



Welsh Government's Written Evidence to the NHS Pay review Body (Annex 1-14)


2026/27 pay round

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Annex 1 – Agency Spend

Agency spend is monitored through Welsh Government financial monitoring returns. The latest position at May 2025 can be found below.




**GIG
CYMRU
NHS
WALES**

**Y Weithrediaeth
Executive**



All Wales Agency & Variable Pay 2024/25

Prepared by: Financial Planning & Delivery Directorate
Date Updated: May 2025



All Wales Summary

Health Board / Trust

Summary

Agency spend for the full year in 2024/25 was £173.7m.

This is a reduction of £88.3m from the previous financial year.

The staff groups with the largest reduction in forecast agency spend between 2023/24 and 2024/25 are:-

- £56.4m Nursing & Midwifery Registered (£79.2m for 2024/25);
- £16.3m Medical & Dental (£57.4m for 2024/25)
- £5.6m Admin and Clerical (£6.3m for 2024/25)

The reasons given for the £88.3m reduction between 2023/24 and 2024/25 are:-

- £67.8m - Vacancy reduction (£125.1m for 2024/25)
- £12.3m - Additional activity reduction (£25.0m for 2024/25)
- £5.5m - Sickness Reduction (£15.3m for 2024/25)

The Health Boards with the largest forecast reductions are BC (£20.5m); HD (£16.3m); SB (£15.2m) and AB (£13.4m).

Agency spend as a percentage of total pay varies by Health Board, ranging from POW at 8.6% to CV at 0.6%.


Variable pay is to be £408.9m for the year.

*Please note Variable pay data is only available for 2024/25.

All Wales Agency Spend (£m)


Staff Group	2023/24	2024/25	Variance
Nursing & Midwifery	£135.6	£79.2	-£56.4
Medical & Dental	£73.6	£57.4	-£16.3
Other	£52.8	£37.1	-£15.6
Total	£262.0	£173.7	-£88.3

Agency Spend



Staff Type: ● Medical & Dental ● Nursing & Midwifery ● Other

Variable Pay



Staff Type: ● Medical & Dental ● Nursing & Midwifery ● Other



Agency Savings

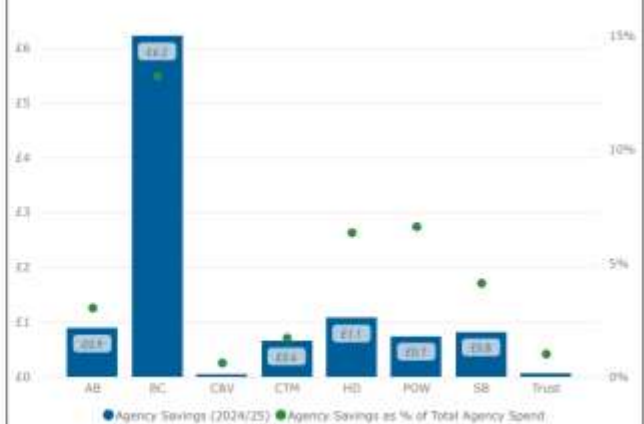
Health Board / Trust	2023/24 Agency Spend (£m)	2024/25 Agency FYF (£m)	Variance (£m)	Agency Savings (£m)	Variance Adjusted for Savings (£m)
Aneurin Bevan UHB	£42.6	£29.2	-£13.4	£0.9	-£12.5
Betsi Cadwaladr UHB	£67.5	£47.0	-£20.5	£6.2	-£14.3
Cardiff & Vale UHB	£15.3	£6.1	-£9.2	£0.0	-£9.2
Cwm Taf Morgannwg UHB	£49.1	£38.1	-£11.0	£0.6	-£10.4
Hywel Dda UHB	£33.1	£16.8	-£16.3	£1.1	-£15.2
Powys THTB	£12.6	£11.1	-£1.5	£0.7	-£0.7
Swansea Bay UHB	£35.0	£19.8	-£15.2	£0.8	-£14.4
Trusts	£6.7	£5.6	-£1.1	£0.0	-£1.1
Total	£262.0	£173.7	-£88.3	£10.4	-£77.8

Health Board / Trust	2024/25 Agency FYF (£m)	2024/25 Agency Savings (£m)	Agency Savings as a Proportion of total Agency Spend %
Aneurin Bevan UHB	£29.2	£0.9	3.0%
Betsi Cadwaladr UHB	£47.0	£6.2	13.2%
Cardiff & Vale UHB	£6.1	£0.0	0.0%
Cwm Taf Morgannwg UHB	£38.1	£0.6	1.7%
Hywel Dda UHB	£16.8	£1.1	6.3%
Powys THTB	£11.1	£0.7	6.6%
Swansea Bay UHB	£19.8	£0.8	4.1%
Trusts	£5.6	£0.0	0.9%
Total	£173.7	£10.4	6.0%

Variance to 2023/24 Expenditure Adjusted for Savings (£m)



2024/25 Agency Savings & as a Proportion of Total Agency Spend (£m)



Agency Spend by Organisation (2024/25)

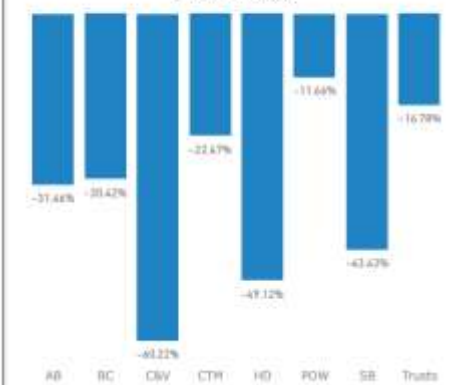
Health Board / Trust

All

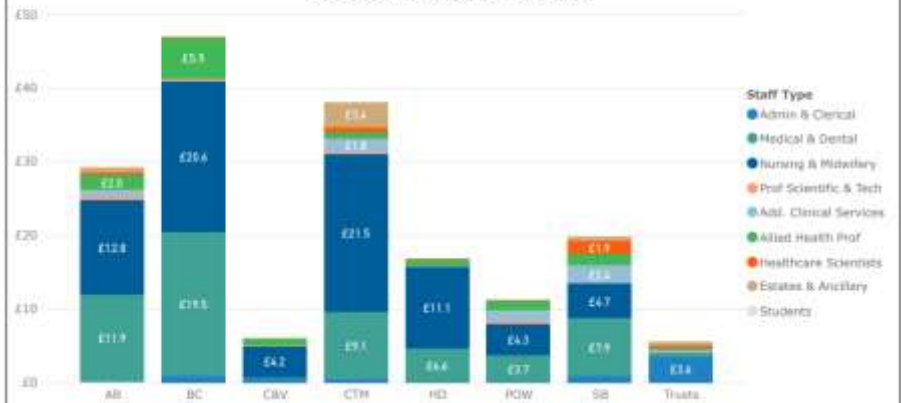
Health Board / Trust	2023/24 Agency Actual (£m)	2024/25 Agency FYF (£m)	Variance (£m)
Aneurin Bevan UHB	£42.6	£29.2	-£13.4
Betsi Cadwaladr UHB	£67.5	£47.0	-£20.5
Cardiff & Vale UHB	£15.3	£6.1	-£9.2
Cwm Taf Morgannwg UHB	£49.1	£38.1	-£11.0
Hywel Dda UHB	£33.1	£16.8	-£16.3
Powys THTB	£12.6	£11.1	-£1.5
Swansea Bay UHB	£35.0	£19.8	-£15.2
Trusts	£6.7	£5.6	-£1.1
Total	£262.0	£173.7	-£88.3

Staff Type	Aneurin Bevan UHB	Betsi Cadwaladr UHB	Cardiff & Vale UHB	Cwm Taf Morgannwg UHB	Hywel Dda UHB	Powys THTB	Swansea Bay UHB	Trusts	Total
Admin & Clerical	£0.1	£0.9	£0.4	£0.5	£0.0	£0.0	£0.8	£3.6	£6.3
Medical & Dental	£11.9	£19.5	£0.3	£9.1	£4.6	£3.7	£7.9	£0.5	£57.4
Nursing & Midwifery	£12.8	£20.6	£4.2	£21.5	£11.1	£4.3	£4.7	£0.0	£79.2
Prof Scientific & Tech	£0.5	£0.1	£0.0	£0.1	£0.0	£0.4	£0.1	£0.1	£1.4
Adm. Clinical Services	£0.9	£0.1	£0.1	£1.8	£0.1	£1.5	£2.4	£0.3	£7.4
Allied Health Prof	£2.0	£5.5	£0.8	£0.9	£0.8	£1.2	£1.5	£0.3	£13.0
Healthcare Scientists	£0.4	£0.1	£0.0	£0.7	£0.2	£0.1	£1.9	£0.4	£3.8
Estates & Ancillary	£0.6	£0.1	£0.1	£3.4	£0.0	£0.0	£0.5	£0.5	£5.2
Students						£0.0			£0.0
Total	£29.2	£47.0	£6.1	£38.1	£16.8	£11.1	£19.8	£5.6	£173.7

Agency Spend by Organisation 2023/24 - 2024/25 Variance (%)



Agency Spend by Staff Type (£m)





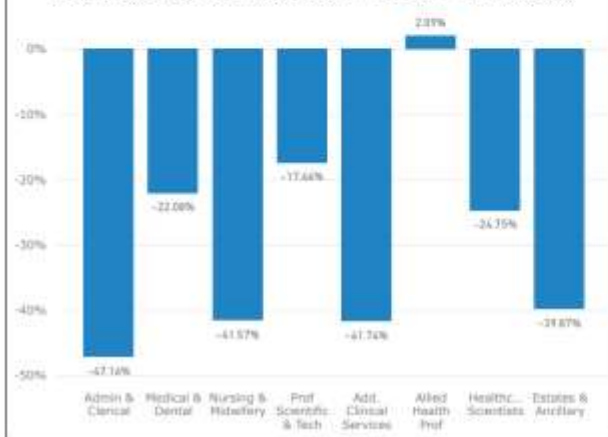
Agency Spend by Staff Type

Health Board / Trust

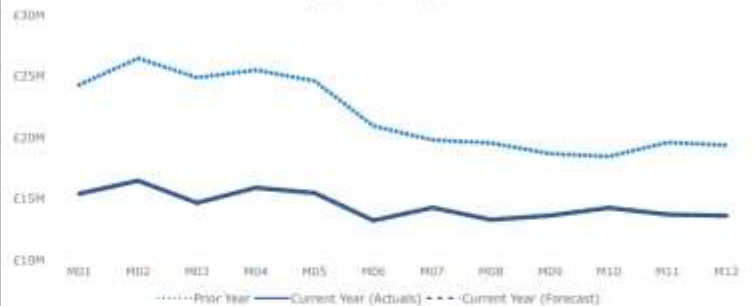
All

Staff Type	2023/24 Agency Actual (£m)	2024/25 Agency FYF (£m)	Variance (£m)
Nursing & Midwifery	£135.6	£79.2	-£56.4
Medical & Dental	£73.6	£57.4	-£16.3
Allied Health Prof	£12.8	£13.0	£0.3
Add. Clinical Services	£12.6	£7.4	-£5.3
Admin & Clerical	£11.9	£6.3	-£5.6
Estates & Ancillary	£8.7	£5.2	-£3.5
Healthcare Scientists	£5.0	£3.8	-£1.2
Prof Scientific & Tech	£1.7	£1.4	-£0.3
Students	£0.0	£0.0	-£0.0
Total	£262.0	£173.7	-£88.3

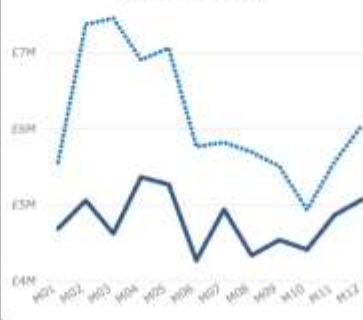
Agency Spend by Staff Type 2023/24 - 2024/25 Variance (%)



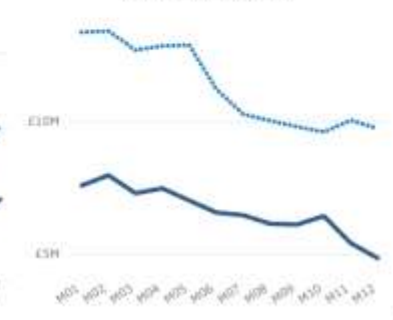
All Staff Groups



Medical & Dental



Nursing & Midwifery



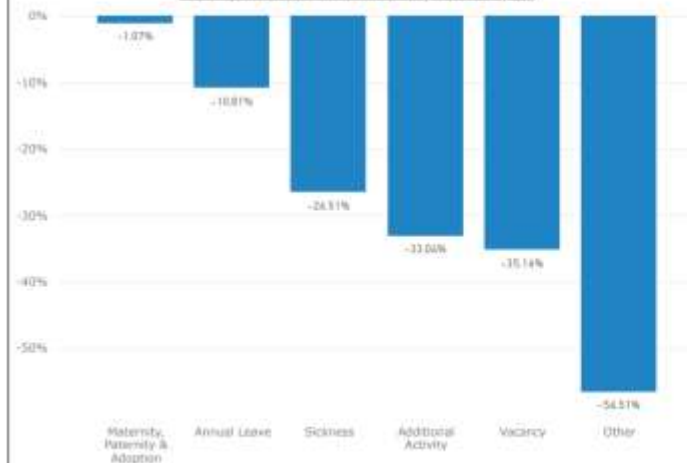
Agency Spend by Reason of Use

Health Board / Trust

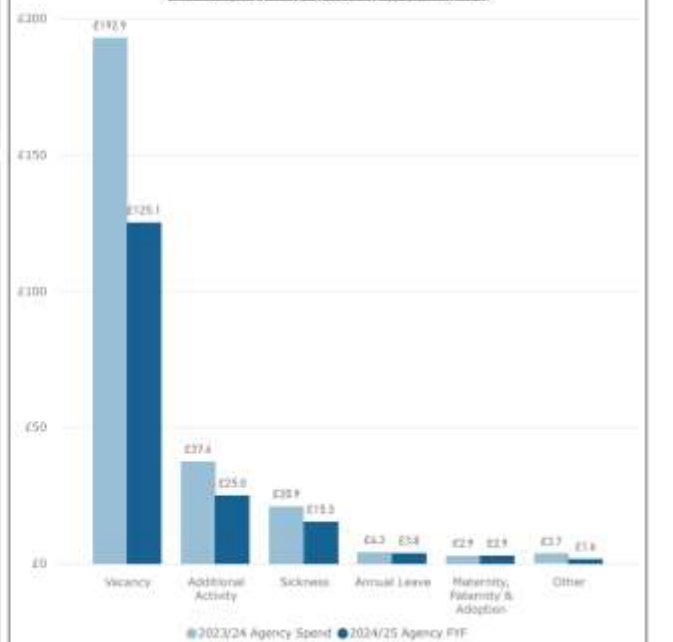
All

Reason for Agency Use	2023/24 Agency Actual (£m)	2024/25 Agency FY Forecast (£m)	Variance (£m)
Additional Activity	£37.4	£25.0	-£12.3
Annual Leave	£4.3	£3.8	-£0.5
Maternity, Paternity & Adoption	£2.9	£2.9	-£0.0
Other	£3.7	£1.6	-£2.1
Sickness	£26.9	£15.3	-£11.5
Vacancy	£192.9	£125.1	-£67.8
Total	£262.0	£173.7	-£88.3

Variance to 2023/24 Actuals by Reason (%)



Full Year Agency Spend by Reason (£m)





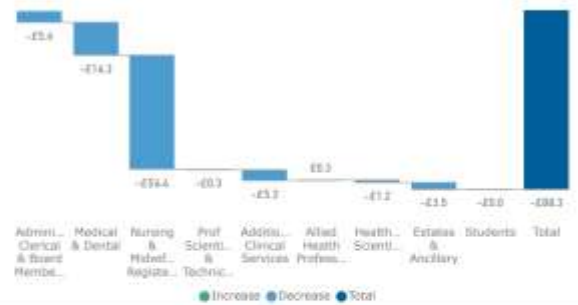
Agency - Variance Analysis

Health Board / Trust

All

Movement in Annual Agency Spend By Staff Type (£m)

Staff Type	Aneurin Bevan UHB	Betsi Cadwaladr UHB	Cardiff & Vale UHB	Cwm Taf Morganwg UHB	Hywel Dda UHB	Powys TfHB	Swansea Bay UHB	Trusts	Total
Allied Health Professionals	£0.2	-£0.2	£0.3	-£0.8	-£0.4	£0.3	£0.7	£0.2	£0.3
Prof Scientific & Technical	£0.2	£0.0	£0.0	-£0.0	£0.0	-£0.6	£0.0	£0.0	-£0.3
Healthcare Scientists	-£0.6	-£0.0	-£0.2	-£0.3	-£0.0	£0.1	-£0.2	-£0.3	-£1.2
Estates & Ancillary	-£4.2	-£0.0	-£0.1	£1.6	-£0.1	£0.0	£0.1	-£0.7	-£3.5
Additional Clinical Services	-£1.0	-£0.1	-£0.2	-£2.6	£0.0	-£0.6	-£0.7	-£0.0	-£5.3
Administrative, Clinical & Board Members	-£0.6	-£2.3	-£0.4	-£0.9	-£0.1	-£0.1	-£1.1	-£0.2	-£5.6
Medical & Dental	-£3.1	-£5.2	-£1.9	-£7.0	-£1.2	£0.9	£1.2	£0.1	-£16.3
Nursing & Midwifery Registered	-£4.9	-£12.7	-£6.6	-£1.1	-£14.4	-£1.4	-£15.2	-£0.0	-£56.4
Total	-£13.4	-£20.5	-£9.2	-£11.0	-£16.3	-£1.5	-£15.2	-£1.1	-£88.3



Movement in Annual Agency Spend By Reason (£m)

Agency Use Reason	Aneurin Bevan UHB	Betsi Cadwaladr UHB	Cardiff & Vale UHB	Cwm Taf Morganwg UHB	Hywel Dda UHB	Powys TfHB	Swansea Bay UHB	Trusts	Total
Vacancy	-£12.8	-£18.2	-£3.8	-£10.1	-£14.1	-£0.7	-£7.1	-£0.9	-£67.8
Additional Activity	-£3.2	-£2.0	-£3.4	£0.8	-£1.3	-£0.2	-£2.9	-£0.1	-£12.3
Sickness	£2.0	£0.0	-£2.0	-£1.0	-£0.7	-£0.3	-£3.5	-£0.0	-£5.5
Not Disclosed							-£1.8		-£1.8
Annual Leave	£0.4	-£0.2	-£0.1	-£0.4	-£0.0	-£0.2			-£0.5
Other	-£0.1	-£0.1	£0.0	-£0.1	-£0.0	-£0.0			-£0.3
Maternity/Paternity/ Adoption Leave	£0.2	-£0.0	£0.1	-£0.1	-£0.0	-£0.0		-£0.1	-£0.0
Total	-£13.4	-£20.5	-£9.2	-£11.0	-£16.3	-£1.5	-£15.2	-£1.1	-£88.3





Agency Spend - 4 Year Analysis

Health Board / Trust

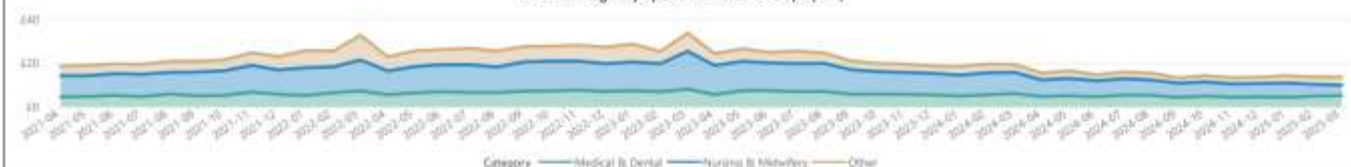
All

Agency Use by Staff Type

Category	2021/22	2022/23	2023/24	2024/25
Medical & Dental	£66.5	£83.1	£73.6	£57.4
Nursing & Midwifery	£133.4	£155.9	£135.6	£79.2
Other	£71.1	£86.0	£52.8	£37.1
Total	£271.0	£325.0	£262.0	£173.7



All Wales Agency Spend - All Staff Groups (£m)



Agency Use by Reason

Reason	2023/24	2024/25
Additional Activity	£37.4	£25.0
Annual Leave	£4.3	£3.8
Maternity, Paternity & Adoption	£2.9	£2.9
Other	£3.7	£1.6
Sickness	£20.5	£15.3
Vacancy	£192.5	£125.1
Total	£262.0	£173.7



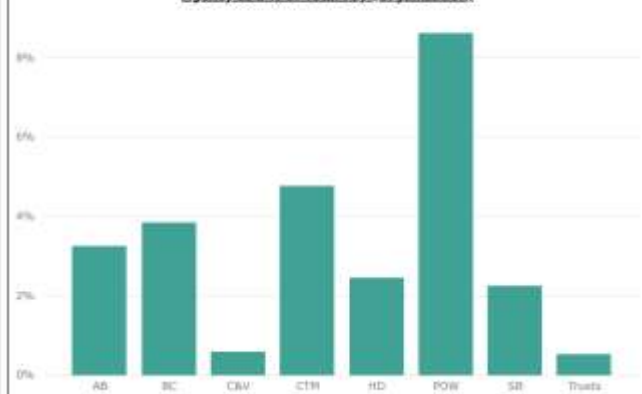
Agency - Proportion of Total Pay

Health Board / Trust

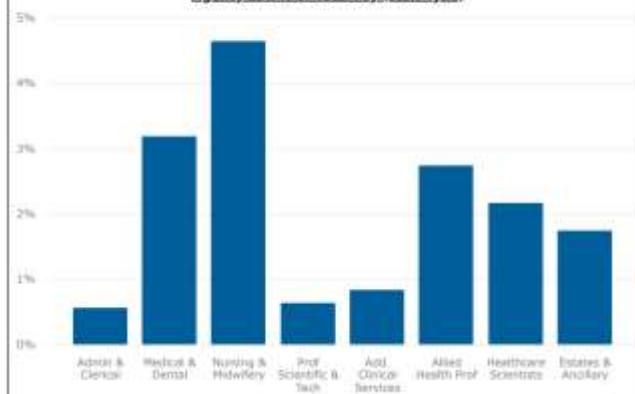
All

Staff Type	Aneurin Bevan UHB	Betsi Cadwaladr UHB	Cardiff & Vale UHB	Cwm Taf Morgannwg UHB	Hywel Dda UHB	Powys TIR	Swansea Bay UHB	Trusts	Total
Admin & Clerical	0.1%	0.5%	0.3%	0.5%	0.0%	0.0%	0.7%	1.0%	0.6%
Medical & Dental	5.3%	6.5%	0.1%	4.1%	3.0%	17.2%	3.1%	0.1%	3.2%
Nursing & Midwifery	4.0%	5.6%	1.5%	8.7%	5.3%	10.3%	1.9%		4.6%
Prof Scientific & Tech	1.4%	0.3%	0.0%	0.6%	0.1%	7.6%	0.4%	0.5%	0.6%
Adm. Clinical Services	0.7%	0.1%	0.1%	1.9%	0.1%	6.6%	2.0%	0.3%	0.8%
Allied Health Prof	3.8%	6.9%	1.1%	1.9%	1.6%	12.0%	2.4%	0.3%	2.7%
Healthcare Scientists	2.4%	0.6%	0.1%	4.8%	1.3%	6.7%	7.8%	0.9%	2.2%
Estates & Ancillary	1.4%	0.1%	0.2%	7.6%	0.0%		1.3%	1.8%	1.7%
Total	3.2%	3.8%	0.6%	4.8%	2.4%	8.6%	2.2%	0.5%	2.6%

Agency as a % of Total Pay (Organisation)



Agency as a % of Total Pay (Staff Type)





Variable Pay 2024/25 (£m)

Health Board / Trust

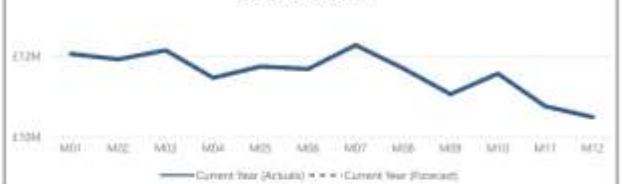
All

Staff Type

All

Staff Group	AB	BC	CBV	CTH	HD	POW	SB	Trusts	Total
Admin & Clerical	£9.9	£4.1	£2.0	£2.2	£0.7	£0.2	£1.5	£11.0	£22.7
Medical & Dental	£4.3	£31.8	£25.1	£24.8	£38.3	£0.0	£13.0	£5.4	£138.7
Nursing & Midwifery	£17.8	£17.6	£18.5	£12.4	£8.9	£1.3	£12.0	£0.8	£89.3
Prof Scientific & Tech	£0.0	£0.6	£0.5	£0.3	£0.2	£0.0	£0.1	£0.0	£1.7
Add. Clinical Services	£19.3	£32.6	£21.0	£16.1	£10.0	£0.8	£15.0	£6.3	£121.1
Allied Health Prof	£0.0	£1.5	£3.5	£1.1	£0.5	£0.1	£1.4	£5.1	£13.3
Healthcare Scientists	£0.0	£0.5	£1.0	£0.3	£0.6	£0.0	£0.9	£1.3	£4.6
Estates & Ancillary	£2.9	£2.0	£2.0	£3.3	£3.2	£0.3	£1.6	£2.2	£17.5
Total	£45.2	£90.7	£73.7	£60.6	£62.4	£2.8	£45.5	£28.2	£408.9

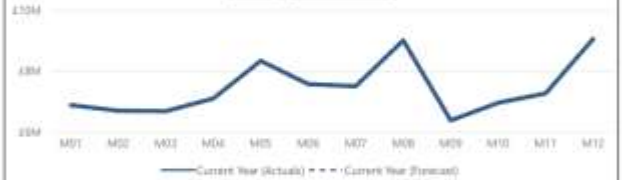
Medical & Dental



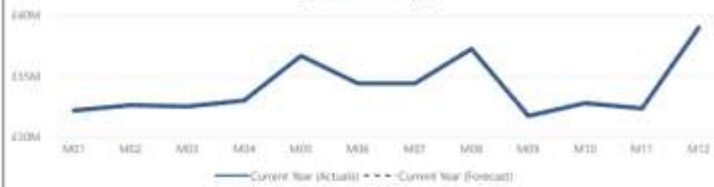
Total Variable Pay FY Forecast 2024/25 (£m)



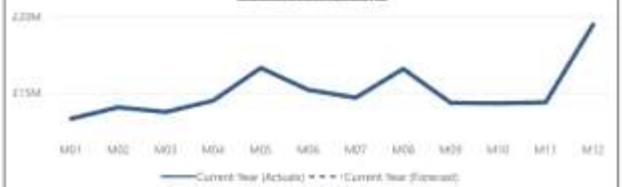
Nursing & Midwifery



All Staff Groups



Other Staff Groups



Peer Review

Requester/Stakeholders

NHS Finance & Welsh Government

Requirements

Analysis of agency and variable pay across NHS Wales

Due Date

October 2024

SMT Lead(s)

Janine Bilen

Analyst(s)

John Edwards

Date Created

Created in 2023, signed off in October 2024

Peer Reviewers

Visuals, text and layout: Liam Bulton
Financial Information: Kimberley Rowe

Date of Peer Review

May 2025

Data Sources

MMR submissions

Geography

NHS Wales Organisations

Time Period Covered

2020- 2025

Level of Access Required

N/A

Contact Details

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WALES WORKFORCE TRENDS

(March 2025)



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Foreword



Alex Howell

Chief Executive HEIW

I am pleased to introduce the 2025 edition of the **NHS Wales Workforce Trends Report**, which continues our commitment to transparent, evidence-based insight into the challenges and progress shaping our health and care workforce. This thorough analysis that provides crucial insights into the state of our healthcare workforce across Wales. As Chief Executive of Health Education Improvement Wales (HEIW), our mandate to take a comprehensive approach to the workforce challenges and opportunities facing the health system remains more pertinent than ever.

Over the past year, our workforce has shown continued resilience in the face of sustained service pressures, rising demand and the complex health needs of our population. This year's report provides an updated perspective on workforce profile, costs and absence trends, highlighting where progress has been made and where continued investment, support and reform are needed.

The analysis reinforces several key themes: the continued reliance on international recruitment within Medical and Dental staffing; the scale and persistence of sickness absence, particularly linked to anxiety, stress and musculoskeletal conditions; and the growing need for targeted action on workforce ageing. It also highlights the vital contribution of thousands of early and mid-career staff who now form the largest share of many workforce groups, while pointing to emerging retention risks as working patterns and expectations evolve.

Aligned with the principles of *A Healthier Wales: Our Workforce Strategy for Health and Social Care*, our role is to work collaboratively with partners across NHS Wales to build a skilled, supported and sustainable workforce. This report is one of the tools that supports that work, underpinning decisions on education, training, recruitment and deployment that will shape services for years to come.

To support transparency and ease of access, the data and analysis within this report, along with wider workforce intelligence resources, can also be accessed via the [HEIW Data and Analytics Portal](#) for NHS Wales Staff.

As healthcare continues to evolve, so too must our workforce. Through shared commitment, forward-thinking strategies and a focus on impact, we can shape a more sustainable and responsive future for healthcare in Wales.

I want to thank all staff across the system who contribute to our understanding of the workforce and to the delivery of care across Wales every day. Your expertise, insight and dedication remain at the heart of our collective progress

Summary

The purpose of this report is to summarise the high-level trends relating to the NHS Wales workforce. Organisations routinely undertake data quality exercises and update their workforce when new data standards are introduced¹. As a result of these changes, and to ensure data is accurately reported, where applicable, new reports have been run.

Multiple data sources have been used that cover differing time periods:

- ESR Data Warehouse (ESR DW): 2020- 2025. Data source used for staff in post and sickness data.
- Stats Wales: 2025. Data source used for vacancies numbers and rates.
- NHS Wales Financial Monitoring Returns: 2020 – 2025. Data source used for total, locum and agency pay.
- NHS Wales Workforce Performance Measures Dashboard: March 2024 – March 2025. Data source used for annual appraisal and statutory and mandatory compliance.

Wales National Workforce Reporting System December 2020 – December 2025.

Size of the NHS Wales Workforce

Between 2020 and 2025, the NHS Wales workforce grew by 20.7% in contracted full-time equivalent (FTE) terms, rising from 82,815 to 99,964 FTE. Over the last reporting year from March 2024 to March 2025 the contracted NHS Wales workforce grew by 2,346 FTE, a rise of 2.4 per cent, continuing the steady growth trend seen each year since 2021. Nursing and Midwifery and Administrative and Clerical roles have contributed to over 50% of the total growth over the five-year period, increasing by 4,500 and 4,300 FTE respectively. Agenda for Change (AfC) Bands 7–9 grew by 39%, reflecting an expanding senior clinical and managerial workforce. Training grades also increased by nearly 100 FTE (36%), highlighting continued investment in developing the future medical workforce.

Between 2020 and 2025, the proportion of NHS Wales staff aged over 55 increased slightly overall, rising by 0.9 percentage points. However, this shift varied considerably between staff groups. The proportion of staff retiring and subsequently returning between March 24 and March 25 has decreased across most staff groups over the past year. Nursing and midwifery and Estates and Ancillary have both seen significant reductions, from 39% - 25% and 48% - 41% respectively.

The overall NHS Wales vacancy rate increased slightly from 5.1 per cent in December 2022 to 5.6 per cent in December 2024. The Medical and Dental workforce (excluding trainees) had the highest vacancy rate in both years, rising from 8.7 per cent to 9.9 per cent, reflecting recruitment challenges in this area. In contrast, Registered Nursing, Midwifery and Health Visiting roles saw vacancy rates reduce from 8.8 per cent to 4.5 per cent. *This follows a peak of 9.7 per cent in June 2023, after which rates fell steadily to the December 2024 level.*

Turnover rates across NHS Wales varied by staff group, with Medical and Dental staff experiencing the highest turnover at 12.3%, up from 11.1% the previous year. Healthcare Scientists and Nursing and Midwifery (Registered), experienced the largest decrease in turnover, falling from 8.2% to 6.8% and 6.6% to 5.8% respectively.

¹ [National Workforce Data Set \(NWD\) guidance documents - NHS England Digital](#)

Size of the General Medical Workforce

The GP workforce has shown steady growth over the three-year period to September 2024, with increases observed across all staff groups. Admin/Non-clinical roles remain the largest group, rising from around 3,800 FTE in September 2021 to just over 4,000 FTE by mid-2023. GP numbers have remained relatively stable over the period, fluctuating slightly around 2,000 FTE, with a gradual increase observed in the most recent quarters.

The age distribution of the GP workforce shows a strong mid-career concentration. The largest proportions of GPs are aged 31–35 and 36–40, each representing 18% of the total workforce. Female participation declines in the early career stages, dropping to around 65% by age 36–45. Male participation also declines but remains higher than females across all age groups until 66–70, where both converge around 60%. In terms of ethnicity, 1,971 (approximately 64%) identified as White. Just over 20% identified as coming from a Black, Asian, mixed or other minority ethnic background.

Cost of the NHS Wales Workforce

Workforce costs across NHS Wales have increased year-on-year over the five-year period, rising from £4.8 billion in 2020/21 to £6.7 billion in 2024/25, a total increase of nearly £2 billion.

From 2023/24 onwards, agency expenditure dropped significantly, with a 19% reduction followed by a further 34% decrease in 2024/25. In 2022/23, the annual agency expenditure amounted to £324 million. In the most recent financial year, this expenditure has been reduced by nearly 50%, now totalling £173 million. Nursing and Midwifery Registered staff group continue to account for the highest level of agency spend but has reduced significantly from £94 million to £79 million. Medical and Dental spend has now returned to 2020/21 levels at £57 million. The only two staff groups to see a rise in agency spend are Allied Health Professionals and Additional Clinical Services rising from £9 million to £13 million and from £3 million to £7 million respectively.

NHS Wales Sickness Absence

Sickness levels peaked during 2021/22, with a 12-month average of 6.7%, reflecting the ongoing impact of COVID-19. The rate remained elevated through 2022/23 at 6.6%, before declining to 6.1% in 2023/24. In the most recent year (2024/25), sickness absence has edged back up slightly to an average of 6.3%. Overall sickness for every staff group has increased, aside from Add Prof, Scientific & Technical and Additional Clinical Services.

Anxiety, stress, depression, and other mental health reasons remain one of the leading cause of sickness absence. Levels have gradually increased since 2020/21, peaking at over 70,000 recorded absences in late 2024/25. Anxiety and stress-related absence, makes up 33% of all sickness, the highest is in Administrative and Clerical staff (40%) and lowest in Estates and Ancillary (27%).

Overseas Nursing workforce

Over the past decade, the number of non-overseas nursing staff in NHS Wales has remained relatively stable, rising gradually from 22,678 in 2015 to 25,273 in 2024, a 11% increase. In contrast, the number of overseas nurses has more than doubled during the same period, increasing from 1,467 in 2015 to 3,866 in 2024.

The number of overseas nursing starters was consistently low between 2015 and 2019, averaging fewer than 100 per year. From 2020 numbers increases to 196, 560 in 2021, and reaching 818 by 2024, more than a tenfold increase from 2015 levels.

Nurse vacancy numbers peaked in June 2023 at just over 2,700 (9.7%) before falling steadily to 1,300 (4.5%) by December 2024, a near halving of the rate. This decline in vacancies coincides with the notable rise in international nursing recruitment.

Performance Dashboard

Health Education and Improvement Wales (HEIW) in collaboration with Health Boards & Trusts collates key performance indicators critical to measuring organisational workforce performance.

Annual Appraisal Compliance: Overall, the percentage compliance for all staff groups has remained the same at 77% over the period. All staff groups are showing a RAG rating of amber indicating that they all have a compliance rate of between 50-85%.

Statutory and Mandatory Training Rates: The overall compliance rate is 83%. Only two staff groups are in the 'Amber' compliance rates, Medical and Dental and Estates and Ancillary.

NHS Wales Current workforce Profile

Gender Profile: Overall, within NHS Wales, 76% of the workforce is female. Every staff group has a higher percentage of females in the workforce than males, except for Medical and Dental where males account for 53%.

Staff Nationality: People from non-UK countries make up 9% of the Welsh NHS workforce. Some types of staff group depend more on international workers than others. For example, 3% of Administrative and Clerical staff are not from the UK, but just below a third of Medical and Dental staff have non-UK nationalities (30%).

Welsh Language Competency: Out of all the staff, 51% of staff say that they have no Welsh Language skills and 12% stating that have entry level competency. 23% of staff have not stated their Welsh Language competency.

Staff Ethnicity: Out of the information entered 79.6% of staff state they are of a White ethnic background. The next highest category is Asian or Asian British ethnicity which is 5.4% of the workforce.

Staff Disability: 4.4% of NHS Wales staff have declared a disability and over one in five staff (22.1%) have either not disclosed or not stated their status.

Sexual Orientation: 75.7% have recorded their sexual orientation as heterosexual or straight, 21.1% have not disclosed or not stated their sexual orientation.

Size of the NHS Wales Workforce

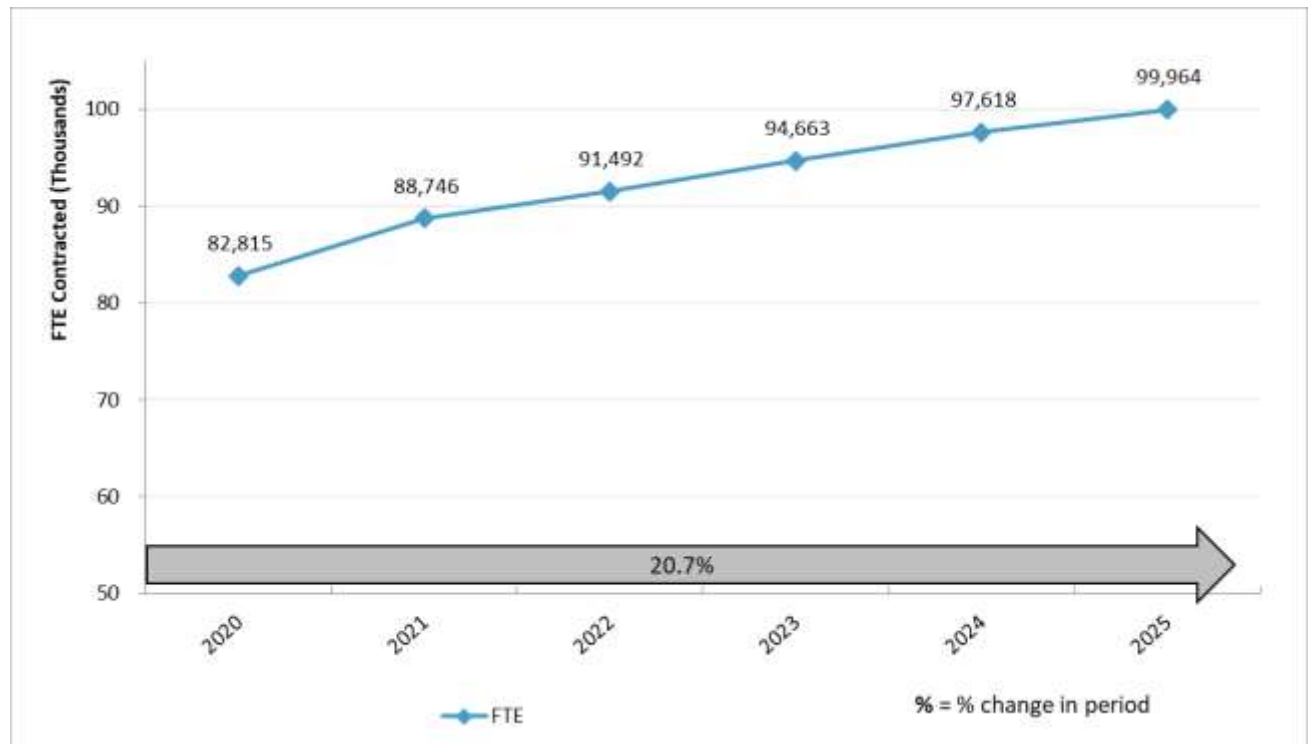
NHS Wales Workforce Profile

Graph 1 shows the overall workforce numbers in Full Time Equivalent (FTE) using data from the Electronic Staff Record Data Warehouse (ESR DW).

Between 2020 and 2025, the NHS Wales workforce grew by 20.7% in contracted full-time equivalent (FTE) terms, rising from 82,815 to 99,964 FTE. This sustained year-on-year growth reflects continued investment in workforce capacity

The largest annual increase occurred between 2020 and 2021, with a rise of nearly 6,000 FTE. Growth has continued steadily since then, averaging around 3,400 FTE per year. This trend demonstrates a consistent upward trajectory in workforce expansion, supporting efforts to meet increasing service demand and improve resilience across the health system.

NHS Wales Workforce Profile March 2020 to March 2025



DATA SOURCE: ESR DW

Workforce Changes by Staff Group Between 2020 and 2025

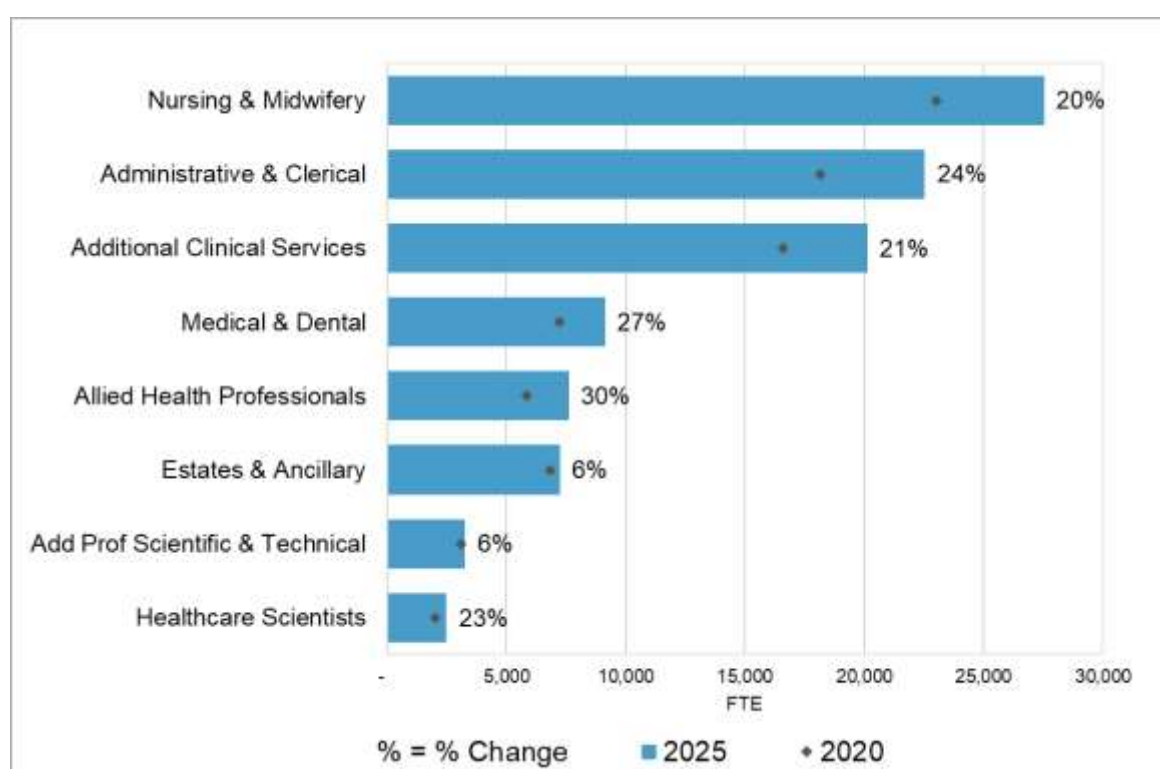
Graph 2 shows the FTE and percentage change in the different staff groups between March 2020 and March 2025.

The largest proportional increase was seen in Allied Health Professionals (AHPs), which grew by 30% over the period, an absolute increase of over 1,770. Medical and Dental staff also saw significant growth of over 1,900 FTE (27%).

Nursing and Midwifery and Administrative and Clerical have contributed to over 50% of the growth in the workforce, 4,500 and 4,300 FTE respectively.

In contrast, growth in the Estates & Ancillary and Additional Professional Scientific & Technical groups was more modest, each increasing by 6%.

Staff Group by FTE and Percentage Change March 2020 to March 2025



The percentage change represents the growth rate for each staff group over the five-year period (2020 to 2025) relative to their starting size in 2020.

DATA SOURCE: ESR DW

Grade Change Between 2020 and 2025

Graph 3 shows the FTE and percentage change in the Grade Bands between March 2019 and March 2024.

