confidentiality in line with regulatory bodies, employer policies except if there is an overriding public interest or legal obligation. | Same as English contract. |
| | **Raising concerns**<br>A professional obligation of the doctor to raise genuine concerns in line with local policies and not subject to any detriment for raising such concerns**.** | Same as English contract. |
| | **Publications**<br>Freedom subject to confidentiality to enable the doctor to publish materials, deliver lectures, speak at events without prior consent of the employing organisation. | Same as English contract. |

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| | **Intellectual Property**<br>Compliance with employing organisations policies and procedures required. | Same as English contract. |
| | **Transfer of information**<br>Where rotations occur between employing and/or host organisations the employer/host organisation must transfer personal and confidential information as a condition of employment. | Same as English contract. |

## Leave

| Current contract (2002) | New contract (England) | Specific details agreed (Wales) |
|---|---|---|
| Fixed leave is routinely used | Fixed leave should not be used for any reason. Special recognition given to the importance of annual leave for significant life events (e.g., weddings). Ability to participate in local schemes to buy annual leave | Same as English contract. |
| | Annual leave entitlement on first appointment is 27 days, after five years' service, 36 days | Annual leave on first appointment is 5 weeks and 3 days and after five years' service is 6 weeks and 3 days. (Includes all previous statutory days and 1 day additional leave) |
| | Where annual leave is taken from a shift that does not attract an enhanced rate of pay or an allowance then 1 day of annual leave allowance will be deducted regardless of the length of the shift. | Same as English contract. |
| | Study leave includes but is not restricted to participation in:<br>a. study (linked to a course or programme)<br>b. research<br>c. teaching<br>d. taking examinations<br>e. attending conferences for educational benefit<br>f. rostered training events. | Study leave includes but is not restricted to participation in:<br>a. study (linked to a course or programme)<br>b. research<br>c. teaching<br>d. *preparing for* and taking examinations<br>e. attending conferences for educational benefit<br>f. rostered training events. |

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| | Attendance at statutory and mandatory training (including any local departmental training) is not counted as study leave. | Attendance at statutory and mandatory training (including any local departmental training) is not counted as study leave and should instead be counted as working hours. |

## Facilities

| Current contract (2002) | New contract (England) | Specific details agreed (Wales) |
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| | The employer / host organisation will make every effort to provide educational workplace facilities for doctors in line with those set out as in the Learning Development Agreement between the employer and host organisation and HEE. | Same as English contract. (*HEIW*) |
| Junior doctors on duty must be able to get good quality hot and cold food at any time. If the canteen is closed, this should be through a supply of microwave meals, cold cabinet or a similar arrangement. Supplies should be sufficient for all staff on duty, and readily accessible to doctors in training, usually within the junior doctors' mess. Supplies should be regularly restocked, with swipe cards or change machines provided where necessary. Bread, cereals and drinks should be available at all times | Outside of the period when restaurant facilities are open, there should be a range of foods available for purchase from vending machines or via other means, as applicable locally. Employers shall make reasonable efforts to cater for various dietary requirements. | Outside of the period when restaurant facilities are open, there *must* be a range of foods available for purchase from vending machines or via other means, as applicable locally. Employers shall make reasonable efforts to cater for various dietary requirements. |
| In small hospitals (where there are fewer than 10 junior doctors on-call at any one time) canteen opening hours can be reduced from the minimum standard set out below. However, the minimum standard (availability of good quality hot and cold food round the clock) must be observed. | Where catering facilities are limited, organisations should identify alternative local establishments that can provide food during the night, or they may instead wish to consider providing facilities for the storage and preparation of food and drink brought in by the doctor. | Where catering facilities are limited, organisations should identify alternative local establishments that can provide food during the night, they *must provide* facilities for the storage and preparation of food and drink brought in by the doctor. |
| | Where a doctor is required to work overnight on a resident on-call working pattern, the doctor shall be provided with overnight | Same as English contract. |

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| | accommodation for the resident on-call duty period without charge | |
| | | The employer must provide sufficient and reasonably accessible parking which has well-lit, safe and timely routes to and from the hospital/site for staff expected to travel after dark. Safety assessments should be undertaken to ensure that car parking provision meets the needs of staff working shifts, on-call and at night. |