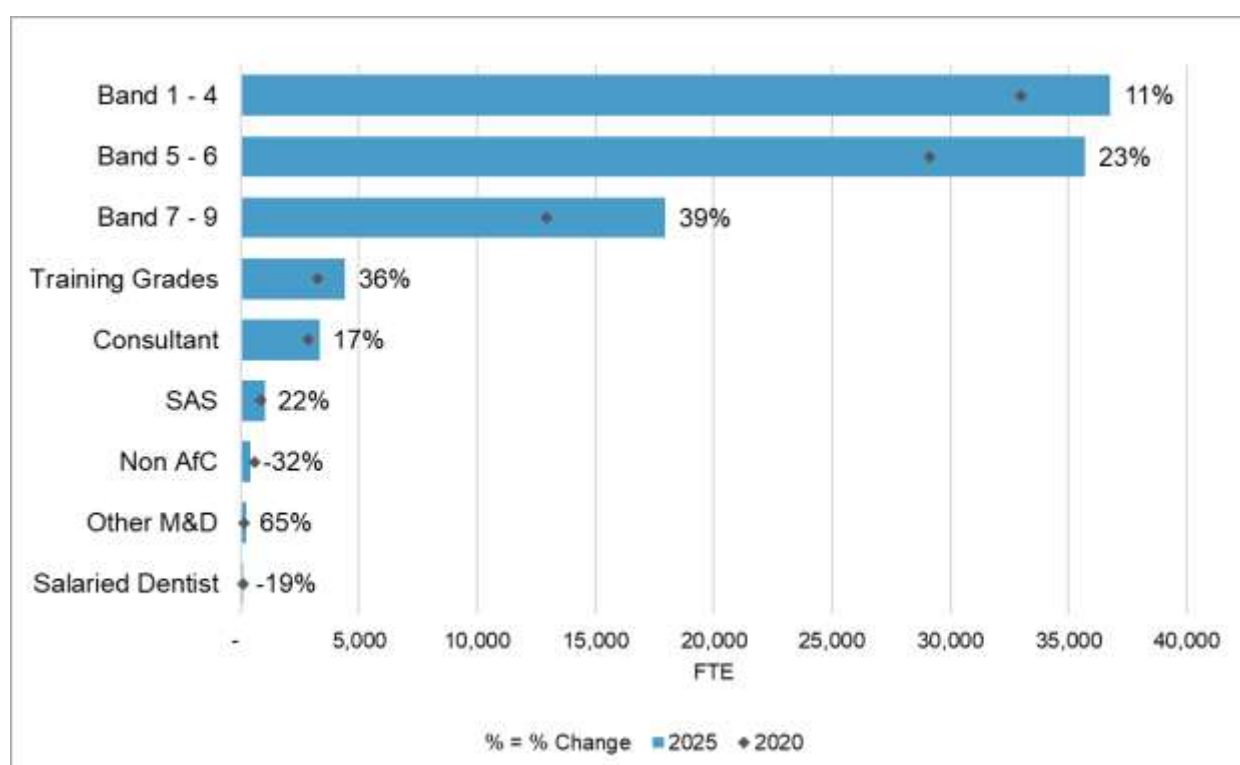
The largest proportional increase in workforce FTE between 2020 and 2025 was seen in Agenda for Change (AfC) Bands 7–9, which grew by 39%. This reflects an expanding senior clinical and managerial workforce, consistent with increasing complexity in service delivery.

Training grades also grew by nearly 100 FTE (36%), highlighting continued investment in developing the future medical workforce. Band 5–6 roles, which include a significant proportion of registered nurses and allied health professionals, increased by 23%.

Other medical and dental roles outside standard grades (“Other M&D”) saw the highest proportional rise at 65%, albeit from a smaller base. Consultant and SAS doctor numbers rose by 17% and 22%, respectively.

While Band 1-4 only increased by 11% this workforce has seen the highest absolute increase, increase of over 500 FTE.

Changes in Grade by FTE and Percentage Change March 2020 and March 2025



The percentage change represents the growth rate for each staff group over the five-year period (2020 to 2025) relative to their starting size in 2020.

DATA SOURCE: ESR DW

Percentage Staff by Age Band For 2020 and 2025

Graph 4 shows the percentage of staff in each age band comparing March 2020 and March 2025.

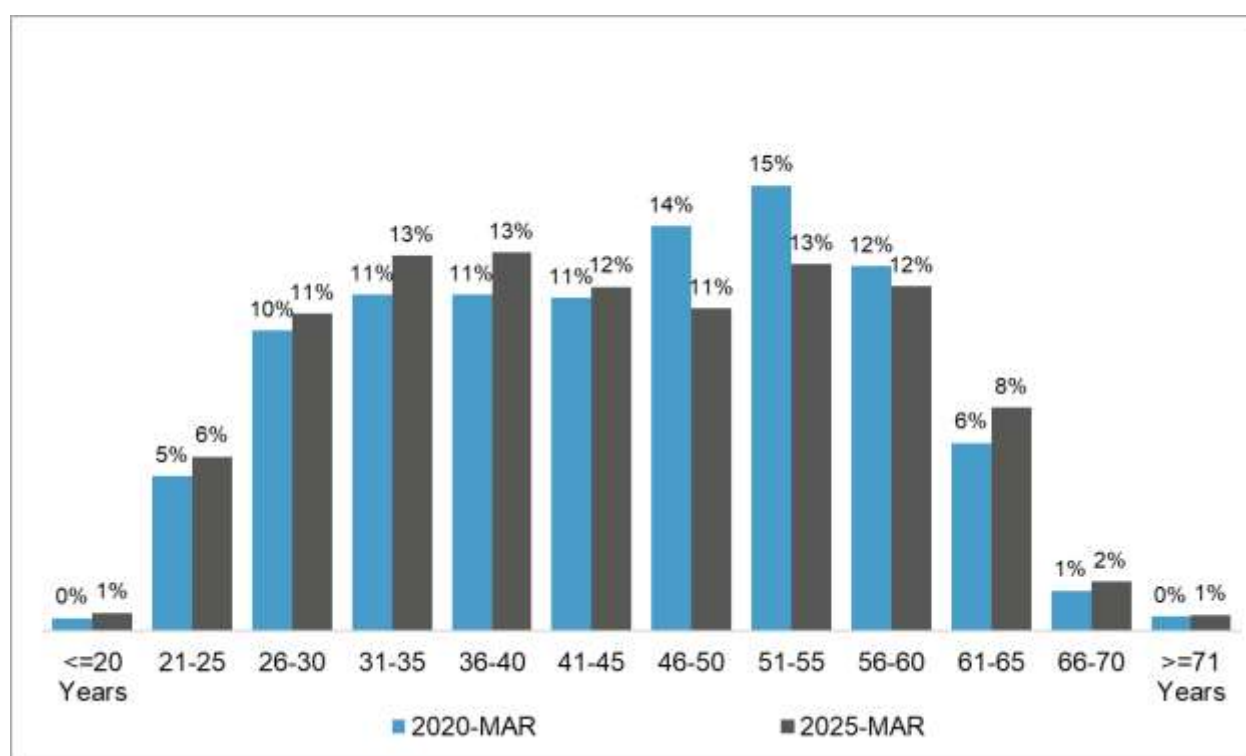
The age distribution of the NHS Wales workforce has shifted slightly between March 2020 and March 2025, with a gradual increase in both younger and older age groups.

The proportion of staff aged 30 and below and 61 and above has increased by 1–2 percentage points, suggesting improved recruitment at entry level and continued engagement of staff beyond traditional retirement age.

Mid-career age bands (31–40) now represent a larger share of the workforce, each increasing to 13% of the total. This equates to for approximately 4,000 FTE more per age group compared to 5 years ago. In contrast, the proportion of staff in the 46-50 & 51-55 age band, previously the largest group, has declined from 14 & 15% to 11% & 13% respectively, indicating an ageing cohort transitioning into later career stages.

This comparison has implications for workforce planning, particularly around succession, training needs, and flexible working policies.

Age Profile Comparison March 2020 and March 2025



DATA SOURCE: ESR DW

Percentage Staff 55 and Over by Staff Group

Graph 5 shows the percentage of staff aged 55 and over by staff group comparing 2020 and 2025.

Between 2020 and 2025, the proportion of NHS Wales staff aged over 55 increased slightly overall, rising by 0.9 percentage points. However, this shift varied considerably between staff groups.

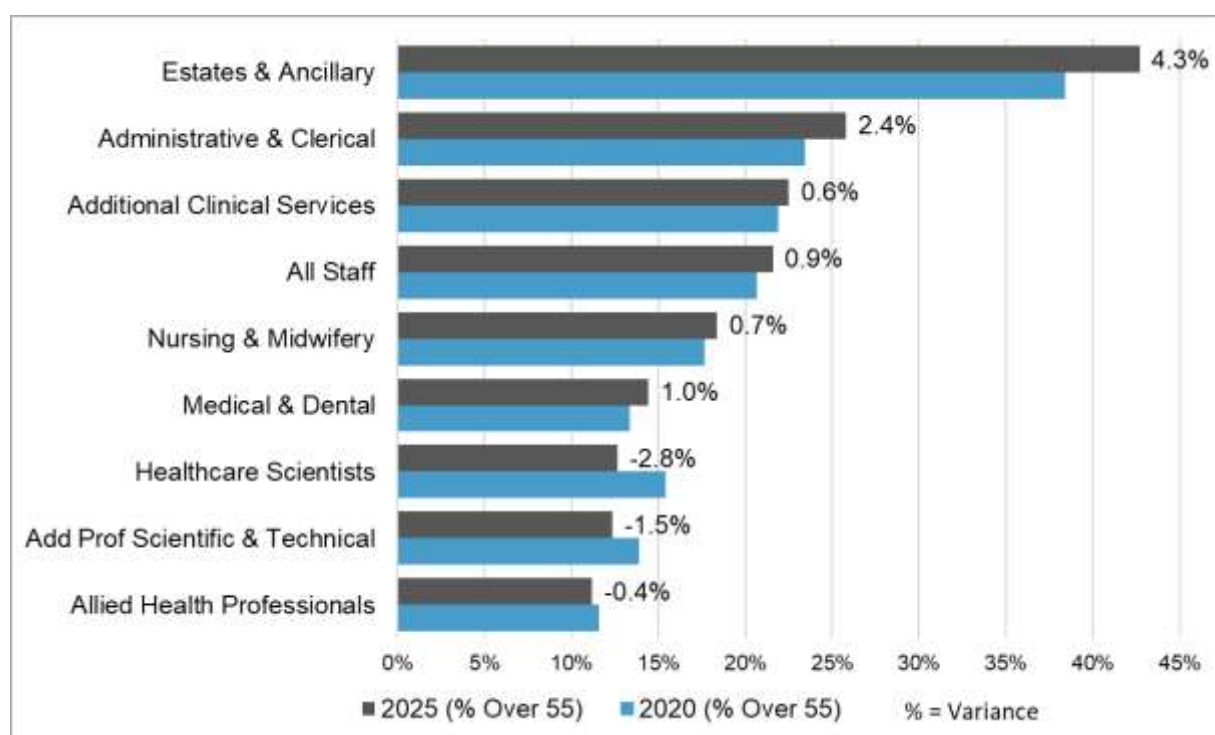
The most notable increase occurred in the Estates & Ancillary workforce, where the proportion of staff over 55 rose by 4.3 percentage points, reaching over 40%. Administrative & Clerical roles also saw a significant increase (+2.4%), contributing to an ageing profile in key non-clinical functions.

In contrast, Healthcare Scientists saw the largest decrease (-2.8%). Smaller reductions were observed in Additional Professional Scientific & Technical (-1.5%) and Allied Health Professionals (-0.4%).

Despite these changes, Nursing & Midwifery and Medical & Dental roles saw relatively stable proportions of older staff.

Understanding these age trends is critical for succession planning, targeting recruitment, and developing policies that support older workers to remain in the workforce.

Staff 55 and Over Comparison – March 2020 and March 2025



DATA SOURCE: ESR DW

Percentage of staff who retire and return

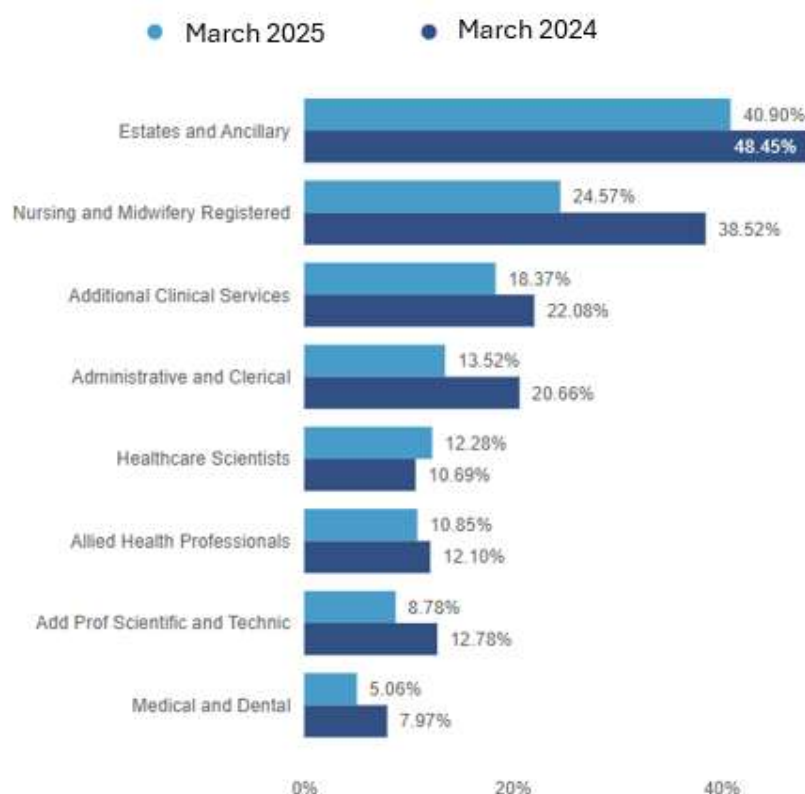
The graph illustrates the percentage of staff who retire and return back into the workforce over a 12 month period. Comparing the last 12 month to the previous 12 months.

The proportion of staff retiring and subsequently returning to NHS Wales has decreased across most staff groups over the past year.

In March 2025, Estates & Ancillary staff had the highest retire and return rate at 41%, down from 48% the previous year. Nursing & Midwifery fell from 39% to 25% over the same period. These single year changes may be influenced by factors such as pension arrangements, working patterns, or retirement incentives, though further monitoring is needed to confirm any sustained shift.

Additional Clinical Services and Administrative and Clerical groups also saw year-on-year decreases of approximately 4 percentage points and 7 percentage points respectively. Meanwhile, retire and return rates among Healthcare Scientists, Allied Health Professionals, and Medical and Dental staff remain comparatively low, with all under 13% for the latest year.

12-month rolling retire and return rate by Staff Group: March 2024 vs 2025



DATA SOURCE: ESR DW

Number of vacancies and vacancy rates by staff group

Vacancy data is submitted to Welsh Government (WG) on a quarterly basis direct from NHS Wales Organisations. The graph shows the number of FTE vacancies and the vacancy rates for NHS Wales staff as at December 2024.

As of December 2024, the overall vacancy rate across NHS Wales stood at 5,601 FTE, with notable variation between staff groups.

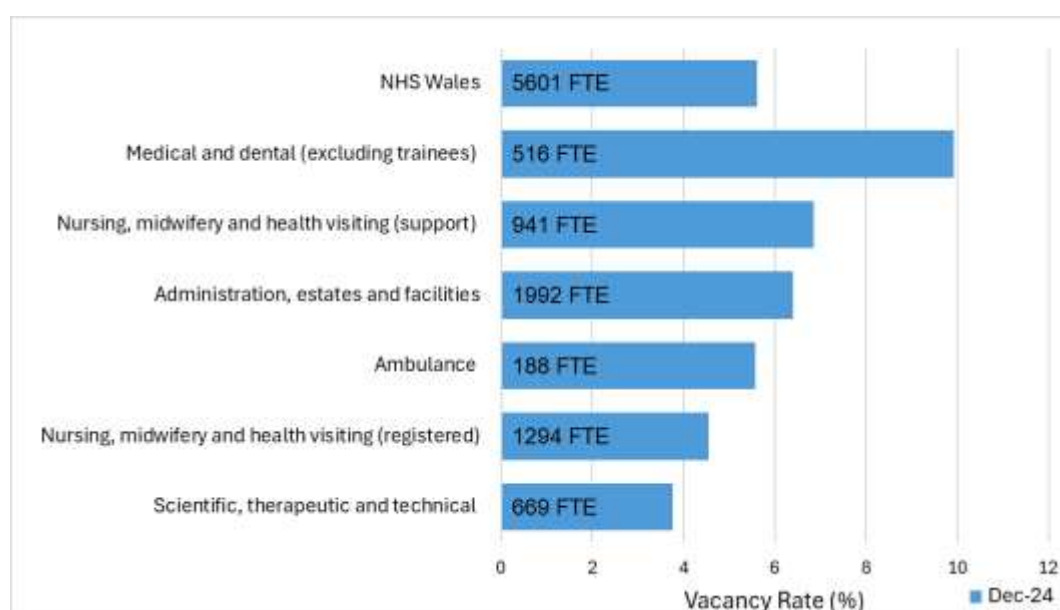
The highest vacancy rate was observed within the Medical and Dental (excluding trainees) group, at approximately 10%, equating to 516 FTE. This highlights ongoing recruitment and retention challenges within key clinical specialties.

Vacancies were also substantial in Administration, Estates and Facilities (1,992 FTE) and Nursing, Midwifery and Health Visiting (Registered) roles (1,294 FTE), with rates exceeding 5%. These areas represent both frontline and essential support services, indicating pressures across the wider system.

Support roles in Nursing, Midwifery and Health Visiting showed 941 FTE vacancies, while Scientific, Therapeutic and Technical professions reported 669 FTE. The Ambulance workforce had the lowest absolute number of vacancies at 188 FTE but still exceeded 5% in relative terms.

Addressing these vacancies is critical for improving service resilience and reducing workload pressures. Efforts to improve retention, streamline recruitment, and expand training pipelines will be central to future workforce planning.

Vacancies by staff group – December 2024



DATA SOURCE: STATSWALES

Percentage vacancies rate by staff group

The graph shows December 2022 in light blue columns and December 2024 in navy columns. It shows the overall NHS Wales vacancy rate increased slightly from 5.1% to 5.6%. However, this varies between by staff groups.

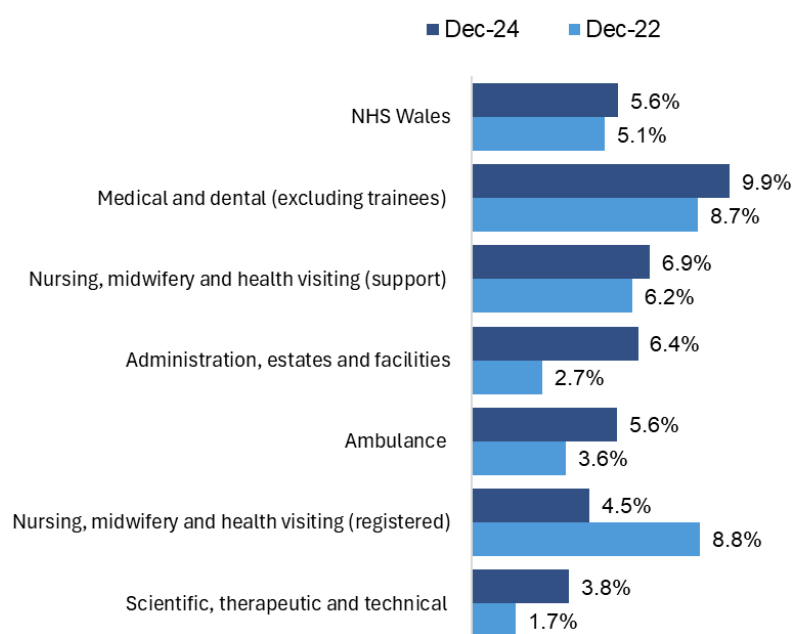
The Medical and Dental (excluding trainees) category saw the highest vacancy rate in both years, increasing from 8.7% to 9.9%, reflecting persistent recruitment challenges in this area.

Ambulance services experienced a notable rise in vacancy rates, growing from 3.6% to 5.6%. Similar upward trends were observed in Scientific, Therapeutic and Technical roles (from 1.7% to 3.8%).

In contrast, a marked improvement was seen in Registered Nursing, Midwifery and Health Visiting roles, where vacancy rates reduced from 8.8% to 4.5%.

These shifts underline the need for tailored workforce strategies, balancing high-demand areas with targeted recruitment and retention initiatives to address ongoing system pressures.

Vacancies rate by staff group 2022 vs 2024



DATA SOURCE: STATS WALES

Participation Rate by Age Band and Gender

Workforce participation rates remain high for both males and females up to age 50, with over 80% engagement across the age bands.

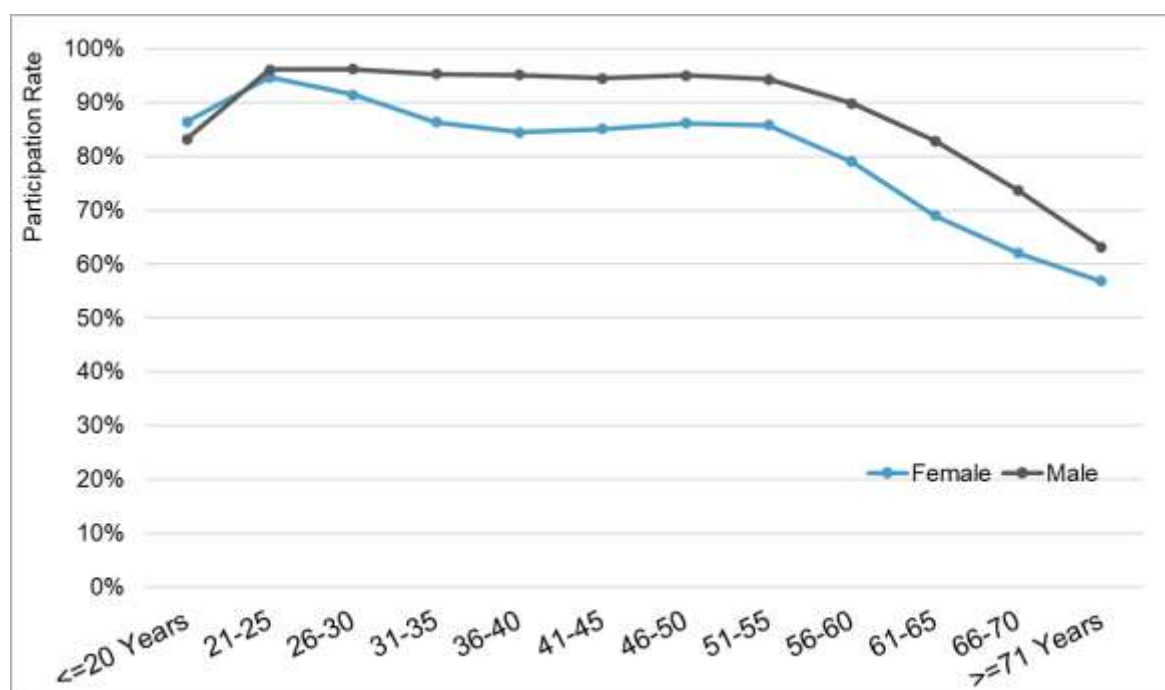
From age 21–55, male participation remains relatively stable at around 95%, whereas female participation dips below 90% from age band 31–35. Both male and female a gradual decline from the age band 56 onwards. By age 66–70, female participation falls to 57% and males, 63%.

Understanding gendered participation trends can help inform targeted retention strategies, particularly for women in mid-career roles.

Definition of Participation Rate: The graph shows participation rate for the NHS Wales workforce by age and gender for March 2025. Participation rate is a percentage of part time working. The number is derived by dividing the contracted FTE by the headcount. The higher the participation rate, the more hours, on average a person is working per week.

For example, if an individual is working 37.5 hours a week they will have a participation rate of 100% (full time), if they are working 22.5 hours a week they will have a participation rate of 60%.

Participation Rate by Age Band and Gender – March 2024



(Participation rate = FTE / Headcount)

DATA SOURCE: ESR DW

For a more detailed breakdown showing the comparison of participation rate between 2020 and 2025 by staff group and by age band, see Appendix 1 graph (1).

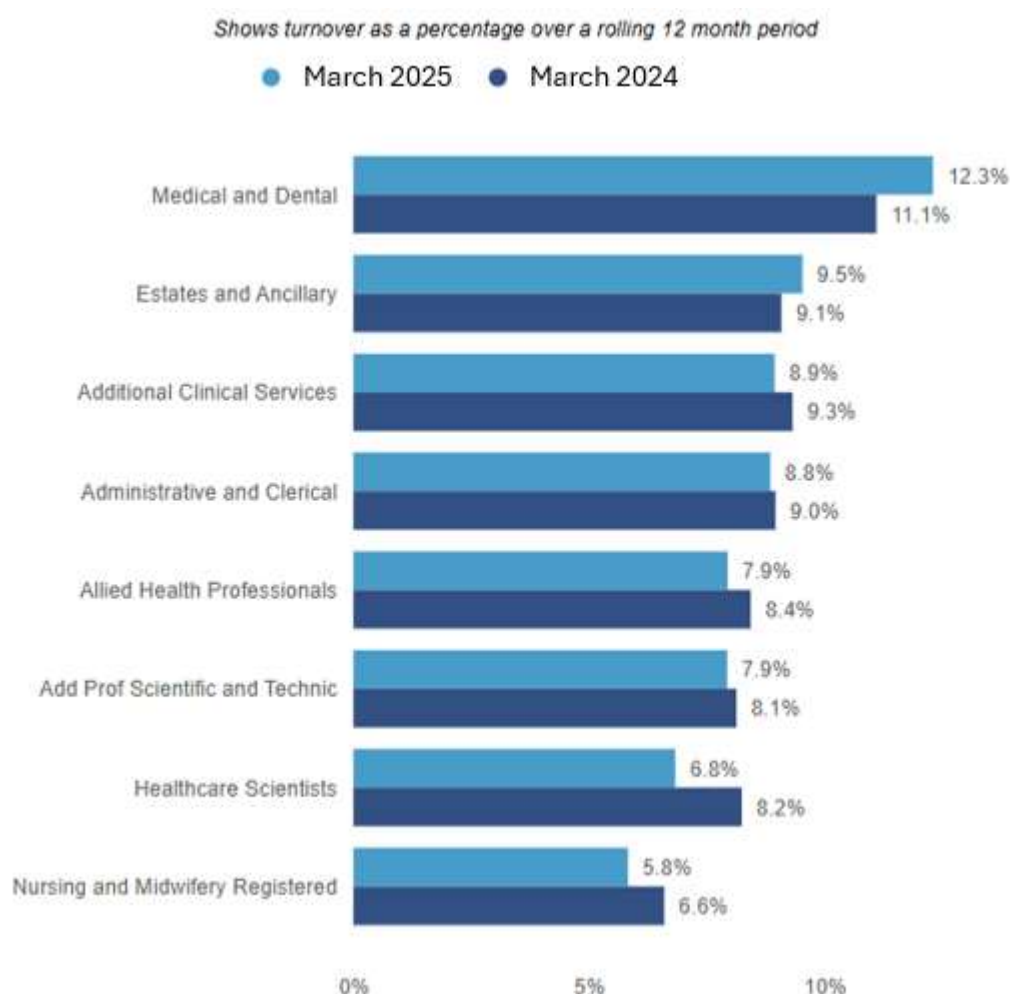
Turnover by staff group - March 2024 vs 2025

The graph shows a comparison between March 2024 and March 2024 of 12 month rolling turnover percentage by staff group.

Turnover rates across NHS Wales varied by staff group, with Medical and Dental staff (this excludes trainees in turnover calculation) experiencing the highest turnover at 12.3%, up from 11.1% the previous year. This increase reflects ongoing challenges in retaining staff within this critical workforce segment.

Healthcare Scientists experienced the largest decrease in turnover, falling from 8.2% to 6.8%. A reduction was also seen in Nursing and Midwifery (Registered), where turnover dropped from 6.6% to 5.8% — the lowest rate among all staff groups.

12 month rolling turnover by staff group for March 2024 vs March 2025



DATA SOURCE: ESR DW

General Medical Service Workforce in Wales

This section provides an overview of the current GP workforce, examining age distribution, gender and ethnic diversity and participation rates.

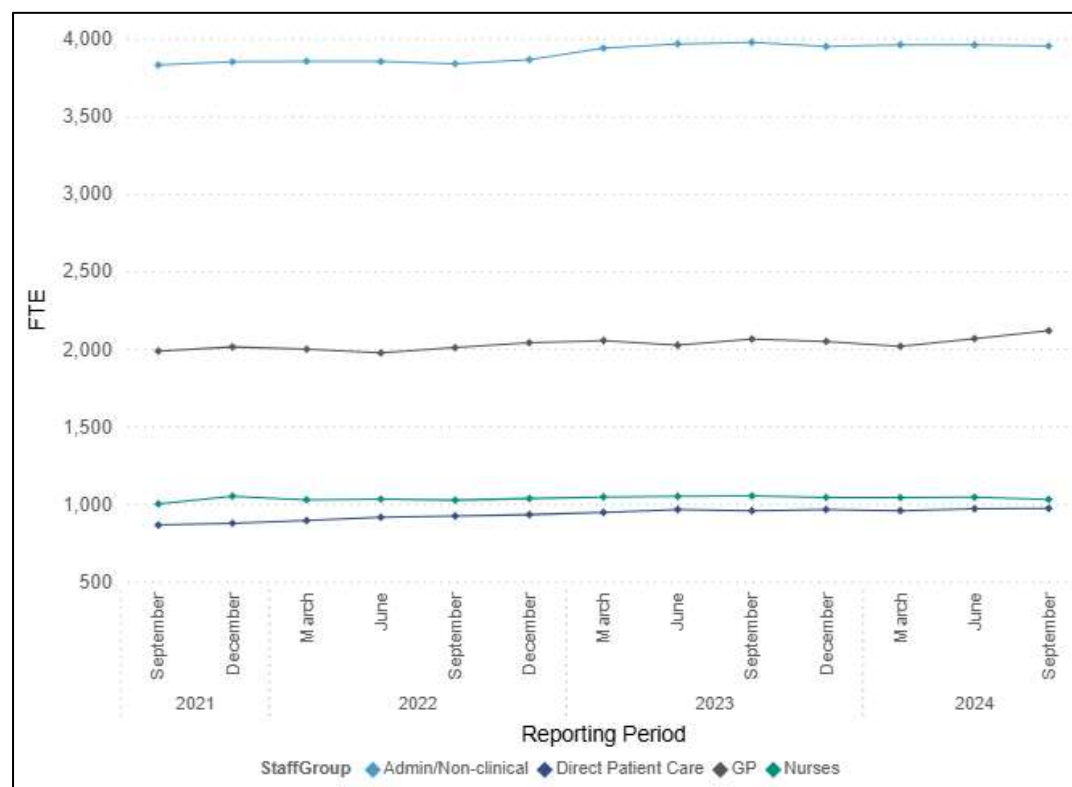
Historic trend of the General Medical Service

The graph below shows the GP and wider practice workforce between September 2021 and September 2024.

The wider GP workforce, including all staff groups, has shown steady growth over the three year period to September 2024. Admin and non clinical roles remain the largest group, rising from around 3,800 FTE in September 2021 to just over 4,000 FTE by mid 2023. In contrast, the number of General Practitioners themselves has remained broadly stable at around 2,000 FTE over the same period, with a modest increase in the most recent quarters.

Nurses and Direct Patient Care roles, including healthcare assistants and pharmacists, have remained stable over the period.

GP and Wider Practice Staff by Headcount – 2021 to 2024



DATA SOURCE: WG STATSWALES

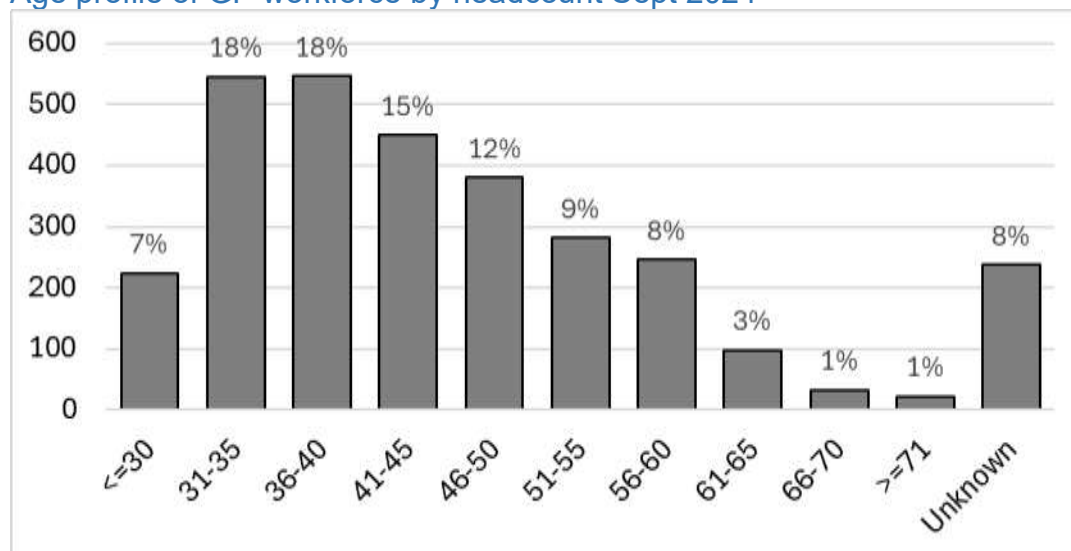
Age profile of the GP workforce

The graph shows the age profile of the GP workforce as of September 2024. The bars represent the actual number of GPs (headcount) in each age group, while the percentages indicate the proportion of the total GP workforce within each corresponding age band. This visual helps to highlight the distribution of GPs across age groups.

The age distribution of the GP workforce shows a strong mid-career concentration. The largest proportions of GPs are aged 31–35 and 36–40, with each age band representing 18% of the total workforce. Together these two age bands account for over a third (36%) of the workforce.

Older age groups continue to form a significant portion of the GP workforce. 8% are aged 56–60, 3% are aged 61–65. Combined, GPs over the age of 55 account for 13% of the workforce.

Age profile of GP workforce by headcount Sept 2024



DATA SOURCE: WRNRS

Participation rate of the GP workforce

This graph shows the estimated participation rate of GPs by age and gender. Participation is defined as the headcount divided by the full time equivalent.

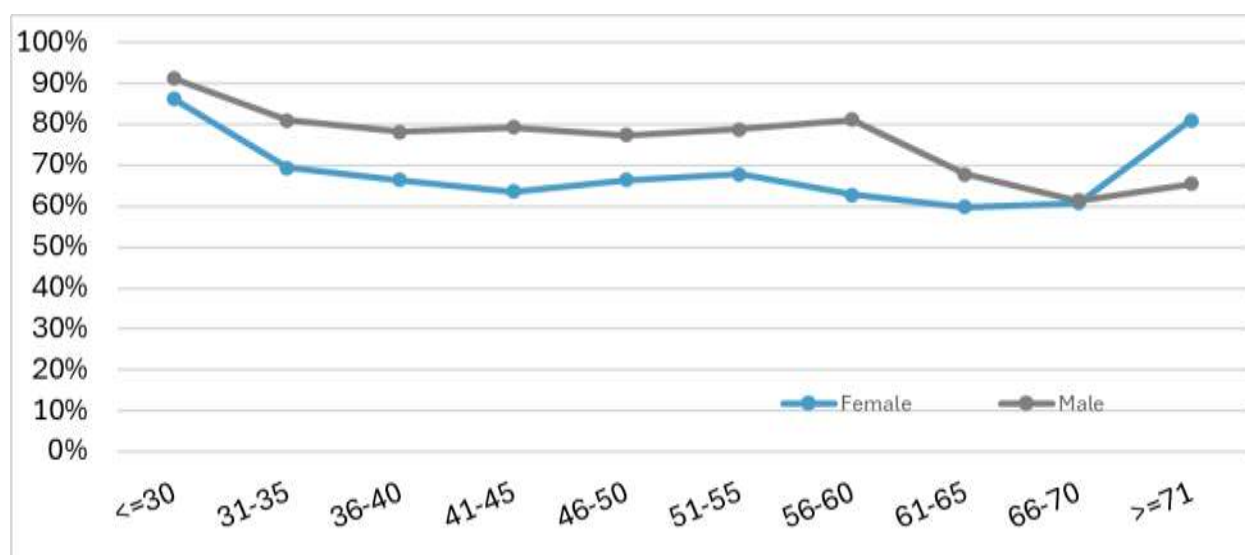
Participation is highest in the youngest age group (≤ 30), where both male and female GPs show near full participation.

Female participation declines in the early career stages, dropping to 64% by age band 41-45, rebounding slightly to 68% in age band 51-55 then dropping to 60% in later years (excluding age band ≥ 71). Male participation also declines but remains higher than females across all age groups until 66-70, where both converge around 60%.

From age 46 onwards, female participation gradually increases again, peaking at around 68% by age 51-55, while male participation holds steady until declining more noticeably beyond age 60.

These trends reflect known patterns in general practice of, increased part-time working, and growing demand for flexible career structures. They also highlight the importance of considering both headcount and FTE in workforce planning to ensure supply matches demand.

Participation rate by age and gender for September 2024



Unknown age bands have been excluded approx. 8% (317 Headcount)

DATA SOURCE: WRNRS

Demographics of the GP workforce

The following graphs show the gender and ethnicity breakdown of the GP work by headcount, these figures include Locum, Registrar and substantive posts.

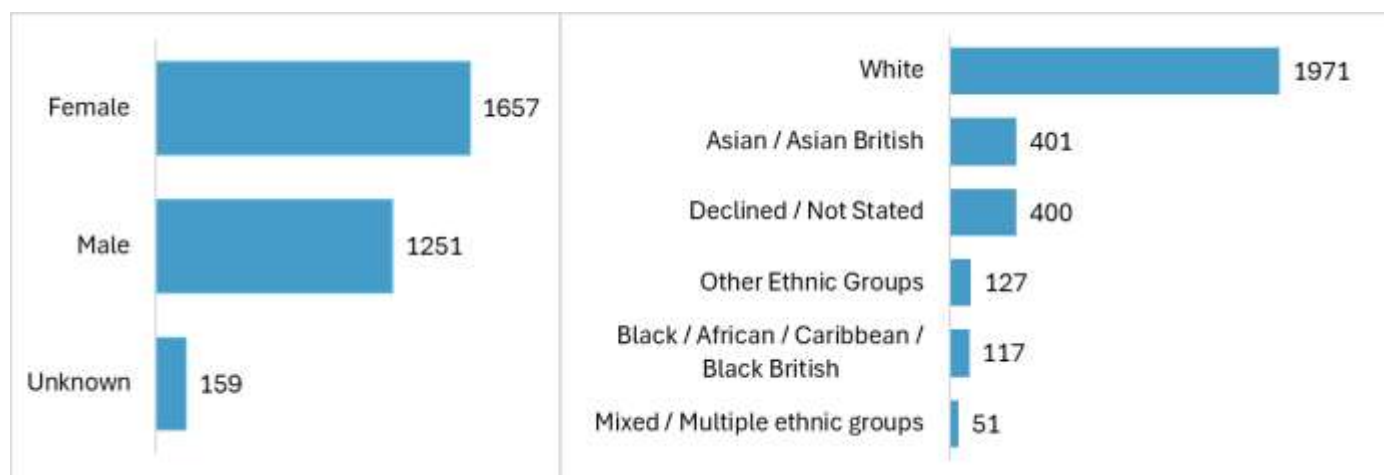
Of the current workforce recorded in the latest period, 57% identified as female (1,657), 43% as male (1,251), and 5% did not state or had unknown gender recorded (159). This is broadly consistent with the gender profile of the wider NHS Wales workforce, which remains predominantly female.

In terms of ethnicity, 1,971 (approximately 64%) identified as White. Just over 20% identified as coming from a Black, Asian, mixed or other minority ethnic background.

A further 400 individuals (13%) declined to state their ethnicity.

These figures suggest continued progress in attracting staff from a diverse range of backgrounds, although the proportion of ethnicity data that is either unknown or declined remains relatively high.

GP workforce Gender and Ethnicity by headcount in Sept 2024



DATA SOURCE: WRNRS

NHS Wales Workforce Cost

The cost of the total NHS Wales workforce (including agency and locum) for 2024/25 was £6.7 billion².

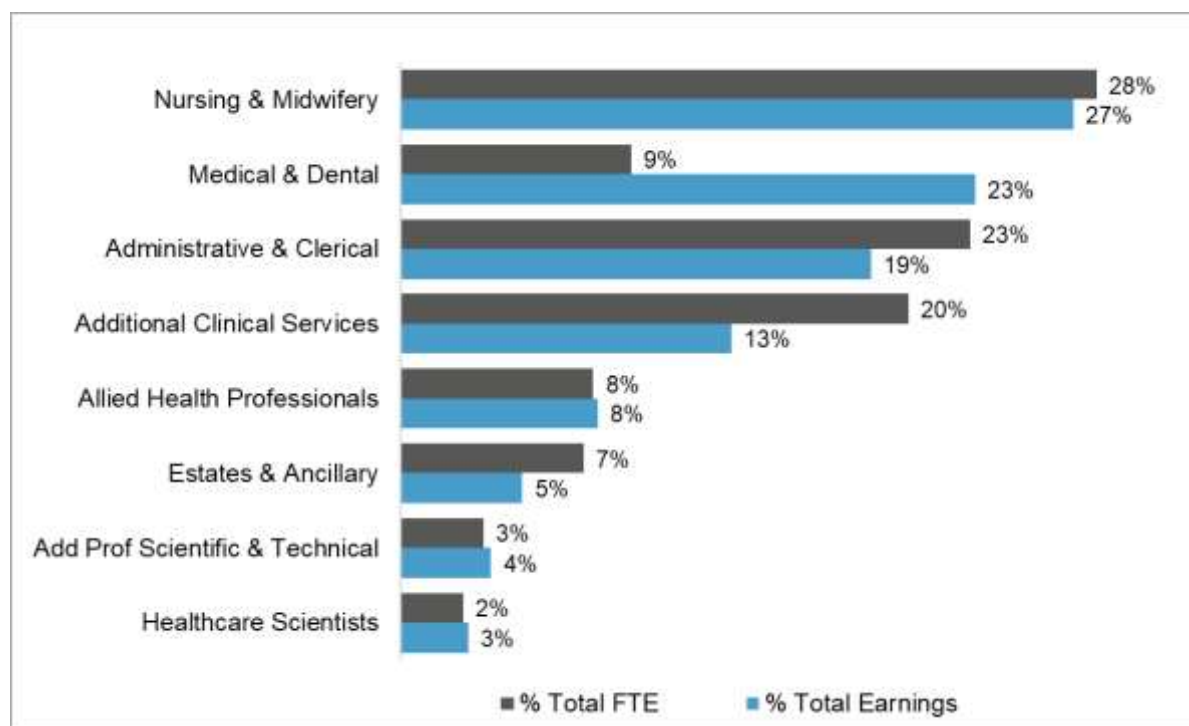
Cost of the Current NHS Wales Workforce

The graph shows the percentage of staff by FTE and their total earnings, based on the staff in post as of March 2025 taken from ESR DW data.

Nursing and Midwifery make up the largest proportion of the workforce at 28%, contributing 27% of the total pay bill. Medical and Dental staff account for 9% of the workforce but 23% of total earnings, reflecting higher average pay in this group.

The staff group that has the highest FTE compared to salary cost is Additional Clinical Services which makes up 13% of total cost and accounts for 20% of the total workforce.

Percentage of FTE & Total Earnings by Staff Group March 2025



DATA SOURCE: ESR DW

² NHS Wales Financial Monitoring reports – Pay Bill

Total Pay Bill Trends

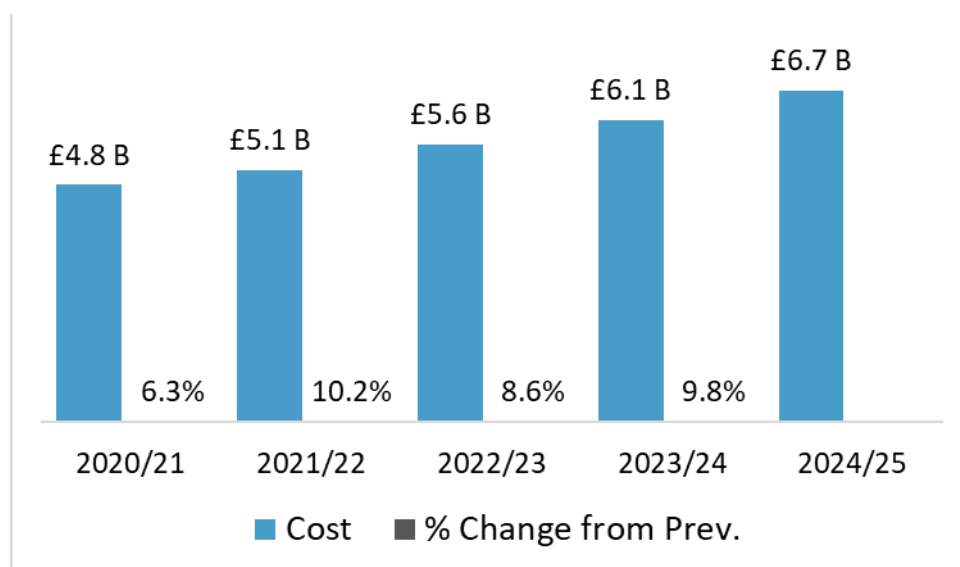
The cost analysis in the rest of this section has been based on NHS Wales Financial Monitoring returns and refers to the last five financial years. The following graph shows the monthly pay bill and the annual percentage change from the previous year from April 2020 to March 2025.

Workforce costs across NHS Wales have increased year-on-year over the five-year period, rising from £4.8 billion in 2020/21 to £6.7 billion in 2024/25 — a total increase of nearly £2 billion.

The largest annual growth occurred in 2021/22, with a 10.2% rise, reflecting recovery and expansion efforts following the COVID-19 pandemic. Growth remained high in subsequent years, with annual increases of between 8.6% and 9.8%.

This sustained rise in workforce expenditure is driven by a combination of pay awards, increased staffing levels, and the expansion of roles to support service transformation. It highlights the ongoing commitment to invest in workforce as the foundation for service delivery and system resilience.

Annual Pay Bill 2020/21 – 2024/25



DATA SOURCE: NHS WALES FINANCIAL MONITORING RETURNS.

Agency & Locum Trends

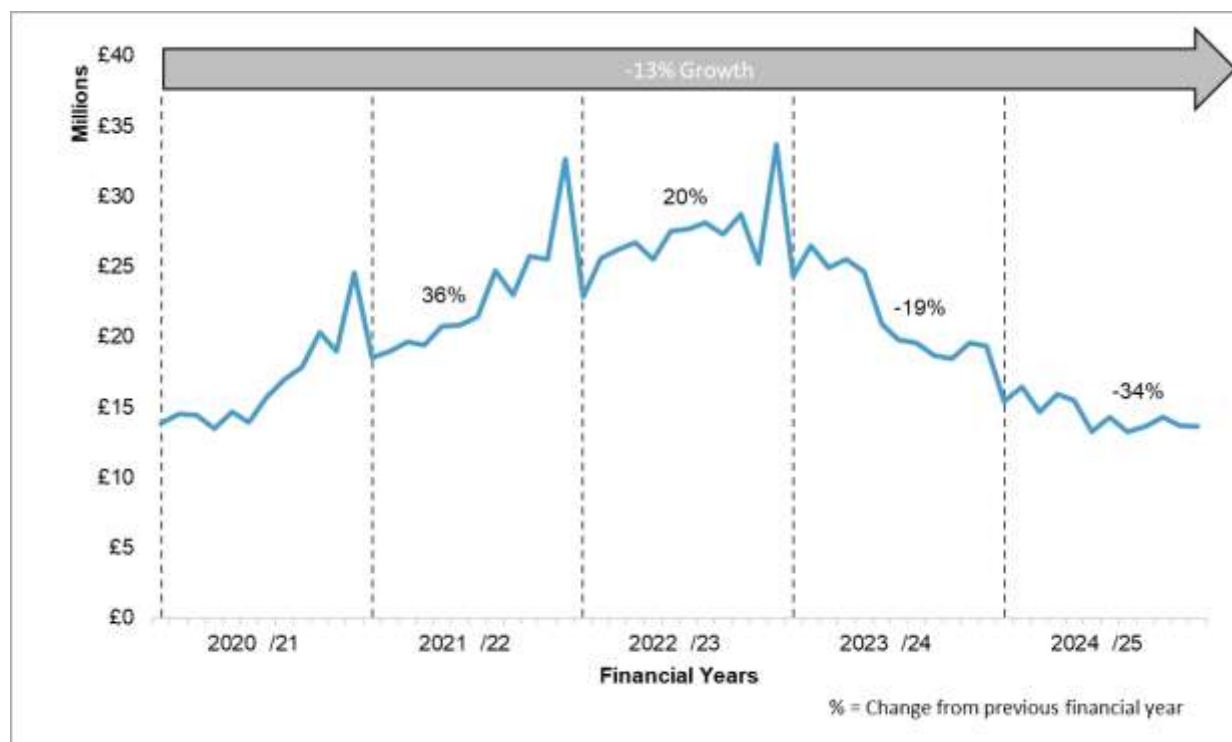
Agency and locum staff are usually deployed when substantive and bank options have been exhausted. Below shows the monthly spend on agency and locum staff and the percentage change compared to the previous year from April 2020 to March 2025.

Agency workforce spend rose sharply during 2021/22 and 2022/23, peaking at over £30 million in March 2022 and 2023. While there are short-term monthly fluctuations, the series demonstrates a clear overall downward trend from 2022/23 onwards, with sustained year-on-year reductions. Overall, agency spend has decreased by 13% across the five-year period.

A 36% increase was recorded in 2021/22, likely reflecting ongoing pandemic-related pressures and workforce gaps. Growth continued into 2022/23, though at a slower rate (20%). From 2023/24 onwards, agency expenditure dropped significantly, with a 19% reduction (£63 million) followed by a further 34% decrease in 2024/25 (£88 million). In 2022/23, the annual agency expenditure amounted to £324 million. In the most recent financial year, this expenditure has been reduced by nearly 50%, now totalling £151 million.

This downward trend suggests greater workforce stabilisation, improved vacancy management, and tighter financial controls. It also reflects targeted efforts to reduce reliance on agency staffing through recruitment and retention initiatives.

Monthly Agency & Locum Spend: 2020/21 – 2024/25



DATA SOURCE: NHS WALES FINANCIAL MONITORING RETURNS

Appendix 1 graph 2: shows the breakdown of Agency & Locum spend by staff group.

Agency and Locum Spend by Staff Group

The graph below shows the total agency and locum spend by staff group. Between 2020/21 and 2024/25, agency spend patterns have shifted across staff groups.

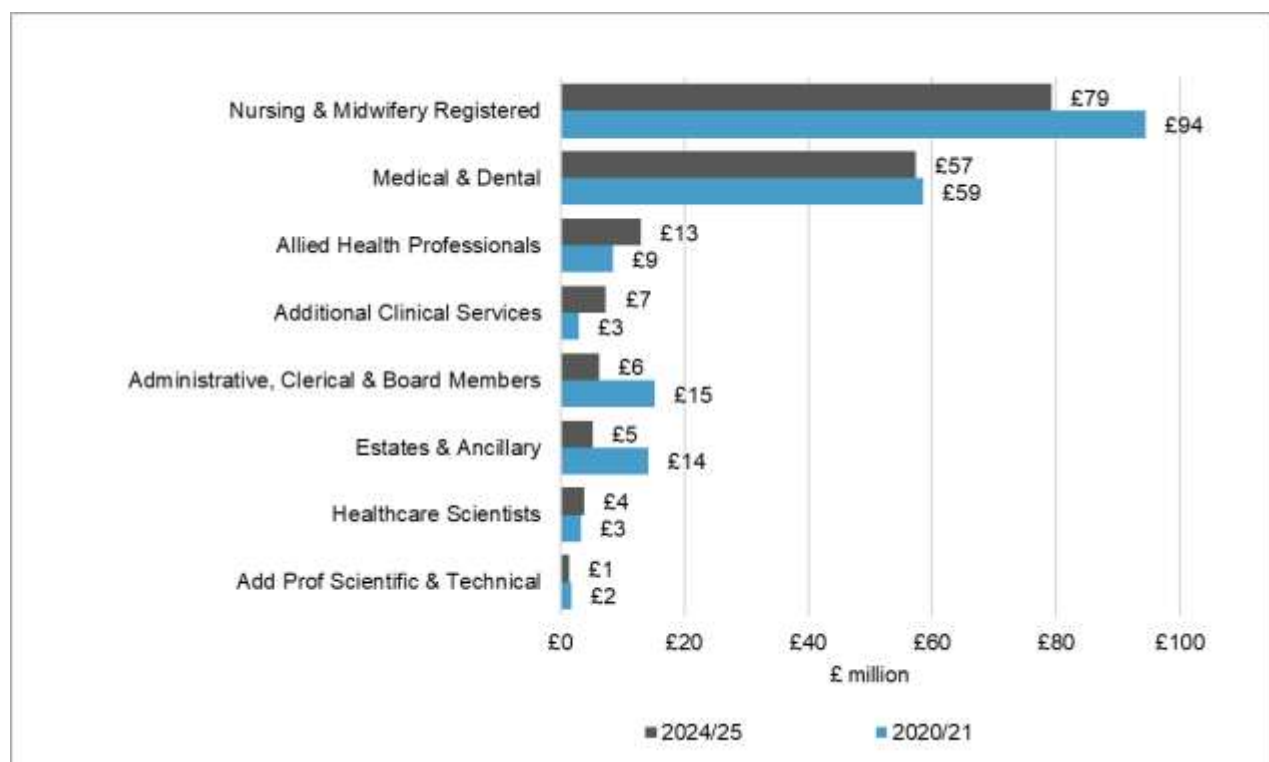
Nursing and Midwifery Registered staff group continue to account for the highest level of agency spend but has reduced significantly from £94 million to £79 million. Medical and Dental spend has now returned to 2020/21 levels at £57 million.

Significant reductions in agency spend was seen in Estates and Ancillary (from £14 million to £5 million) and Administrative, Clerical & Board Members (from £15 million to £6 million).

The only two staff groups to see a rise in agency spend are Allied Health Professionals and Additional Clinical Services rising from £9 million to £13 million and from £3 million to £7 million respectively.

These trends suggest a clapping down on agency spend across the staff groups through policies changes and increase financial control.

Agency & locum Spend by Staff Group for 2020/21 and 2024/25



DATA SOURCE: NHS WALES FINANCIAL MONITORING RETURNS

NHS Wales Sickness Absence

Monthly Sickness Absence

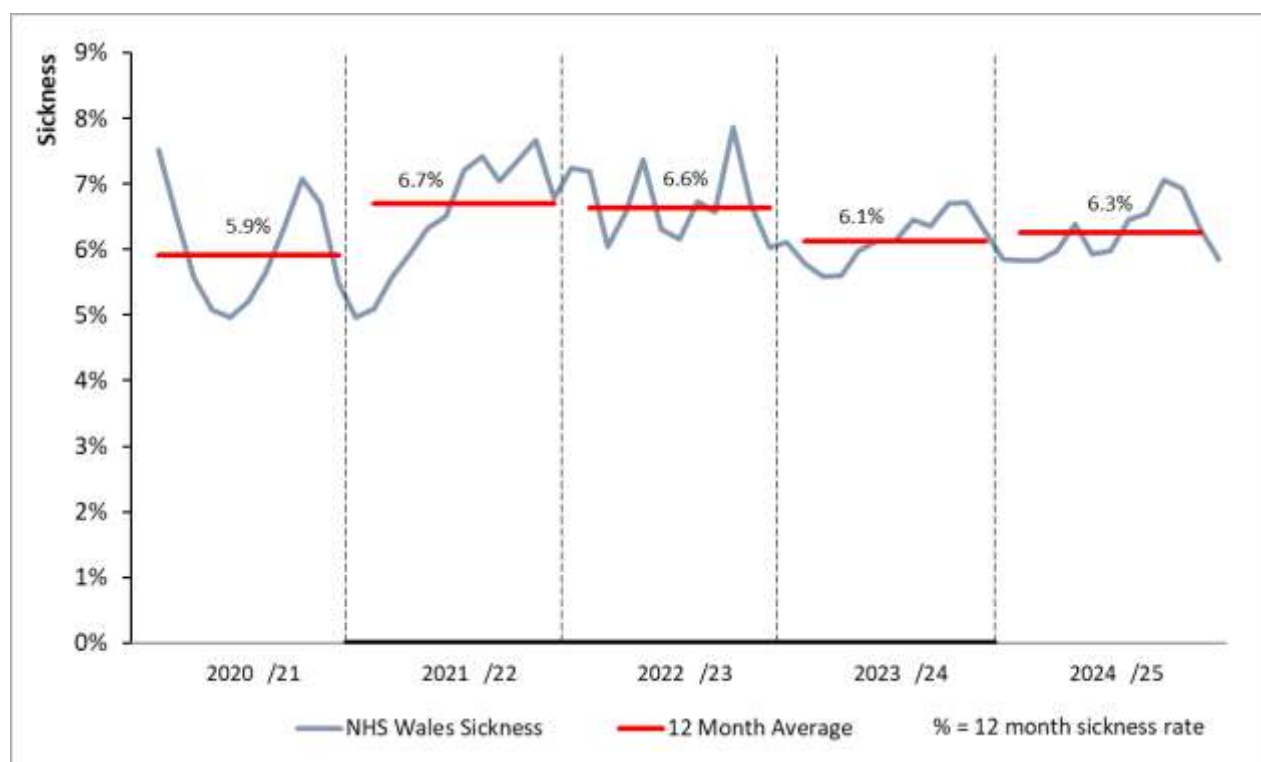
The sickness graph below shows NHS Wales monthly sickness absence rate from April 2020 to March 2025 for all staff groups. The red line indicates the 12-month average sickness absence rate for the financial year.

Sickness levels peaked during 2021/22, with a 12-month average of 6.7%, reflecting the ongoing impact of COVID-19. The rate remained elevated through 2022/23 at 6.6%, before declining to 6.1% in 2023/24. In the most recent year (2024/25), sickness absence has edged back up slightly to an average of 6.3%.

Monthly variation has remained within a narrow band since mid-2022, suggesting a more stable but persistently high pattern compared to pre-pandemic levels.

Sustained high sickness rates continue to place pressure on service delivery, staffing resilience, and temporary staffing costs. Addressing underlying causes remains a critical focus for workforce wellbeing and retention efforts.

NHS Wales Sickness, all staff groups: 2020/21 – 2024/25



DATA SOURCE: ESR DW

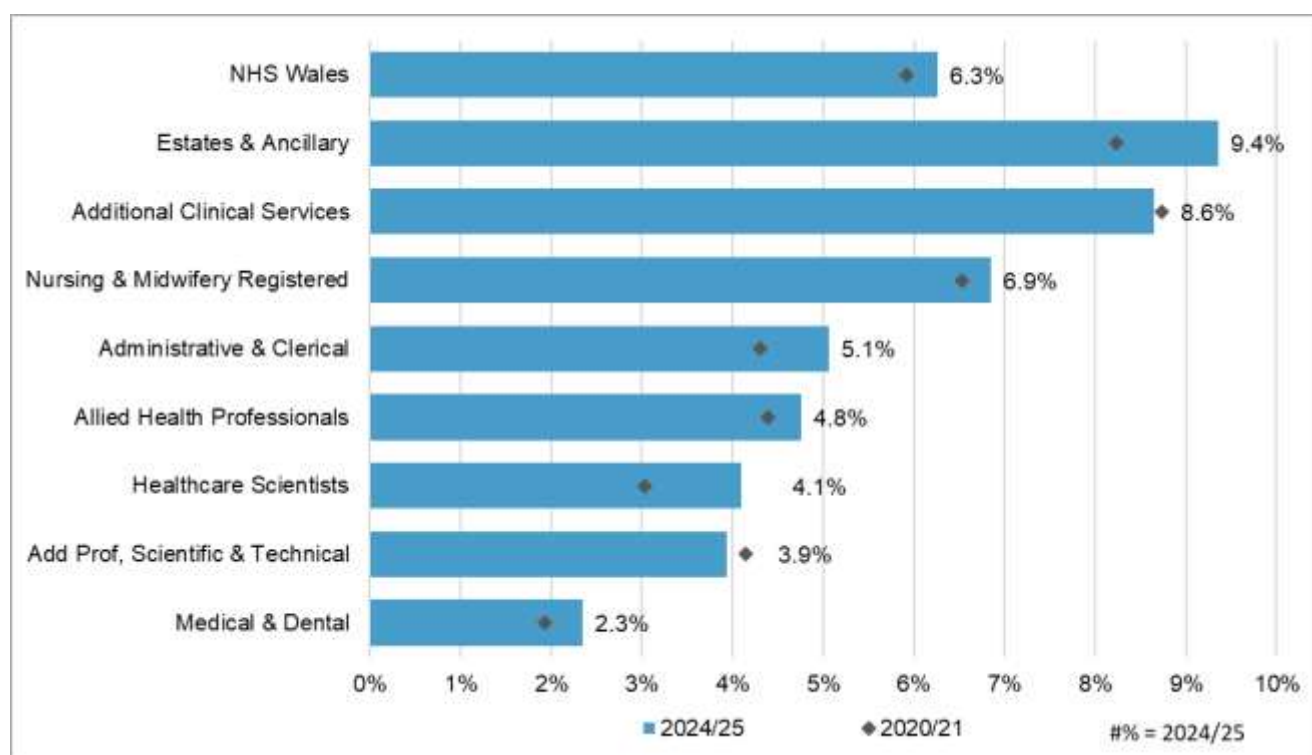
Sickness by Staff Group

The graph shows the 12-month average sickness rate by staff group comparing 2020/21 to 2024/25, (April-March). The blue bars represent the latest annual rates, while the diamond markers show the 2020/21 baseline.

Overall sickness for every staff group has increased, aside from Add Prof, Scientific & Technical and Additional Clinical Services.

Estates and Ancillary have the highest overall sickness (9.4) followed by (9.4%) and Additional Clinical Services (8.6%). The two staff group that have seen the highest percentage change from 2020/21 are Estates & Ancillary and Healthcare Scientists, both increasing by 1.1 percentage points.

12 month average Sickness by Staff Group 2020/21 and 2024/25



DATA SOURCE: ESR DW

Additional analysis has been undertaken, to see the sickness trend from 2020 – 2025 by staff group see appendix – graph (3)

Reasons for Sickness Absence

The below graph shows the volume of FTE days sickness split into five summarised categories over the past five years; anxiety/stress; back & other musculoskeletal; respiratory & infectious diseases, Cold, Cough, Flu and everything else.

Anxiety, stress, depression, and other mental health reasons remain one of the leading cause of sickness absence. Levels have gradually increased since 2020/21, peaking at over 70,000 recorded absences in late 2024/25. This reflects sustained pressure on the workforce.

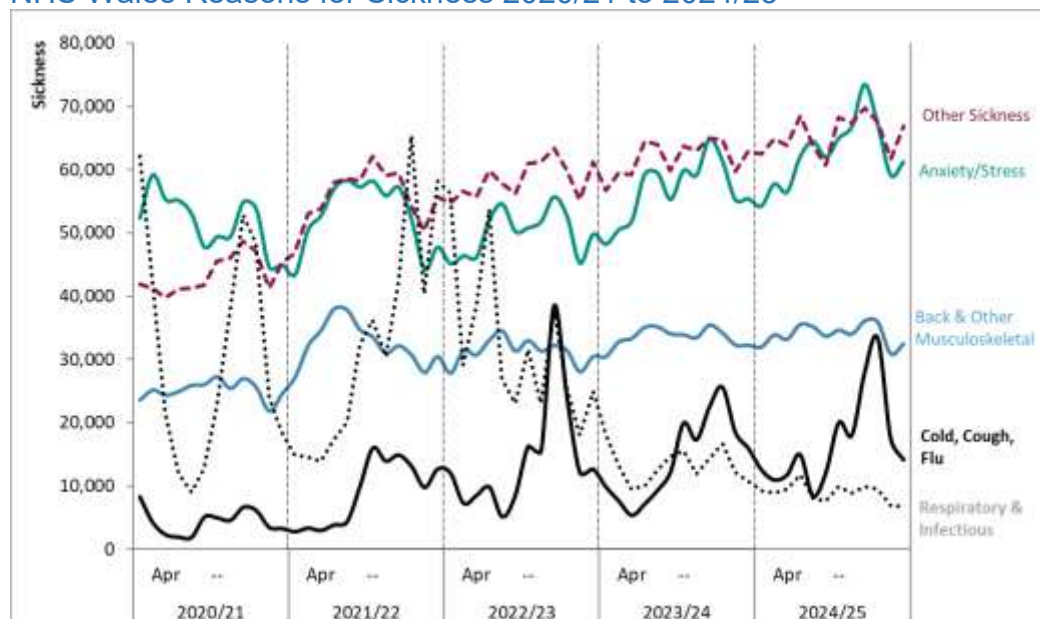
Musculoskeletal issues, particularly back and other conditions, have remained consistently high across the period.

Cold, cough, and flu absences show seasonal peaks, most notably in early 2022/23 and again in late 2024/25. The **respiratory and infectious diseases** category, which spiked during the COVID-19 period, has since declined sharply and stabilised at lower levels.

'Other sickness' also accounts for a substantial volume of absence and has shown a gradual rise over the reporting period.

The data highlight the persistent impact of mental and physical health on workforce availability, alongside seasonal and public health-related pressures. It is important to note that while these patterns provide valuable insight, caution should be exercised when interpreting the data due to known data quality issues which may affect completeness and consistency in reporting.

NHS Wales Reasons for Sickness 2020/21 to 2024/25



DATA SOURCE: ESR DW

There are 31 different reasons for sickness held in the ESR. For a description of how the sickness reasons have been summarised see appendix 1 table 4.

Reasons for sickness by staff group

This chart shows the proportion of sickness absence in 2024/25 by reason across NHS Wales and by staff group.

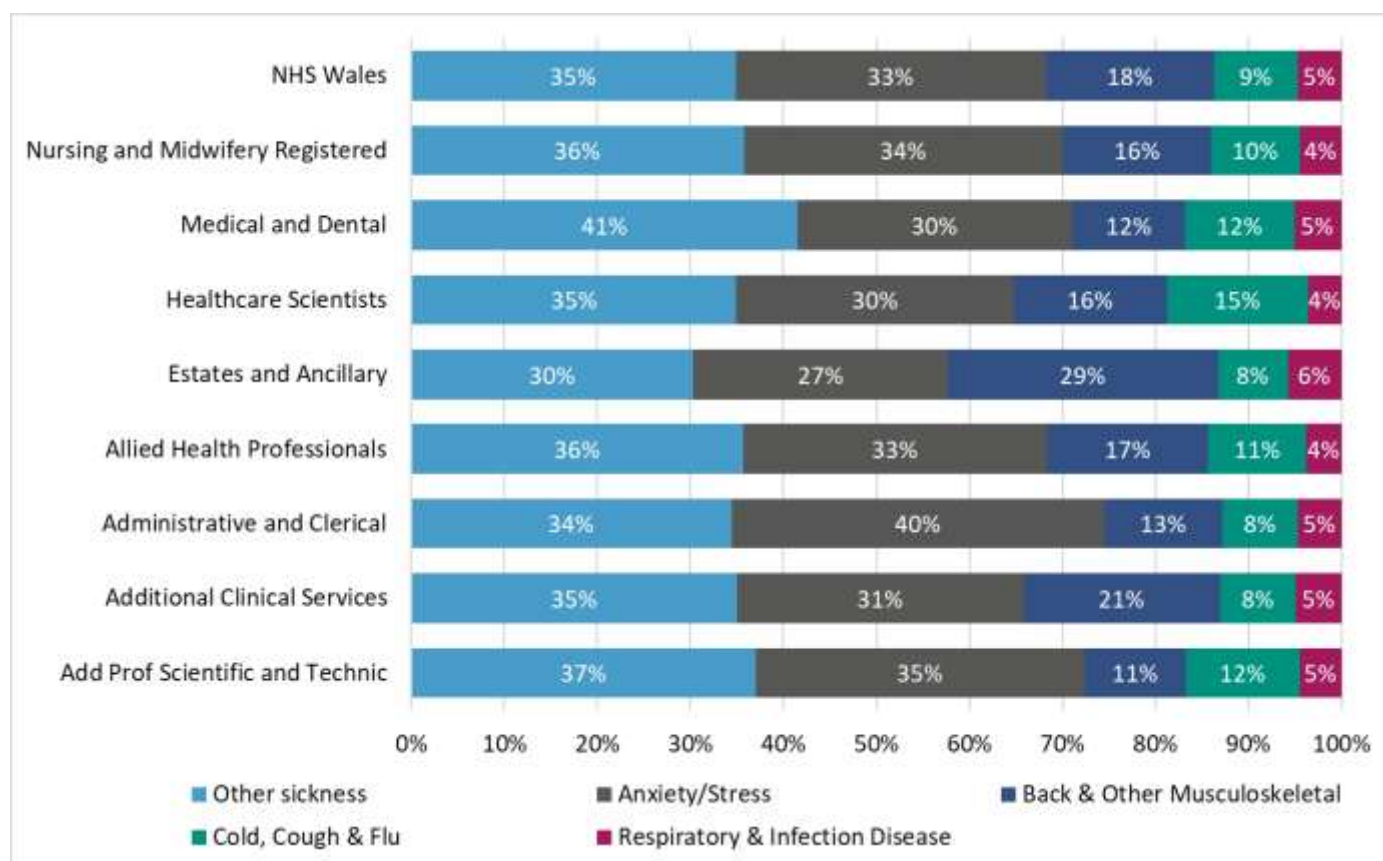
‘Other sickness’ accounts for 35% of all absences across NHS Wales. This ranged from 30% in Estates and Ancillary to 41% in Medical and Dental.

Anxiety and stress-related absence continues to be a significant contributor, making up 33% of all sickness, the highest is in Administrative and Clerical staff (40%) and lowest is in Estates and Ancillary (27%).

Back and other musculoskeletal problems accounted for 18% of absences nationally, with Estates and Ancillary staff reporting the highest proportion (29%). This aligns with the physically demanding nature of many of these roles.

Cold, cough, and flu made up 9% of absences overall, peaking at 15% in Healthcare Scientists and 12% in Medical and Dental and Professional Scientific & Technical staff. Respiratory and infectious diseases represented 5% of sickness absence across most groups.

Sickness reasons by staff group 2024/25



Overseas and non-overseas nursing workforce movements

Understanding the movement of nurses, both within NHS Wales and from overseas, is essential to planning a sustainable and resilient nursing workforce. This section explores patterns of nurse recruitment, retention, and international inflow, providing insight into the factors shaping supply, including reliance on overseas staff and the effectiveness of recruitment strategies. These dynamics are critical to ensuring safe staffing levels, workforce stability, and the delivery of high-quality care. The subsequent analysis focuses on Nurses employed in NHS Wales who are under the Nursing Specialty, i.e., those with N and P occupational codes, who are Band 5 or above.

Annual Overview of Overseas and Non-Overseas Nurses in NHS Wales (2015-2024)

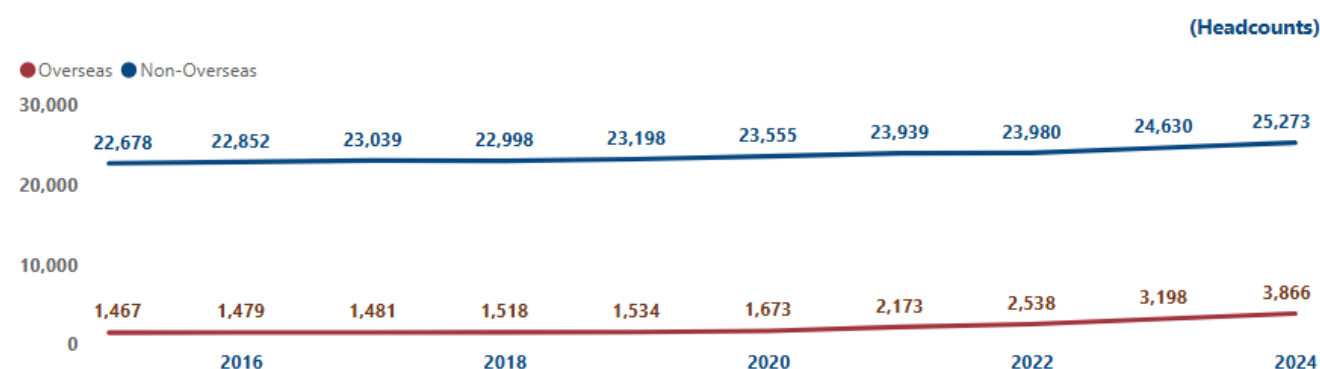
This graph shows the headcount of nursing staff in NHS Wales over a ten-year period, split between those who trained overseas and those who trained within the UK (non-overseas). The blue line represents non-overseas nurses, while the red line shows overseas-trained staff.

Over the past decade, the number of non-overseas nursing staff in NHS Wales has remained relatively stable, rising gradually from 22,678 in 2015 to 25,273 in 2024 — a 11% increase.

In contrast, the number of overseas nurses has more than doubled during the same period, increasing from 1,467 in 2015 to 3,866 in 2024. The most rapid growth occurred from 2020 onwards, coinciding with expanded international recruitment efforts to address workforce shortages during and following the COVID-19 pandemic. In 2015, overseas nurses made up 6.1% of the nursing workforce; by 2024, that figure has climbed to 13.3%.

While overseas nurses still represent a minority of the overall nursing workforce, their growing contribution has become a key component of nursing supply. This trend highlights the importance of international recruitment pipelines, as well as the need to ensure appropriate support and retention measures for overseas staff.

Number of Overseas and Non-Overseas Nurses in the last 10 years



DATA SOURCE: ESR DW

Number of new starters of Overseas and Non-Overseas Nurses in NHS Wales

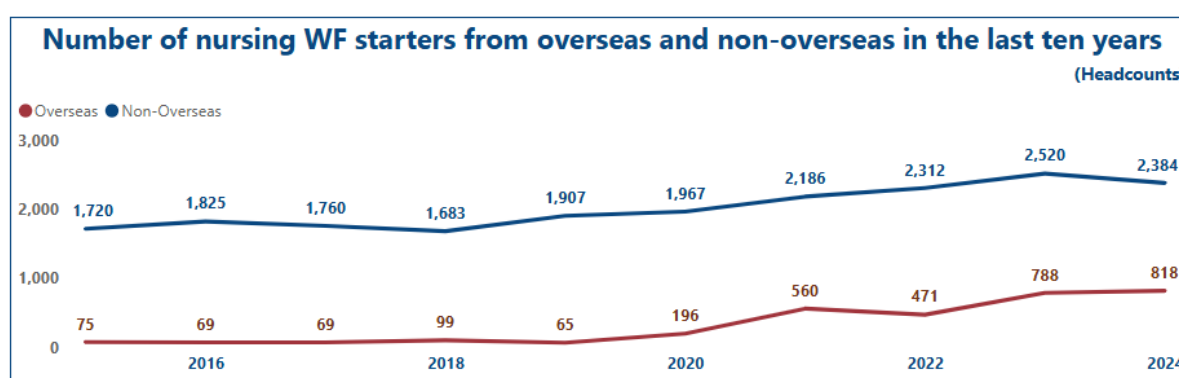
This graph displays the number of new nursing workforce starters in NHS Wales each year over the last decade, split by whether they trained overseas (red line) or in the UK (blue line).

The number of non-overseas starters has remained relatively stable, fluctuating between 1,683 and 2,520 per year. After a slight dip in 2018, the trend has generally increased, peaking in 2023 at 2,520 before a small drop in 2024.

In contrast, the number of overseas nursing starters was consistently low between 2015 and 2019, averaging fewer than 100 per year. From 2020 onward, however, there was a marked increase, rising to 196 in 2020, 560 in 2021, and reaching 818 by 2024, more than a tenfold increase from 2015 levels. The proportion of new starters who are non-overseas nurses has fallen from 95.8% in 2015 to 74.5% in 2024.

These figures highlight a significant shift in the composition of new nursing workforce entrants. While UK-based recruitment remains the dominant source, overseas recruitment has grown rapidly in recent years, accounting for nearly a quarter of all new nursing starters in 2024. This shift reflects strategic efforts to address workforce shortages, particularly in the wake of the COVID-19 pandemic, through targeted international recruitment campaigns. The trend underscores the growing importance of global nursing supply chains to NHS Wales' workforce strategy.

Number of Nursing Workforce Starters from Overseas and Non-Overseas (2015–2024)



DATA SOURCE: ESR DW

Nurse Vacancy figures

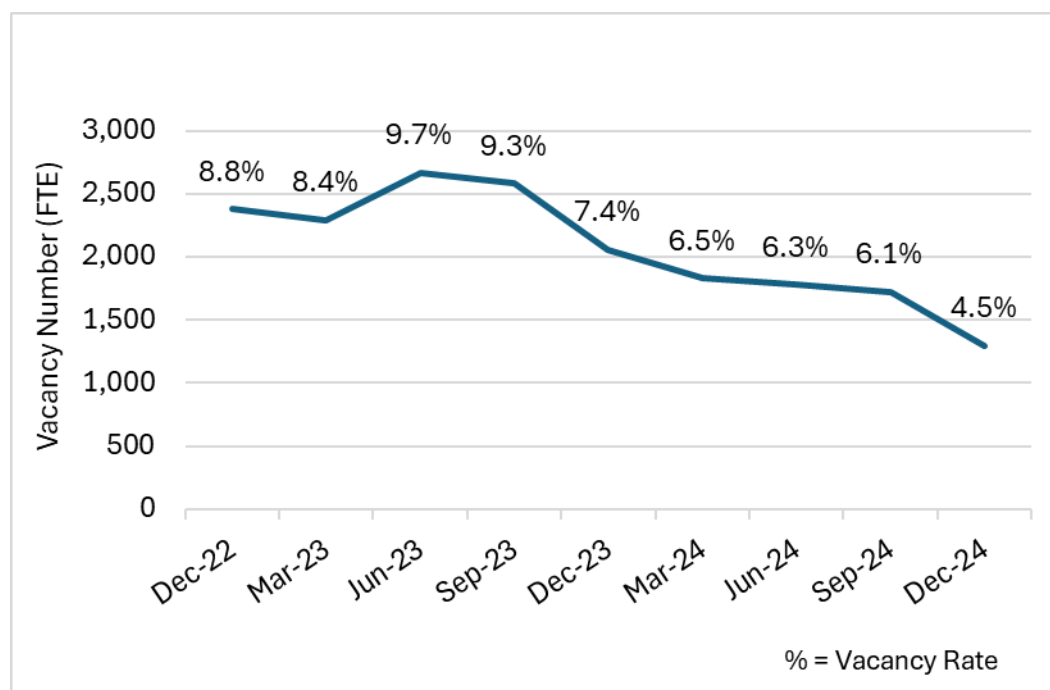
This graph tracks both the number of nursing vacancies (y-axis) and the corresponding vacancy rate (%) across NHS Wales over a two-year period.

Vacancy numbers peaked in June 2023 at 9.7% (2,700 FTE) before falling steadily to 4.5% (1,300 FTE) by December 2024, a near halving of the rate.

This decline in vacancies coincides with the notable rise in international nursing recruitment shown in the previous charts. Between 2022 and 2024, the number of overseas nursing workforce starters rose significantly (from 471 to 818), while the overall overseas nursing workforce grew from 3,198 to 3,866.

At the same time, UK-based nursing starters remained relatively stable, maintaining a consistent inflow of new staff. The combined effect of sustained domestic recruitment and rapid growth in international recruitment appears to have alleviated pressure on vacancy rates.

Number and percentage of vacancies in the Nursing workforce



DATA SOURCE: WG STATSWALES

Overseas Adult Nursing commissioning

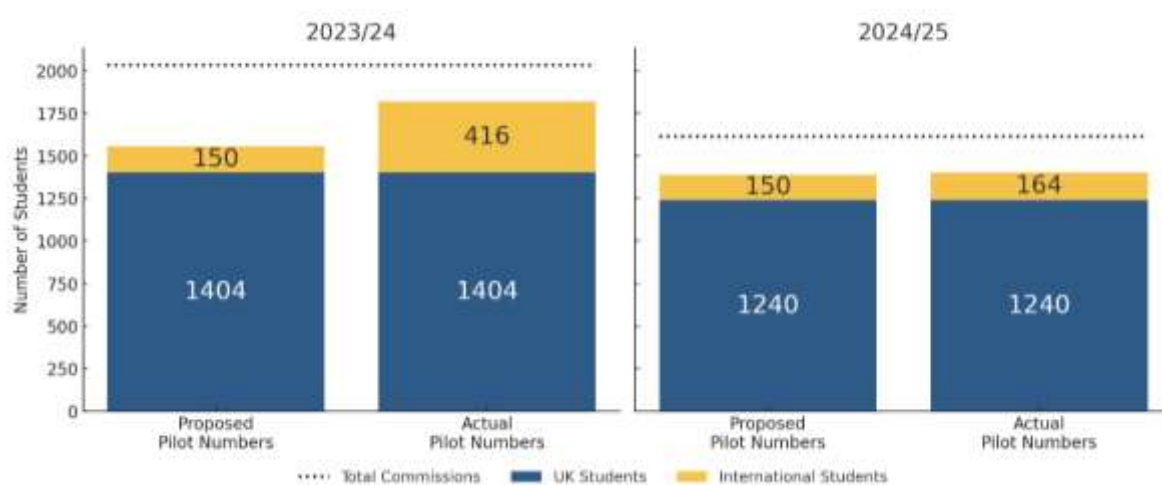
This graph shows the number of adult nursing students in Wales who filled commissioned education places, split by UK and international students, for the academic years 2023/24 and 2024/25.

The graph illustrates that 2,032 adult nursing places were commissioned in 2023/24. Of these places 1,404 of these places were filled by UK students, representing 69% of the total. A further 150 international students were initially anticipated, which would have brought the fill rate to 76%. As can be seen from the second stacked bar, actual recruitment exceeded expectations, with 416 international students joining. This brought the total to 1,820 and increased the overall fill rate to 90%.

A similar pattern followed in 2024/25, when 1,614 places were commissioned. UK students filled 1,240 of these, representing 77% of the total, up from 69% in the previous year. Although the number of international students was lower than in 2023/24, the continued pilot still helped bring the overall total to 1,404, resulting in a fill rate of 87%.

This data illustrates the critical role international students played in expanding adult nursing education supply in 2023/24. While the pilot has helped in the short term, careful planning is needed to understand whether this approach can support the workforce long term. Ongoing monitoring is essential, particularly around student retention, regional variation, reasons for staff leaving, and the continued

Adult Nursing Commissioned Places filled 2023-2025



DATA SOURCE: HEIW DW

NHS Wales Workforce Performance Measures

Health Education and Improvement Wales (HEIW) in collaboration with Health Boards & Trusts collates key performance indicators critical to measuring organisational workforce performance. This section focuses on appraisal rates, and statutory and mandatory training rates.

Annual Appraisal Compliance

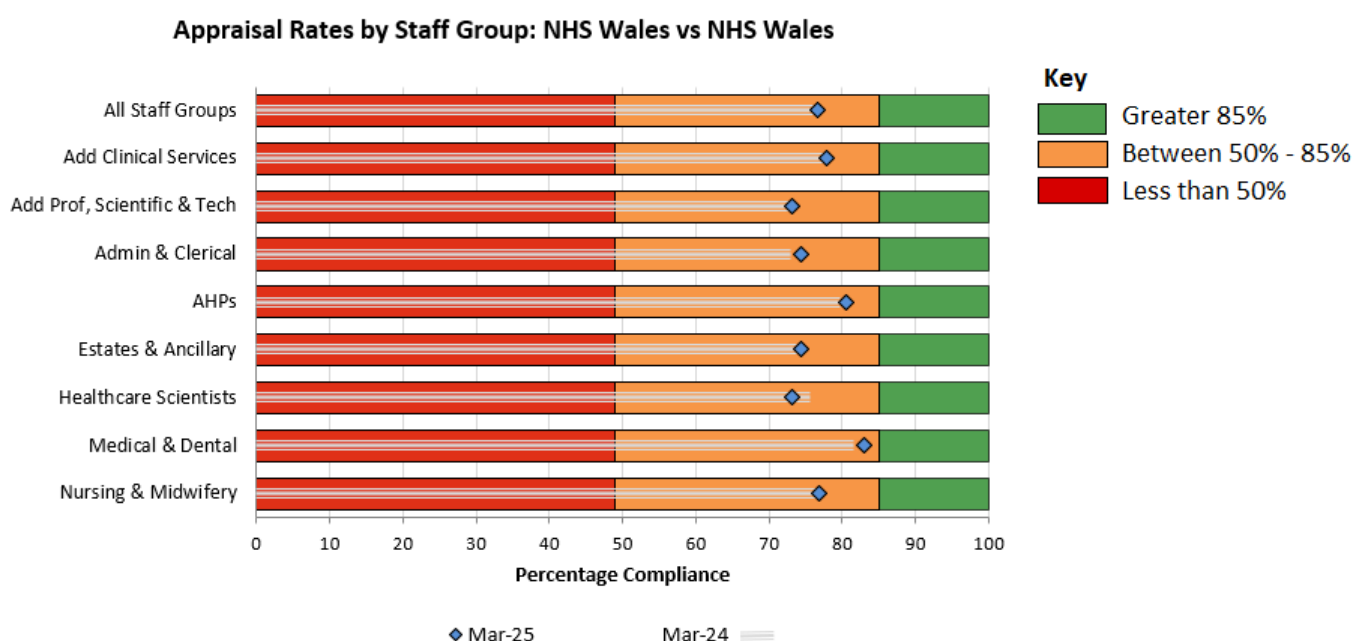
Appraisal Rates are based on the percentage of headcount of staff who have had a PADR/Medical Appraisal in the previous 12-month period - excluding doctors and dentists in training.

The appraisal graph shows the appraisals rates by staff group based on the 13 months between March 2024 (white line) and March 2025 (blue diamond). The colour coding indicates compliance thresholds: green ($\geq 85\%$), amber (50%–84.9%), and red ($< 50\%$).

Overall, the percentage compliance comparison for all staff groups has remained the same at 77%. All staff groups are showing a RAG rating of amber indicating that they all have a compliance rate of between 50–85%.

Medical and Dental have the highest compliance rate of 83%, which is an increase from 81% in March 2024. Healthcare Scientist have seen the largest reduction, reducing from 76% to 73%.

Appraisal Compliance by Staff Group – March 2024 and March 2025



DATA SOURCE: NHS WALES PERFORMANCE DASHBOARD MARCH 2025

Statutory and Mandatory Training Compliance

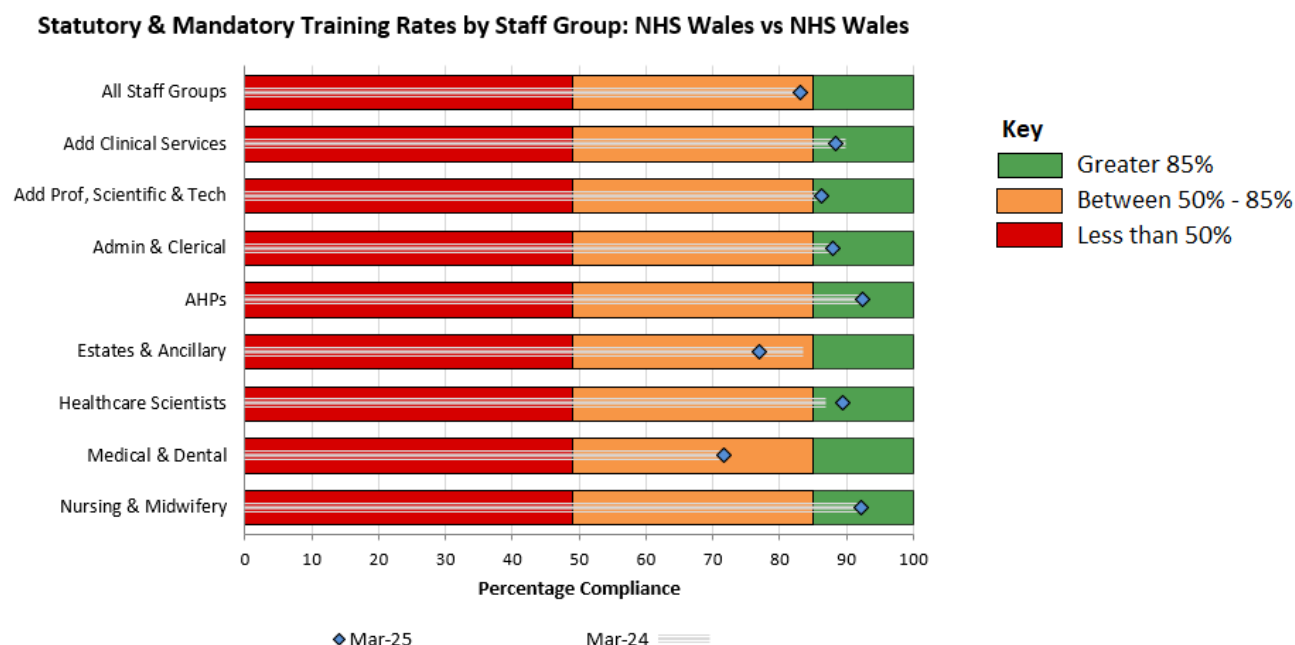
NHS Wales organisations by law need to ensure that all employees undertake statutory and mandatory training. There are 10 agreed Level 1 competencies within the Core Skills and Training Framework (CSTF). See Appendix 1, Table 3 for a breakdown of modules included in the CSTF.

The compliance graph below shows the percentage of statutory and mandatory training for all 10 completed Level 1 competencies within the Core Skills and Training Framework (CSTF), which have been entered into ESR in the previous 12 months. The compliance graph shows the compliance rates by staff group based on the 13 months between March 2024 (white line) and March 2025 (blue diamond). The colour coding indicates compliance thresholds: green ($\geq 85\%$), amber (50%–84.9%), and red ($< 50\%$).

The overall the NHS Wales compliance rate is 83%. Nursing and midwifery and AHPs have the highest compliance, both at 92%.

Only two staff groups are in the ‘Amber’ compliance rates, Medical and Dental and Estates and Ancillary. Estates and Ancillary are the staff group with the largest reduction in compliance rates, from 83% down to 77%.

Statutory and Mandatory Compliance by Staff Group – March 2024 and March 2025



DATA SOURCE: NHS WALES PERFORMANCE DASHBOARD MARCH 2025

Current NHS Wales Workforce Profile

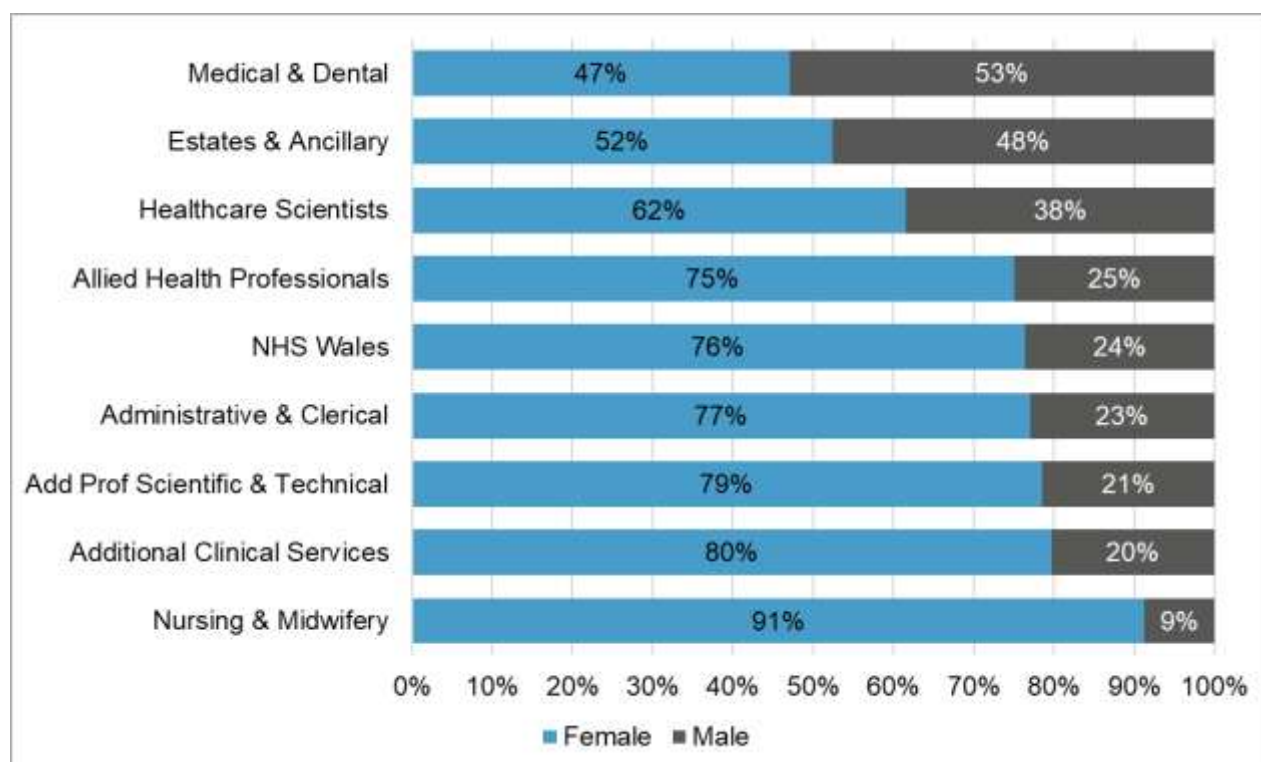
Based on NHS Contracted staff in post as of March 2025, this section looks at Gender, Nationality, Welsh Language Skills, Ethnicity, Disability and Sexual Orientation.

Gender by Staff group

The graph below shows the gender profile of the NHS Wales workforce by staff group. Every staff group has a higher percentage of females in the workforce than males, except for Medical and Dental where males account for 53%.

The staff group with the largest percentage of females is the Nursing and Midwifery workforce where females account for 91%. Overall, within NHS Wales 76% of the workforce is female.

Gender Profile by Staff Group – March 2025



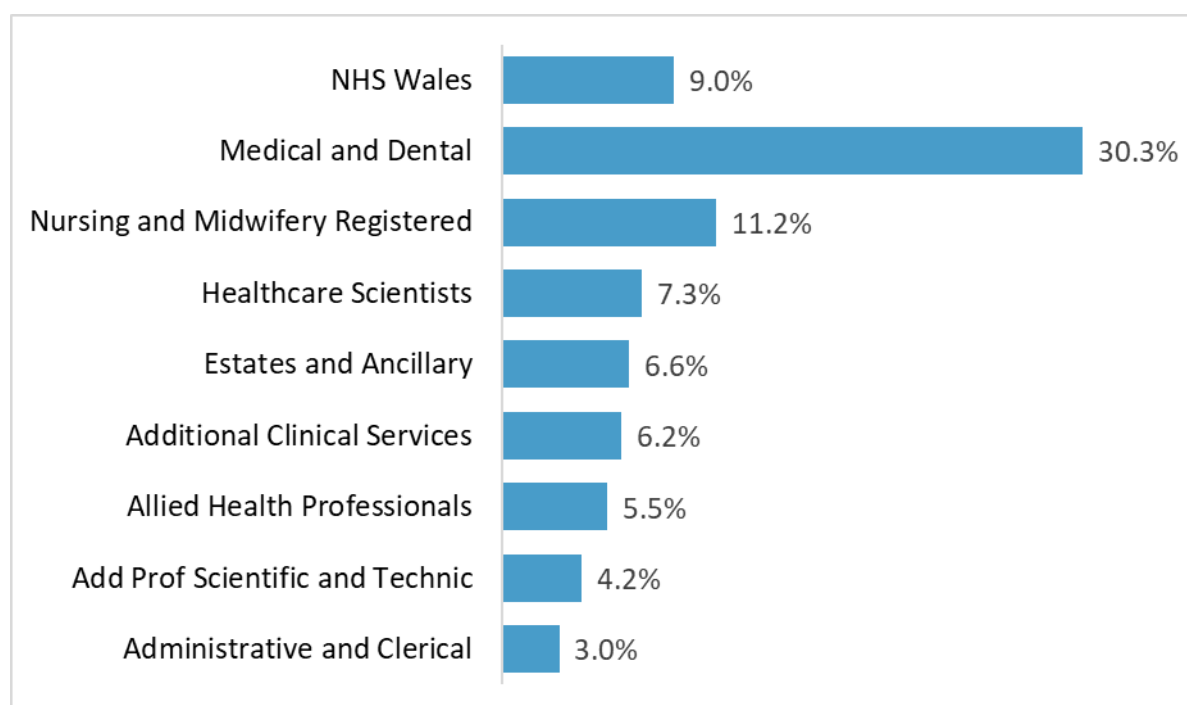
DATA SOURCE: ESR DW

Nationality / International Staff

The following graph shows the percentage of staff who have reported on ESR that they have a nationality that is not from UK split into staff groups.

People from non-UK countries make up 9% of the Welsh NHS workforce. Some types of staff group depend more on international workers than others. For example, 3% of Administrative and Clerical staff are not from the UK, but just below a third of Medical and Dental staff have non-UK nationalities (30%). Nursing and Midwifery staff group has the second highest percentage of international staff at 11%.

Nationality of Non-UK Staff by Staff Group – March 2025



DATA SOURCE: ESR DW

Note: People report their own nationality, which may be different from where they were born. Records with unknown/ not stated nationality (11.1%) are not included in the graph.

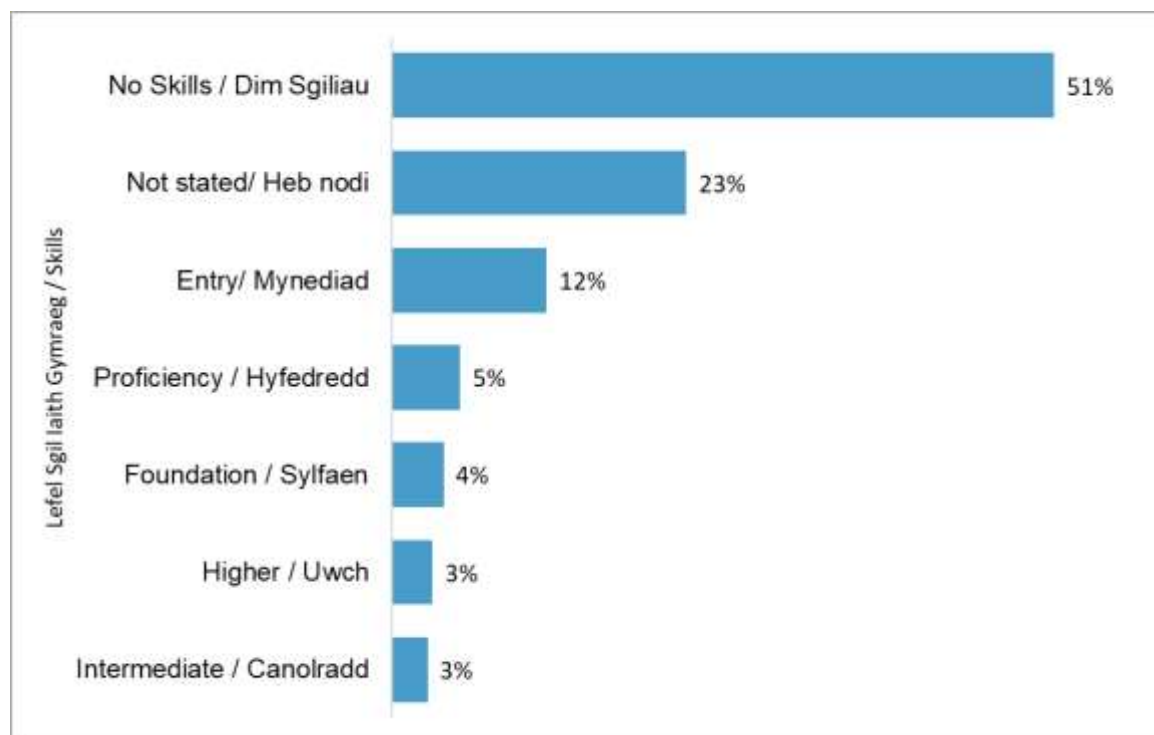
Welsh Language Skills

The graph below shows the Welsh Language competency levels of staff in NHS Wales. Staff are requested to enter their level of competency in the use of the Welsh Language; however, this is not a mandatory requirement within ESR, and 23% of staff have not stated their Welsh Language competency.

Out of all the staff in ESR, 51% of staff say that they have no Welsh Language skills with 12% stating that have entry level competency.

For a definition of the skills see Appendix 1, Table 2.

Welsh Language Competence – March 2025



DATA SOURCE: ESR DW

Ethnicity by Staff Group

The table below shows the ethnicity split between each staff group.

Ethnic categories are based on the definitions specified in the NHS Data Dictionary³. Staff are required to enter their Ethnicity into the ESR system as part of the Equalities data collection.

As of the latest reporting period, 79.6% of the NHS Wales workforce identify as White, with 9.8% not stating their ethnicity. The remaining 10.6% represent a range of ethnic minority backgrounds, with notable variation across staff groups.

The highest levels of ethnic diversity are seen in the Medical and Dental workforce, where just 47.7% identify as White. Over one-fifth (22.4%) identify as Asian or Asian British, 4.8% as Black/African/Caribbean/Black British, and 6.3% as Other ethnic groups. This reflects the international composition of the medical workforce and highlights its critical contribution to NHS Wales.

Nursing and Midwifery Registered staff and Healthcare Scientists report a relatively high proportion of ethnic minority staff, 12% for both.

In contrast, Administrative, Clerical, and Allied Health Professional groups have the highest proportion of White staff (over 88%), with lower representation from ethnic minority groups.

Ethnicity Percentage by Staff Group – March 2025

Staff Group	White	Asian / Asian British	Black / African / Caribbean / Black British	Mixed / Multiple ethnic groups	Other Ethnic Groups	Not Stated
Add Prof Scientific and Technic	88.1%	2.7%	0.9%	1.4%	1.4%	5.5%
Additional Clinical Services	83.7%	3.4%	1.9%	1.0%	1.1%	8.8%
Administrative and Clerical	88.7%	2.0%	1.0%	1.1%	0.6%	6.6%
Allied Health Professionals	88.8%	2.3%	1.3%	1.3%	0.7%	5.6%
Estates and Ancillary	77.2%	3.6%	0.8%	0.8%	1.4%	16.2%
Healthcare Scientists	79.3%	5.3%	3.4%	1.5%	1.9%	8.5%
Medical and Dental	47.7%	22.4%	4.8%	2.5%	6.2%	16.3%
Nursing and Midwifery Registered	76.8%	7.5%	1.9%	0.9%	2.0%	10.9%
NHS Wales	79.6%	5.9%	1.8%	1.2%	1.7%	9.8%

DATA SOURCE: ESR DW

³ Based on NHS Data Dictionary -

https://www.datadictionary.nhs.uk/data_dictionary/attributes/e/end/ethnic_category_code_de.asp

Disability by Staff Group

The table shows the percentage of staff, by staff group who have indicated that they have some form of disability.

As of March 2025, 4.4% of NHS Wales staff have declared a disability. However, disclosure rates vary significantly across staff groups, and over one in five staff (22.1%) have either not disclosed or not stated their status.

The highest levels of disability declaration are found among Allied Health Professionals (5.8%) and Administrative & Clerical staff (5.7%). Estates & Ancillary staff report a lower declaration rate (3.5%), but also have the highest percentage of undeclared responses (35.3%).

Medical & Dental staff report the lowest declaration rate at just 1.4%, with 39.1% not disclosing their status. This pattern may reflect cultural, professional, or data quality factors that limit self-reporting in this group.

Across all groups, high levels of non-disclosure suggest that recorded rates likely underrepresent the true proportion of staff living with a disability. Continued efforts to promote a culture of openness and inclusion, alongside improved data completeness, are essential to supporting an inclusive working environment and ensuring equitable access to workplace adjustments.

Disability Percentage by Staff Group – March 2025

Staff Group	Yes	No	Not Disclosed / Not Stated
Allied Health Professionals	5.8%	77.2%	17.0%
Administrative & Clerical	5.7%	77.1%	17.2%
Add Prof Scientific & Technical	4.9%	80.8%	14.4%
Healthcare Scientists	4.5%	72.6%	22.8%
Additional Clinical Services	4.3%	75.3%	20.4%
Nursing & Midwifery	4.0%	75.7%	20.3%
Estates & Ancillary	3.5%	61.2%	35.3%
Medical & Dental	1.4%	59.5%	39.1%
NHS Wales	4.4%	73.5%	22.1%

DATA SOURCE: ESR DW

Sexual Orientation by Staff Group

The table shows a breakdown of the sexual orientation for staff as recorded in ESR, by staff group and for NHS Wales.

Most staff within NHS Wales, 73.7% have recorded their sexual orientation as heterosexual or straight, 23.3% have not disclosed or not stated their sexual orientation. Medical and Dental staff group has the highest percentage of staff that have 'Not Disclosed/Not Stated' at 51.2%.

Sexual Orientation Percentage by Staff Group – March 2025

Sexual Orientation	Heterosexual or Straight	Gay or Lesbian	Bisexual	Other sexual orientation not listed	Undecided	Not Disclosed /Not Stated
Add Prof Scientific & Technical	79.8%	2.6%	1.2%	0.1%	0.3%	16.0%
Additional Clinical Services	76.0%	2.0%	1.1%	0.1%	0.1%	20.6%
Administrative & Clerical	79.2%	1.9%	1.1%	0.2%	0.2%	17.6%
Allied Health Professionals	78.9%	2.0%	1.5%	0.2%	0.1%	17.3%
Estates & Ancillary	62.1%	1.1%	0.6%	0.1%	0.1%	36.1%
Healthcare Scientists	72.1%	2.6%	1.6%	0.2%	0.3%	23.2%
Medical & Dental	46.9%	0.9%	0.9%	0.0%	0.1%	51.2%
Nursing & Midwifery	77.2%	1.7%	0.9%	0.1%	0.1%	20.1%
NHS Wales	73.7%	1.8%	1.0%	0.1%	0.1%	23.3%

DATA SOURCE: ESR DW

Appendix 1

Contracted FTE by Staff Group – March 2020 and March 2025

Staff Group	2020	2025
Additional Clinical Services	16,615	20,120
Allied Health Professionals	5,834	7,613
Healthcare Scientists	2,015	2,485
Medical & Dental	7,211	9,131
Administrative & Clerical	18,155	22,538
Estates & Ancillary	6,846	7,251
Nursing & Midwifery	23,039	27,551
Add Prof Scientific & Technical	3,099	3,274
Total	82,815	99,964

Welsh Language Definitions

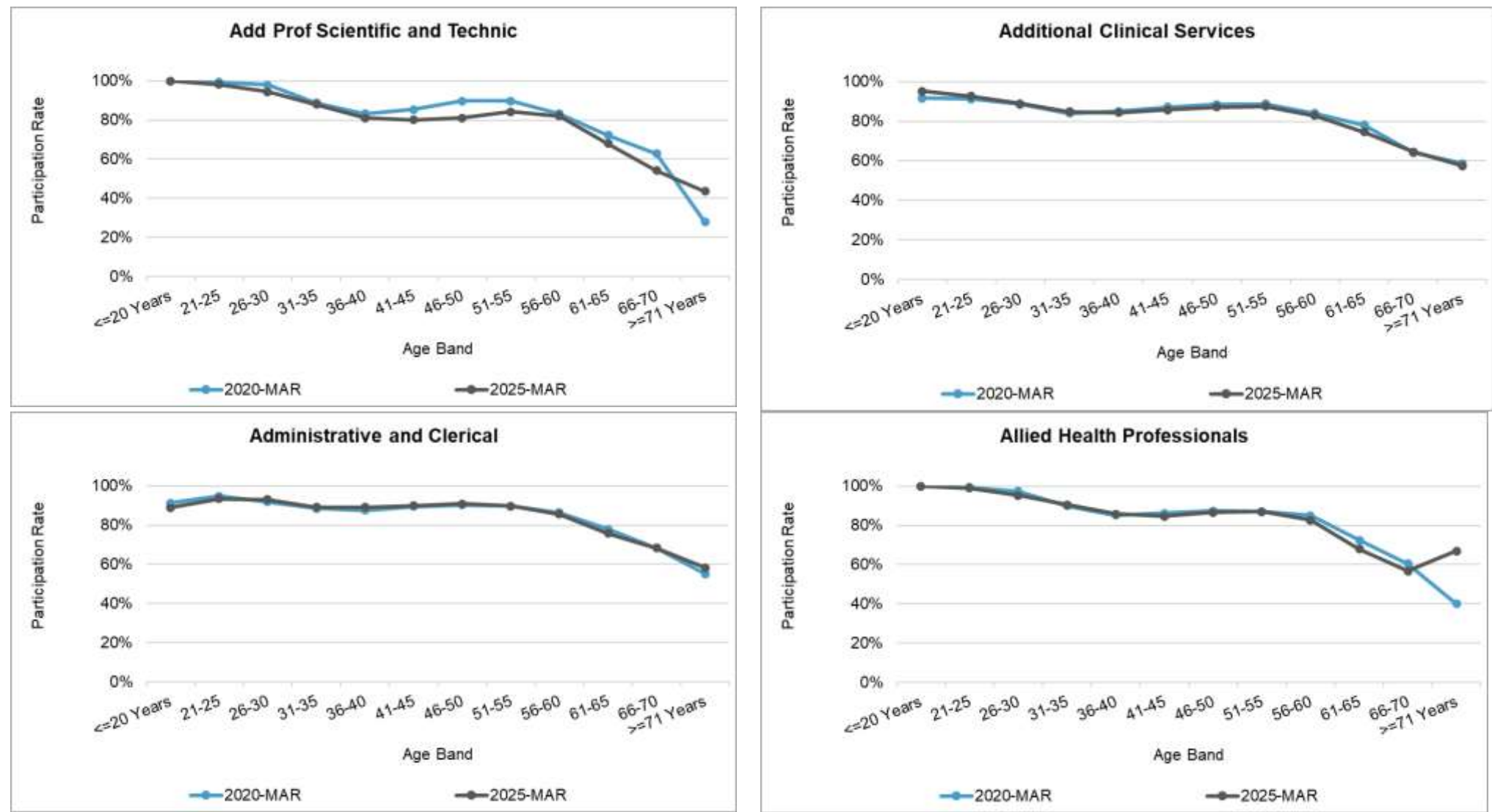
Welsh Language Skill Level	Definition
No Skills / Dim Sgiliau	I cannot understand or speak any Welsh
Entry/ Mynediad	I can: Pronounce Welsh words, people's names, place names etc. Greet and understand a greeting Understand and use basic everyday words and phrases e.g. thank you, please, excuse me, may I speak to...etc.
Foundation / Sylfaen	I can: Understand the gist of Welsh conversations in work Understand, ask and respond to simple job related requests, questions and instructions Express opinions in a limited way as long as the topic is familiar
Intermediate / Canolradd	I can: Understand much of what is said in the workplace Keep up a simple conversation or answer simple questions on a work related topic but may need to revert to English to discuss complex or technical issues Offer advice on simple job-related matters
Higher / Uwch	I can: Keep up an extended casual work related conversation Give a presentation with a good degree of fluency but may need to revert to English to answer unpredictable questions or explain complex points.
Proficiency / Hyfedredd	I can: Advise on/talk about routine, non-routine, complex, contentious or sensitive issues related to own experiences Give a presentation/demonstration and deal confidently with hostile or unpredictable questions

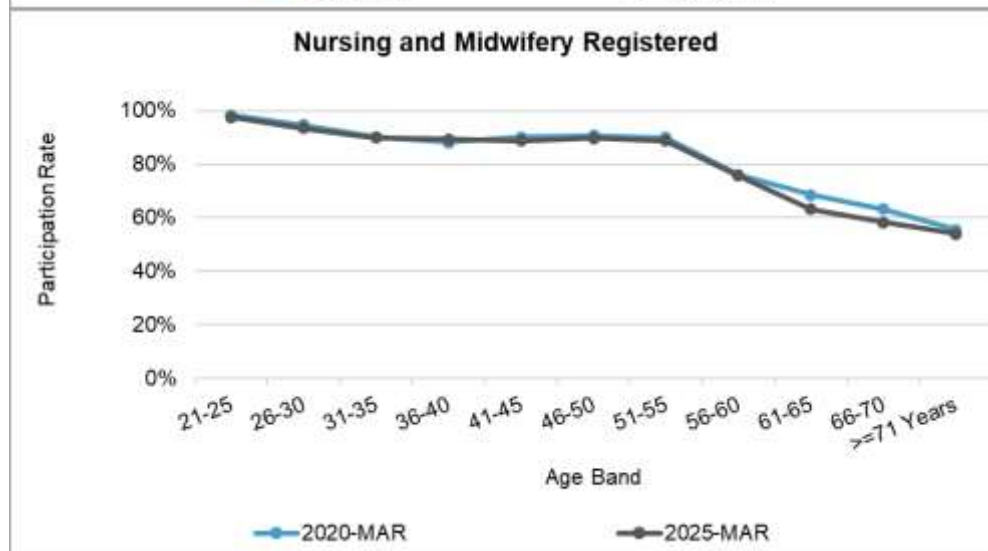
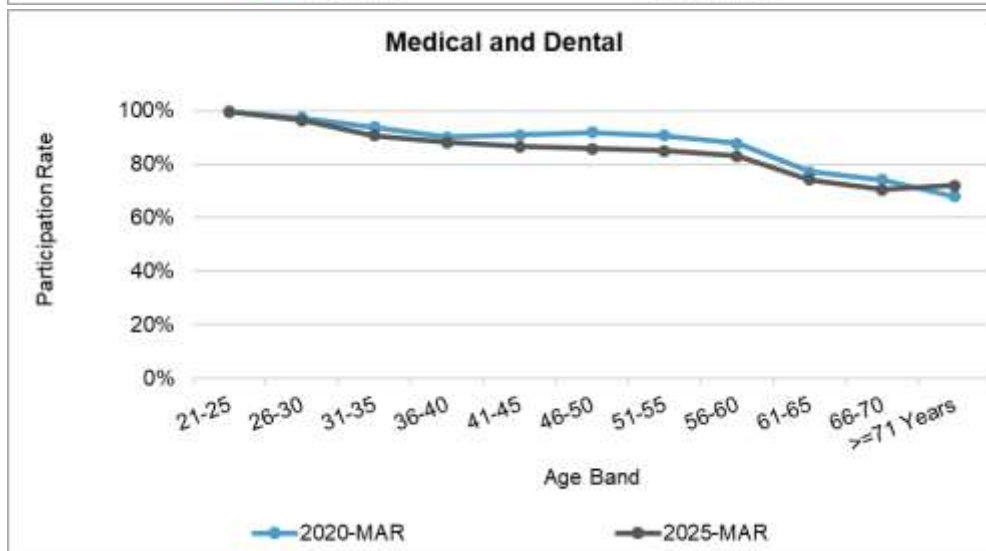
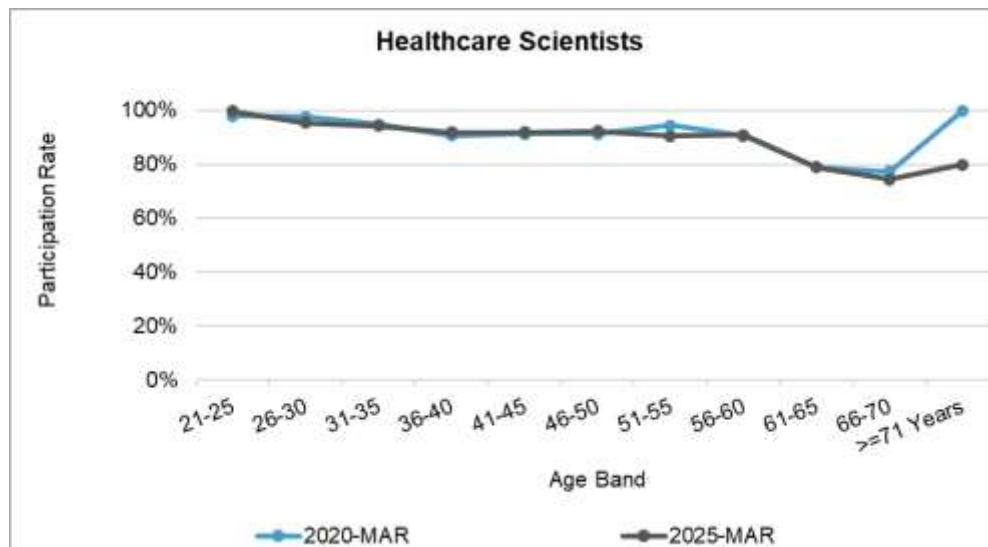
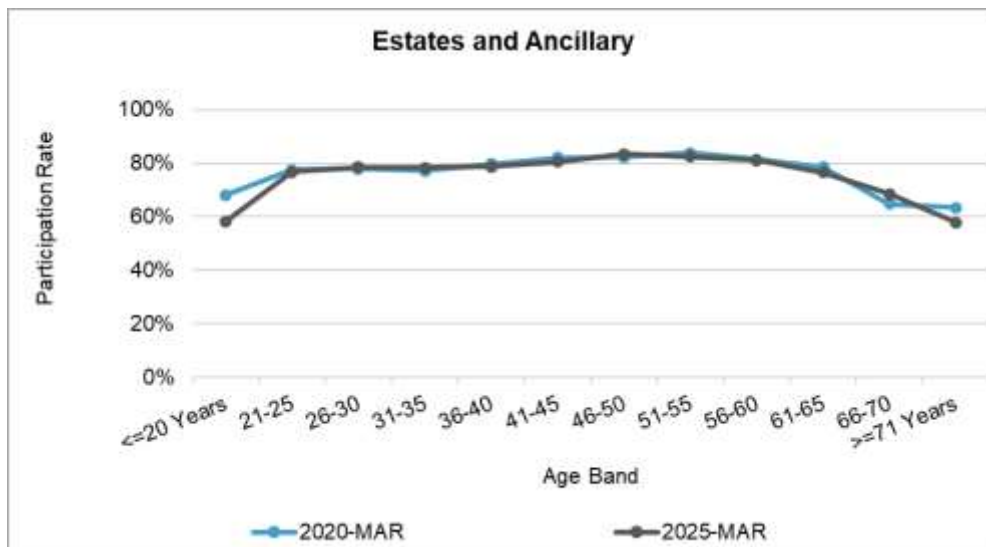
Core Skills and Training Framework

Core Skills and Training Framework	
1	Equality, Diversity & Human Rights (Treat me Fairly)
2	Fire Safety
3	Health, Safety & Welfare
4	Infection Prevention & Control
5	Information Governance (Wales)
6	Moving and Handling
7	Resuscitation
8	Safeguarding Adults
9	Safeguarding Children
10	Violence & Aggression (Wales)

Graph (1) Participation Rate by Staff Group –2020 vs 2025

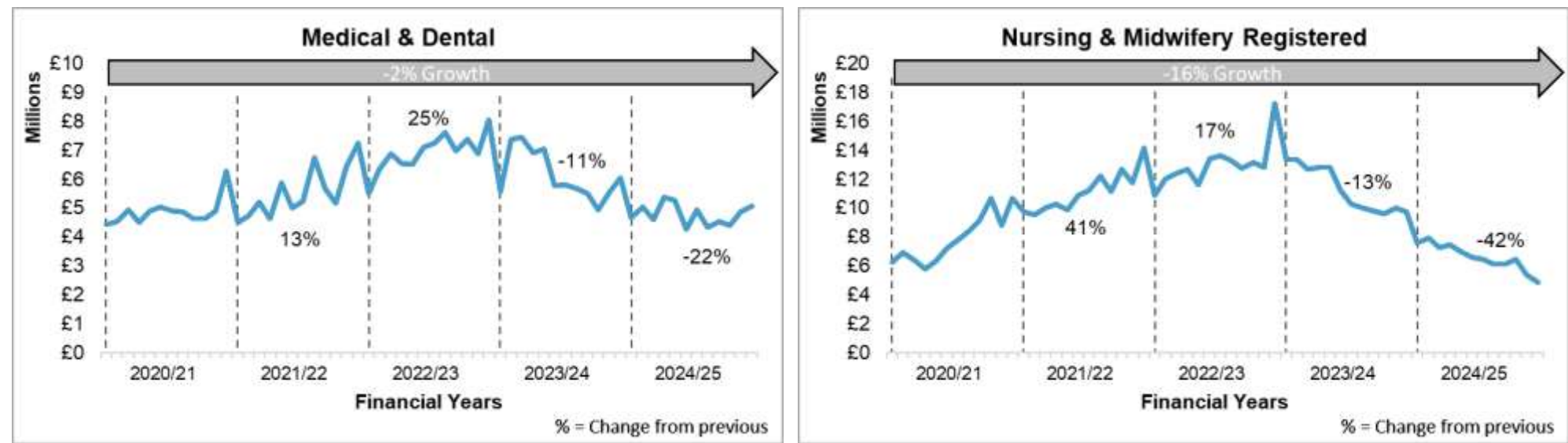
DATA SOURCE: ESR DW

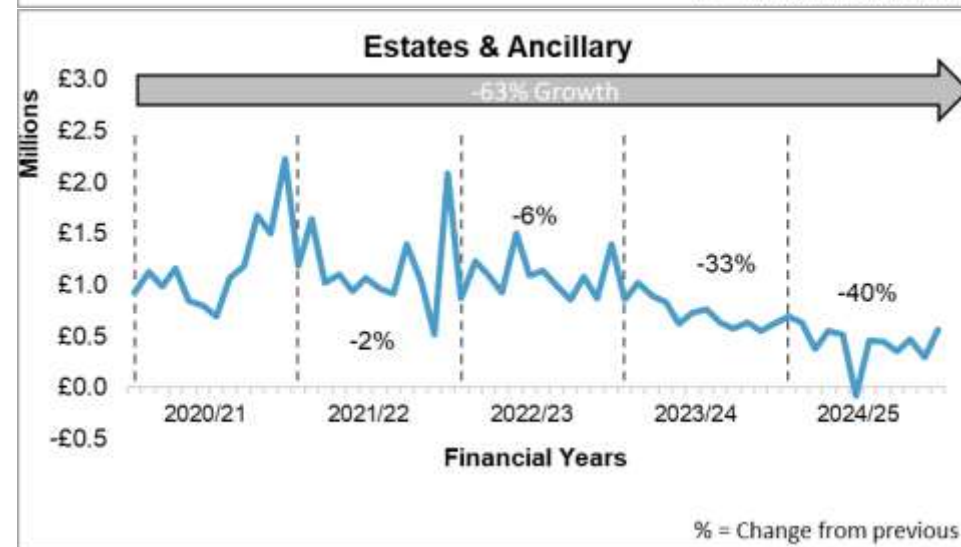
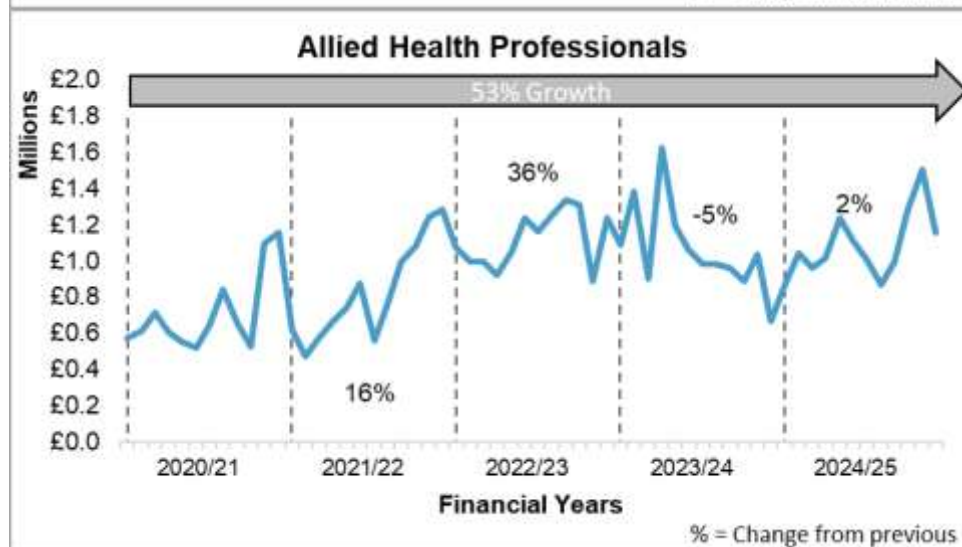
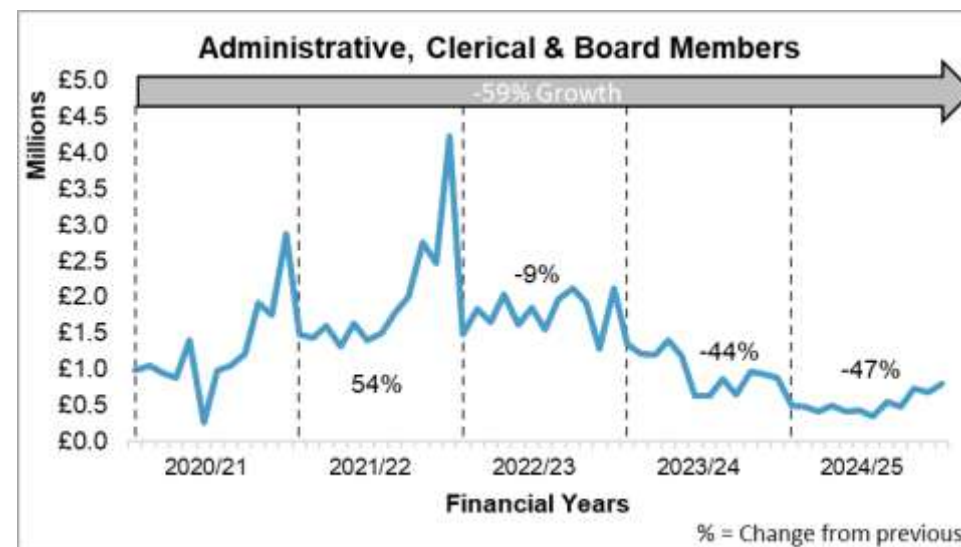
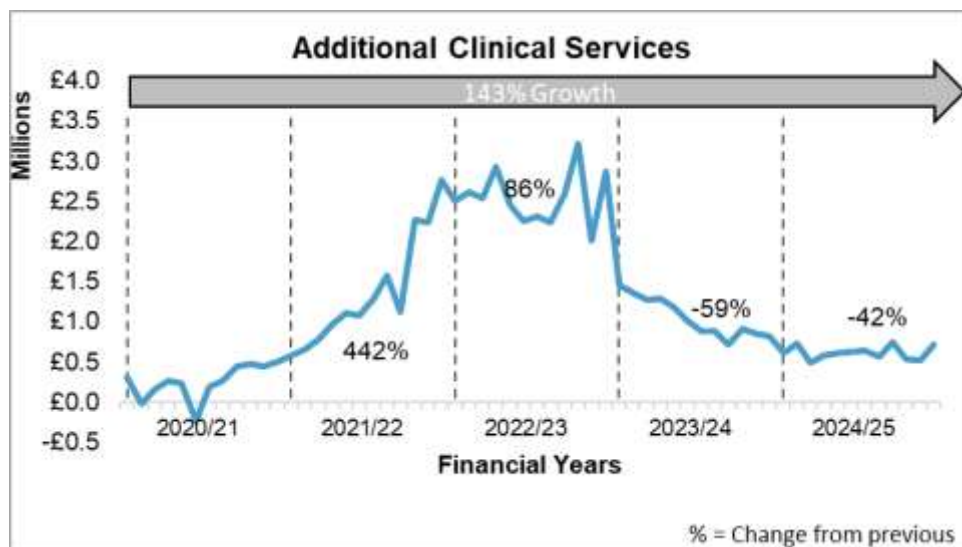


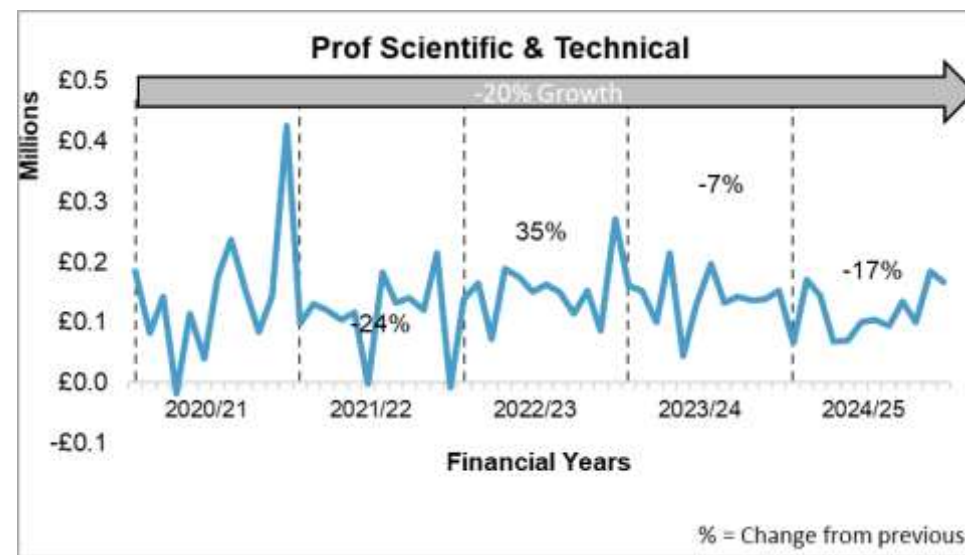
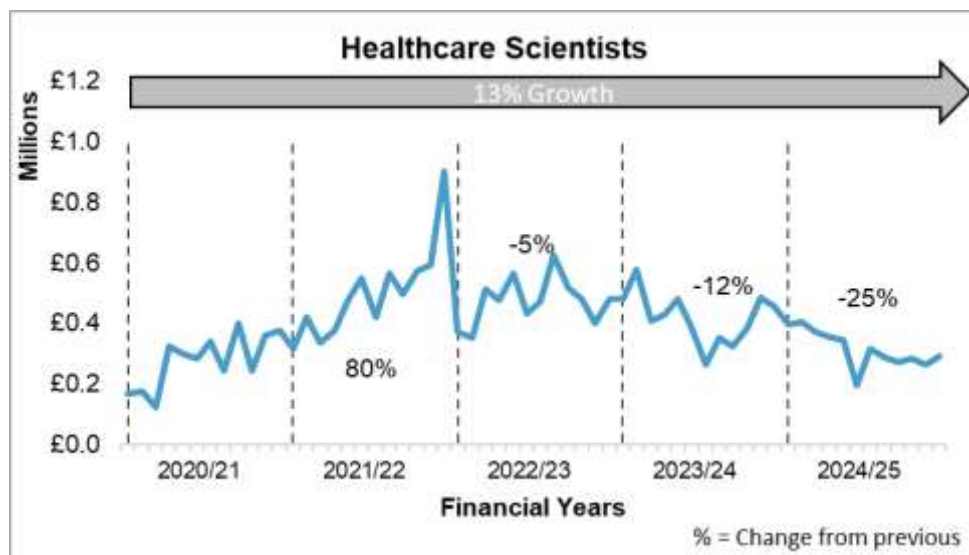


Graph (2) Agency Pay by Staff Group – Financial Years 2020/21 to 2024/25

DATA SOURCE: NHS WALES FINANCIAL MONITORING RETURNS

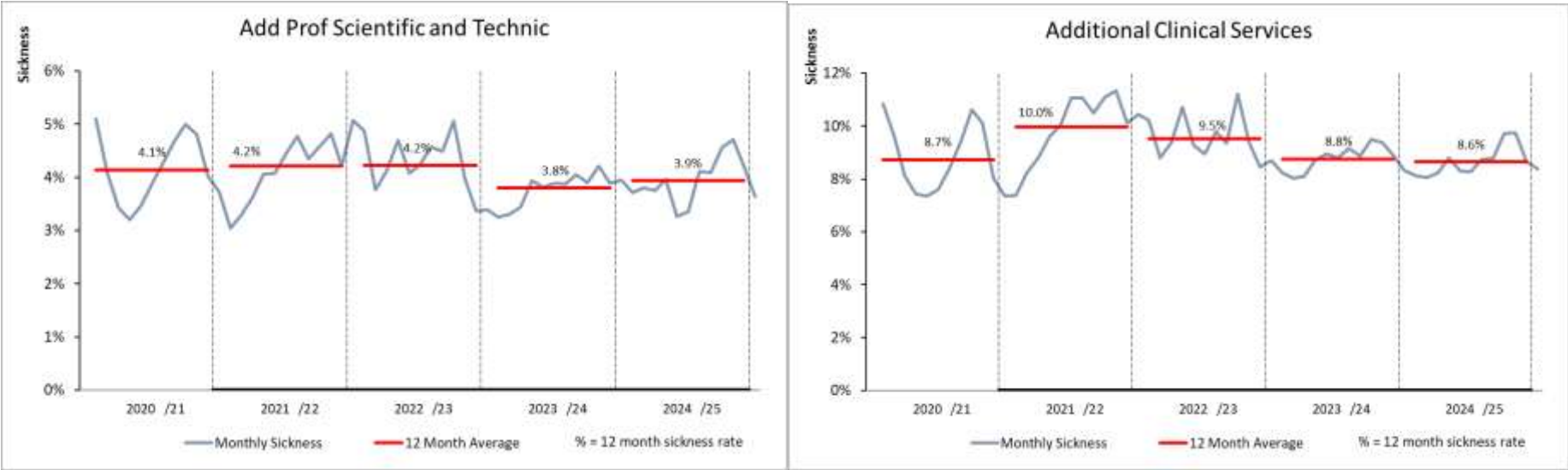


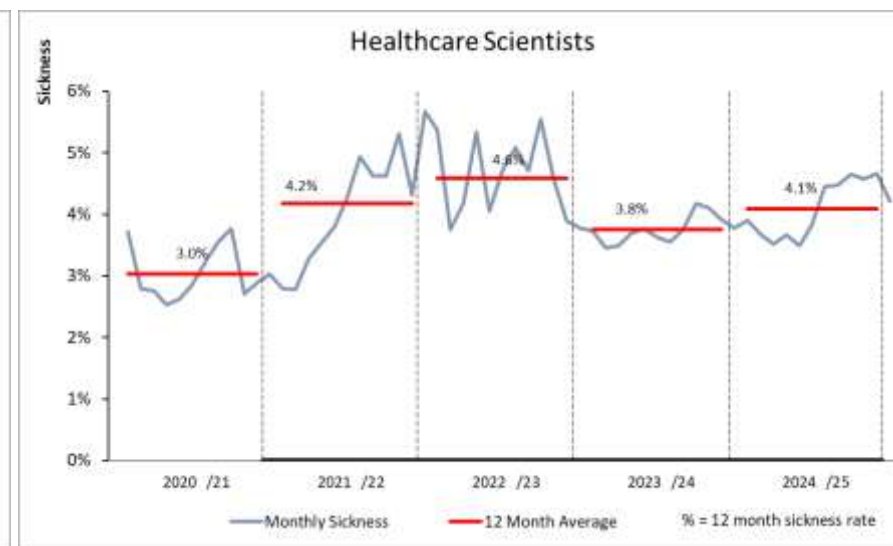
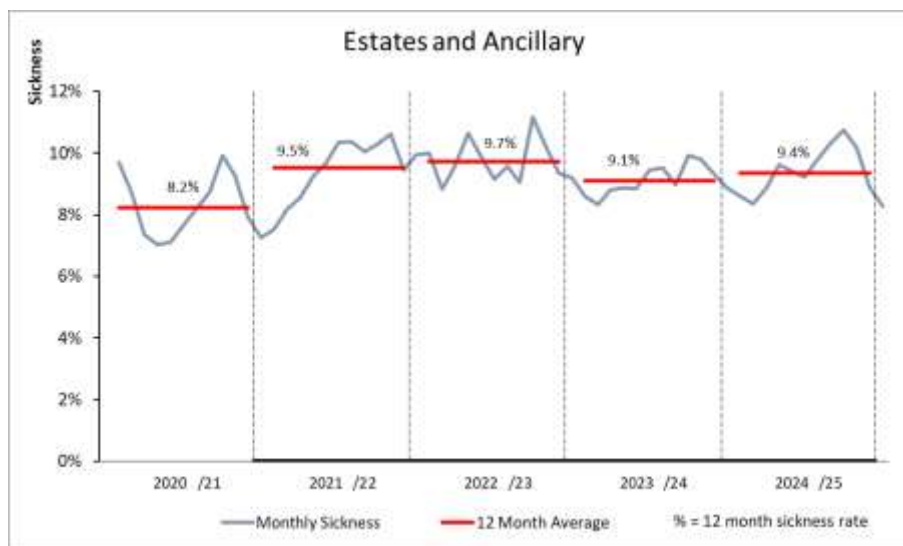
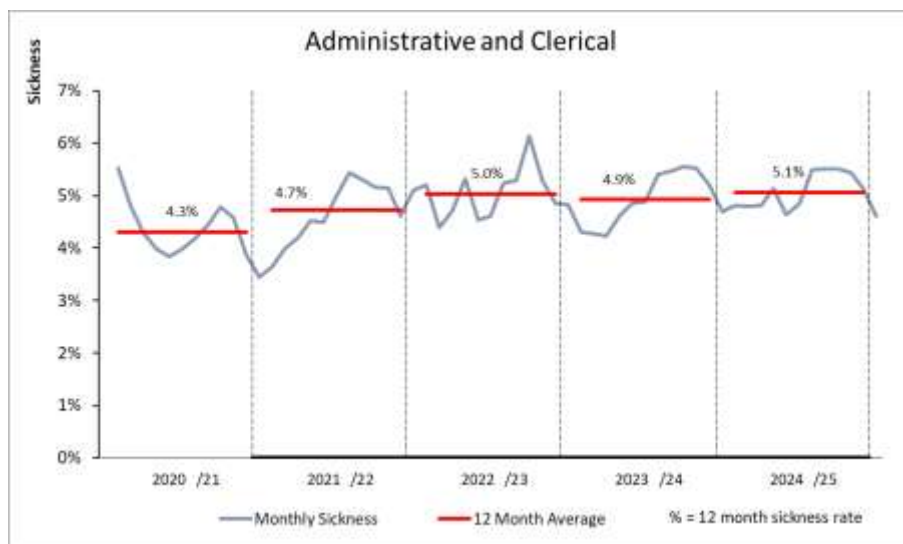


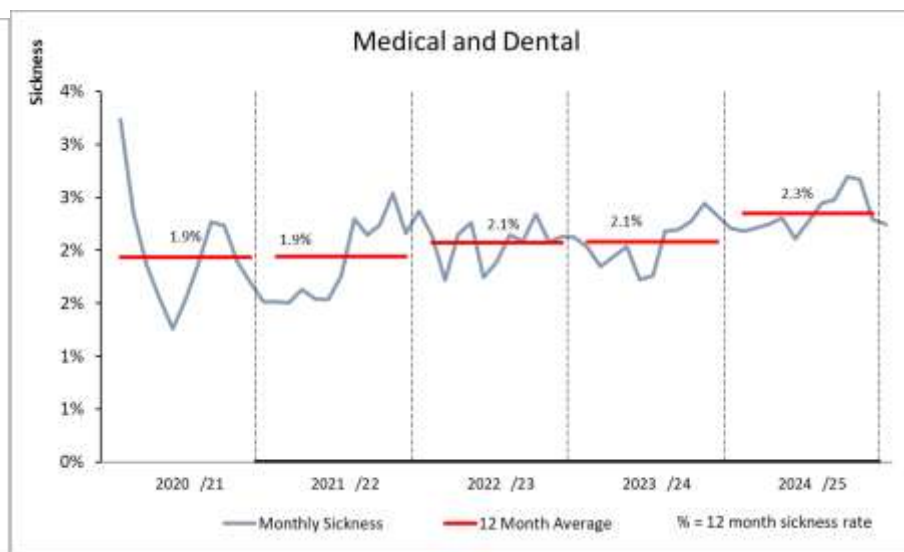
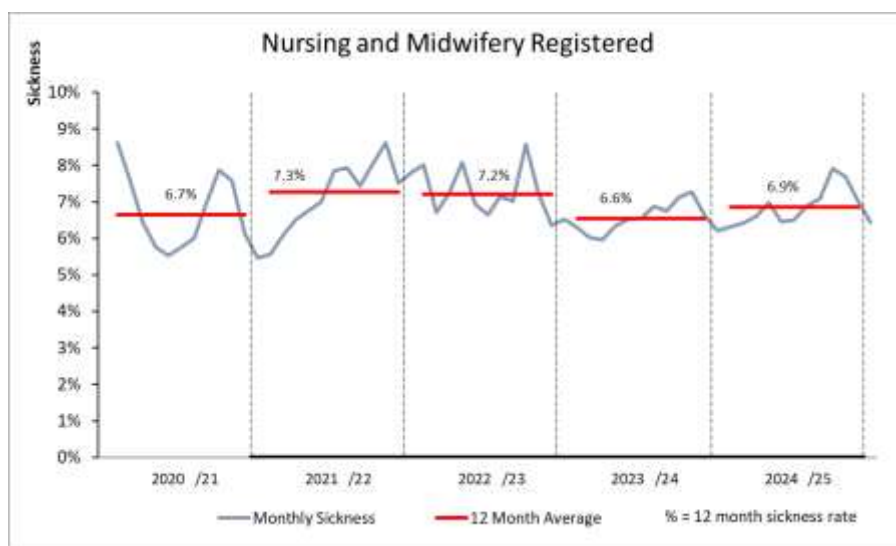


Graph (3) Sickness by Staff Group – Financial Years 2020/21 to 2024/25

DATA SOURCE: ESR DW







Summary Sickness Reasons

Sickness Reasons	Workforce Trends Summary
Anxiety/stress/depression/other psychiatric illnesses	Anxiety/Stress
Asthma	Other sickness
Musculo-skeletal Back	Back & Other Musculoskeletal
Back Problems	Back & Other Musculoskeletal
Benign and malignant tumours, cancers	Other sickness
Blood disorders	Other sickness
Burns, poisoning, frostbite, hypothermia	Other sickness
Respiratory	Respiratory & Infectious Disease
Chest & respiratory problems	Respiratory & Infectious Disease
Cold, Cough, Flu - Influenza	Cold, Cough, Flu
Dental and oral problems	Other sickness
Ear, nose, throat (ENT)	Other sickness
Endocrine / glandular problems	Other sickness
Eye problems	Other sickness
Gastrointestinal problems	Other sickness
Genitourinary & gynaecological disorders	Other sickness

Sickness Reasons	Workforce Trends Summary
Headache / migraine	Other sickness
Cardiac Conditions	Other sickness
Hypertension	Other sickness
Heart, cardiac & circulatory problems	Other sickness
Infectious diseases	Respiratory & Infectious Disease
Neurological	Other sickness
Nervous system disorders	Other sickness
Other musculoskeletal problems	Back & Other Musculoskeletal
Injury, fracture	Back & Other Musculoskeletal
Pregnancy related disorders	Other sickness
Skin disorders	Other sickness
Substance abuse	Other sickness
Surgery	Other sickness
Other known causes - not elsewhere classified	Other sickness
Unknown causes / Not specified	Other sickness

Annex 3 – HEIW, Workforce Data

The following information is by staff in post, by staff group and grade summary. This contains information on staff earnings per FTE, per employee on basic salary, additional salary and total earnings.

1. FTE/Headcount
2. Gender
3. Ethnicity
4. Disability
5. Age
6. LED
7. CDS
8. Leavers/Turnover
9. Leaver and Turnover Average
10. Staff Earnings

Staffing Overview: Grades, Full Time Equivalent, Headcount and Participation Rate (March 2025)

Staffing Overview: Grades, Full Time Equivalent, Headcount and Participation Rate (March 2025)

Grade Summary	FTE	Headcount	Participation Rate
Band 1 - 4	36,776.90	44,058	0.83
Band 5 - 7	46,568.16	51,813	0.90
Band 8 - 9	7,111.97	7,628	0.93
Non AfC	318.03	440	0.72
ESP	202.57	212	0.96
Consultant	3,327.53	3,619	0.92
SAS	1,052.07	1,173	0.90
Training Grade	3,230.55	3,449	0.94
LED	1,159.25	1,185	0.98
GP	121.61	330	0.37
Dental Grade	94.87	150	0.60

Workforce Gender Distribution and Participation Rates by Grade Group – March 2025

Workforce Gender Distribution and Participation Rates by Grade Group – March 2025							
Grade Summary (Group, Total FTE)	Full time Equivalent		Headcount		Female -Male		Difference (Female - Male)
	Female (FTE, %)	Male (FTE, %)	Female (HC)	Male (HC)	Participation Rate (Female)	Participation Rate (Male)	Participation Rate Difference (F - M)
Band 1 - 4 (36776.89)	27877.03 (75.8%)	8899.86 (24.2%)	34,279	9,779	0.81	0.91	-0.1
Band 5 - 7 (46568.15)	37418.72 (80.4%)	9149.43 (19.6%)	42,297	9,516	0.88	0.96	-0.08
Band 8 - 9 (7111.96)	4937.05 (69.4%)	2174.91 (30.6%)	5,382	2,246	0.92	0.97	-0.05
Non AfC (318.03)	195.96 (61.6%)	122.07 (38.4%)	274	166	0.72	0.74	-0.02
ESP (202.57)	110.19 (54.4%)	92.38 (45.6%)	115	97	0.96	0.95	0.01
Consultant (3327.54)	1247.06 (37.5%)	2080.48 (62.5%)	1,405	2,214	0.89	0.94	-0.05
SAS (1052.06)	435.3 (41.4%)	616.76 (58.6%)	516	657	0.84	0.94	-0.1
Training Grade (3230.55)	1719.9 (53.2%)	1510.65 (46.8%)	1,883	1,566	0.91	0.96	-0.05
LED (1159.25)	509.15 (43.9%)	650.1 (56.1%)	527	658	0.97	0.99	-0.02
GP (121.61)	73.95 (60.8%)	47.66 (39.2%)	196	134	0.38	0.36	0.02
Dental Grade (94.87)	66.36 (69.9%)	28.51 (30.1%)	105	45	0.63	0.63	0

Workforce Ethnicity Distribution by Group and FTE – March 2025

Workforce Ethnicity Distribution by Group and FTE – March 2025						
Group Summary (Group, FTE)	White (FTE, %)	Asian / Asian British (FTE, %)	Black / African / Caribbean / Black British (FTE, %)	Mixed / Multiple ethnic groups (FTE, %)	Other Ethnic Groups (FTE, %)	Not Stated/Unknown (FTE, %)
Band 1 - 4 (36776.9)	30,905.43 (84%)	1165.44 (3.2%)	560.53 (1.5%)	344.83 (0.9%)	418.78 (1.1%)	3381.89 (9.2%)
Band 5 - 7 (46568.16)	37,526.56 (80.6%)	2903.24 (6.2%)	911.4 (2%)	510.22 (1.1%)	786.27 (1.7%)	3930.48 (8.4%)
Band 8 - 9 (7111.97)	6,443.99 (90.6%)	105.29 (1.5%)	43.93 (0.6%)	72.75 (1%)	47.41 (0.7%)	398.6 (5.6%)
Non AfC (318.03)	208.84 (65.7%)	19.81 (6.2%)	6.02 (1.9%)	4.6 (1.4%)	4.34 (1.4%)	74.42 (23.4%)
ESP (202.57)	150.08 (74.1%)	4 (2%)	2 (1%)	1 (0.5%)	0 (0%)	45.49 (22.5%)
Consultant (3327.53)	1772.56 (53.3%)	731.8 (22%)	75.3 (2.3%)	63.33 (1.9%)	163.85 (4.9%)	520.7 (15.6%)
SAS (1052.07)	263.75 (25.1%)	390.21 (37.1%)	74.65 (7.1%)	28.11 (2.7%)	96.4 (9.2%)	198.95 (18.9%)
Training Grade (3230.55)	1752.1 (54.2%)	643.3 (19.9%)	227.6 (7%)	82.1 (2.5%)	235.4 (7.3%)	290.05 (9%)
LED (1159.25)	183.51 (15.8%)	362.7 (31.3%)	90.7 (7.8%)	46.4 (4%)	103.98 (9%)	371.96 (32.1%)
GP (121.61)	72.84 (59.9%)	14.54 (12%)	1.26 (1%)	1.9 (1.6%)	4.49 (3.7%)	26.58 (21.9%)
Dental Grade (94.87)	68.73 (72.4%)	7.94 (8.4%)	0 (0%)	3.31 (3.5%)	1.8 (1.9%)	13.09 (13.8%)

Workforce Disability Status by Grade (FTE) – March 2025

Workforce Disability Status by Grade (FTE) – March 2025			
Grade Summary (Grade, FTE)	Yes (FTE, %)	No (FTE, %)	Not Declared/ Unknown (FTE, %)
Band 1 - 4 (36776.9)	2418.53 (6.6%)	28189.37 (76.6%)	6169 (16.8%)
Band 5 - 7 (46568.16)	3168.64 (6.8%)	37685.6 (80.9%)	5713.92 (12.3%)
Band 8 - 9 (7111.97)	417.48 (5.9%)	6033.67 (84.8%)	660.82 (9.3%)
Non AfC (318.03)	28.37 (8.9%)	203.75 (64.1%)	85.91 (27%)
ESP (202.57)	11.6 (5.7%)	132.01 (65.2%)	58.96 (29.1%)
Consultant (3327.53)	93.95 (2.8%)	2247.99 (67.6%)	985.59 (29.6%)
SAS (1052.07)	30.22 (2.9%)	749.02 (71.2%)	272.82 (25.9%)
Training Grade (3230.55)	43.9 (1.4%)	2826.4 (87.5%)	360.25 (11.2%)
LED (1159.25)	26.65 (2.3%)	820.54 (70.8%)	312.06 (26.9%)
GP (121.61)	6.19 (5.1%)	78.88 (64.9%)	36.54 (30%)
Dental Grade (94.87)	1.92 (2%)	70.42 (74.2%)	22.53 (23.7%)

Workforce Age Distribution by Grade (FTE) – March 2025

Workforce Age Distribution by Grade (FTE) – March 2025								
Grade Summary (Grade, FTE)	<20 (FTE,%)	21-30 (FTE,%)	31-40 (FTE,%)	41-50 (FTE,%)	51-60 (FTE,%)	61-70 (FTE,%)	71-80 (FTE,%)	81-90 (FTE,%)
Band 1 - 4 (36776.9)	578.14 (1.6%)	5958.04 (16.2%)	7835.45 (21.3%)	7497.94 (20.4%)	10197.36 (27.7%)	4468.42 (12.2%)	234.37 (0.6%)	7.17 (0%)
Band 5 - 7 (46568.16)	2 (0%)	10001.97 (21.5%)	13685.81 (29.4%)	10900.57 (23.4%)	9591.23 (20.6%)	2325.07 (5%)	59.56 (0.1%)	1.95 (0%)
Band 8 - 9 (7111.97)	0 (0%)	181.35 (2.5%)	1605.94 (22.6%)	2582.41 (36.3%)	2374.57 (33.4%)	358.59 (5%)	9.11 (0.1%)	0 (0%)
Non AfC (318.03)	25.65 (8.1%)	21.61 (6.8%)	46.25 (14.5%)	84.45 (26.6%)	98.55 (31%)	38.03 (12%)	3.49 (1.1%)	0 (0%)
ESP (202.57)	0 (0%)	3 (1.5%)	8 (3.9%)	44.99 (22.2%)	95.82 (47.3%)	44.09 (21.8%)	6.67 (3.3%)	0 (0%)
Consultant (3327.53)	0 (0%)	1 (0%)	543.8 (16.3%)	1282.19 (38.5%)	1168.02 (35.1%)	305.68 (9.2%)	25.55 (0.8%)	1.3 (0%)
SAS (1052.07)	0 (0%)	21 (2%)	302.32 (28.7%)	359.89 (34.2%)	257.09 (24.4%)	99.4 (9.4%)	12.36 (1.2%)	0 (0%)
Training Grade (3230.55)	0 (0%)	1524.2 (47.2%)	1502.95 (46.5%)	187.4 (5.8%)	14 (0.4%)	2 (0.1%)	0 (0%)	0 (0%)
LED (1159.25)	0 (0%)	441.91 (38.1%)	574.37 (49.5%)	117.68 (10.2%)	24.1 (2.1%)	0.2 (0%)	0 (0%)	1 (0.1%)
GP (121.61)	0 (0%)	0 (0%)	21.59 (17.8%)	45.64 (37.5%)	43.95 (36.1%)	9.44 (7.8%)	1 (0.8%)	0 (0%)
Dental Grade (94.87)	0 (0%)	9.6 (10.1%)	31.25 (32.9%)	26.16 (27.6%)	17.05 (18%)	9.5 (10%)	1.31 (1.4%)	0 (0%)

Total number of Locally Employed Doctors by Specialty and Health boards

Specialty (FTE)	BETSI CADWALADR UNIVERSITY LHB (FTE,%)	SWANSEA BAY UNIVERSITY LHB (FTE,%)	ANEURIN BEVAN UNIVERSITY LHB (FTE,%)	CARDIFF AND VALE UNIVERSITY LHB (FTE,%)
Acute Internal Medicine (15.7)	15 (95.5%)	0.7 (4.5%)	0 (0%)	0 (0%)
Acute Internal Medicine Locum (1)	1 (100%)	0 (0%)	0 (0%)	0 (0%)
Anaesthetics (48.5)	16.6 (34.3%)	18.85 (38.9%)	5 (10.3%)	3 (6.2%)
Anaesthetics Locum (0.8)	0 (0%)	0.8 (100%)	0 (0%)	0 (0%)
Cardio-thoracic Surgery (15)	0 (0%)	8 (53.3%)	0 (0%)	7 (46.7%)
Cardiology (12.8)	3.8 (29.7%)	3 (23.4%)	2 (15.6%)	4 (31.2%)
Cardiology Locum (3)	3 (100%)	0 (0%)	0 (0%)	0 (0%)
Chemical Pathology (1)	0 (0%)	0 (0%)	0 (0%)	1 (100%)
Child and Adolescent Psychiatry (1)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Clinical Neurophysiology (2)	0 (0%)	0 (0%)	0 (0%)	2 (100%)
Clinical Oncology (13.4)	5 (37.3%)	0 (0%)	0 (0%)	0 (0%)
Clinical Oncology Locum (1)	1 (100%)	0 (0%)	0 (0%)	0 (0%)
Dermatology (3)	1 (33.3%)	1 (33.3%)	1 (33.3%)	0 (0%)
Emergency Medicine (116)	23.8 (20.5%)	11.5 (9.9%)	14.6 (12.6%)	19.9 (17.2%)
Emergency Medicine Locum (7)	6 (85.7%)	1 (14.3%)	0 (0%)	0 (0%)
Endocrinology and Diabetes Mellitus (1.6)	1.6 (100%)	0 (0%)	0 (0%)	0 (0%)
Endocrinology and Diabetes Mellitus Locum (1)	1 (100%)	0 (0%)	0 (0%)	0 (0%)
Gastro-enterology (35.7)	3 (8.4%)	0 (0%)	1 (2.8%)	31.7 (88.8%)
General (Internal) Medicine (260.8)	13.8 (5.3%)	61.68 (23.7%)	76.54 (29.3%)	18.2 (7%)
General (Internal) Medicine Locum (8)	7 (87.5%)	0 (0%)	0 (0%)	0 (0%)
General Psychiatry (24.5)	2 (8.2%)	0.5 (2%)	6 (24.5%)	2 (8.2%)
General Psychiatry Locum (9.8)	5 (51%)	2.8 (28.6%)	0 (0%)	0 (0%)
General Surgery (84.7)	14 (16.5%)	7 (8.3%)	24 (28.3%)	16 (18.9%)
General Surgery Locum (3)	2 (66.7%)	0 (0%)	0 (0%)	0 (0%)
Geriatric Medicine (14)	7 (50%)	4 (28.6%)	3 (21.4%)	0 (0%)
Geriatric Medicine Locum (4)	4 (100%)	0 (0%)	0 (0%)	0 (0%)
Haematology (12)	0 (0%)	6 (50%)	2 (16.7%)	3 (25%)
Infectious Diseases (0.8)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Intensive Care Medicine (11.6)	0 (0%)	0 (0%)	0 (0%)	11.6 (100%)
Medical Microbiology (14.3)	0 (0%)	0 (0%)	0 (0%)	1 (7%)
Medical Oncology (7.8)	0 (0%)	3 (38.5%)	1.8 (23.1%)	0 (0%)
Neurology (4.2)	0 (0%)	0.2 (4.8%)	0 (0%)	4 (95.2%)
Neurosurgery (9)	0 (0%)	1 (11.1%)	0 (0%)	8 (88.9%)
Obstetrics and Gynaecology (67.6)	20.07 (29.7%)	4 (5.9%)	11.5 (17%)	16 (23.7%)
Obstetrics and Gynaecology Locum (5)	0 (0%)	3 (60%)	0 (0%)	0 (0%)
Old Age Psychiatry (3)	0 (0%)	1 (33.3%)	0 (0%)	0 (0%)
Old Age Psychiatry Locum (2)	0 (0%)	1 (50%)	0 (0%)	0 (0%)
Ophthalmology (6)	1 (16.7%)	0 (0%)	0 (0%)	4 (66.7%)
Oral Surgery (2)	0 (0%)	0 (0%)	2 (100%)	0 (0%)
Oral and Maxillo-Facial Surgery (7.8)	4 (51%)	0 (0%)	0 (0%)	2.85 (36.3%)
Oral and Maxillo-Facial Surgery Locum (2)	0 (0%)	2 (100%)	0 (0%)	0 (0%)
Orthodontics (1)	0 (0%)	1 (100%)	0 (0%)	0 (0%)
Other Specialities (17.5)	2 (11.4%)	2.5 (14.3%)	0 (0%)	7 (40%)
Otolaryngology (12)	7 (58.3%)	0 (0%)	3 (25%)	0 (0%)
Otolaryngology Locum (1)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Paediatric Surgery (7.1)	0 (0%)	0 (0%)	0 (0%)	7.1 (100%)
Paediatrics (73.9)	17.65 (23.9%)	6 (8.1%)	12 (16.2%)	19.42 (26.3%)
Paediatrics Locum (2)	1 (50%)	1 (50%)	0 (0%)	0 (0%)
Palliative Medicine (8)	0 (0%)	3 (37.5%)	0 (0%)	0 (0%)
Plastic Surgery (8.7)	0 (0%)	8.7 (100%)	0 (0%)	0 (0%)
Public Health Dental (1)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Public Health Medicine (6.8)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Rehabilitation Medicine (1)	0 (0%)	1 (100%)	0 (0%)	0 (0%)
Renal Medicine (8)	2 (25%)	1 (12.5%)	0 (0%)	5 (62.5%)
Respiratory Medicine (6.9)	4 (58%)	1 (14.5%)	0 (0%)	1.9 (27.5%)
Respiratory Medicine Locum (2)	2 (100%)	0 (0%)	0 (0%)	0 (0%)
Restorative Dentistry (1)	0 (0%)	0 (0%)	0 (0%)	1 (100%)
Rheumatology (1)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Special Care Dentistry (1)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Trauma and Orthopaedic Surgery (126)	17 (13.5%)	19 (15.1%)	33 (26.2%)	24 (19%)
Trauma and Orthopaedic Surgery Locum (1)	0 (0%)	1 (100%)	0 (0%)	0 (0%)
Urology (22)	5 (22.7%)	2 (9.1%)	7 (31.8%)	3 (13.6%)
Vascular Surgery (7)	1 (14.3%)	6 (85.7%)	0 (0%)	0 (0%)

Specialty (FTE)	CWM TAF MORGANNWG UNIVERSITY LHB (FTE,%)	HYWEL DDA UNIVERSITY LHB (FTE,%)	VELINDRE UNIVERSITY NHS TRUST (FTE,%)	HEALTH EDUCATION AND IMPROVEMENT WALES (FTE,%)
Acute Internal Medicine (15.7)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Acute Internal Medicine Locum (1)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Anaesthetics (48.5)	2 (4.1%)	3 (6.2%)	0 (0%)	0 (0%)
Anaesthetics Locum (0.8)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Cardio-thoracic Surgery (15)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Cardiology (12.8)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Cardiology Locum (3)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Chemical Pathology (1)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Child and Adolescent Psychiatry (1)	0 (0%)	1 (100%)	0 (0%)	0 (0%)
Clinical Neurophysiology (2)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Clinical Oncology (13.4)	0 (0%)	0 (0%)	8.4 (62.7%)	0 (0%)
Clinical Oncology Locum (1)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Dermatology (3)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Emergency Medicine (116)	23.18 (20%)	23 (19.8%)	0 (0%)	0 (0%)
Emergency Medicine Locum (7)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Endocrinology and Diabetes Mellitus (1.6)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Endocrinology and Diabetes Mellitus Locum (1)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Gastro-enterology (35.7)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
General (Internal) Medicine (260.8)	30.4 (11.7%)	59.8 (22.9%)	0 (0%)	0.38 (0.1%)
General (Internal) Medicine Locum (8)	1 (12.5%)	0 (0%)	0 (0%)	0 (0%)
General Psychiatry (24.5)	0 (0%)	14 (57.1%)	0 (0%)	0 (0%)
General Psychiatry Locum (9.8)	2 (20.4%)	0 (0%)	0 (0%)	0 (0%)
General Surgery (84.7)	9.71 (11.5%)	14 (16.5%)	0 (0%)	0 (0%)
General Surgery Locum (3)	1 (33.3%)	0 (0%)	0 (0%)	0 (0%)
Geriatric Medicine (14)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Geriatric Medicine Locum (4)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Haematology (12)	0 (0%)	1 (8.3%)	0 (0%)	0 (0%)
Infectious Diseases (0.8)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Intensive Care Medicine (11.6)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Medical Microbiology (14.3)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Medical Oncology (7.8)	0 (0%)	0 (0%)	3 (38.5%)	0 (0%)
Neurology (4.2)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Neurosurgery (9)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Obstetrics and Gynaecology (67.6)	10 (14.8%)	6 (8.9%)	0 (0%)	0 (0%)
Obstetrics and Gynaecology Locum (5)	2 (40%)	0 (0%)	0 (0%)	0 (0%)
Old Age Psychiatry (3)	0 (0%)	2 (66.7%)	0 (0%)	0 (0%)
Old Age Psychiatry Locum (2)	1 (50%)	0 (0%)	0 (0%)	0 (0%)
Ophthalmology (6)	1 (16.7%)	0 (0%)	0 (0%)	0 (0%)
Oral Surgery (2)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Oral and Maxillo-Facial Surgery (7.8)	1 (12.7%)	0 (0%)	0 (0%)	0 (0%)
Oral and Maxillo-Facial Surgery Locum (2)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Orthodontics (1)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Other Specialities (17.5)	6 (34.3%)	0 (0%)	0 (0%)	0 (0%)
Otolaryngology (12)	1 (8.3%)	1 (8.3%)	0 (0%)	0 (0%)
Otolaryngology Locum (1)	0 (0%)	1 (100%)	0 (0%)	0 (0%)
Paediatric Surgery (7.1)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Paediatrics (73.9)	17.8 (24.1%)	1 (1.4%)	0 (0%)	0 (0%)
Paediatrics Locum (2)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Palliative Medicine (8)	0 (0%)	0 (0%)	5 (62.5%)	0 (0%)
Plastic Surgery (8.7)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Public Health Dental (1)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Public Health Medicine (6.8)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Rehabilitation Medicine (1)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Renal Medicine (8)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Respiratory Medicine (6.9)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Respiratory Medicine Locum (2)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Restorative Dentistry (1)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Rheumatology (1)	1 (100%)	0 (0%)	0 (0%)	0 (0%)
Special Care Dentistry (1)	0 (0%)	0 (0%)	0 (0%)	1 (100%)
Trauma and Orthopaedic Surgery (126)	18 (14.3%)	15 (11.9%)	0 (0%)	0 (0%)
Trauma and Orthopaedic Surgery Locum (1)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Urology (22)	0 (0%)	5 (22.7%)	0 (0%)	0 (0%)
Vascular Surgery (7)	0 (0%)	0 (0%)	0 (0%)	0 (0%)

Specialty (FTE)	PUBLIC HEALTH WALES NHS TRUST (FTE,%)
Acute Internal Medicine (15.7)	0 (0%)
Acute Internal Medicine Locum (1)	0 (0%)
Anaesthetics (48.5)	0 (0%)
Anaesthetics Locum (0.8)	0 (0%)
Cardio-thoracic Surgery (15)	0 (0%)
Cardiology (12.8)	0 (0%)
Cardiology Locum (3)	0 (0%)
Chemical Pathology (1)	0 (0%)
Child and Adolescent Psychiatry (1)	0 (0%)
Clinical Neurophysiology (2)	0 (0%)
Clinical Oncology (13.4)	0 (0%)
Clinical Oncology Locum (1)	0 (0%)
Dermatology (3)	0 (0%)
Emergency Medicine (116)	0 (0%)
Emergency Medicine Locum (7)	0 (0%)
Endocrinology and Diabetes Mellitus (1.6)	0 (0%)
Endocrinology and Diabetes Mellitus Locum (1)	0 (0%)
Gastro-enterology (35.7)	0 (0%)
General (Internal) Medicine (260.8)	0 (0%)
General (Internal) Medicine Locum (8)	0 (0%)
General Psychiatry (24.5)	0 (0%)
General Psychiatry Locum (9.8)	0 (0%)
General Surgery (84.7)	0 (0%)
General Surgery Locum (3)	0 (0%)
Geriatric Medicine (14)	0 (0%)
Geriatric Medicine Locum (4)	0 (0%)
Haematology (12)	0 (0%)
Infectious Diseases (0.8)	0.8 (100%)
Intensive Care Medicine (11.6)	0 (0%)
Medical Microbiology (14.3)	13.34 (93%)
Medical Oncology (7.8)	0 (0%)
Neurology (4.2)	0 (0%)
Neurosurgery (9)	0 (0%)
Obstetrics and Gynaecology (67.6)	0 (0%)
Obstetrics and Gynaecology Locum (5)	0 (0%)
Old Age Psychiatry (3)	0 (0%)
Old Age Psychiatry Locum (2)	0 (0%)
Ophthalmology (6)	0 (0%)
Oral Surgery (2)	0 (0%)
Oral and Maxillo-Facial Surgery (7.8)	0 (0%)
Oral and Maxillo-Facial Surgery Locum (2)	0 (0%)
Orthodontics (1)	0 (0%)
Other Specialities (17.5)	0 (0%)
Otolaryngology (12)	0 (0%)
Otolaryngology Locum (1)	0 (0%)
Paediatric Surgery (7.1)	0 (0%)
Paediatrics (73.9)	0 (0%)
Paediatrics Locum (2)	0 (0%)
Palliative Medicine (8)	0 (0%)
Plastic Surgery (8.7)	0 (0%)
Public Health Dental (1)	1 (100%)
Public Health Medicine (6.8)	6.8 (100%)
Rehabilitation Medicine (1)	0 (0%)
Renal Medicine (8)	0 (0%)
Respiratory Medicine (6.9)	0 (0%)
Respiratory Medicine Locum (2)	0 (0%)
Restorative Dentistry (1)	0 (0%)
Rheumatology (1)	0 (0%)
Special Care Dentistry (1)	0 (0%)
Trauma and Orthopaedic Surgery (126)	0 (0%)
Trauma and Orthopaedic Surgery Locum (1)	0 (0%)
Urology (22)	0 (0%)
Vascular Surgery (7)	0 (0%)

Community Dental Services workforce, by Grade and FTE

Community Dental Services workforce, by Grade and FTE	
Grade Summary (Grade, FTE)	FTE, %
Band 1 - 4 (30.17)	30.17 (54.6%)
Band 5 - 7 (12.26)	12.26 (22.2%)
Band 8 - 9 (1.6)	1.6 (2.9%)
Consultant (1.5)	1.5 (2.7%)
Dental Grade (9.73)	9.73 (17.6%)

Note: percentage is calculated from th total CDS workforce's FTE

Leavers and Turnover rate April 2024-March 2025

Leavers Summary by Grades (April 2024 -March 2025)			
Grade Summary	Total Headcount	Leavers Count	Leavers Rate
Band 1 - 4	45,205	3,299	7.3
Band 5 - 7	49,995	2,611	5.22
Band 8 - 9	7,429	294	3.96
Non AfC	512	52	10.16
ESP	205	20	9.76
Consultant	3,538	118	3.34
SAS	1,148	122	10.63
Training Grade	4,439	1,020	22.98
GP	299	11	3.68
Dental Grade	167	13	7.78

Turnover Summary by Grades (April 2024 -March 2025)					
Grade Summary	Total Headcount April 2024	Total Headcount March 2025	Average Headcount	Leavers Count	Turnover Rate
Band 1 - 4	45,205	44,705	44955	3299	7.34
Band 5 - 7	49,995	52,537	51266	2611	5.09
Band 8 - 9	7,429	7,830	7629.5	294	3.85
Non AfC	512	499	505.5	52	10.29
ESP	205	213	209	20	9.57
Consultant	3,538	3,659	3598.5	118	3.28
SAS	1,148	1,187	1167.5	122	10.45
Training Grade	3,324	3,466	3395	696	20.5
GP	299	398	348.5	11	3.16
Dental Grade	167	160	163.5	13	7.95

Leavers and Turnover rates by Gender Split

Leaver and Turnover Rates by Gender Split (April 2024 - March 2025)		
Gender	Leavers Rate	Turnover Rate
Male	7.6	7.48
Female	6.42	6.34

Leaver and Turnover Rates by Age Bands (April 2024 - March 2025)		
Age Group	Leavers Rate	Turnover Rate
<20	17.34	17.21
21-30	10.73	10.59
31-40	5.98	5.86
41-50	3.5	3.47
51-60	4.88	4.88
61-70	13.33	12.79
71-80	16.3	15.48
81-90	0	0

Leaver and Turnover Rates by Ethnicity (April 2024 - March 2025)		
Ethnicity	Leavers Rate	Turnover Rate
White	6.01	5.94
Black / African / Caribbean / Black Britis	12.62	11.49
Asian / Asian British	9.36	8.82
Mixed / Multiple ethnic groups	10.75	10.29
Other Ethnic Groups	7.41	7.04
Not Stated/Unknown	9.21	9.35

Leaver and Turnover Rates by Disability Status (April 2024 - March 2025)		
Disability Status	Leavers Rate	Turnover Rate
Yes	7.34	6.75
No	6.45	6.29
Not Declared/ Unknown	7.52	8.01

NHS Staff Earnings per Full-Time Equivalent (FTE) and per Employee : 2024-25

Annual Pay Summary by Grade (per FTE Basis): April 2024 to March 2025			
Grade Summary	Annual basic pay (£)	Annual Additional pay (£)	Annual total earnings (£)
Band 1 - 4	25,490.69	4,632.36	30,123.04
Band 5 - 7	40,366.01	7,361.02	47,727.03
Band 8 - 9	67,612.52	5,181.84	72,794.36
Non AfC	75,461.61	49,931.88	125,393.49
ESP	96,218.29	6,678.81	102,897.10
Consultant	134,341.98	13,876.08	148,218.06
SAS	87,972.48	13,284.06	101,256.54
Training Grade	51,295.69	13,149.01	64,444.70
GP	115,436.32	22,456.52	137,892.84
Dental Grade	86,840.59	11,263.79	98,104.38

Annual Pay Summary by Grade (per Employee Basis): April 2024 to March 2025			
Grade Summary	Annual basic pay (£)	Annual Additional pay (£)	Annual total earnings (£)
Band 1 - 4	21,239.06	3,859.72	25,098.78
Band 5 - 7	36,176.59	6,597.05	42,773.65
Band 8 - 9	62,624.43	4,799.55	67,423.98
Non AfC	5,375.72	3,557.04	8,932.76
ESP	91,374.84	6,342.61	97,717.45
Consultant	121,819.93	12,582.69	134,402.63
SAS	77,567.61	11,712.90	89,280.51
Training Grade	48,051.72	12,317.46	60,369.17
GP	40,241.94	7,828.51	48,070.44
Dental Grade	53,961.14	6,999.11	60,960.26

Annual Pay Summary by Staff group (per FTE Basis): April 2024 to March 2025			
Grade Summary	Annual basic pay (£)	Annual Additional pay (£)	Annual total earnings (£)
Add Prof Scientific and Technic	51,100.28	4,891.46	55,991.74
Additional Clinical Services	26,334.18	5,892.88	32,227.07
Administrative and Clerical	37,605.89	3,046.84	40,652.73
Allied Health Professionals	44,374.61	7,966.39	52,341.00
Estates and Ancillary	25,639.39	5,872.86	31,512.26
Healthcare Scientists	47,137.59	6,549.73	53,687.32
Medical and Dental	88,115.67	14,927.87	103,043.54
Nursing and Midwifery			
Registered	41,061.56	8,311.25	49,372.81
Students	33,515.17	5,839.80	39,354.98

Annual Pay Summary by Staff group (per Employee Basis): April 2024 to March 2025			
Grade Summary	Annual basic pay (£)	Annual Additional pay (£)	Annual total earnings (£)
	44,306.08	4,241.10	48,547.18
	22,630.34	5,064.06	27,694.40
	33,276.97	2,696.11	35,973.08
	39,709.57	7,128.89	46,838.46
	20,309.23	4,651.96	24,961.19
	43,751.50	6,079.24	49,830.74
	59,957.92	10,157.60	70,115.52
Nursing and Midwifery			
Registered	36,085.44	7,304.04	43,389.48
	31,995.43	5,575.00	37,570.43

Annex 4 – HEIW, Recruitment Activity

The embedded spreadsheet contains vacancies advertised by NHS Wales Shared Services Partnership from August 2023 to June 2025.

Data excluded- Any non agenda for change activity including Medical (please see further table below of the Medical activity managed by NWSSP Recruitment)), Non-Exec Director's, VSM.

Staff group	Years (Advertising started at)	Months (Advertising started at)	Count of Vacancy ID	Sum of Full-time equivalents
Additional Clinical Services	2023	Aug	315	562.6
Additional Clinical Services	2023	Sep	277	406.85
Additional Clinical Services	2023	Oct	323	495.6
Additional Clinical Services	2023	Nov	302	461.81
Additional Clinical Services	2023	Dec	212	309.77
Additional Clinical Services	2024	Jan	293	380.53
Additional Clinical Services	2024	Feb	284	430.25
Additional Clinical Services	2024	Mar	241	366.13
Additional Clinical Services	2024	Apr	256	449.88
Additional Clinical Services	2024	May	287	410.75
Additional Clinical Services	2024	Jun	253	449.5
Additional Clinical Services	2024	Jul	319	508.07
Additional Clinical Services	2024	Aug	260	373.75
Additional Clinical Services	2024	Sep	265	474.29
Additional Clinical Services	2024	Oct	311	586.71
Additional Clinical Services	2024	Nov	244	436.96
Additional Clinical Services	2024	Dec	195	276.45
Additional Clinical Services	2025	Jan	232	346.64
Additional Clinical Services	2025	Feb	187	246.89
Additional Clinical Services	2025	Mar	197	250.78
Additional Clinical Services	2025	Apr	216	333.04
Additional Clinical Services	2025	May	197	290.27
Additional Clinical Services	2025	Jun	218	299.38
Additional Clinical Services Total	2025		5884	9146.9
Additional Professional Scientific and Technical	2023	Aug	104	113.72
Additional Professional Scientific and Technical	2023	Sep	76	69.84
Additional Professional Scientific and Technical	2023	Oct	71	71.27
Additional Professional Scientific and Technical	2023	Nov	68	67.31
Additional Professional Scientific and Technical	2023	Dec	65	68.75
Additional Professional Scientific and Technical	2024	Jan	79	80.19
Additional Professional Scientific and Technical	2024	Feb	70	80.74
Additional Professional Scientific and Technical	2024	Mar	67	71.7
Additional Professional Scientific and Technical	2024	Apr	78	79.72
Additional Professional Scientific and Technical	2024	May	82	106.72
Additional Professional Scientific and Technical	2024	Jun	58	62.05
Additional Professional Scientific and Technical	2024	Jul	84	89.42
Additional Professional Scientific and Technical	2024	Aug	76	80.79
Additional Professional Scientific and Technical	2024	Sep	69	73.56
Additional Professional Scientific and Technical	2024	Oct	95	92.07
Additional Professional Scientific and Technical	2024	Nov	71	79.94
Additional Professional Scientific and Technical	2024	Dec	54	50.77
Additional Professional Scientific and Technical	2025	Jan	55	62.16
Additional Professional Scientific and Technical	2025	Feb	65	81.94
Additional Professional Scientific and Technical	2025	Mar	71	68.48
Additional Professional Scientific and Technical	2025	Apr	57	57.47
Additional Professional Scientific and Technical	2025	May	58	76.4
Additional Professional Scientific and Technical	2025	Jun	82	85.77
Additional Professional Scientific and Technical Total	2025		1655	1770.78
Administrative and Clerical	2023	Aug	479	490.75
Administrative and Clerical	2023	Sep	450	440.76
Administrative and Clerical	2023	Oct	438	451.91
Administrative and Clerical	2023	Nov	471	490.51
Administrative and Clerical	2023	Dec	389	407.71
Administrative and Clerical	2024	Jan	428	432.04
Administrative and Clerical	2024	Feb	449	471.69
Administrative and Clerical	2024	Mar	406	410.38
Administrative and Clerical	2024	Apr	465	487.73
Administrative and Clerical	2024	May	519	547.85
Administrative and Clerical	2024	Jun	440	445.6
Administrative and Clerical	2024	Jul	555	591.07
Administrative and Clerical	2024	Aug	504	531.06
Administrative and Clerical	2024	Sep	461	465.29
Administrative and Clerical	2024	Oct	525	518.19
Administrative and Clerical	2024	Nov	418	425.32
Administrative and Clerical	2024	Dec	423	477.87
Administrative and Clerical	2025	Jan	360	400.88
Administrative and Clerical	2025	Feb	345	432.05
Administrative and Clerical	2025	Mar	327	327.16
Administrative and Clerical	2025	Apr	413	457.66
Administrative and Clerical	2025	May	458	503.03
Administrative and Clerical	2025	Jun	442	484.41
Administrative and Clerical Total	2025		10165	10690.92
Allied Health Professionals	2023	Aug	214	233.55
Allied Health Professionals	2023	Sep	204	216.27
Allied Health Professionals	2023	Oct	207	244.48
Allied Health Professionals	2023	Nov	208	255.19
Allied Health Professionals	2023	Dec	170	177.41
Allied Health Professionals	2024	Jan	201	286.74
Allied Health Professionals	2024	Feb	165	213.49
Allied Health Professionals	2024	Mar	168	293.97
Allied Health Professionals	2024	Apr	212	310.53
Allied Health Professionals	2024	May	144	236.5
Allied Health Professionals	2024	Jun	185	212.36
Allied Health Professionals	2024	Jul	199	235.17
Allied Health Professionals	2024	Aug	177	257.21
Allied Health Professionals	2024	Sep	162	238.95
Allied Health Professionals	2024	Oct	169	233.76
Allied Health Professionals	2024	Nov	149	327.73
Allied Health Professionals	2024	Dec	135	186.87
Allied Health Professionals	2025	Jan	159	358.73
Allied Health Professionals	2025	Feb	115	151.6
Allied Health Professionals	2025	Mar	167	239.68
Allied Health Professionals	2025	Apr	158	232.5
Allied Health Professionals	2025	May	150	293.54
Allied Health Professionals	2025	Jun	132	160.83
Allied Health Professionals Total	2025		3950	5597.06

Estates and Ancillary	2023	Aug	83	122.77
Estates and Ancillary	2023	Sep	80	137.45
Estates and Ancillary	2023	Oct	100	142.2
Estates and Ancillary	2023	Nov	77	128.07
Estates and Ancillary	2023	Dec	61	68.25
Estates and Ancillary	2024	Jan	58	75.04
Estates and Ancillary	2024	Feb	86	102.29
Estates and Ancillary	2024	Mar	76	118.76
Estates and Ancillary	2024	Apr	90	99.94
Estates and Ancillary	2024	May	108	120.09
Estates and Ancillary	2024	Jun	106	113.4
Estates and Ancillary	2024	Jul	92	120.08
Estates and Ancillary	2024	Aug	92	91.84
Estates and Ancillary	2024	Sep	75	103.89
Estates and Ancillary	2024	Oct	105	100.18
Estates and Ancillary	2024	Nov	107	101.14
Estates and Ancillary	2024	Dec	101	101.86
Estates and Ancillary	2025	Jan	100	91.13
Estates and Ancillary	2025	Feb	71	71.09
Estates and Ancillary	2025	Mar	98	83.27
Estates and Ancillary	2025	Apr	107	108.64
Estates and Ancillary	2025	May	99	136.73
Estates and Ancillary	2025	Jun	81	80.02
Estates and Ancillary Total	2025		2053	2418.13
Healthcare Scientists	2023	Aug	50	47.5
Healthcare Scientists	2023	Sep	38	44
Healthcare Scientists	2023	Oct	39	46.7
Healthcare Scientists	2023	Nov	35	36.35
Healthcare Scientists	2023	Dec	30	31.97
Healthcare Scientists	2024	Jan	66	98.81
Healthcare Scientists	2024	Feb	48	62.73
Healthcare Scientists	2024	Mar	42	54.5
Healthcare Scientists	2024	Apr	46	49.22
Healthcare Scientists	2024	May	59	71.64
Healthcare Scientists	2024	Jun	50	58.82
Healthcare Scientists	2024	Jul	59	65.6
Healthcare Scientists	2024	Aug	46	63.65
Healthcare Scientists	2024	Sep	45	49.88
Healthcare Scientists	2024	Oct	38	37.15
Healthcare Scientists	2024	Nov	42	83.82
Healthcare Scientists	2024	Dec	44	44.32
Healthcare Scientists	2025	Jan	34	38.97
Healthcare Scientists	2025	Feb	52	89.4
Healthcare Scientists	2025	Mar	43	44.6
Healthcare Scientists	2025	Apr	55	58.73
Healthcare Scientists	2025	May	55	58.78
Healthcare Scientists	2025	Jun	51	56.2
Healthcare Scientists Total	2025		1067	1293.34
Medical and Dental	2023	Aug	1	1
Medical and Dental	2023	Sep	6	4.5
Medical and Dental	2023	Oct	4	2.33
Medical and Dental	2023	Nov	3	1.6
Medical and Dental	2023	Dec	9	14.1
Medical and Dental	2024	Jan	6	3.8
Medical and Dental	2024	Feb	6	2.3
Medical and Dental	2024	Mar	9	5.2
Medical and Dental	2024	Apr	9	10
Medical and Dental	2024	May	9	6.2
Medical and Dental	2024	Jun	3	0.8
Medical and Dental	2024	Jul	14	7.1
Medical and Dental	2024	Aug	11	6.03
Medical and Dental	2024	Sep	5	2.8
Medical and Dental	2024	Oct	6	3.7
Medical and Dental	2024	Nov	2	1.4
Medical and Dental	2024	Dec	5	2.8
Medical and Dental	2025	Jan	5	1.7
Medical and Dental	2025	Feb	3	1.4
Medical and Dental	2025	Mar	3	2.6
Medical and Dental	2025	Apr	4	1.73
Medical and Dental	2025	May	8	2.8
Medical and Dental	2025	Jun	6	3.2
Medical and Dental Total	2025		137	89.09
Nursing and Midwifery Registered	2023	May	1	1
Nursing and Midwifery Registered	2023	Aug	814	1315.78
Nursing and Midwifery Registered	2023	Sep	569	928.33
Nursing and Midwifery Registered	2023	Oct	597	943.74
Nursing and Midwifery Registered	2023	Nov	601	879.58
Nursing and Midwifery Registered	2023	Dec	397	653.65
Nursing and Midwifery Registered	2024	Jan	614	1058.39
Nursing and Midwifery Registered	2024	Feb	645	1088.42
Nursing and Midwifery Registered	2024	Mar	570	912.65
Nursing and Midwifery Registered	2024	Apr	526	795.49
Nursing and Midwifery Registered	2024	May	501	685.49
Nursing and Midwifery Registered	2024	Jun	446	698.74
Nursing and Midwifery Registered	2024	Jul	647	879.4
Nursing and Midwifery Registered	2024	Aug	639	1053.36
Nursing and Midwifery Registered	2024	Sep	502	649.97
Nursing and Midwifery Registered	2024	Oct	485	638.72
Nursing and Midwifery Registered	2024	Nov	407	586.59
Nursing and Midwifery Registered	2024	Dec	384	480.51
Nursing and Midwifery Registered	2025	Jan	379	536.65
Nursing and Midwifery Registered	2025	Feb	481	715.54
Nursing and Midwifery Registered	2025	Mar	542	941.49
Nursing and Midwifery Registered	2025	Apr	430	562.2
Nursing and Midwifery Registered	2025	May	336	417.5
Nursing and Midwifery Registered	2025	Jun	365	399.61
Nursing and Midwifery Registered Total	2025		11878	17822.8
(blank)	<25/05/2023	<25/05/2023		
Grand Total			36789	48829.02

The table below is Medical and Dental Vacancies advertised by NWSSP Recruitment

Employer name	Years (Advertising started at)	Months (Advertising started at)	Count of Vacancy ID	Sum of Full-time equivalents
Cwm Taf Morgannwg University Health Board	2023	Aug	18	19
Cwm Taf Morgannwg University Health Board	2023	Sep	24	27.2
Cwm Taf Morgannwg University Health Board	2023	Oct	29	27.7
Cwm Taf Morgannwg University Health Board	2023	Nov	28	31
Cwm Taf Morgannwg University Health Board	2023	Dec	22	27.7
Cwm Taf Morgannwg University Health Board	2023 Total		121	132.6
Cwm Taf Morgannwg University Health Board	2024	Jan	27	29.2
Cwm Taf Morgannwg University Health Board	2024	Feb	25	28.3
Cwm Taf Morgannwg University Health Board	2024	Mar	15	17.1
Cwm Taf Morgannwg University Health Board	2024	Apr	22	26.9
Cwm Taf Morgannwg University Health Board	2024	May	23	29.4
Cwm Taf Morgannwg University Health Board	2024	Jun	17	24
Cwm Taf Morgannwg University Health Board	2024	Jul	28	29.6
Cwm Taf Morgannwg University Health Board	2024	Aug	22	16.4
Cwm Taf Morgannwg University Health Board	2024	Sep	26	33
Cwm Taf Morgannwg University Health Board	2024	Oct	25	24
Cwm Taf Morgannwg University Health Board	2024	Nov	10	11.1
Cwm Taf Morgannwg University Health Board	2024	Dec	17	17.01
Cwm Taf Morgannwg University Health Board	2024 Total		257	286.01
Cwm Taf Morgannwg University Health Board	2025	Jan	22	23.1
Cwm Taf Morgannwg University Health Board	2025	Feb	18	15.9
Cwm Taf Morgannwg University Health Board	2025	Mar	22	31.9
Cwm Taf Morgannwg University Health Board	2025	Apr	20	24.6
Cwm Taf Morgannwg University Health Board	2025	May	29	36.4
Cwm Taf Morgannwg University Health Board	2025	Jun	12	21.35
Cwm Taf Morgannwg University Health Board	2025 Total		123	153.25
Cwm Taf Morgannwg University Health Board Total	2025 Total		501	571.86
Public Health Wales NHS Trust	2023	Aug	2	0.2
Public Health Wales NHS Trust	2023 Total		2	0.2
Public Health Wales NHS Trust	2024	Apr	1	0.2
Public Health Wales NHS Trust	2024	May	2	1.3
Public Health Wales NHS Trust	2024	Jun	2	0.8
Public Health Wales NHS Trust	2024	Jul	1	1
Public Health Wales NHS Trust	2024 Total		6	3.3
Public Health Wales NHS Trust Total	2024 Total		8	3.5
Velindre Cancer Centre	2024	Jul	2	1
Velindre Cancer Centre	2024	Sep	3	2.8
Velindre Cancer Centre	2024	Oct	3	9.4
Velindre Cancer Centre	2024	Nov	1	1
Velindre Cancer Centre	2024	Dec	4	4
Velindre Cancer Centre	2024 Total		13	18.2
Velindre Cancer Centre	2025	Jan	3	2.6
Velindre Cancer Centre	2025	Feb	2	2.7
Velindre Cancer Centre	2025	Mar	2	1.8
Velindre Cancer Centre	2025	Apr	4	4
Velindre Cancer Centre	2025	May	2	1.83
Velindre Cancer Centre	2025	Jun	1	0.6
Velindre Cancer Centre	2025 Total		14	13.53
Velindre Cancer Centre Total	2025 Total		27	31.73
Welsh Blood Service	2025	Feb	1	0.2
Welsh Blood Service	2025	Mar	1	0.6
Welsh Blood Service	2025	May	2	0.6
Welsh Blood Service	2025 Total		4	1.4
Welsh Blood Service Total	2025 Total		4	1.4
(blank)	<02/08/2023	<02/08/2023		
Grand Total			540	608.49

Annex 5 - NHS Staff Survey

The information below contains information on the 2024 NHS Wales Staff Survey, including:

- Survey response rates by Tier 1 (organisations).
Responses to the 14 survey questions listed below, split by occupational group.
- Responses to the 14 survey questions listed below, split by grade.
- Responses to the 14 survey questions listed below, split by specialty (for the Medical and Dental occupational group).
- Responses to the equality, diversity and inclusion questions included in the survey, for the Medical and Dental occupational group and all other occupational groups.

Question	Response	Occupational Group: Additional Clinical Services		Additional Professional, Scientific and Technical		Administrative and Clerical	
		n	%	n	%	n	%
02a) I have unrealistic time pressures.	Always	184	8.6%	296	10.4%	1260	6.7%
	Often	368	17.1%	720	25.2%	3226	17.1%
	Sometimes	852	39.6%	1068	37.4%	7426	39.4%
	Rarely	506	23.5%	592	20.8%	5202	27.6%
	Never	242	11.2%	176	6.2%	1738	9.2%
		2152	100.0%	2852	100.0%	18852	100.0%
02b) I am able to meet all the conflicting demands on my time	Always	302	14.0%	228	8.0%	3098	16.4%
	Often	846	39.2%	1088	38.3%	8676	46.1%
	Sometimes	698	32.4%	984	34.6%	5050	26.8%
	Rarely	248	11.5%	412	14.5%	1560	8.3%
	Never	62	2.9%	132	4.6%	454	2.4%
		2156	100.0%	2844	100.0%	18838	100.0%
02c) I have adequate supplies, materials and equipment to do my work	Always	516	24.0%	536	18.9%	6574	35.0%
	Often	708	32.9%	964	33.9%	6676	35.5%
	Sometimes	568	26.4%	820	28.9%	3538	18.8%
	Rarely	268	12.5%	384	13.5%	1502	8.0%
	Never	92	4.3%	136	4.8%	496	2.6%
		2152	100.0%	2840	100.0%	18786	100.0%
02d) There are enough staff at this organisation for me to do my work	Always	294	13.7%	192	6.8%	2838	15.1%
	Often	512	23.8%	548	19.3%	5300	28.1%
	Sometimes	638	29.6%	852	30.0%	5792	30.8%
	Rarely	428	19.9%	796	28.0%	3176	16.9%
	Never	280	13.0%	456	16.0%	1728	9.2%
		2152	100.0%	2844	100.0%	18834	100.0%
03b) On average, how many additional PAID hours do you work per week	0 Hours	738	69.0%	1128	79.3%	8231	87.9%
	Up to 5 hours	185	17.3%	238	16.7%	680	7.3%
	6-10 hours	66	6.2%	38	2.7%	243	2.6%
	11 or more hours	81	7.6%	18	1.3%	206	2.2%
		1070	100.0%	1422	100.0%	9360	100.0%
		602	56.2%	578	40.6%	4832	51.3%
03c) On average, how many additional UNPAID hours do you work per week	0 Hours	602	56.2%	578	40.6%	4832	51.3%
	Up to 5 hours	393	36.7%	662	46.5%	3409	36.2%
	6-10 hours	59	5.5%	138	9.7%	811	8.6%
	11 or more hours	17	1.6%	46	3.2%	368	3.9%
		1071	100.0%	1424	100.0%	9420	100.0%
		768	35.5%	1168	41.2%	8044	42.6%
04e) My immediate manager (line manager) values my work.	Strongly agree	768	35.5%	1168	41.2%	8044	42.6%
	Agree	760	35.2%	1052	37.1%	6802	36.0%
	Neither agree nor disagree	320	14.8%	368	13.0%	2374	12.6%
	Disagree	176	8.1%	136	4.8%	926	4.9%
	Strongly disagree	138	6.4%	112	3.9%	732	3.9%
		2162	100.0%	2836	100.0%	18878	100.0%
14e) I am satisfied with the opportunity for flexible working patterns	Strongly agree	261	24.1%	404	28.3%	3777	40.0%
	Agree	347	32.1%	522	36.6%	3406	36.1%
	Neither agree nor disagree	239	22.1%	256	17.9%	1070	11.3%
	Disagree	126	11.6%	152	10.6%	658	7.0%
	Strongly disagree	109	10.1%	94	6.6%	529	5.6%
		1082	100.0%	1428	100.0%	9440	100.0%
14g) I achieve a good balance between my work life and my home life	Strongly agree	205	19.0%	262	18.4%	2788	29.5%
	Agree	425	39.5%	556	39.1%	3791	40.2%
	Neither agree nor disagree	215	20.0%	278	19.5%	1487	15.8%
	Disagree	151	14.0%	224	15.8%	894	9.5%
	Strongly disagree	81	7.5%	102	7.2%	477	5.1%
		1077	100.0%	1422	100.0%	9437	100.0%
15b) The organisation values my work.	Strongly agree	147	13.7%	198	13.9%	1613	17.1%
	Agree	366	34.0%	552	38.8%	3739	39.6%
	Neither agree nor disagree	321	29.8%	376	26.4%	2578	27.3%
	Disagree	161	15.0%	230	16.2%	1068	11.3%
	Strongly disagree	81	7.5%	68	4.8%	439	4.7%
		1076	100.0%	1424	100.0%	9437	100.0%
18b) There are opportunities for me to develop my career in this organisation	Strongly agree	136	12.6%	190	13.3%	1461	15.5%
	Agree	382	35.5%	546	38.3%	3549	37.8%
	Neither agree nor disagree	252	23.4%	326	22.9%	2253	24.0%
	Disagree	195	18.1%	274	19.2%	1454	15.5%
	Strongly disagree	112	10.4%	88	6.2%	683	7.3%
		1077	100.0%	1424	100.0%	9400	100.0%
20b) How often, if at all, do you feel burnt out because of your work	Always	102	9.5%	110	7.7%	552	5.9%
	Often	233	21.6%	352	24.8%	1737	18.4%
	Sometimes	400	37.1%	550	38.7%	3460	36.7%
	Rarely	228	21.2%	304	21.4%	2507	26.6%
	Never	114	10.6%	106	7.5%	1166	12.4%
		1077	100.0%	1422	100.0%	9422	100.0%
22a) I look forward to going to work.	Always	148	13.7%	144	10.1%	1277	13.5%
	Often	372	34.5%	526	37.0%	3632	38.5%
	Sometimes	363	33.6%	520	36.6%	3104	32.9%
	Rarely	144	13.3%	164	11.5%	1049	11.1%
	Never	52	4.8%	68	4.8%	372	3.9%
		1079	100.0%	1422	100.0%	9434	100.0%
22b) I am enthusiastic about my job.	Always	305	28.3%	300	21.1%	2342	24.9%
	Often	392	36.3%	612	43.0%	3671	39.0%
	Sometimes	272	25.2%	384	27.0%	2461	26.1%
	Rarely	82	7.6%	98	6.9%	715	7.6%
	Never	28	2.6%	28	2.0%	225	2.4%
		1079	100.0%	1422	100.0%	9414	100.0%

Question	Response	Occupational Group: Allied Health Professionals		Ambulance Service (Professional & Support)		Estates and Ancillary	
		n	%	n	%	n	%
02a) I have unrealistic time pressures.	Always	500	9.6%	358	17.6%	198	8.4%
	Often	1076	20.7%	512	25.2%	382	16.2%
	Sometimes	2192	42.2%	748	36.8%	1076	45.7%
	Rarely	1156	22.2%	338	16.6%	470	19.9%
	Never	276	5.3%	76	3.7%	230	9.8%
		5200	100.0%	2032	100.0%	2356	100.0%
02b) I am able to meet all the conflicting demands on my time	Always	350	6.7%	132	6.5%	398	17.0%
	Often	2130	41.0%	676	33.4%	820	35.0%
	Sometimes	1796	34.6%	728	36.0%	806	34.4%
	Rarely	714	13.7%	344	17.0%	216	9.2%
	Never	206	4.0%	144	7.1%	104	4.4%
		5196	100.0%	2024	100.0%	2344	100.0%
02c) I have adequate supplies, materials and equipment to do my work	Always	758	14.6%	394	19.6%	522	22.2%
	Often	1768	34.1%	778	38.6%	612	26.0%
	Sometimes	1602	30.9%	484	24.0%	690	29.3%
	Rarely	818	15.8%	230	11.4%	324	13.8%
	Never	246	4.7%	128	6.4%	208	8.8%
		5192	100.0%	2014	100.0%	2356	100.0%
02d) There are enough staff at this organisation for me to do my work	Always	358	6.9%	102	5.0%	256	10.8%
	Often	1210	23.3%	464	22.8%	458	19.3%
	Sometimes	1722	33.2%	646	31.8%	766	32.3%
	Rarely	1196	23.0%	484	23.8%	468	19.7%
	Never	706	13.6%	336	16.5%	426	17.9%
		5192	100.0%	2032	100.0%	2374	100.0%
03b) On average, how many additional PAID hours do you work per week?	0 Hours	2115	81.6%	381	37.8%	791	67.5%
	Up to 5 hours	311	12.0%	368	36.5%	154	13.1%
	6-10 hours	97	3.7%	141	14.0%	132	11.3%
	11 or more hours	69	2.7%	119	11.8%	95	8.1%
		2592	100.0%	1009	100.0%	1172	100.0%
		1214	46.6%	669	66.1%	776	66.4%
03c) On average, how many additional UNPAID hours do you work per week?	0 Hours	1214	46.6%	669	66.1%	776	66.4%
	Up to 5 hours	1177	45.2%	241	23.8%	285	24.4%
	6-10 hours	171	6.6%	73	7.2%	68	5.8%
	11 or more hours	41	1.6%	29	2.9%	39	3.3%
		2603	100.0%	1012	100.0%	1168	100.0%
		2108	40.5%	436	21.5%	578	24.4%
04e) My immediate manager (line manager) values my work.	Strongly agree	2108	40.5%	436	21.5%	578	24.4%
	Agree	1990	38.2%	734	36.1%	784	33.1%
	Neither agree nor disagree	678	13.0%	394	19.4%	486	20.5%
	Disagree	218	4.2%	210	10.3%	220	9.3%
	Strongly disagree	214	4.1%	258	12.7%	300	12.7%
		5208	100.0%	2032	100.0%	2368	100.0%
14e) I am satisfied with the opportunity for flexible working patterns	Strongly agree	754	29.0%	133	13.1%	237	20.0%
	Agree	918	35.3%	259	25.5%	444	37.5%
	Neither agree nor disagree	446	17.1%	318	31.3%	228	19.2%
	Disagree	284	10.9%	138	13.6%	117	9.9%
	Strongly disagree	201	7.7%	169	16.6%	159	13.4%
		2603	100.0%	1017	100.0%	1185	100.0%
14g) I achieve a good balance between my work life and my home life	Strongly agree	520	20.0%	93	9.2%	213	18.0%
	Agree	1033	39.7%	341	33.6%	495	41.8%
	Neither agree nor disagree	511	19.6%	230	22.6%	227	19.2%
	Disagree	384	14.7%	181	17.8%	122	10.3%
	Strongly disagree	157	6.0%	171	16.8%	128	10.8%
		2605	100.0%	1016	100.0%	1185	100.0%
15b) The organisation values my work.	Strongly agree	325	12.5%	44	4.3%	145	12.3%
	Agree	1031	39.6%	257	25.3%	394	33.3%
	Neither agree nor disagree	764	29.4%	326	32.1%	329	27.8%
	Disagree	340	13.1%	215	21.2%	170	14.4%
	Strongly disagree	141	5.4%	173	17.0%	145	12.3%
		2601	100.0%	1015	100.0%	1183	100.0%
18b) There are opportunities for me to develop my career in this organisation	Strongly agree	393	15.2%	105	10.4%	120	10.2%
	Agree	1012	39.0%	397	39.3%	414	35.2%
	Neither agree nor disagree	584	22.5%	189	18.7%	288	24.5%
	Disagree	399	15.4%	173	17.1%	195	16.6%
	Strongly disagree	206	7.9%	147	14.5%	160	13.6%
		2594	100.0%	1011	100.0%	1177	100.0%
20b) How often, if at all, do you feel burnt out because of your work?	Always	206	7.9%	175	17.3%	116	9.8%
	Often	638	24.6%	312	30.8%	226	19.1%
	Sometimes	1061	40.9%	342	33.7%	474	40.0%
	Rarely	553	21.3%	140	13.8%	225	19.0%
	Never	137	5.3%	45	4.4%	144	12.2%
		2595	100.0%	1014	100.0%	1185	100.0%
22a) I look forward to going to work.	Always	278	10.7%	84	8.3%	208	17.6%
	Often	1095	42.0%	303	29.9%	343	29.1%
	Sometimes	916	35.2%	349	34.4%	388	32.9%
	Rarely	243	9.3%	172	17.0%	147	12.5%
	Never	73	2.8%	106	10.5%	94	8.0%
		2605	100.0%	1014	100.0%	1180	100.0%
22b) I am enthusiastic about my job.	Always	653	25.1%	171	16.9%	330	28.1%
	Often	1185	45.6%	351	34.8%	336	28.6%
	Sometimes	615	23.7%	290	28.7%	333	28.3%
	Rarely	124	4.8%	119	11.8%	106	9.0%
	Never	23	0.9%	79	7.8%	71	6.0%
		2600	100.0%	1010	100.0%	1176	100.0%

Question	Response	Occupational Group: Healthcare Science Professionals		Medical and Dental		Nursing and Midwifery Registered	
		n	%	n	%	n	%
02a) I have unrealistic time pressures.	Always	314	9.8%	780	12.1%	1172	10.9%
	Often	708	22.0%	1804	27.9%	2502	23.2%
	Sometimes	1238	38.4%	2400	37.2%	4696	43.6%
	Rarely	738	22.9%	1192	18.5%	1894	17.6%
	Never	222	6.9%	284	4.4%	514	4.8%
		3220	100.0%	6460	100.0%	10778	100.0%
02b) I am able to meet all the conflicting demands on my time at work.	Always	290	9.0%	472	7.3%	892	8.3%
	Often	1214	37.6%	2228	34.5%	4090	38.0%
	Sometimes	1188	36.8%	2444	37.9%	4028	37.4%
	Rarely	420	13.0%	1028	15.9%	1420	13.2%
	Never	114	3.5%	284	4.4%	336	3.1%
		3226	100.0%	6456	100.0%	10766	100.0%
02c) I have adequate supplies, materials and equipment to do my job.	Always	684	21.3%	904	14.0%	2040	19.0%
	Often	1284	39.9%	2204	34.2%	3708	34.6%
	Sometimes	804	25.0%	1908	29.6%	3034	28.3%
	Rarely	328	10.2%	996	15.5%	1526	14.2%
	Never	118	3.7%	428	6.6%	420	3.9%
		3218	100.0%	6440	100.0%	10728	100.0%
02d) There are enough staff at this organisation for me to do my job.	Always	326	10.1%	504	7.8%	826	7.7%
	Often	780	24.2%	1312	20.3%	2610	24.2%
	Sometimes	1034	32.1%	2036	31.5%	3594	33.3%
	Rarely	678	21.0%	1500	23.2%	2370	22.0%
	Never	408	12.6%	1108	17.2%	1384	12.8%
		3226	100.0%	6460	100.0%	10784	100.0%
03b) On average, how many additional PAID hours do you work per week?	0 Hours	1038	64.7%	1966	61.1%	3533	66.1%
	Up to 5 hours	343	21.4%	558	17.4%	855	16.0%
	6-10 hours	126	7.9%	358	11.1%	467	8.7%
	11 or more hours	98	6.1%	334	10.4%	490	9.2%
		1605	100.0%	3216	100.0%	5345	100.0%
		895	55.8%	1010	31.4%	2137	39.8%
03c) On average, how many additional UNPAID hours do you work per week?	0 Hours	895	55.8%	1010	31.4%	2137	39.8%
	Up to 5 hours	556	34.6%	1582	49.2%	2457	45.7%
	6-10 hours	114	7.1%	440	13.7%	546	10.2%
	11 or more hours	40	2.5%	186	5.8%	236	4.4%
		1605	100.0%	3218	100.0%	5376	100.0%
		1605	100.0%	3218	100.0%	5376	100.0%
04e) My immediate manager (line manager) values my work.	Strongly agree	1014	31.4%	1684	26.1%	3892	36.0%
	Agree	1242	38.5%	2380	36.8%	3930	36.4%
	Neither agree nor disagree	516	16.0%	1232	19.1%	1656	15.3%
	Disagree	250	7.7%	584	9.0%	700	6.5%
	Strongly disagree	208	6.4%	580	9.0%	620	5.7%
		3230	100.0%	6460	100.0%	10798	100.0%
14e) I am satisfied with the opportunity for flexible working patterns.	Strongly agree	415	25.8%	664	20.6%	1363	25.2%
	Agree	493	30.6%	1064	33.0%	1873	34.7%
	Neither agree nor disagree	310	19.2%	768	23.8%	1073	19.9%
	Disagree	215	13.3%	430	13.3%	624	11.6%
	Strongly disagree	178	11.0%	296	9.2%	466	8.6%
		1611	100.0%	3222	100.0%	5399	100.0%
14g) I achieve a good balance between my work life and my home life.	Strongly agree	281	17.4%	468	14.5%	1007	18.7%
	Agree	577	35.8%	1090	33.9%	1932	35.8%
	Neither agree nor disagree	305	18.9%	766	23.8%	1158	21.5%
	Disagree	293	18.2%	556	17.3%	818	15.2%
	Strongly disagree	156	9.7%	338	10.5%	482	8.9%
		1612	100.0%	3218	100.0%	5397	100.0%
15b) The organisation values my work.	Strongly agree	190	11.8%	358	11.1%	612	11.4%
	Agree	551	34.2%	1068	33.2%	1851	34.4%
	Neither agree nor disagree	489	30.4%	930	28.9%	1692	31.4%
	Disagree	256	15.9%	544	16.9%	854	15.9%
	Strongly disagree	123	7.6%	316	9.8%	379	7.0%
		1609	100.0%	3216	100.0%	5388	100.0%
18b) There are opportunities for me to develop my career in this organisation.	Strongly agree	237	14.7%	456	14.2%	723	13.5%
	Agree	609	37.8%	1374	42.9%	2096	39.0%
	Neither agree nor disagree	347	21.6%	706	22.0%	1380	25.7%
	Disagree	275	17.1%	418	13.0%	762	14.2%
	Strongly disagree	141	8.8%	250	7.8%	407	7.6%
		1609	100.0%	3204	100.0%	5368	100.0%
20b) How often, if at all, do you feel burnt out because of your work?	Always	159	9.9%	266	8.3%	536	10.0%
	Often	419	26.0%	794	24.7%	1365	25.4%
	Sometimes	616	38.3%	1246	38.8%	2110	39.3%
	Rarely	298	18.5%	652	20.3%	1040	19.4%
	Never	118	7.3%	254	7.9%	321	6.0%
		1610	100.0%	3212	100.0%	5372	100.0%
22a) I look forward to going to work.	Always	146	9.1%	354	11.0%	717	13.3%
	Often	543	33.7%	1322	41.0%	2090	38.8%
	Sometimes	599	37.2%	1084	33.6%	1809	33.6%
	Rarely	232	14.4%	344	10.7%	570	10.6%
	Never	92	5.7%	118	3.7%	203	3.8%
		1612	100.0%	3222	100.0%	5389	100.0%
22b) I am enthusiastic about my job.	Always	347	21.5%	686	21.3%	1562	29.0%
	Often	634	39.4%	1360	42.3%	2152	40.0%
	Sometimes	451	28.0%	870	27.0%	1251	23.3%
	Rarely	139	8.6%	230	7.1%	307	5.7%
	Never	40	2.5%	72	2.2%	105	2.0%
		1611	100.0%	3218	100.0%	5377	100.0%

Occupational Group: Students		Unknown			
Question	Response	n	%	n	%
02a) I have unrealistic time pressures.	Always	6	3.8%	4	5.3%
	Often	22	14.1%	4	5.3%
	Sometimes	60	38.5%	32	42.1%
	Rarely	40	25.6%	8	10.5%
	Never	28	17.9%	28	36.8%
		156	100.0%	76	100.0%
02b) I am able to meet all the conflicting demands on my time a	Always	20	13.0%	24	30.0%
	Often	62	40.3%	32	40.0%
	Sometimes	54	35.1%	16	20.0%
	Rarely	14	9.1%	4	5.0%
	Never	4	2.6%	4	5.0%
		154	100.0%	80	100.0%
02c) I have adequate supplies, materials and equipment to do n	Always	42	26.9%	32	38.1%
	Often	50	32.1%	8	9.5%
	Sometimes	42	26.9%	32	38.1%
	Rarely	16	10.3%	8	9.5%
	Never	6	3.8%	4	4.8%
		156	100.0%	84	100.0%
02d) There are enough staff at this organisation for me to do my	Always	22	14.1%	16	20.0%
	Often	46	29.5%	20	25.0%
	Sometimes	48	30.8%	24	30.0%
	Rarely	28	17.9%	16	20.0%
	Never	12	7.7%	4	5.0%
		156	100.0%	80	100.0%
03b) On average, how many additional PAID hours do you work p	0 Hours	49	63.6%	12	33.3%
	Up to 5 hours	13	16.9%	6	16.7%
	6-10 hours	7	9.1%	6	16.7%
	11 or more hours	8	10.4%	12	33.3%
		77	100.0%	36	100.0%
03c) On average, how many additional UNPAID hours do you wo	0 Hours	52	66.7%	30	83.3%
	Up to 5 hours	16	20.5%	2	5.6%
	6-10 hours	2	2.6%		0.0%
	11 or more hours	8	10.3%	4	11.1%
		78	100.0%	36	100.0%
04e) My immediate manager (line manager) values my work.	Strongly agree	40	26.0%	16	20.0%
	Agree	50	32.5%	28	35.0%
	Neither agree nor disagree	40	26.0%	24	30.0%
	Disagree	6	3.9%	8	10.0%
	Strongly disagree	18	11.7%	4	5.0%
		154	100.0%	80	100.0%
14e) I am satisfied with the opportunity for flexible working patte	Strongly agree	16	20.8%	10	25.0%
	Agree	28	36.4%	18	45.0%
	Neither agree nor disagree	16	20.8%	8	20.0%
	Disagree	7	9.1%		0.0%
	Strongly disagree	10	13.0%	4	10.0%
		77	100.0%	40	100.0%
14g) I achieve a good balance between my work life and my hom	Strongly agree	17	21.8%	8	20.0%
	Agree	28	35.9%	20	50.0%
	Neither agree nor disagree	20	25.6%	8	20.0%
	Disagree	4	5.1%	2	5.0%
	Strongly disagree	9	11.5%	2	5.0%
		78	100.0%	40	100.0%
15b) The organisation values my work.	Strongly agree	9	11.5%	8	21.1%
	Agree	29	37.2%	10	26.3%
	Neither agree nor disagree	31	39.7%	16	42.1%
	Disagree	7	9.0%	2	5.3%
	Strongly disagree	2	2.6%	2	5.3%
		78	100.0%	38	100.0%
18b) There are opportunities for me to develop my career in this	Strongly agree	17	21.8%	8	20.0%
	Agree	31	39.7%	10	25.0%
	Neither agree nor disagree	21	26.9%	14	35.0%
	Disagree	7	9.0%	6	15.0%
	Strongly disagree	2	2.6%	2	5.0%
		78	100.0%	40	100.0%
20b) How often, if at all, do you feel burnt out because of your w	Always	3	3.9%	2	5.0%
	Often	14	18.2%	2	5.0%
	Sometimes	41	53.2%	20	50.0%
	Rarely	13	16.9%	8	20.0%
	Never	6	7.8%	8	20.0%
		77	100.0%	40	100.0%
22a) I look forward to going to work.	Always	13	16.9%	14	35.0%
	Often	23	29.9%	8	20.0%
	Sometimes	32	41.6%	12	30.0%
	Rarely	8	10.4%		0.0%
	Never	1	1.3%	6	15.0%
		77	100.0%	40	100.0%
22b) I am enthusiastic about my job.	Always	16	20.8%	16	40.0%
	Often	29	37.7%	10	25.0%
	Sometimes	27	35.1%	10	25.0%
	Rarely	4	5.2%	2	5.0%
	Never	1	1.3%	2	5.0%
		77	100.0%	40	100.0%

		Occupational Group: Students		Unknown	
Question	Response	n	%	n	%
02a) I have unrealistic time pressures.	Always	6	3.8%	4	5.3%
	Often	22	14.1%	4	5.3%
	Sometimes	60	38.5%	32	42.1%
	Rarely	40	25.6%	8	10.5%
	Never	28	17.9%	28	36.8%
		156	100.0%	76	100.0%
02b) I am able to meet all the conflicting demands on my time at work.	Always	20	13.0%	24	30.0%
	Often	62	40.3%	32	40.0%
	Sometimes	54	35.1%	16	20.0%
	Rarely	14	9.1%	4	5.0%
	Never	4	2.6%	4	5.0%
		154	100.0%	80	100.0%
02c) I have adequate supplies, materials and equipment to do my work.	Always	42	26.9%	32	38.1%
	Often	50	32.1%	8	9.5%
	Sometimes	42	26.9%	32	38.1%
	Rarely	16	10.3%	8	9.5%
	Never	6	3.8%	4	4.8%
		156	100.0%	84	100.0%
02d) There are enough staff at this organisation for me to do my work.	Always	22	14.1%	16	20.0%
	Often	46	29.5%	20	25.0%
	Sometimes	48	30.8%	24	30.0%
	Rarely	28	17.9%	16	20.0%
	Never	12	7.7%	4	5.0%
		156	100.0%	80	100.0%
03b) On average, how many additional PAID hours do you work per week?	0 Hours	49	63.6%	12	33.3%
	Up to 5 hours	13	16.9%	6	16.7%
	6-10 hours	7	9.1%	6	16.7%
	11 or more hours	8	10.4%	12	33.3%
		77	100.0%	36	100.0%
03c) On average, how many additional UNPAID hours do you work per week?	0 Hours	52	66.7%	30	83.3%
	Up to 5 hours	16	20.5%	2	5.6%
	6-10 hours	2	2.6%		0.0%
	11 or more hours	8	10.3%	4	11.1%
		78	100.0%	36	100.0%
04e) My immediate manager (line manager) values my work.	Strongly agree	40	26.0%	16	20.0%
	Agree	50	32.5%	28	35.0%
	Neither agree nor disagree	40	26.0%	24	30.0%
	Disagree	6	3.9%	8	10.0%
	Strongly disagree	18	11.7%	4	5.0%
		154	100.0%	80	100.0%
14e) I am satisfied with the opportunity for flexible working patterns.	Strongly agree	16	20.8%	10	25.0%
	Agree	28	36.4%	18	45.0%
	Neither agree nor disagree	16	20.8%	8	20.0%
	Disagree	7	9.1%		0.0%
	Strongly disagree	10	13.0%	4	10.0%
		77	100.0%	40	100.0%
14g) I achieve a good balance between my work life and my home life.	Strongly agree	17	21.8%	8	20.0%
	Agree	28	35.9%	20	50.0%
	Neither agree nor disagree	20	25.6%	8	20.0%
	Disagree	4	5.1%	2	5.0%
	Strongly disagree	9	11.5%	2	5.0%
		78	100.0%	40	100.0%
15b) The organisation values my work.	Strongly agree	9	11.5%	8	21.1%
	Agree	29	37.2%	10	26.3%
	Neither agree nor disagree	31	39.7%	16	42.1%
	Disagree	7	9.0%	2	5.3%
	Strongly disagree	2	2.6%	2	5.3%
		78	100.0%	38	100.0%
18b) There are opportunities for me to develop my career in this organisation.	Strongly agree	17	21.8%	8	20.0%
	Agree	31	39.7%	10	25.0%
	Neither agree nor disagree	21	26.9%	14	35.0%
	Disagree	7	9.0%	6	15.0%
	Strongly disagree	2	2.6%	2	5.0%
		78	100.0%	40	100.0%
20b) How often, if at all, do you feel burnt out because of your work?	Always	3	3.9%	2	5.0%
	Often	14	18.2%	2	5.0%
	Sometimes	41	53.2%	20	50.0%
	Rarely	13	16.9%	8	20.0%
	Never	6	7.8%	8	20.0%
		77	100.0%	40	100.0%
22a) I look forward to going to work.	Always	13	16.9%	14	35.0%
	Often	23	29.9%	8	20.0%
	Sometimes	32	41.6%	12	30.0%
	Rarely	8	10.4%		0.0%
	Never	1	1.3%	6	15.0%
		77	100.0%	40	100.0%
22b) I am enthusiastic about my job.	Always	16	20.8%	16	40.0%
	Often	29	37.7%	10	25.0%
	Sometimes	27	35.1%	10	25.0%
	Rarely	4	5.2%	2	5.0%
	Never	1	1.3%	2	5.0%
		77	100.0%	40	100.0%

		Grade: Band 1-4		Band 1-4 / Other		Band 5-7	
Question	Response	n	%	n	%	n	%
02a) I have unrealistic time pressures.	Always	1066	7.1%			2348	9.3%
	Often	2132	14.2%			5266	20.9%
	Sometimes	5588	37.1%			10552	41.9%
	Rarely	4282	28.4%			5682	22.5%
	Never	1988	13.2%			1356	5.4%
		15056	100.0%	<10		25204	100.0%
02b) I am able to meet all the conflicting demands on my time at work.	Always	2912	19.4%			2408	9.6%
	Often	6318	42.0%			10500	41.7%
	Sometimes	4260	28.3%			8506	33.8%
	Rarely	1108	7.4%			2966	11.8%
	Never	430	2.9%			800	3.2%
		15028	100.0%	<10		25180	100.0%
02c) I have adequate supplies, materials and equipment to do my work.	Always	4620	30.8%			5608	22.3%
	Often	4776	31.8%			9052	36.1%
	Sometimes	3444	22.9%			6378	25.4%
	Rarely	1512	10.1%			3108	12.4%
	Never	656	4.4%			956	3.8%
		15008	100.0%	<10		25102	100.0%
02d) There are enough staff at this organisation for me to do my work.	Always	2512	16.7%			2324	9.2%
	Often	3812	25.3%			6552	26.0%
	Sometimes	4544	30.2%			7982	31.7%
	Rarely	2426	16.1%			5258	20.9%
	Never	1764	11.7%			3076	12.2%
		15058	100.0%	<10		25192	100.0%
03b) On average, how many additional PAID hours do you work per week?	0 Hours	5636	75.2%			9140	73.0%
	Up to 5 hours	854	11.4%			1926	15.4%
	6-10 hours	505	6.7%			766	6.1%
	11 or more hours	500	6.7%			682	5.4%
		7495	100.0%	<10		12514	100.0%
		5415	72.3%			5866	46.7%
03c) On average, how many additional UNPAID hours do you work per week?	0 Hours	1862	24.9%			5580	44.4%
	Up to 5 hours	148	2.0%			846	6.7%
	6-10 hours	66	0.9%			281	2.2%
	11 or more hours	7491	100.0%	<10		12573	100.0%
		4954	32.9%			9594	38.0%
		5214	34.6%			9336	37.0%
04e) My immediate manager (line manager) values my work.	Neither agree nor disagree	2636	17.5%			3492	13.8%
	Disagree	1132	7.5%			1514	6.0%
	Strongly disagree	1144	7.6%			1298	5.1%
		15080	100.0%	<10		25234	100.0%
		2000	26.6%			3739	29.6%
		2407	32.0%			4356	34.5%
14e) I am satisfied with the opportunity for flexible working patterns.	Neither agree nor disagree	1489	19.8%			2174	17.2%
	Disagree	828	11.0%			1307	10.4%
	Strongly disagree	806	10.7%			1044	8.3%
		7530	100.0%	<10		12620	100.0%
		1819	24.2%			2774	22.0%
		2854	37.9%			4888	38.8%
14g) I achieve a good balance between my work life and my home life.	Neither agree nor disagree	1444	19.2%			2336	18.5%
	Disagree	781	10.4%			1672	13.3%
	Strongly disagree	631	8.4%			938	7.4%
		7529	100.0%	<10		12608	100.0%
		1018	13.5%			1616	12.8%
		2612	34.7%			4535	36.0%
15b) The organisation values my work.	Neither agree nor disagree	2247	29.9%			3800	30.2%
	Disagree	1013	13.5%			1854	14.7%
	Strongly disagree	627	8.3%			798	6.3%
		7517	100.0%	<10		12603	100.0%
		814	10.9%			1801	14.3%
		2545	34.0%			4931	39.2%
18b) There are opportunities for me to develop my career in this organisation.	Neither agree nor disagree	1926	25.7%			2936	23.4%
	Disagree	1371	18.3%			1936	15.4%
	Strongly disagree	839	11.2%			960	7.6%
		7495	100.0%	<10		12564	100.0%
		667	8.9%			1060	8.4%
		1345	17.9%			2989	23.8%
20b) How often, if at all, do you feel burnt out because of your work?	Sometimes	2673	35.6%			4869	38.7%
	Rarely	1790	23.8%			2737	21.8%
	Never	1040	13.8%			926	7.4%
		7515	100.0%	<10		12581	100.0%
		1102	14.7%			1472	11.7%
		2479	33.0%			4795	38.0%
22a) I look forward to going to work.	Sometimes	2512	33.4%			4356	34.5%
	Rarely	965	12.8%			1476	11.7%
	Never	460	6.1%			514	4.1%
		7518	100.0%	<10		12613	100.0%
		1918	25.6%			3106	24.7%
		2512	33.5%			5125	40.7%
22b) I am enthusiastic about my job.	Sometimes	2057	27.4%			3252	25.8%
	Rarely	704	9.4%			842	6.7%
	Never	305	4.1%			268	2.1%
		7496	100.0%	<10		12593	100.0%

Question	Response	Grade: Band 8 and above		Consultant		Doctors in Training	
		n	%	n	%	n	%
02a) I have unrealistic time pressures.	Always	956	12.1%	430	15.6%	52	8.0%
	Often	2196	27.9%	956	34.7%	128	19.8%
	Sometimes	3382	43.0%	962	34.9%	308	47.5%
	Rarely	1138	14.5%	358	13.0%	136	21.0%
	Never	202	2.6%	52	1.9%	24	3.7%
		7874	100.0%	2758	100.0%	648	100.0%
02b) I am able to meet all the conflicting demands on my time a	Always	472	6.0%	116	4.2%	8	1.2%
	Often	3010	38.2%	832	30.2%	284	43.8%
	Sometimes	2776	35.3%	1044	37.9%	268	41.4%
	Rarely	1292	16.4%	610	22.1%	62	9.6%
	Never	324	4.1%	156	5.7%	26	4.0%
		7874	100.0%	2758	100.0%	648	100.0%
02c) I have adequate supplies, materials and equipment to do n	Always	1886	24.0%	264	9.6%	70	10.9%
	Often	2892	36.9%	884	32.1%	232	36.0%
	Sometimes	1952	24.9%	862	31.3%	226	35.1%
	Rarely	870	11.1%	492	17.9%	94	14.6%
	Never	248	3.2%	252	9.2%	22	3.4%
		7848	100.0%	2754	100.0%	644	100.0%
02d) There are enough staff at this organisation for me to do my	Always	478	6.1%	134	4.9%	28	4.3%
	Often	1714	21.8%	402	14.6%	186	28.7%
	Sometimes	2708	34.4%	868	31.5%	250	38.6%
	Rarely	2014	25.6%	798	28.9%	110	17.0%
	Never	960	12.2%	556	20.2%	74	11.4%
		7874	100.0%	2758	100.0%	648	100.0%
03b) On average, how many additional PAID hours do you work f	0 Hours	3328	85.3%	809	58.9%	198	61.5%
	Up to 5 hours	391	10.0%	291	21.2%	65	20.2%
	6-10 hours	111	2.8%	157	11.4%	31	9.6%
	11 or more hours	71	1.8%	116	8.4%	28	8.7%
		3901	100.0%	1373	100.0%	322	100.0%
		3941	100.0%	1379	100.0%	322	100.0%
03c) On average, how many additional UNPAID hours do you wo	0 Hours	676	17.2%	259	18.8%	79	24.5%
	Up to 5 hours	1871	47.5%	740	53.7%	184	57.1%
	6-10 hours	960	24.4%	266	19.3%	45	14.0%
	11 or more hours	434	11.0%	114	8.3%	14	4.3%
		3941	100.0%	1379	100.0%	322	100.0%
		3941	100.0%	1379	100.0%	322	100.0%
04e) My immediate manager (line manager) values my work.	Strongly agree	3612	45.9%	636	23.0%	132	20.5%
	Agree	2928	37.2%	1114	40.3%	298	46.3%
	Neither agree nor disagree	814	10.3%	528	19.1%	146	22.7%
	Disagree	262	3.3%	256	9.3%	34	5.3%
	Strongly disagree	256	3.3%	228	8.3%	34	5.3%
		7872	100.0%	2762	100.0%	644	100.0%
14e) I am satisfied with the opportunity for flexible working patt	Strongly agree	1613	40.9%	303	22.0%	27	8.3%
	Agree	1570	39.8%	510	37.0%	97	29.9%
	Neither agree nor disagree	387	9.8%	314	22.8%	95	29.3%
	Disagree	243	6.2%	174	12.6%	68	21.0%
	Strongly disagree	134	3.4%	78	5.7%	37	11.4%
		3947	100.0%	1379	100.0%	324	100.0%
14g) I achieve a good balance between my work life and my hom	Strongly agree	842	21.3%	165	12.0%	28	8.6%
	Agree	1524	38.6%	462	33.5%	90	27.8%
	Neither agree nor disagree	712	18.1%	337	24.4%	101	31.2%
	Disagree	615	15.6%	297	21.5%	64	19.8%
	Strongly disagree	251	6.4%	118	8.6%	41	12.7%
		3944	100.0%	1379	100.0%	324	100.0%
15b) The organisation values my work.	Strongly agree	665	16.9%	131	9.5%	18	5.6%
	Agree	1655	42.0%	487	35.3%	145	45.0%
	Neither agree nor disagree	966	24.5%	383	27.8%	94	29.2%
	Disagree	489	12.4%	245	17.8%	40	12.4%
	Strongly disagree	165	4.2%	133	9.6%	25	7.8%
		3940	100.0%	1379	100.0%	322	100.0%
18b) There are opportunities for me to develop my career in this	Strongly agree	758	19.3%	216	15.8%	55	17.2%
	Agree	1643	41.8%	670	48.9%	175	54.9%
	Neither agree nor disagree	850	21.6%	276	20.2%	57	17.9%
	Disagree	483	12.3%	137	10.0%	19	6.0%
	Strongly disagree	198	5.0%	70	5.1%	13	4.1%
		3932	100.0%	1369	100.0%	319	100.0%
20b) How often, if at all, do you feel burnt out because of your w	Always	266	6.8%	111	8.1%	24	7.4%
	Often	1033	26.2%	364	26.6%	99	30.4%
	Sometimes	1591	40.4%	507	37.0%	136	41.7%
	Rarely	822	20.9%	293	21.4%	55	16.9%
	Never	224	5.7%	95	6.9%	12	3.7%
		3936	100.0%	1370	100.0%	326	100.0%
22a) I look forward to going to work.	Always	428	10.9%	143	10.4%	22	6.7%
	Often	1755	44.6%	598	43.4%	134	41.1%
	Sometimes	1328	33.7%	470	34.1%	125	38.3%
	Rarely	328	8.3%	123	8.9%	33	10.1%
	Never	99	2.5%	43	3.1%	12	3.7%
		3938	100.0%	1377	100.0%	326	100.0%
22b) I am enthusiastic about my job.	Always	1041	26.5%	266	19.3%	51	15.6%
	Often	1811	46.1%	635	46.2%	131	40.2%
	Sometimes	871	22.2%	357	26.0%	115	35.3%
	Rarely	169	4.3%	90	6.5%	25	7.7%
	Never	39	1.0%	27	2.0%	4	1.2%
		3931	100.0%	1375	100.0%	326	100.0%

Question	Response	Grade: Medical & Dental Other		Medical SAS		Other	
		n	%	n	%	n	%
02a) I have unrealistic time pressures.	Always	102	9.8%	28	8.1%	90	8.1%
	Often	262	25.0%	116	33.5%	240	21.7%
	Sometimes	420	40.2%	128	37.0%	428	38.6%
	Rarely	198	18.9%	70	20.2%	250	22.6%
	Never	64	6.1%	4	1.2%	100	9.0%
		1046	100.0%	346	100.0%	1108	100.0%
02b) I am able to meet all the conflicting demands on my time a	Always	116	11.1%	12	3.5%	154	13.9%
	Often	350	33.5%	122	35.3%	424	38.2%
	Sometimes	390	37.3%	140	40.5%	372	33.5%
	Rarely	160	15.3%	56	16.2%	118	10.6%
	Never	30	2.9%	16	4.6%	42	3.8%
		1046	100.0%	346	100.0%	1110	100.0%
02c) I have adequate supplies, materials and equipment to do n	Always	212	20.3%	32	9.2%	298	26.6%
	Often	366	35.0%	166	48.0%	358	32.0%
	Sometimes	268	25.6%	92	26.6%	276	24.6%
	Rarely	142	13.6%	40	11.6%	130	11.6%
	Never	58	5.5%	16	4.6%	58	5.2%
		1046	100.0%	346	100.0%	1120	100.0%
02d) There are enough staff at this organisation for me to do my	Always	100	9.6%	16	4.6%	130	11.7%
	Often	248	23.8%	92	26.3%	240	21.5%
	Sometimes	282	27.1%	112	32.0%	392	35.2%
	Rarely	242	23.2%	74	21.1%	188	16.9%
	Never	170	16.3%	56	16.0%	164	14.7%
		1042	100.0%	350	100.0%	1114	100.0%
03b) On average, how many additional PAID hours do you work f	0 Hours	319	60.9%	101	57.7%	419	75.8%
	Up to 5 hours	81	15.5%	36	20.6%	63	11.4%
	6-10 hours	54	10.3%	20	11.4%	35	6.3%
	11 or more hours	70	13.4%	18	10.3%	36	6.5%
		524	100.0%	175	100.0%	553	100.0%
		165	31.5%	60	34.7%	259	46.2%
03c) On average, how many additional UNPAID hours do you wo	0 Hours	252	48.1%	89	51.4%	180	32.1%
	Up to 5 hours	73	13.9%	22	12.7%	56	10.0%
	6-10 hours	34	6.5%	2	1.2%	66	11.8%
	11 or more hours	524	100.0%	173	100.0%	561	100.0%
		356	34.1%	56	16.0%	394	35.1%
		336	32.2%	106	30.3%	390	34.8%
04e) My immediate manager (line manager) values my work.	Neither agree nor disagree	174	16.7%	104	29.7%	174	15.5%
	Disagree	84	8.0%	56	16.0%	82	7.3%
	Strongly disagree	94	9.0%	28	8.0%	82	7.3%
		1044	100.0%	350	100.0%	1122	100.0%
	Strongly agree	152	29.1%	28	16.2%	163	29.1%
	Agree	165	31.6%	59	34.1%	200	35.7%
14e) I am satisfied with the opportunity for flexible working patt	Neither agree nor disagree	106	20.3%	42	24.3%	114	20.4%
	Disagree	54	10.3%	28	16.2%	40	7.1%
	Strongly disagree	45	8.6%	16	9.2%	43	7.7%
		522	100.0%	173	100.0%	560	100.0%
	Strongly agree	105	20.1%	12	6.9%	108	19.3%
	Agree	170	32.6%	63	36.4%	225	40.2%
14g) I achieve a good balance between my work life and my hon	Neither agree nor disagree	96	18.4%	58	33.5%	113	20.2%
	Disagree	94	18.0%	28	16.2%	69	12.3%
	Strongly disagree	57	10.9%	12	6.9%	45	8.0%
		522	100.0%	173	100.0%	560	100.0%
	Strongly agree	85	16.3%	16	9.1%	95	17.0%
	Agree	165	31.6%	43	24.6%	191	34.2%
15b) The organisation values my work.	Neither agree nor disagree	149	28.5%	54	30.9%	147	26.3%
	Disagree	83	15.9%	32	18.3%	81	14.5%
	Strongly disagree	40	7.7%	30	17.1%	44	7.9%
		522	100.0%	175	100.0%	558	100.0%
	Strongly agree	91	17.4%	8	4.6%	96	17.2%
	Agree	210	40.2%	49	28.0%	191	34.2%
18b) There are opportunities for me to develop my career in this	Neither agree nor disagree	90	17.2%	58	33.1%	155	27.8%
	Disagree	83	15.9%	40	22.9%	75	13.4%
	Strongly disagree	48	9.2%	20	11.4%	41	7.3%
		522	100.0%	175	100.0%	558	100.0%
	Strongly agree	37	7.1%	14	8.0%	42	7.6%
	Often	116	22.3%	32	18.3%	108	19.5%
20b) How often, if at all, do you feel burnt out because of your w	Sometimes	217	41.7%	84	48.0%	219	39.5%
	Rarely	103	19.8%	37	21.1%	121	21.8%
	Never	47	9.0%	8	4.6%	64	11.6%
		520	100.0%	175	100.0%	554	100.0%
	Always	85	16.3%	14	8.0%	110	19.7%
	Often	223	42.8%	73	41.7%	188	33.7%
22a) I look forward to going to work.	Sometimes	154	29.6%	52	29.7%	168	30.1%
	Rarely	52	10.0%	24	13.7%	61	10.9%
	Never	7	1.3%	12	6.9%	31	5.6%
		521	100.0%	175	100.0%	558	100.0%
	Always	133	25.5%	26	14.9%	180	32.3%
	Often	224	43.0%	83	47.4%	199	35.7%
22b) I am enthusiastic about my job.	Sometimes	118	22.6%	46	26.3%	130	23.3%
	Rarely	41	7.9%	14	8.0%	34	6.1%
	Never	5	1.0%	6	3.4%	15	2.7%
		521	100.0%	175	100.0%	558	100.0%

Grade: Salaried Primary Care Dentist				Unknown	
Question	Response	n	%	n	%
02a) I have unrealistic time pressures.	Always		0.0%		0.0%
	Often	24	33.3%	4	25.0%
	Sometimes	14	19.4%	4	25.0%
	Rarely	22	30.6%		0.0%
	Never	12	16.7%	8	50.0%
		72	100.0%	16	100.0%
02b) I am able to meet all the conflicting demands on my time a	Always	4	5.6%	4	25.0%
	Often	14	19.4%	8	50.0%
	Sometimes	30	41.7%	4	25.0%
	Rarely	8	11.1%		0.0%
	Never	16	22.2%		0.0%
		72	100.0%	16	100.0%
02c) I have adequate supplies, materials and equipment to do n	Always	4	5.6%	8	40.0%
	Often	34	47.2%		0.0%
	Sometimes	14	19.4%	8	40.0%
	Rarely	8	11.1%	4	20.0%
	Never	12	16.7%		0.0%
		72	100.0%	20	100.0%
02d) There are enough staff at this organisation for me to do my	Always	4	5.6%	8	40.0%
	Often	10	13.9%	4	20.0%
	Sometimes	14	19.4%		0.0%
	Rarely	20	27.8%	8	40.0%
	Never	24	33.3%		0.0%
		72	100.0%	20	100.0%
03b) On average, how many additional PAID hours do you work f	0 Hours	28	77.8%		
	Up to 5 hours	4	11.1%		
	6-10 hours	2	5.6%		
	11 or more hours	2	5.6%		
		36	100.0%	<10	
03c) On average, how many additional UNPAID hours do you wo	0 Hours	8	22.2%		
	Up to 5 hours	22	61.1%		
	6-10 hours	6	16.7%		
	11 or more hours		0.0%		
		36	100.0%	<10	
04e) My immediate manager (line manager) values my work.	Strongly agree	14	19.4%		0.0%
	Agree	16	22.2%	12	60.0%
	Neither agree nor disagree	12	16.7%	8	40.0%
	Disagree	14	19.4%		0.0%
	Strongly disagree	16	22.2%		0.0%
		72	100.0%	20	100.0%
14e) I am satisfied with the opportunity for flexible working patte	Strongly agree	3	8.3%	6	60.0%
	Agree	6	16.7%	2	20.0%
	Neither agree nor disagree	10	27.8%		0.0%
	Disagree	9	25.0%		0.0%
	Strongly disagree	8	22.2%	2	20.0%
		36	100.0%	10	100.0%
14g) I achieve a good balance between my work life and my hom	Strongly agree	3	8.3%	6	60.0%
	Agree	10	27.8%	2	20.0%
	Neither agree nor disagree	6	16.7%	2	20.0%
	Disagree	9	25.0%		0.0%
	Strongly disagree	8	22.2%		0.0%
		36	100.0%	10	100.0%
15b) The organisation values my work.	Strongly agree	1	2.8%	4	40.0%
	Agree	12	33.3%	2	20.0%
	Neither agree nor disagree	8	22.2%	4	40.0%
	Disagree	10	27.8%		0.0%
	Strongly disagree	5	13.9%		0.0%
		36	100.0%	10	100.0%
18b) There are opportunities for me to develop my career in this	Strongly agree	3	8.3%	4	40.0%
	Agree	4	11.1%	2	20.0%
	Neither agree nor disagree	8	22.2%	4	40.0%
	Disagree	14	38.9%		0.0%
	Strongly disagree	7	19.4%		0.0%
		36	100.0%	10	100.0%
20b) How often, if at all, do you feel burnt out because of your w	Always	4	11.1%		0.0%
	Often	4	11.1%	2	20.0%
	Sometimes	19	52.8%	4	40.0%
	Rarely	8	22.2%	2	20.0%
	Never	1	2.8%	2	20.0%
		36	100.0%	10	100.0%
22a) I look forward to going to work.	Always	3	8.3%	4	40.0%
	Often	10	27.8%	2	20.0%
	Sometimes	9	25.0%	2	20.0%
	Rarely	11	30.6%		0.0%
	Never	3	8.3%	2	20.0%
		36	100.0%	10	100.0%
22b) I am enthusiastic about my job.	Always	3	8.3%	4	40.0%
	Often	10	27.8%	2	20.0%
	Sometimes	13	36.1%	4	40.0%
	Rarely	7	19.4%		0.0%
	Never	3	8.3%		0.0%
		36	100.0%	10	100.0%

Specialty (for the Medical and Dental occupational group): Adult & General / Nursing				Anaesthetics		Dentistry	
Question	Response	n	%	n	%	n	%
02a) I have unrealistic time pressures.	Always			28	5.1%	12	1.9%
	Often			128	23.5%	100	15.8%
	Sometimes			192	35.3%	248	39.2%
	Rarely			172	31.6%	212	33.5%
	Never			24	4.4%	60	9.5%
		<10		544	100.0%	632	100.0%
02b) I am able to meet all the conflicting demands on my time a	Always			40	7.4%	100	15.8%
	Often			192	35.3%	268	42.4%
	Sometimes			192	35.3%	192	30.4%
	Rarely			104	19.1%	56	8.9%
	Never			16	2.9%	16	2.5%
		<10		544	100.0%	632	100.0%
02c) I have adequate supplies, materials and equipment to do n	Always			68	12.5%	176	28.4%
	Often			176	32.4%	248	40.0%
	Sometimes			184	33.8%	112	18.1%
	Rarely			72	13.2%	56	9.0%
	Never			44	8.1%	28	4.5%
		<10		544	100.0%	620	100.0%
02d) There are enough staff at this organisation for me to do my	Always			40	7.4%	120	19.0%
	Often			136	25.0%	160	25.3%
	Sometimes			136	25.0%	172	27.2%
	Rarely			132	24.3%	116	18.4%
	Never			100	18.4%	64	10.1%
		<10		544	100.0%	632	100.0%
03b) On average, how many additional PAID hours do you work f	0 Hours			122	44.9%	264	84.1%
	Up to 5 hours			82	30.1%	20	6.4%
	6-10 hours			40	14.7%	22	7.0%
	11 or more hours			28	10.3%	8	2.5%
		<10		272	100.0%	314	100.0%
03c) On average, how many additional UNPAID hours do you wo	0 Hours			86	31.9%	156	49.7%
	Up to 5 hours			126	46.7%	134	42.7%
	6-10 hours			40	14.8%	18	5.7%
	11 or more hours			18	6.7%	6	1.9%
		<10		270	100.0%	314	100.0%
04e) My immediate manager (line manager) values my work.	Strongly agree			96	17.6%	200	31.6%
	Agree			192	35.3%	208	32.9%
	Neither agree nor disagree			160	29.4%	120	19.0%
	Disagree			36	6.6%	52	8.2%
	Strongly disagree			60	11.0%	52	8.2%
		<10		544	100.0%	632	100.0%
14e) I am satisfied with the opportunity for flexible working patt	Strongly agree			42	15.4%	70	22.3%
	Agree			112	41.2%	68	21.7%
	Neither agree nor disagree			66	24.3%	80	25.5%
	Disagree			30	11.0%	54	17.2%
	Strongly disagree			22	8.1%	42	13.4%
		<10		272	100.0%	314	100.0%
14g) I achieve a good balance between my work life and my hom	Strongly agree			34	12.5%	70	22.3%
	Agree			124	45.6%	112	35.7%
	Neither agree nor disagree			62	22.8%	62	19.7%
	Disagree			34	12.5%	44	14.0%
	Strongly disagree			18	6.6%	26	8.3%
		<10		272	100.0%	314	100.0%
15b) The organisation values my work.	Strongly agree			16	5.9%	38	12.2%
	Agree			80	29.4%	100	32.1%
	Neither agree nor disagree			94	34.6%	96	30.8%
	Disagree			48	17.6%	52	16.7%
	Strongly disagree			34	12.5%	26	8.3%
		<10		272	100.0%	312	100.0%
18b) There are opportunities for me to develop my career in this	Strongly agree			38	14.2%	24	7.7%
	Agree			130	48.5%	120	38.5%
	Neither agree nor disagree			68	25.4%	78	25.0%
	Disagree			12	4.5%	52	16.7%
	Strongly disagree			20	7.5%	38	12.2%
		<10		268	100.0%	312	100.0%
20b) How often, if at all, do you feel burnt out because of your w	Always			18	6.6%	14	4.5%
	Often			54	19.7%	60	19.2%
	Sometimes			94	34.3%	126	40.4%
	Rarely			82	29.9%	80	25.6%
	Never			26	9.5%	32	10.3%
		<10		274	100.0%	312	100.0%
22a) I look forward to going to work.	Always			50	18.2%	48	15.4%
	Often			104	38.0%	128	41.0%
	Sometimes			88	32.1%	86	27.6%
	Rarely			26	9.5%	36	11.5%
	Never			6	2.2%	14	4.5%
		<10		274	100.0%	312	100.0%
22b) I am enthusiastic about my job.	Always			74	27.0%	82	26.3%
	Often			106	38.7%	126	40.4%
	Sometimes			68	24.8%	78	25.0%
	Rarely			18	6.6%	22	7.1%
	Never			8	2.9%	4	1.3%
		<10		274	100.0%	312	100.0%

Specialty (for the Medical and Dental occupational group): Emergency Medicine				Medicine		Obstetrics & Gynaecology	
Question	Response	n	%	n	%	n	%
02a) I have unrealistic time pressures.	Always	108	27.8%	184	14.7%	40	14.9%
	Often	128	33.0%	368	29.5%	76	28.4%
	Sometimes	108	27.8%	488	39.1%	108	40.3%
	Rarely	32	8.2%	172	13.8%	36	13.4%
	Never	12	3.1%	36	2.9%	8	3.0%
		388	100.0%	1248	100.0%	268	100.0%
02b) I am able to meet all the conflicting demands on my time at work.	Always	24	6.1%	60	4.8%	8	3.0%
	Often	92	23.5%	408	32.8%	64	23.9%
	Sometimes	124	31.6%	500	40.2%	144	53.7%
	Rarely	112	28.6%	196	15.8%	48	17.9%
	Never	40	10.2%	80	6.4%	4	1.5%
		392	100.0%	1244	100.0%	268	100.0%
02c) I have adequate supplies, materials and equipment to do my job.	Always	28	7.2%	96	7.7%	20	7.5%
	Often	124	32.0%	332	26.7%	100	37.3%
	Sometimes	112	28.9%	476	38.3%	76	28.4%
	Rarely	88	22.7%	248	19.9%	48	17.9%
	Never	36	9.3%	92	7.4%	24	9.0%
		388	100.0%	1244	100.0%	268	100.0%
02d) There are enough staff at this organisation for me to do my job.	Always	12	3.1%	60	4.8%	4	1.5%
	Often	64	16.3%	188	15.1%	52	19.4%
	Sometimes	120	30.6%	432	34.6%	80	29.9%
	Rarely	100	25.5%	328	26.3%	92	34.3%
	Never	96	24.5%	240	19.2%	40	14.9%
		392	100.0%	1248	100.0%	268	100.0%
03b) On average, how many additional PAID hours do you work per week?	0 Hours	86	43.9%	396	64.1%	74	55.2%
	Up to 5 hours	48	24.5%	84	13.6%	32	23.9%
	6-10 hours	24	12.2%	70	11.3%	10	7.5%
	11 or more hours	38	19.4%	68	11.0%	18	13.4%
		196	100.0%	618	100.0%	134	100.0%
03c) On average, how many additional UNPAID hours do you work per week?	0 Hours	66	33.7%	156	25.2%	36	26.9%
	Up to 5 hours	108	55.1%	332	53.7%	70	52.2%
	6-10 hours	16	8.2%	84	13.6%	28	20.9%
	11 or more hours	6	3.1%	46	7.4%		0.0%
		196	100.0%	618	100.0%	134	100.0%
04e) My immediate manager (line manager) values my work.	Strongly agree	88	22.4%	332	26.8%	60	22.4%
	Agree	148	37.8%	508	41.0%	92	34.3%
	Neither agree nor disagree	72	18.4%	196	15.8%	48	17.9%
	Disagree	28	7.1%	88	7.1%	44	16.4%
	Strongly disagree	56	14.3%	116	9.4%	24	9.0%
		392	100.0%	1240	100.0%	268	100.0%
14e) I am satisfied with the opportunity for flexible working patterns.	Strongly agree	48	24.5%	114	18.4%	10	7.6%
	Agree	54	27.6%	194	31.3%	38	28.8%
	Neither agree nor disagree	50	25.5%	160	25.8%	36	27.3%
	Disagree	18	9.2%	88	14.2%	28	21.2%
	Strongly disagree	26	13.3%	64	10.3%	20	15.2%
		196	100.0%	620	100.0%	132	100.0%
14g) I achieve a good balance between my work life and my home life.	Strongly agree	32	16.3%	84	13.5%	10	7.6%
	Agree	62	31.6%	182	29.4%	52	39.4%
	Neither agree nor disagree	44	22.4%	168	27.1%	34	25.8%
	Disagree	30	15.3%	106	17.1%	18	13.6%
	Strongly disagree	28	14.3%	80	12.9%	18	13.6%
		196	100.0%	620	100.0%	132	100.0%
15b) The organisation values my work.	Strongly agree	16	8.2%	78	12.5%	10	7.8%
	Agree	56	28.9%	208	33.4%	42	32.8%
	Neither agree nor disagree	66	34.0%	182	29.3%	32	25.0%
	Disagree	32	16.5%	102	16.4%	32	25.0%
	Strongly disagree	24	12.4%	52	8.4%	12	9.4%
		194	100.0%	622	100.0%	128	100.0%
18b) There are opportunities for me to develop my career in this organisation.	Strongly agree	32	16.3%	84	13.5%	8	6.2%
	Agree	86	43.9%	298	48.1%	54	41.5%
	Neither agree nor disagree	40	20.4%	116	18.7%	34	26.2%
	Disagree	20	10.2%	84	13.5%	22	16.9%
	Strongly disagree	18	9.2%	38	6.1%	12	9.2%
		196	100.0%	620	100.0%	130	100.0%
20b) How often, if at all, do you feel burnt out because of your work?	Always	22	11.2%	60	9.7%	18	13.8%
	Often	76	38.8%	156	25.2%	38	29.2%
	Sometimes	66	33.7%	238	38.4%	54	41.5%
	Rarely	22	11.2%	134	21.6%	16	12.3%
	Never	10	5.1%	32	5.2%	4	3.1%
		196	100.0%	620	100.0%	130	100.0%
22a) I look forward to going to work.	Always	24	12.2%	54	8.7%	12	9.2%
	Often	72	36.7%	264	42.4%	46	35.4%
	Sometimes	66	33.7%	220	35.4%	50	38.5%
	Rarely	30	15.3%	62	10.0%	12	9.2%
	Never	4	2.0%	22	3.5%	10	7.7%
		196	100.0%	622	100.0%	130	100.0%
22b) I am enthusiastic about my job.	Always	42	21.4%	110	17.7%	30	23.1%
	Often	72	36.7%	278	44.7%	44	33.8%
	Sometimes	66	33.7%	184	29.6%	36	27.7%
	Rarely	14	7.1%	34	5.5%	18	13.8%
	Never	2	1.0%	16	2.6%	2	1.5%
		196	100.0%	622	100.0%	130	100.0%

Specialty (for the Medical and Dental occupational group): Other				Paediatrics		Pathology	
Question	Response	n	%	n	%	n	%
02a) I have unrealistic time pressures.	Always	176	12.1%	60	11.9%	12	9.4%
	Often	400	27.4%	184	36.5%	44	34.4%
	Sometimes	480	32.9%	212	42.1%	44	34.4%
	Rarely	312	21.4%	48	9.5%	24	18.8%
	Never	92	6.3%		0.0%	4	3.1%
		1460	100.0%	504	100.0%	128	100.0%
02b) I am able to meet all the conflicting demands on my time at work.	Always	152	10.4%	12	2.4%	8	6.3%
	Often	536	36.7%	156	30.7%	44	34.4%
	Sometimes	560	38.4%	192	37.8%	52	40.6%
	Rarely	180	12.3%	124	24.4%	16	12.5%
	Never	32	2.2%	24	4.7%	8	6.3%
		1460	100.0%	508	100.0%	128	100.0%
02c) I have adequate supplies, materials and equipment to do my work.	Always	332	22.7%	36	7.1%	12	9.4%
	Often	572	39.2%	188	37.3%	68	53.1%
	Sometimes	328	22.5%	168	33.3%	32	25.0%
	Rarely	180	12.3%	84	16.7%	4	3.1%
	Never	48	3.3%	28	5.6%	12	9.4%
		1460	100.0%	504	100.0%	128	100.0%
02d) There are enough staff at this organisation for me to do my work.	Always	160	11.0%	28	5.5%	8	6.3%
	Often	320	22.0%	88	17.3%	12	9.4%
	Sometimes	508	35.0%	160	31.5%	56	43.8%
	Rarely	292	20.1%	128	25.2%	28	21.9%
	Never	172	11.8%	104	20.5%	24	18.8%
		1452	100.0%	508	100.0%	128	100.0%
03b) On average, how many additional PAID hours do you work per week?	0 Hours	482	66.4%	162	63.8%	26	40.6%
	Up to 5 hours	120	16.5%	38	15.0%	10	15.6%
	6-10 hours	58	8.0%	32	12.6%	16	25.0%
	11 or more hours	66	9.1%	22	8.7%	12	18.8%
		726	100.0%	254	100.0%	64	100.0%
		224	30.8%	60	23.6%	28	43.8%
03c) On average, how many additional UNPAID hours do you work per week?	0 Hours	348	47.8%	140	55.1%	26	40.6%
	Up to 5 hours	98	13.5%	32	12.6%	10	15.6%
	6-10 hours	58	8.0%	22	8.7%		0.0%
	11 or more hours	728	100.0%	254	100.0%	64	100.0%
		516	35.3%	92	18.1%	28	21.9%
		484	33.2%	188	37.0%	48	37.5%
04e) My immediate manager (line manager) values my work.	Neither agree nor disagree	216	14.8%	112	22.0%	12	9.4%
	Disagree	144	9.9%	48	9.4%	20	15.6%
	Strongly disagree	100	6.8%	68	13.4%	20	15.6%
		1460	100.0%	508	100.0%	128	100.0%
	Strongly agree	230	31.6%	46	18.3%	18	28.1%
	Agree	268	36.8%	86	34.1%	26	40.6%
14e) I am satisfied with the opportunity for flexible working patterns.	Neither agree nor disagree	140	19.2%	70	27.8%	6	9.4%
	Disagree	50	6.9%	24	9.5%	12	18.8%
	Strongly disagree	40	5.5%	26	10.3%	2	3.1%
		728	100.0%	252	100.0%	64	100.0%
	Strongly agree	136	18.7%	22	8.8%	12	18.8%
	Agree	254	35.0%	74	29.6%	20	31.3%
14g) I achieve a good balance between my work life and my home life.	Neither agree nor disagree	168	23.1%	52	20.8%	12	18.8%
	Disagree	104	14.3%	72	28.8%	16	25.0%
	Strongly disagree	64	8.8%	30	12.0%	4	6.3%
		726	100.0%	250	100.0%	64	100.0%
	Strongly agree	116	15.9%	22	8.7%	8	12.5%
	Agree	248	34.1%	72	28.6%	24	37.5%
15b) The organisation values my work.	Neither agree nor disagree	186	25.5%	82	32.5%	16	25.0%
	Disagree	118	16.2%	42	16.7%	4	6.3%
	Strongly disagree	60	8.2%	34	13.5%	12	18.8%
		728	100.0%	252	100.0%	64	100.0%
	Strongly agree	140	19.3%	32	13.0%	10	15.6%
	Agree	254	35.0%	100	40.7%	24	37.5%
18b) There are opportunities for me to develop my career in this organisation.	Neither agree nor disagree	190	26.2%	46	18.7%	14	21.9%
	Disagree	104	14.3%	42	17.1%	10	15.6%
	Strongly disagree	38	5.2%	26	10.6%	6	9.4%
		726	100.0%	246	100.0%	64	100.0%
	Always	44	6.1%	22	8.9%	2	3.1%
	Often	134	18.5%	66	26.6%	22	34.4%
20b) How often, if at all, do you feel burnt out because of your work?	Sometimes	296	40.9%	122	49.2%	22	34.4%
	Rarely	148	20.4%	26	10.5%	16	25.0%
	Never	102	14.1%	12	4.8%	2	3.1%
		724	100.0%	248	100.0%	64	100.0%
	Always	96	13.2%	26	10.4%	4	6.3%
	Often	304	41.8%	98	39.2%	32	50.0%
22a) I look forward to going to work.	Sometimes	262	36.0%	86	34.4%	16	25.0%
	Rarely	52	7.1%	32	12.8%	4	6.3%
	Never	14	1.9%	8	3.2%	8	12.5%
		728	100.0%	250	100.0%	64	100.0%
	Always	188	26.0%	48	19.2%	10	15.6%
	Often	298	41.2%	124	49.6%	24	37.5%
22b) I am enthusiastic about my job.	Sometimes	196	27.1%	50	20.0%	20	31.3%
	Rarely	32	4.4%	26	10.4%	6	9.4%
	Never	10	1.4%	2	0.8%	4	6.3%
		724	100.0%	250	100.0%	64	100.0%

Specialty (for the Medical and Dental occupational group): Psychiatry				Radiology		Surgery	
Question	Response	n	%	n	%	n	%
02a) I have unrealistic time pressures.	Always	44	10.6%	32	15.7%	84	12.7%
	Often	116	27.9%	44	21.6%	212	31.9%
	Sometimes	180	43.3%	72	35.3%	268	40.4%
	Rarely	64	15.4%	48	23.5%	72	10.8%
	Never	12	2.9%	8	3.9%	28	4.2%
		416	100.0%	204	100.0%	664	100.0%
02b) I am able to meet all the conflicting demands on my time at work.	Always	20	4.9%	12	5.9%	36	5.5%
	Often	160	38.8%	64	31.4%	240	36.4%
	Sometimes	148	35.9%	80	39.2%	260	39.4%
	Rarely	68	16.5%	36	17.6%	88	13.3%
	Never	16	3.9%	12	5.9%	36	5.5%
		412	100.0%	204	100.0%	660	100.0%
02c) I have adequate supplies, materials and equipment to do my work.	Always	52	12.6%	28	13.7%	56	8.4%
	Often	140	34.0%	72	35.3%	184	27.7%
	Sometimes	136	33.0%	60	29.4%	220	33.1%
	Rarely	52	12.6%	28	13.7%	136	20.5%
	Never	32	7.8%	16	7.8%	68	10.2%
		412	100.0%	204	100.0%	664	100.0%
02d) There are enough staff at this organisation for me to do my work.	Always	24	5.8%	28	13.7%	20	3.0%
	Often	80	19.2%	36	17.6%	176	26.5%
	Sometimes	116	27.9%	60	29.4%	192	28.9%
	Rarely	104	25.0%	44	21.6%	136	20.5%
	Never	92	22.1%	36	17.6%	140	21.1%
		416	100.0%	204	100.0%	664	100.0%
03b) On average, how many additional PAID hours do you work per week?	0 Hours	124	60.2%	60	60.0%	170	51.5%
	Up to 5 hours	34	16.5%	24	24.0%	66	20.0%
	6-10 hours	26	12.6%	10	10.0%	48	14.5%
	11 or more hours	22	10.7%	6	6.0%	46	13.9%
		206	100.0%	100	100.0%	330	100.0%
03c) On average, how many additional UNPAID hours do you work per week?	0 Hours	60	29.1%	48	47.1%	88	26.7%
	Up to 5 hours	106	51.5%	48	47.1%	144	43.6%
	6-10 hours	38	18.4%	6	5.9%	70	21.2%
	11 or more hours	2	1.0%		0.0%	28	8.5%
		206	100.0%	102	100.0%	330	100.0%
04e) My immediate manager (line manager) values my work.	Strongly agree	120	28.8%	28	13.7%	124	18.7%
	Agree	200	48.1%	80	39.2%	232	34.9%
	Neither agree nor disagree	52	12.5%	64	31.4%	176	26.5%
	Disagree	24	5.8%	24	11.8%	76	11.4%
	Strongly disagree	20	4.8%	8	3.9%	56	8.4%
		416	100.0%	204	100.0%	664	100.0%
14e) I am satisfied with the opportunity for flexible working patterns.	Strongly agree	34	16.5%	20	19.6%	32	9.6%
	Agree	82	39.8%	32	31.4%	104	31.1%
	Neither agree nor disagree	44	21.4%	20	19.6%	96	28.7%
	Disagree	34	16.5%	22	21.6%	68	20.4%
	Strongly disagree	12	5.8%	8	7.8%	34	10.2%
		206	100.0%	102	100.0%	334	100.0%
14g) I achieve a good balance between my work life and my home life.	Strongly agree	32	15.4%	8	7.8%	28	8.4%
	Agree	78	37.5%	40	39.2%	92	27.7%
	Neither agree nor disagree	44	21.2%	28	27.5%	92	27.7%
	Disagree	40	19.2%	14	13.7%	76	22.9%
	Strongly disagree	14	6.7%	12	11.8%	44	13.3%
		208	100.0%	102	100.0%	332	100.0%
15b) The organisation values my work.	Strongly agree	26	12.5%	6	5.9%	22	6.6%
	Agree	96	46.2%	34	33.3%	108	32.5%
	Neither agree nor disagree	52	25.0%	26	25.5%	96	28.9%
	Disagree	18	8.7%	18	17.6%	78	23.5%
	Strongly disagree	16	7.7%	18	17.6%	28	8.4%
		208	100.0%	102	100.0%	332	100.0%
18b) There are opportunities for me to develop my career in this organisation.	Strongly agree	38	18.4%	16	16.0%	34	10.2%
	Agree	108	52.4%	46	46.0%	152	45.5%
	Neither agree nor disagree	28	13.6%	18	18.0%	74	22.2%
	Disagree	18	8.7%	12	12.0%	42	12.6%
	Strongly disagree	14	6.8%	8	8.0%	32	9.6%
		206	100.0%	100	100.0%	334	100.0%
20b) How often, if at all, do you feel burnt out because of your work?	Always	16	7.7%	2	2.0%	48	14.4%
	Often	66	31.7%	24	24.0%	96	28.7%
	Sometimes	68	32.7%	38	38.0%	122	36.5%
	Rarely	42	20.2%	30	30.0%	56	16.8%
	Never	16	7.7%	6	6.0%	12	3.6%
		208	100.0%	100	100.0%	334	100.0%
22a) I look forward to going to work.	Always	14	6.7%	4	3.9%	22	6.6%
	Often	108	51.9%	42	41.2%	124	37.1%
	Sometimes	52	25.0%	26	25.5%	130	38.9%
	Rarely	22	10.6%	22	21.6%	46	13.8%
	Never	12	5.8%	8	7.8%	12	3.6%
		208	100.0%	102	100.0%	334	100.0%
22b) I am enthusiastic about my job.	Always	34	16.3%	12	11.8%	54	16.2%
	Often	112	53.8%	46	45.1%	130	38.9%
	Sometimes	42	20.2%	28	27.5%	102	30.5%
	Rarely	18	8.7%	8	7.8%	34	10.2%
	Never	2	1.0%	8	7.8%	14	4.2%
		208	100.0%	102	100.0%	334	100.0%

Equality, Diversity and Inclusion question	Response	Occupational Group: Medical and Dental		All other groups	
		n	%	n	%
25) What best describes your gender?	Female	1724	53.6%	16884	71.0%
	Male	1134	35.3%	5054	21.3%
	Non-binary	<10		48	0.2%
	Prefer not to say	310	9.6%	1625	6.8%
	Prefer to self describe (please specify)	40	1.2%	154	0.6%
		3214	100.0%	23765	100.0%
26) Is this the same as the sex you were assigned at birth?	No	18	0.6%	116	0.5%
	Prefer not to say	264	8.3%	1291	5.5%
	Yes	2890	91.1%	22261	94.1%
		3172	100.0%	23668	100.0%
27) Which of the following terms best describes your sexual orientation?	Asexual	14	0.4%	288	1.2%
	Bisexual	80	2.5%	695	2.9%
	Gay or lesbian	100	3.1%	632	2.7%
	Heterosexual or Straight	2550	79.7%	19618	82.7%
	Prefer not to say	404	12.6%	2205	9.3%
	Prefer to self-describe (please specify)	52	1.6%	287	1.2%
		3200	100.0%	23725	100.0%
28) Age	16-20	10	0.3%	109	0.5%
	21-30	308	9.6%	3189	13.4%
	31-40	644	20.0%	5143	21.6%
	41-50	886	27.6%	5877	24.6%
	51-65	986	30.7%	7351	30.8%
	66+	44	1.4%	248	1.0%
	Prefer not to say	336	10.5%	1925	8.1%
		3214	100.0%	23842	100.0%
29) Which race or ethnicity best describes you?	Another race or ethnicity – please identify	50	1.6%	218	0.9%
	Arabic	44	1.4%	24	0.1%
	Asian / British Asian: Bangladeshi	14	0.4%	50	0.2%
	Asian / British Asian: Chinese	34	1.1%	56	0.2%
	Asian / British Asian: Indian	216	6.7%	339	1.4%
	Asian / British Asian: Other	54	1.7%	160	0.7%
	Asian / British Asian: Pakistani	40	1.2%	46	0.2%
	Black / British Black: African	50	1.6%	170	0.7%
	Black / British Black: Caribbean	12	0.4%	38	0.2%
	Black / British Black: Other	<10		15	0.1%
	Mixed Race: Asian & White	20	0.6%	66	0.3%
	Mixed Race: Black & Asian	<10		<10	
	Mixed Race: Black & White	12	0.4%	63	0.3%
	Mixed Race: Other	124	3.9%	803	3.4%
	Prefer not to say	424	13.2%	1783	7.5%
	Traveller: Gypsy or Roma	<10		11	0.0%
	Traveller: Irish	<10		14	0.1%
	White: British (British / English / Northern Irish / Scottish / Welsh)	1860	57.9%	18622	78.0%
	White: European	212	6.6%	1223	5.1%
	White: Irish	38	1.2%	154	0.6%
		3210	100.0%	23861	100.0%
30) What do you consider your religion to be?	Buddhist	36	1.1%	96	0.4%
	Christian	1124	35.4%	9192	38.8%
	Hindu	140	4.4%	128	0.5%
	Jewish	<10		101	0.4%
	Muslim	108	3.4%	161	0.7%
	No religion	1142	35.9%	10691	45.1%
	Prefer not to say	528	16.6%	2726	11.5%
	Prefer to self-describe (please specify)	92	2.9%	572	2.4%
	Sikh	<10		23	0.1%
		3178	100.0%	23690	100.0%
31) Do you have an impairment that can affect day-to-day activities?	No	2542	79.4%	17808	74.8%
	Prefer not to say	326	10.2%	2195	9.2%
	Yes	332	10.4%	3794	15.9%
		3200	100.0%	23797	100.0%



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Health Education and
Improvement Wales (HEIW)

Evaluation Report – Apprenticeships in NHS Wales

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Key Findings

Data returned from the Welsh health board and trusts (HBT) indicate that there are nearly 2500 apprentices in NHS Wales, 56% following non-healthcare frameworks (glossary). The framework with the largest number of healthcare apprentices is Clinical Healthcare Support (FR05001) with 675 apprentices at levels 2 and 3. Overall 27% of apprentices are studying a qualification at level 2, 47% at level 3, 20% at level 4, 5% at level 5 and 1% at level 6 within their chosen framework.

It is not currently possible to triangulate data to establish reliable information or draw reliable conclusions relating to the use of apprenticeships in NHS Wales. Each of the main data sets, whichever source is utilised, have significant data errors or omissions. There is a future need to establish a reliable data source to enable the identification of trends and inform future opportunities and direction. HEIW are best placed to influence the data collated by the health boards and trusts and should work with them to establish methodologies which enable reliable data collation and reporting.

Health boards and trusts can request and receive the most reliable source of data from their training providers (TP). However, there is a level of unfamiliarity within health boards and trusts surrounding the data which can be requested from the TPs, compounded by the TP only providing the information requested by individual health boards. This has created a situation whereby the same training provider will provide different levels of information to different health boards and thus the availability of data to HEIW is currently limited and disjointed.

Health boards with staff in a centralised apprenticeship role tend to actively collate and report on apprenticeship data with greater regularity. Where this role to support apprenticeships is divided between multiple members of staff and/or there is no requirement to report against apprenticeship figures, the data becomes unfamiliar and more ad hoc.

HEIW needs to work with all Welsh HBTs to inform them of the data they can request from the TP and encourage the development an understanding of apprenticeship data, leading to standardised returns and centralised all-Wales reporting. For HEIW to be able to provide analysis of apprenticeships in NHS Wales in the future there is a need to create a more standardised approach to data gathering. This data should also be shared with HEIW on a more regular basis to enable trend analysis and to facilitate a reason for the collation of a reliable data set by health boards and trusts. It is recognised that this process should not be onerous to the health boards and trusts to ensure engagement with the process, especially for those organisations which do not have centralised apprenticeship staff.

Recommendations

1. HEIW will gather quantitative data to provide reliable insight into the use of apprenticeships in NHS Wales and enable trend analysis.
2. HEIW will work with NHS Wales organisations to increase awareness of the processes available for the recruitment of new and existing apprentices.
3. HEIW will work with all-Wales groups (Apprenticeship Steering and Leads groups) to establish methodologies for measuring the impacts of apprenticeships on service provision.
4. HEIW will develop a long-term vision, for agreement with all-Wales groups and NHS organisations, that supports a sustainable health-based apprenticeship learning and skills development pathway for education at levels 2-6.

Recommendation: HEIW will gather quantitative data to provide reliable insight into the use of apprenticeships in NHS Wales and enable trend analysis.

Actions

- Create two all-Wales standardised forms:
 1. A data request form from HBTs to TPs. This will support HBT to gather the range of data which can be requested from TPs
 2. A data return form to HEIW. This will enable all-Wales data reporting and trend analysis, facilitating ongoing reporting to Executives.These forms will enable further qualitative and quantitative data including destination, retention, attainment and reason for leaving/non completion data.
- Continue working with both internal and external ESR representatives to influence the data input and development of ESR to consider a Welsh perspective.

Recommendation: HEIW will work with NHS Wales organisations to increase awareness of the processes available for the recruitment of new and existing apprentices.

Actions

- Develop an all-Wales form to encourage the HBT to centrally process apprenticeship applications.
- Encourage the sharing of best practice and develop materials to help increase awareness amongst managers to embed apprenticeship recruitment as a standardised consideration for recruitment approach.

Recommendation: HEIW will work with the HEIW all-Wales groups (Apprenticeship Steering and Leads groups) to establish methodologies for measuring the impacts of apprenticeships on service provision.

Actions

- Establish recognised impacts (benefits and risks) with Apprenticeship Lead group to enable tracking and reporting with defined parameters
- Engage with HBT to share best practice when gathering learner voice surveys

Recommendation: HEIW will develop a long-term vision, for agreement with all-Wales groups and NHS organisations, that supports a sustainable health-based apprenticeship learning and skills development pathway for education at levels 2-6.

Actions

- Discuss with Medr, alternative funding and delivery mechanisms to ensure equality of accessibility to the range of qualifications hosted within the health-based apprenticeship frameworks.
- Review the frameworks for currency and validity.
- Work with a range of health-based sectors to develop appropriate accredited qualifications between Credit and Qualifications Framework for Wales (CQFW) levels 2-6, including consideration of impact of using degree apprenticeships.

Introduction

HEIW are the recognised development partner of Medr for healthcare apprenticeship frameworks in Wales. This gives HEIW the remit to develop new and maintain existing healthcare frameworks to ensure the currency and suitability for service provision, whilst meeting Medr and the *Specification of Apprenticeship Standards for Wales* (SASW) requirements. Medr is responsible for funding and regulating the tertiary education sector in Wales and has responsibility for the approval of new apprenticeship frameworks. Welsh Government (WG) develops the associated policy for the strategic direction of apprenticeships in line with wider social and economic policies.

Within Wales there are over 120 apprenticeship frameworks which cover multiple sectors of the economy. Data published by Medr for all apprenticeships indicates:

- Healthcare and Public Services apprenticeships were the most popular sector in 2023/24 Q3 with 2,305 programmes started. This accounted for 50% of all apprenticeship learning programmes started.
- 42% of apprenticeship learning programmes started were by learners aged 25 to 29 in Q3 2023/24 compared to 44% in Q3 for the previous year.
- Compared to 2022/2023: level 2 foundation apprenticeships starts decreased by 28%, level 3 decreased by 16% and level 4+ decreased by 28% (for further data see [appendix 1](#))

Source: [Apprenticeships learning programmes started: February to April 2024 \(provisional\)](#) - Medr

Currently health-based apprenticeships within healthcare in Wales exist at levels 2-5 and sit within 12 Frameworks ([appendix 2](#)) and 2 Health & Social Care frameworks. There are over 105 non-health-based apprenticeships in areas such as Business Management, Accountancy, Engineering, Hospitality, Construction, Digital Skills for Business, HR and Warehousing; the full range of available frameworks can be found on the [ACW library](#). HEIW is not the recognised development partner of Medr for these frameworks and has no influence over their development or content.

There are no degree level healthcare apprenticeships currently available in Wales. In 2023 WG carried out an evaluation of the Degree apprenticeship programme in Wales ([Evaluation of the Degree Apprenticeship programme: final report \(summary\) \[HTML\] | GOV.WALES](#)). In the same year HEIW conducted a consultation across the health sector into the appetite for degree apprenticeships in healthcare services ([Evaluation Report – Healthcare Degree Apprenticeships \(nhs.wales\)](#)). There are currently only four degree-apprenticeships available in Wales. Of these, only the Digital Degree Apprenticeship is utilised by NHS Wales HBTs.

The purpose of this 2024/5 HEIW data research was to establish base line quantitative data to inform Executives of the breadth, use and impact of apprenticeship frameworks and qualifications in NHS Wales. The intention is to include data for healthcare and non-healthcare frameworks. The research was not intended to offer any solutions to operational activity or implementation methodology, this would come in later stages of any developments, with the data utilised to inform future apprenticeship direction.

The breadth of research included statistics and data provided by WG and Medr, all seven NHS Wales health boards, Public Health Wales, Velindre University NHS Trust, WAST and HEIW.

Data was gathered from three sources:

- Medr and Welsh Government - this data was provided digitally following a direct request and utilising data in the public domain.

- NHS Wales organisations - HEIW met with Apprenticeship Leads and/or Educational Leads within each of the NHS Wales organisations to gather data and to hold conversations on their wider apprenticeship processes.
- Employment Service Records (ESR) - Data was gathered through data requests drawn from the ESR system.

The research invoked many operational based questions and highlighted the diversity of approaches to apprenticeship management and data capture across the NHS Wales organisations. It is due to this diversity that one all-Wales approach is likely to be neither effective nor possible to achieve in the short term.

HEIW took care to ensure clarity of intent and created a standardised meeting format to ensure that all HBTs were asked the same questions. This has enabled comparison of data and allowed the identification of themes and trends within the data ([appendix 3](#)). Inevitably, the qualitative data collection led to wider conversations, which were outside the scope of this piece of research. These comments have been retained but do not form part of this report.

Some of the questions in the research were intentionally binary to enable gathering of generic data statistics. Further comments sections were included to encourage fuller answers of such a complex and rich topic area.

Wider context of Apprenticeships in Wales

Welsh Government (WG) initially identified their priorities for apprenticeships in Wales in the 2017 report *Aligning the Apprenticeship model to the needs of the Welsh Economy* [Apprenticeship policy plan](#). At this time their priorities were summarised as:

- increasing the number of school leavers that take on apprenticeships
- addressing skills shortages by developing apprenticeships in growing and emerging sectors
- developing higher level skills by focusing on apprenticeships at level 4 and above – to ensure benefits in terms of wage returns and career progression are available
- developing skills pathways by integrating apprenticeships into the wider education system
- increasing the number of people of all ages who can access apprenticeships
- focusing on the achievement of meaningful and sustainable employment
- ensuring that opportunities are easy to access, to apply and recruit for
- delivering Welsh and bilingual apprenticeships
- establishing a system to make sure apprenticeships meet the needs of employers

Funding for apprenticeships is devolved from the UK government and whilst the WG receive a share of the apprenticeship levy, allocated via the Barnett formula, it is not ringfenced. Welsh ministers allocate resources in their budget according to Welsh priorities. c£4billion⁴ was raised by payments into the UK levy (23/24), of which c£500million¹ was paid out to the devolved nations, it is unknown what proportion of this £500m was received by the WG⁵. There is no obligation on the WG to allocate the full payment to apprenticeships in Wales as education is devolved, it is their decision how to allocate the budget received from the UK government. The WG is not privy to how much employers in Wales pay into HM Revenue & Customs. The value of apprenticeship commissioning programme contracts for 2024/2025 was £134 million divided between the ten contract holders ([appendix 4](#)). An additional £9.4 million is allocated in 2024/2025 for level 6, degree apprenticeship provision in Wales. Medr have indicated that there is no intention to fund level 7 apprenticeships or any new degree apprenticeships in the next financial year (this is currently seen in England through the provision of level 7 apprenticeships), although with the changes to the Levy announced in

September 2024 by the new Labour government, it is believed that this area of UK funding will be reduced ([Prime Minister overhauls apprenticeships to support opportunity - GOV.UK](#))

Year	Value	Change
2021/2022	£125,499,756	
2022/2023	£148,625,356	Increase 18.5%
2023/2024	£156,056,624	Increase 5%
2024/2025	£134,520,000	Decrease 13.8%

Fig 1⁶ Apprenticeship commissioning in Wales 2021-2025

Apprenticeship funding is drawn down by one of the 10 contracted TPs and used by them or sub-contractors to deliver and assess the qualifications using a variety of delivery models ([appendix 5](#)).

⁴ Association of Employment and Learning Providers (AELP)

⁵ HEIW made requests to Medr who were unable to provide this data. This is consistent with Senedd requests also being unanswered.

⁶ [Apprenticeships - Medr](#)

Data capture methods

There is no consistency across health boards and trusts (HBTs) around apprenticeship data collection. Some HBTs collate data on their own spreadsheets whilst others use ESR (which brings challenges, see [ESR section](#)). The majority of HBTs rely on the training provider (TP) for their apprenticeship data in relation to starts, progress and completion statistics. Where HBT have developed strong relationships with individual TPs this data is provided monthly, where this relationship is less well developed the data is provided upon request. There is no consistency of the data provided, with the same TP providing different information to different HBTs, it appears that the only data provided is that which is requested. The quality of the data received is dependent on the knowledge of the HBT requesting it and their awareness of what can be requested.

This causes problems for central data collation as the same data is not available from each HBT. This is compounded where apprenticeships are not administered centrally within the HBT as the data is not 'owned' and therefore not managed. Some HBTs have different systems for new apprentices and existing apprentices⁷ which further complicates data capture.

Quantitative data

There are currently 12 Healthcare apprenticeships frameworks which contain 38 qualifications which have been developed at the request of health boards in response to clinical and non-clinical need. 53% of these qualifications are currently available to learners within NHS Wales organisations. The remaining qualifications are not available due to TPs not delivering them and/or health boards being unable to assess/offer them largely due to faculty time pressures. The fact they remain unavailable is likely to be having a negative impact on the development of new and existing staff in NHS Wales, and by association, on service provision and staff retention/development.

There are two Health and Social Care frameworks which contain 19 qualifications. 100% of these qualifications are delivered by TPs and available to NHS Wales organisations.

In addition to the health-based frameworks there are potentially over 105 non-health based frameworks available to NHS organisations. 56% of apprentices in NHS Wales are currently undertaking non-healthcare apprenticeships (excluding Health and Social Care)⁸. HBT's data indicates that the most utilised of these are Business Administration, Management and digital frameworks (which include Digital Skills for Business, Data Analyst, Digital Application Support, Digital Learning Design and the Digital degree apprenticeship).

Publicly available data (Secondary data)

Framework completion rates across all sectors in Wales were 72% for academic year 2022/2023 and 68% for healthcare apprenticeships for the same period (data from Medr). The lowest

⁷ New apprenticeships - apprentices who are recruited directly into an apprenticeship role as a new member of staff. Existing apprenticeships – apprentices who are already employed in NHS Wales and using an apprenticeship framework for upskilling/promotion etc.

⁸ Source: [Sta/Medr/07/2025 Learner outcome measures for apprenticeships, August 2023 to July 2024](#)

apprenticeship completion rates across all sectors in Wales is amongst low-earning apprentices living in deprived areas (fig 2), the same socioeconomic strata also see the highest attrition rates (fig 3).

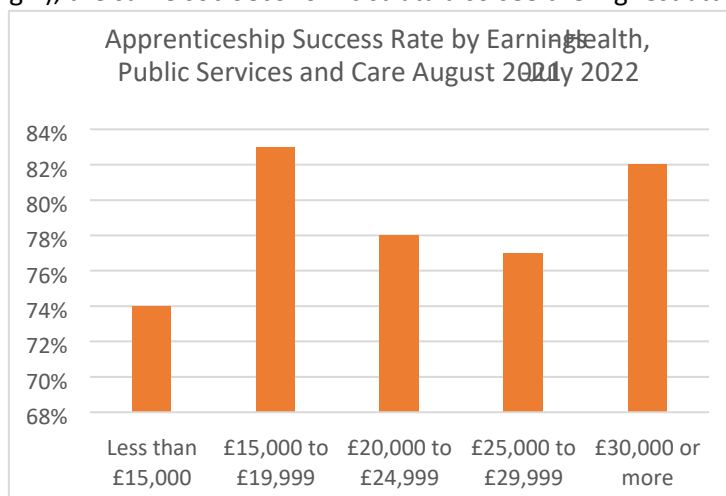


Fig 2

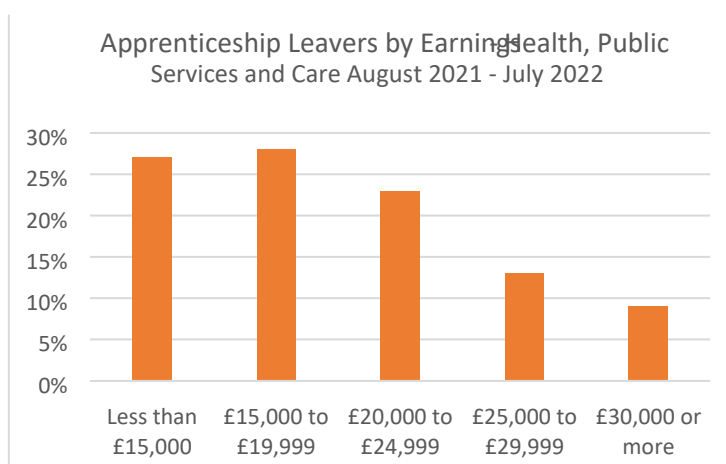


Fig 3

Source: Lifelong Learning Wales Record (LLWR), Longitudinal Education Outcomes Study, Welsh Index of Multiple Deprivation (WIMD) 2019

Overall success rates of apprenticeship rates are still below pre-pandemic levels. Healthcare and Public Services has been one of the strongest recovering sectors post-pandemic, with the success rate increasing by 15% from 2021/2022 to 2023/2024 (fig 4). The success rate for this sector is still 11% below the last seen pre-pandemic figure. Health and Public Services accounted for 42% of all apprenticeship completions in 2023/2024⁵.

⁵ Source: [Sta/Medr/07/2025 Learner outcome measures for apprenticeships, August 2023 to July 2024](#)

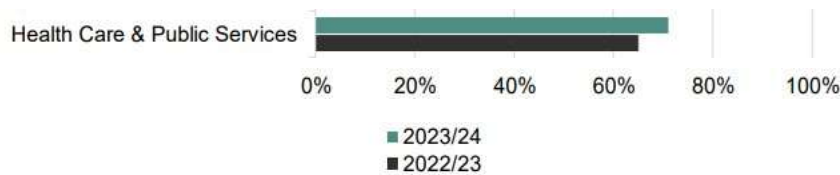


Fig 4: Apprenticeship Success rate by Sector Area

Fig 5 demonstrates that the age group most likely to succeed in their apprenticeships in 2022/2023 were aged 19 with an 80% pass rate, and whilst success rates remain below pre-pandemic levels there had been some recovery on all age groups in 2023/2024, except for 17-year-olds.

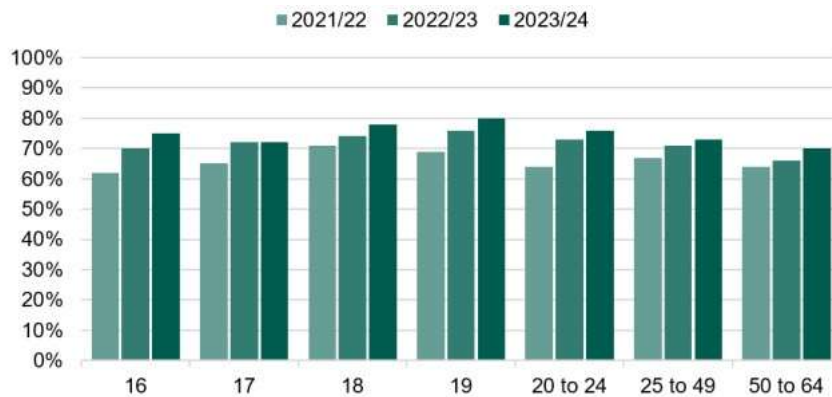


Fig 5: Apprenticeship success rate by age at the start of the apprenticeship

It is difficult to determine the reasons for apprentices failing to complete their apprenticeships in NHS Wales, as this data is not gathered by most HBTs. However, fig 6 does provide all sector data for 2023-2024.

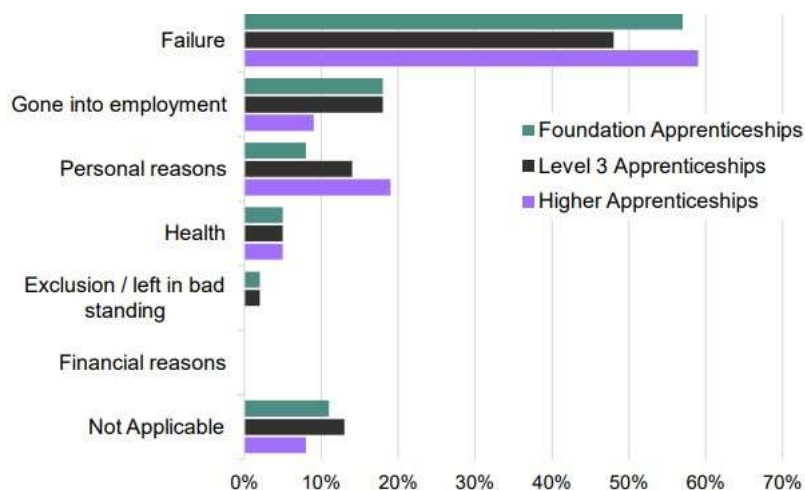


Fig 6

Fig 4, 5 and 6 data source: [Sta/Medr/07/2025 Learner outcome measures for apprenticeships, August 2023 to July 2024](#)

Of the learners who did not complete their higher apprenticeship, 59% ended in failure, the next most common reason was 'personal reasons' (19%). This contrasts with level 3 and foundation apprenticeships where the second most common reason after failure was 'gone into employment'.

For a level 2 foundation apprenticeship, 57% failed to gain their apprenticeship with gone into employment being the next highest reason at 18% (fig 6).

Healthcare sector data demonstrates that whilst success rates may still not have recovered to pre-pandemic levels by 2022/2023, the number of apprenticeships starting in the sector has grown each year since 2018/2019 (fig 7). With the data showing an average annual increase of 14.7% and the largest increase occurring between 2021/2022 and 2022/2023; 19%.

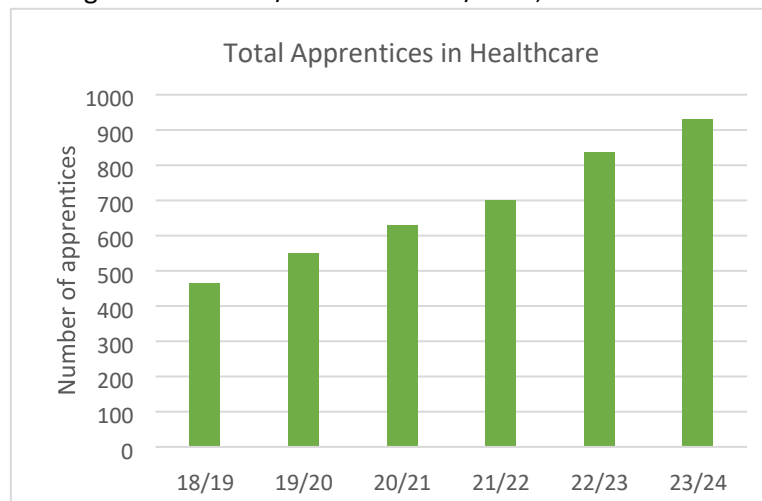


Fig 7

Fig 8 shows how these apprenticeship starts in healthcare are allocated between qualifications. With most starts consistently being in Clinical Healthcare Support at levels 2 and 3. Many of these qualifications seemingly showing a two-year cycle of peaks in the start rate.

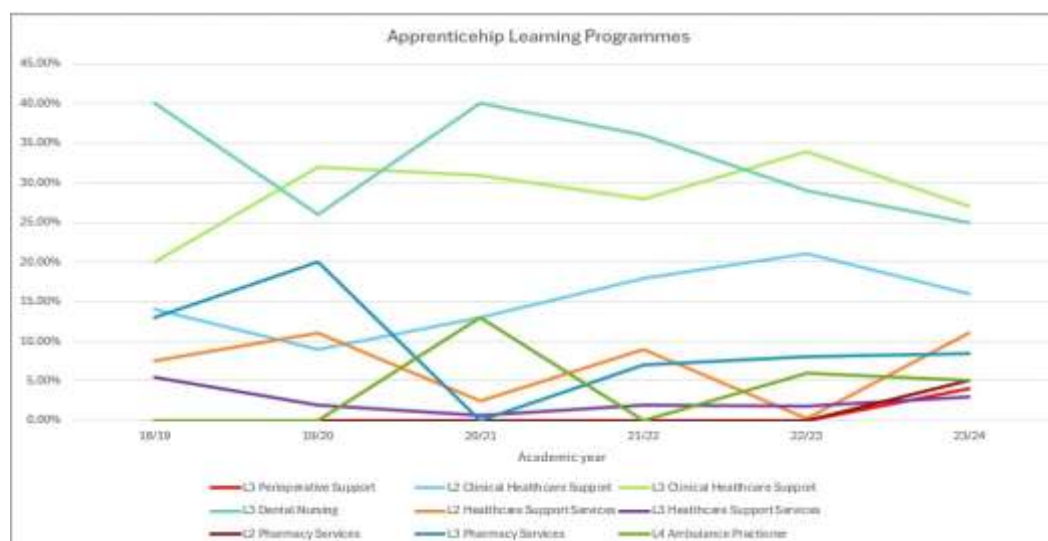


Fig 8

Fig 7 and 8 data source: [Apprenticeship learning programmes started by quarter, sector and programme type.](#)

Health board data (Primary Data)

Due to General Data Protection Regulations (GDPR) it is not possible for HEIW directly approach the TPs for access to learner data. The request for data information was therefore made to the HBTs by

HEIW. This data was gathered to enable a quantitative and qualitative overview of apprenticeships in the health boards to be gathered. Contracts of employment for Dental Nursing apprentices are between the dental practice and not with NHS Wales, therefore they are not counted as NHS Wales apprentices and not included in the data return⁹.

There are several acknowledged data errors in the data set including:

- data for one health board represents only new apprentices as it was not possible to determine (from the data received from the TP or HB records) the number of existing staff currently on an apprenticeship programme. The TP did not provide information which distinguishes between learners registered against other commercial funding streams and those registered as apprentices.
- some HBT data identified learners on level 7 apprenticeships – this is not possible as there is no apprenticeship funding at level 7.
- framework numbers are not used as identifiers, causing ambiguity for some apprenticeships/qualifications
- qualification titles vary, with some following routes within the qualification, causing ambiguity as to which framework apprentices should be allocated.

A robust relationship between the HBT and the TP has a direct positive impact on the reliability, consistency and usefulness of the data received. Some HBTs have also reported an increase in completion rates where the relationship between HBT and TP has been strengthened.

Some HBT do not gather their own apprenticeship data and are reliant on the data being received from the TP.

In this situation it is not always possible to track which apprentices are over expected end date (OED). Generally, HBTs which control applications via a centralised form can record this data as they have an accurate start date for each apprentice.

Most HBT are unable to determine if lack of attainment¹⁰ is due to a failure to complete the Essential Skills

Wales (ESW) qualifications or the core qualification(s). However, there is anecdotal evidence gathered by some HBTs that suggests where ESW are front-loaded and non-contextualised, apprentices have a higher likelihood of leaving the programme before completion. Most TPs front-load the ESW element of the apprenticeship as historically there is a larger drop off in attainment when the apprentice receives their core qualification first. Where the HBT can track progress, positive actions include putting a tailored action plan in place with actions such as additional support, revised deadlines and alternative assessment methods are offered to encourage attainment.

HBTs which seem to have a more detailed data capture and tracking system appear to be those who have obligations to report internally on apprenticeship data to Senior Management Teams or People Services.

⁹ Figures for Dental Nursing apprenticeships have not been included: the Dental faculty at HEIW confirmed there were 'no dental apprentices in any job role in the health boards' at the time of data collation.

¹⁰ Attainment is defined as apprentices claiming their apprenticeship qualification, which requires attainment of both ESW and core qualification(s).

Many HBTs are not currently aware of reasons for early leavers¹¹ as this is not information widely received from the TP or gathered through learner voice feedback. One HBT which actively gathers this data records the following as the main reasons for apprentices not completing their qualification(s):

- transfer to another health board
- leave role before the apprenticeship is completed.
- a lack of time to complete the qualification
- ill health
- struggles with ESW
- going to university

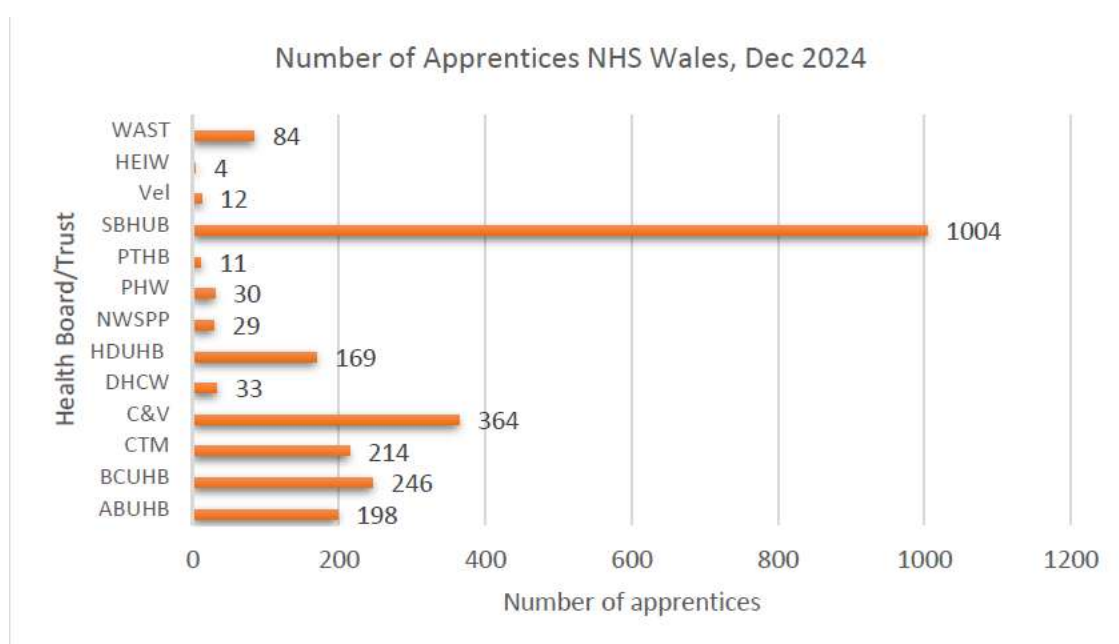


Fig 9

There are 2398 apprentices in NHS Wales (fig 9). SBUHB have the highest number of recorded apprentices across 26 frameworks. HEIW have the fewest apprentices. Data for HBTs where one point of contact for apprenticeship data could not be identified, was challenging to collect.

¹¹ Early leaver: an apprentice who leaves their learning programme without completing or attaining, prior to the expected end date

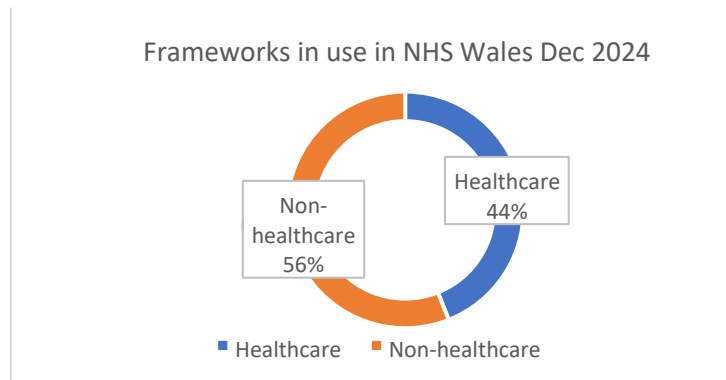


Fig 10

Data submitted by HBT indicates just under half of all apprentices in NHS Wales are undertaking qualifications which sit in a healthcare framework (fig 10) and that nearly half of all apprentices in NHS Wales are undertaking a level 3 qualification within an apprenticeship framework. The smallest percentage is for level 6, this is likely due to the only level 6, or degree level, framework which can be utilised within NHS Wales is the Digital degree pathway (Fig 11). The Clinical Health Support framework at levels 2 and 3 account for 28% of active apprentices in NHS Wales⁹. This supports the expectations of the '[Developing Excellence in Healthcare An NHS Wales Skills and Career Framework for Healthcare Support Workers supporting Nursing and the Allied Health Professions](#)', 2018.

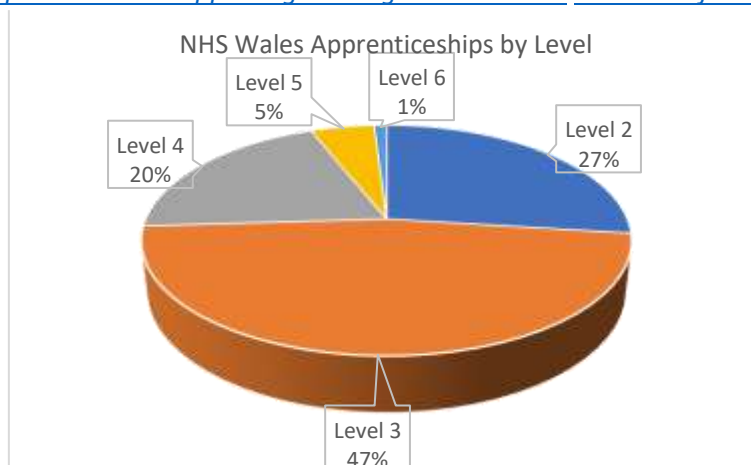


Fig 11

Medr currently has 23 classifications of frameworks on their library ([Find an Apprenticeship Framework | Apprenticeships](#)). Applying these classifications to the frameworks utilised across NHS Wales allows identification of usage by sector. The greatest number of apprentices are completing Healthcare frameworks, with the second largest completing Business and Management frameworks (fig 12).

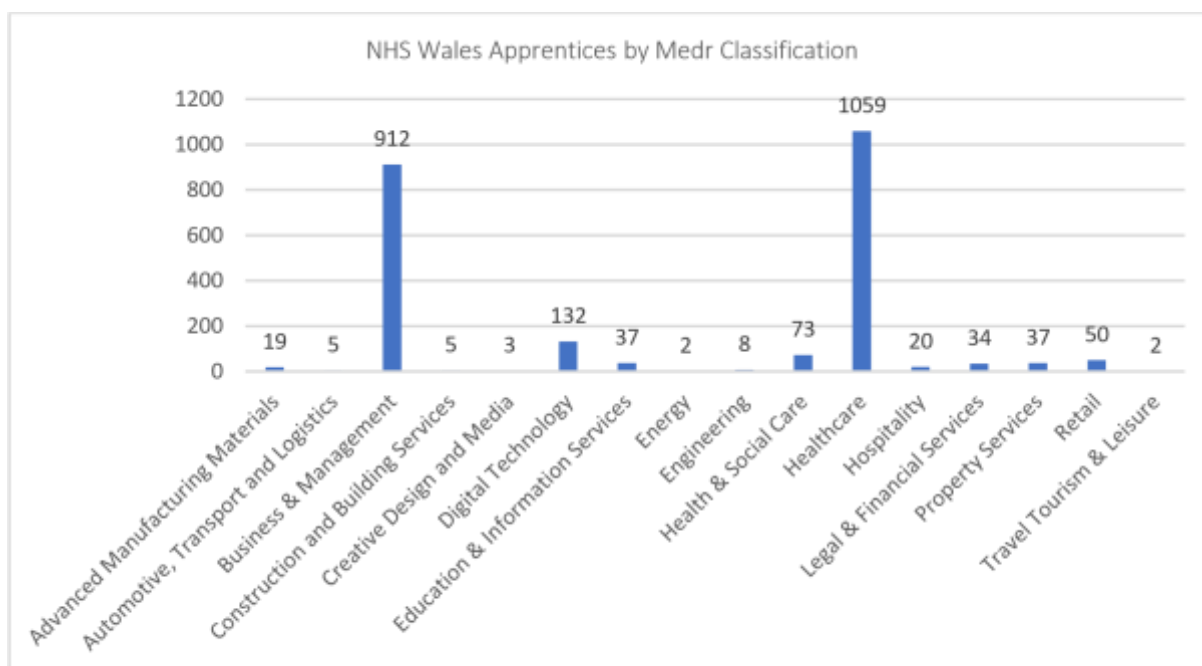


Fig 12

Fig 10, 11 and 12 data source: Primary data from NHS Wales NBTs ([appendix 6](#))

⁹ [Appendix 6](#): Primary data gathered by HEIW from HBTs Dec – Jan 2024/2025

Funding

Apprenticeship funding and development in Wales is devolved to the WG by the UK government. Levy payers in Wales do not receive a direct return from their contribution to the Apprenticeship Levy, which costs NHS Wales approximately £25.5m a year.

Calculating the funding rate of an apprenticeship allows employers to calculate a value for a return on their investment as an Apprenticeship Levy payer and allows for a quantitative monetary value to be identified for the training received through an apprenticeship. At the time of writing the report, funding rates for each framework were not publicly available. Unsuccessful requests were made to Medr for this information to enable these calculations to be made. Therefore, it has not been possible to calculate a return for NHS Wales organisations on the levy payment. Guidance has been received from Medr which indicates that on the new WG apprenticeship library ([Apprenticeship learning programmes started by quarter, sector and programme type](#)), each framework will have the funding rates available to view, but this area of the new web page has not yet been completed.

Recruitment and Employment of Apprentices

HBTs approach recruitment and employment of apprenticeships differently.

Some HBTs encourage internal departments to approach the Apprenticeship Lead with band 2 and 3 vacancies to establish if the vacancy is suitable for an apprenticeship position prior to advertising the post. Other HBTs have no focused development or practices for ensuring vacancies are considered for apprenticeship provision prior to going to advertisement.

Best practice by some HBTs include holding training sessions with management teams to ensure they are aware of the processes of recruiting an apprentice into a vacant position, increasing consideration and therefore apprenticeship vacancies. Other HBTs acknowledge that there is no apparent coordination between vacancies and consideration of an apprentice position with some unsure their Recruitment teams are confident recruiting an apprentice, resulting in low rates of apprenticeship vacancies and due to low management buy in.

HBTs actively engaging with managers can highlight the potential cost savings of recruiting an apprentice into a vacancy. By utilising Annex 21, it is possible to recruit and pay the apprentice above minimum apprenticeship wages ([Are you an Apprentice? - Check Your Pay](#)), thus increasing the appeal of the position to potential apprentice applicants whilst paying 75% of the band. Evidence presented in figs 2 and 3 supports the qualitative opinion that paying an apprentice a higher rate is likely to lead to greater completion. One HBT identified they have a target of reaching a position where all band 2 vacancies are advertised as apprenticeship positions. In several cases it is reported that managers only think about an apprenticeship position after they have unsuccessfully tried recruiting into the position as a substantive role first.

Recruiting new apprentices

All HBTs confirmed that they advertise apprenticeship vacancies via the apprenticeship section of TRAC. Internal promotion of apprenticeship vacancies takes place using a variety of resources including the HBT intranet pages and web pages.

A small number of the HBTs have a rolling budget for apprenticeship recruitment, thus ensuring the recruitment of minimum numbers of apprentices each year. Funding restrictions have been a factor in reduced apprenticeship recruitment. One HBT stated that the vacancy rates for apprenticeships is low as the number of vacancies recognised as viable for apprenticeships is low.

Employment contracts for apprentices vary, some HBTs acknowledging that there are difficulties in standardising the terms and conditions of apprenticeship contracts. Some health boards offer a fixed term contract for the period required to complete the qualification. One stated advantage being that if the apprentice is not a 'good fit' it is not necessary to move them to a substantive post. A recognised negative impact of a fixed term contract is that when a permanent position is advertised for the same role, the apprentice can apply for this role and if successful, will leave their apprenticeship before completing.

Some HBTs offer a substantive position to the apprentice from initial recruitment. Where used, HBTs report an increase in the recruitment success rate as the apprentice is assured a position after the qualification has been achieved. There are also examples of HBTs having different contract arrangements for different sectors. Examples of this include where apprentices recruited into sectors, other than healthcare, have a destination job identified, but those recruited into healthcare do not. The reason for this was given as an inability to know the future workforce recruitment within healthcare roles.

Another contract model provided was that the apprentice remains supernumerary until they have completed 70% of their qualification, after which they are converted to substantive posts. The benefit for this approach is that it allows the HBT to move the apprentice between roles/wards. One HBT indicated that there is a clause built into the apprenticeship contracts which states that should the apprentice fail to complete the apprenticeship, then their contract is terminated.

Most HBTs indicate that they pay apprentices using annex 21 whilst others indicate that pay is set at the National Minimum Wage for apprentices. Some HBTs use a mixture of these approaches, initially recruiting on an apprenticeship wage, but upon completion of a Gateway review, they progress to

band 2. The HB that indicates use of this approach report a 94% success rate for progressing through the Gateway review.

Job descriptions are largely different for apprentices compared to their counterparts fulfilling similar nonapprenticeship roles.

Recruiting existing staff

Again, the methods used to recruit existing staff onto apprenticeships varies between HBTs. Some have a centralised system where all applications come into this central point via a training request form. This form must be signed by the staff member's manager and the apprenticeship team before being passed to the TP. The TP is aware, through built relationships, that without this form any apprentice cannot be placed onto a course. One benefit of this appears to be greater control of the data due to the increased awareness of apprentices starting learning programmes. This in turn also ensures that all apprentices receive support for the duration of their apprenticeship. Before the applicant is allowed to start their apprenticeship, they must have all mandatory/core training completed and an up to date PADR.

Where this centralised process is not used, individual managers can approach TPs directly. This has created several situations where the Apprenticeship/Educational Leads are not always aware of how many apprentices exist in the HBT or which courses they are following. This situation increases the data error for HBT data submissions.

Use of different recruitment systems for new and existing apprentices contributes to the differences in data reliability and in some cases availability of data from the HBTs.

Benefits/Risks and Impacts of Apprenticeships

Benefits

There is no standardised methodology for measuring the benefits and risks of apprenticeships in NHS Wales, nor an all-Wales recognition of potential benefits and risks.

Most HBTs acknowledge that the benefits and risks for the apprentice are gathered via learner evaluations at the end of the apprenticeship. This learner voice is not consistently heard across all HBTs. Differences in collating this feedback include:

- Some HBTs only ask apprentices completing certain frameworks and not all frameworks.
- Some HBTs ask all apprentices when they end their programme of study, whether they completed or not, whilst others only ask those who completed. Those HBTs that do gather learner voice data have developed their own feedback forms, the focus of which would appear to be gathering data to inform retention and the quality of the learning experience.
- Some HBTs do not collect the learner voice independently of the TP. They are aware that the TP collects this information, but it is not shared with the HBT.

Wider benefits and risks of apprenticeships is much harder to establish and measure.

Staff recruitment, retention and promotion

Apprenticeships enable HBTs to offer an opportunity for gaining a qualification as part of the recruitment promotion, helping to increase the interest in vacant positions.

Many health boards cannot specifically report against the impact of apprenticeships on retention and promotion. Some HBTs record this data as a separate entry in their own spreadsheets and can provide progression data e.g. promotion, movement to a new job, moved into higher level learning. Others indicate progression by indicating on ESR the individual has moved from band 2 to band 3. But as progression is generally not specifically recorded anywhere, many HBTs find it difficult to report against.

Retention rates for new apprentices moving into permanent positions are not recorded by all health boards. Where data can be provided, there is a data range of 30% to 93% of apprentices gaining permanent positions following successful completion of their apprenticeships. One HB is starting to track progression through feedback forms sent to learners. The national average for apprentices remaining in employment when the apprenticeship is finished is 92% (GOV.uk).

Many HBTs acknowledge that apprenticeships are a vital tool in succession planning and 'growing your own' initiatives believing they increase retention of staff. More HBTs record the retention of new apprentices within the health board than when apprenticeships are being used for upskilling of existing staff. There is also difficulty tracking apprentices who move through levels within the same framework and move between health boards.

HBTs acknowledge one benefit of apprenticeships for new apprentices is that the skill-based approach enables the apprentice to be more work ready upon completion of the apprenticeship. For frameworks being used with existing staff they underpin the practical knowledge and gives a recognised qualification that can be taken with the individual to other positions.

Apprenticeships are viewed by HBTs as an important way to attract a younger workforce; this is especially felt by some of the HBTs where there is a significant proportion of the workforce over 25. Data presented in fig 5 indicates that younger apprentices are more likely to attain their apprenticeship highlighting the importance of apprenticeships in longer-term workforce planning and progression pathways.

A few of the HBTs provided examples of where they actively recruit apprentices on a lower band with a view to utilising the apprenticeship pathway for progression as part of their grow your own strategy. One HBT stated that degree apprentices are only recruited from existing substantive staff demonstrating the importance of apprenticeships as a tool for offering progression opportunities and skills development.

Benefits to the learners

Whilst there was no quantitative data available indicating benefits to the apprentice, HBTs did provide the following qualitative insights from apprenticeship feedback:

- They feel recognised and have increased confidence in carrying out their roles
- They feel valued by the HBT and more likely to stay working in NHS Wales
- Earn whilst they learned. Some HBTs provided permanent employment from day one.
- The apprenticeship provided real world experience and skills they could apply direct to HB and role.
- As they were working whilst learning they felt they had a better insight into their role and felt more able to actively participate.
- As they were taking qualifications directly related to their career choice, they felt they had faster career progression
- They were integrated into their workplace practice and culture quicker.

- Work-study balance – where large cohorts of learners doing same qual (Facilities) encourage work group time for reflection and questions
- In addition to their main qualification, they also developed other skills such as time management, selfconfidence and communication.

Some HBTs use learner voice surveys/feedback to establish the impacts (positive and negative) upon the learners. However, not all HBTs do this so identifying specific impacts on the learner becomes harder to identify and quantitative data is not available.

Impact on service provision

HBTs report that using an apprenticeship allows skills and knowledge to be increased utilising funding external to NHS Wales and that they enable the building of a talent pipeline.

A positive impact on service provision is generally considered to be implied. This is due to increased skills and knowledge of apprentices, either remaining within the original field choice or informing and enabling a move to a different sector / role. In addition, some HBTs have commented that the increased positive attitudes, due to the individual feeling valued has a positive impact on service delivery.

HBTs referred to the apprenticeship being tailored to meet the HBT needs as individual managers were involved in unit choice, allowing qualifications to be tailored to meet service requirements and building competencies immediately relevant to HBT.

Risks:

Sustainability

HBTs have highlighted that the unavailability of 47% of the qualifications on the healthcare frameworks is seen as a risk to service provision due to restricted opportunities to develop staff. This is also exacerbated by limited staff capacity to carry out assessor responsibilities for qualifications which rely on clinical assessors due to TP not having competent staff to offer the qualification, either in part or as a whole. Where the service area has small numbers of staff, even when taken across Wales, the TP does not see a financial return on offering the qualification.

Even where TPs currently offer qualifications, there is no obligation for them to continue to do so. This results in a lack of sustainability in the system as HBTs are unable to ensure ongoing provision of key qualifications year on year. This is even evident in degree level apprenticeships with one TP unable to provide the same number of apprenticeship places. The inability to secure a sustainable delivery of key qualifications has had a direct impact on HEIW's procurement for pre-registration programmes at level 5. This is because the pathway is not available at level 4 to facilitate this progression.

Whilst a strength of apprenticeships is the collaboration between an individual's manager and TP to ensure the units chosen to meet the service need, there are reports from some HBTs that the TP restricts the choice of units. This undermines the benefits for service provision and is also creates differences in apprenticeship experience depending on locality and chosen TP.

Quality of delivery

Very few of the HBTs are given access to the learner's e-portfolio and so have little direct knowledge of an apprentice's progression on their qualification(s). In addition, few are aware of the quality of the TP delivery to their apprentices. It is not common practice for them to visit their TPs for quality purposes and only receive feedback from apprentices occasionally in the 'learner voice' feedback.

Where this feedback mechanism does not exist the opportunity to check on the quality of provision is further reduced. Where HBT quality checks have taken place issues which have been recorded include:

- Lack of inclusivity and undermining of learner confidence
- Negative trainer comments about the HBT
- Inappropriate discussions and language unchallenged by assessor
- Provision of incorrect information re further training available in HB
- Confidentiality and GDPR breaches

There are experiences where the TP has stated that they are the assessor only and so training, education and learning mechanisms are not provided as part of the qualification. This can mean that the training element of the qualification falls to the HBT and individual sector areas. A result of this the apprentices do not receive the same level of training across Wales leading to an inequality of provision and learning experience, depending on locality.

The progression of apprentices towards completion can be dependent upon the quality of the relationship built up between the HBT and the TP. Where this is strong, there is qualitative evidence which indicates information is shared and feeling of shared responsibility for the apprentice is fostered. However, where this relationship is weaker, the HBT is not always aware of a lack of progress and may not be aware that additional support for the apprentice could be required, leading to higher non-completion and attrition rates.

Data

There is a lack of a standardised approach to apprenticeship data recording across NHS Wales. In some instances, where ESR is used for data collection, the lack of flexibility in the system means that the data which is captured is unreliable. When the apprenticeship is not centrally managed by HBTs, there is an increased risk of reduced data continuity. E.g. only one health board reported any Pharmacy apprentices, but when HEIW Pharmacy faculty provided data, 8 health boards were recorded as having Pharmacy apprentices. Only 10% of pharmacy apprentices were identified from the health board request alone.

The data that is provided by the TP is not consistent and does not always provide sufficient detail. There have been occurrences where learners with the same names have not been identified by the TPs, which reduced the support the HBT could offer individual apprentices.

It was recognised by some HBTs that currently there is no driver to ensure data is gathered or is accurate as there is no obligation to report against it. It was recognised that a biennial request for data from HEIW might change this position.

General

It was also indicated that there was a lack of understanding surrounding apprenticeship options and how they can be made available within some of the HBTs. This was coupled with an expression around a lack of understanding of the funding mechanisms.

Where the qualifications and frameworks are providing opportunities in dynamic environments such as Digital Technology there was a concern about the ability for environmental changes to be reflected quickly enough in the education opportunities.

Apprenticeship contracts have been identified as a potential recruitment and retention risk. One of the reasons for attrition from apprenticeships has been identified as pay. Some HBTs have reduced this attrition rate by paying salaries with line with non-apprenticeship equivalents. Some offer

contracts on an Annex 21 basis, but some HBTs have reported that if a full-time position opens then the apprentice may apply for the full-time position as they will receive a higher salary. Some HBTs have suggested that they are considering a contractual tie-in for staff who are taken through an apprenticeship route.

Where a prolonged apprenticeship pathway is chosen, that is using increasing levels of qualifications to progress in the role, a risk has been identified of learner fatigue. In addition, where a pathway is being used it is not always possible to provide a seamless transition from one qualification to another due to a difference in the start dates and method of delivery provided by TPs.

A funding risk is related to the cost of backfill where apprentices are not available for work due to study leave. This has been exacerbated by recent limits to HBT funding and ability to spend on bank and agency staff to cover these shifts. Where more than one staff member is studying the same qualification at the same TP, this can increase this risk as it results in more than one member of staff on study leave at the same time.

Some TPs require face to face enrolment, even though delivery of content is to be undertaken remotely. For HBTs with more rural environments this is a risk to engagement as some potential apprentices cannot access enrolment.

Employment Service Record (ESR)

ESR is not used consistently for central data recording across all health boards. Whilst some health boards update ESR monthly or bi-monthly, others do not use it at all. Some HBT record their data independently on spreadsheets, or not at all (at least not in a central manner). Some health boards have indicated that due to time and staff restraints, they are unable to ensure complete data entry on a regular basis. An impact of this is that HEIW are unable to access a reliable central resource for current apprenticeship data and need to continue to ask health boards for data submissions to enable monitoring of apprenticeships across NHS Wales.

Health boards gave several reasons for either not using ESR or why ESR data is unreliable. These include:

- ESR loses the apprenticeship information when the learner is no longer listed as an apprentice. One health board did indicate that it is possible to 'log progress from a learner view but that this means too many clicks, enrolling and unenrolling to ensure all connected, leading to a bulky system'. IMPACT: HBTs are unable to track and monitor progression data following completion of an apprenticeship. During the research it was indicated that it may be possible to run this report, DHCW have undertaken a task to see if this is possible.
- Framework titles are not standardised, sometimes with three or four similar titles on the ESR database, reflecting only English apprenticeships.
IMPACT: Data entry by HBTs is inconsistent therefore ESR data is unreliable. It is not possible for a third party to know which Welsh apprenticeship framework is included in the data entry.
- ESR requests a unique training provider number to be entered against all training data (UKPRN), this process is 'clunky' and difficult to identify the right TP. The system also does not request confirmation that this is the correct training provider.
IMPACT: The system is not used due to non-user friendly data entry mechanisms, resulting in incomplete or incorrect data.

In some HBTs the need to enter training data on ESR is a role for the managers, this has resulted in data not being entered consistently or regularly. Some HBTs have overcome this by centralising this role within Apprenticeship Academies, but for the HBTs who do not have staff capacity for an allocated Apprenticeship Lead, this is not a viable solution.

Suggested improvements to ESR to facilitate speeding up data entry and to increase data reliability suggested by the health boards include:

- Ensure consistent framework title usage
- Use of framework number as the unique identifier
- Ability to identify qualification within the framework (e.g. richer data in terms of level, ILM Vs CLM)
- Improve the field 'reasons for discontinued'. The current information entered is not sufficiently detailed to identify a breakdown of the reason e.g. personal reasons
- Change how training is logged for the apprentice. If it is set as learner competency then this might be used as a way of logging apprenticeships on a national basis. Supplementary roles do not move between HBTs but competency will move with the learner.
- Centralised data entry to improve consistency and regularity of data entry, this is dependent on staff capacity.

As part of this data project HEIW has been working with ESR specialists to try and develop some of these requests. To date it has not been possible to include Welsh framework numbers or include Welsh specific framework titles due to the impact this would have on the English apprenticeships. Changes to ESR can only be actioned on an annual basis and so even if a change was granted – it would have to fall within the annual cycle of updates.

It increasingly seems that the way to ensure more accurate data is to develop and issue guidance to HBTs which directs them in the choice of which ESR heading should be allocated for Welsh Frameworks. This research project has highlighted pockets of ESR expertise, and utilisation of this, through tailored training, could be investigated.

Conclusion

Apprenticeships are an important route for enhancing **access to education and training** opportunities for individuals in NHS Wales. They provide a funded route which is becoming increasingly important as HBTs budgets are cut. At present there are nearly 2500 individuals currently within the level 2-6 apprenticeship system across 37 active frameworks in both healthcare and non-healthcare sectors. This highlights that apprenticeships are generally embraced as an education and training pathway for both new and existing staff within NHS Wales. However, there is an inconsistent approach to employment contacts and related issues for those recruited into NHS Wales as new staff. Approaches that support locality, retention and progression pathways for service delivery are welcomed.

Longer term considerations: To ensure apprenticeships are available and utilised, HEIW will work with NHS Wales organisations to increase awareness of the processes available for the recruitment of new apprentices. For new staff recruitments, HEIW will support sharing of best practice and collaboration to facilitate consistent internal messaging and understanding of the use of apprenticeships as a tool for recruitment. For existing staff, HEIW will support mechanisms to increase awareness of apprenticeship frameworks as a tool for staff development.

Improved **partnership working** between education providers and NHS Wales organisations is likely to lead to improved quality of data. The research suggests where stronger partnerships exist, the quality of data received by the NHS Wales organisation is better.

Longer term considerations: HEIW will work with HBTs and TP to develop centralised mechanisms which will strengthen and streamline an all-Wales onboarding of learners to enable a clear and transparent HBT monitoring of all apprenticeship starts.

Data triangulation (between government, employment and health board data) is not possible as there is a significant divergence and incompatibility between these sources. Due to the UK wide focus of ESR, it is unlikely that any significant impact can be brought to this system to ensure more accurate data capture, certainly in the short term. Even where HBTs utilise the system to record data, the 'clunky' nature of the system does not facilitate accurate data recording. Gathering reliable apprenticeship data is more likely by working directly with the HBTs to ensure they have models for data collection and access to more standardised data from the TPs. A need to report against data has also proven to encourage gathering and recording of data.

Longer term considerations: To enable consistent and reliable data collection in the future there is a need to develop a standardised HEIW data reporting mechanism. It is unlikely that ESR can be influenced sufficiently to facilitate this. It would seem more likely that collecting data directly from HBTs would enable the most sustainable long-term methodology and accurate source. By supporting HBTs to understand the data which they can request from TPs and collecting this in a standardised way some of the identified data errors can be eliminated. Reporting this data to HEIW will help to ensure the data is collated and monitored by the HBTs locally and will provide an all-Wales interpretation of apprenticeships across NHS Wales. This will additionally support trend analysis, year on year comparisons and executive reporting to drive an all-Wales apprenticeship vision through Medr.

Any approach to improving **data recording and reporting** must learn lessons from existing apprenticeship experiences, utilising examples of best practice which already exist. Data can then be used to identify impacts, benefits, improvement and development opportunities, encouraging the utilisation of apprenticeships in NHS Wales.

Longer term considerations: HEIW will facilitate mechanisms to identify and measure benefits, impacts and risks of using apprenticeships as a tool for staff recruitment, development and progression. Through collaboration with HBT, HEIW will encourage standardised approaches to:

- The embedding of learner voice surveys
- Executive interpretation requirements for application within workforce planning
- Monitoring effects on local service provision
- Quality of apprenticeship learning and development programmes

Reporting this data to HEIW will enable quantitative and qualitative interpretations, scrutinised through the allWales Apprenticeship Steering and Leads groups.

Development of a **long-term vision** will support the embedding of sustainable and accessible apprenticeship pathways. The research has shown that currently only 47% of qualification within health-based apprenticeship frameworks are available and utilised by HBTs.

Longer term considerations: HEIW will seek to influence Medr in the future mechanisms for allocating funding to health-based apprenticeships. There is an ongoing need to continue reviewing health-based apprenticeship frameworks to ensure their currency and validity. This includes working with the relevant sectors to develop further appropriate qualifications for inclusion within the frameworks to meet service needs. Future service needs and workforce planning will be identified by HEIW through collaboration with HBT via the all-Wales Apprenticeship Steering and Leads groups.

Acknowledgments

HEIW would like to express thanks to all Apprenticeship and Education Leads and other professionals who took the time to meet with the researchers and provide requested data.

Abbreviations

CTER – Commission for Tertiary Education & Research (Medr)

ESR – Employment Service Record

ESW – Essential Skills Wales

HBT – Health Board(s) and Trust(s)

HEIW - Health Education Improvement Wales

TP – Training Provider

WAST – Welsh Ambulance Services University NHS Trust

WG - Welsh Government

Glossary

Healthcare apprenticeship frameworks - these frameworks include both clinical and non-clinical roles which are recognised as being specific to the healthcare sector. Examples of non-clinical healthcare roles include Primary Care Administration, Healthcare Management, Facilities and Estates. All these frameworks are grouped by Medr under the classification of Healthcare.

Non-healthcare frameworks include those which are available to anyone working across wider sectors of the economy and are grouped by Medr under the other 22 classifications.

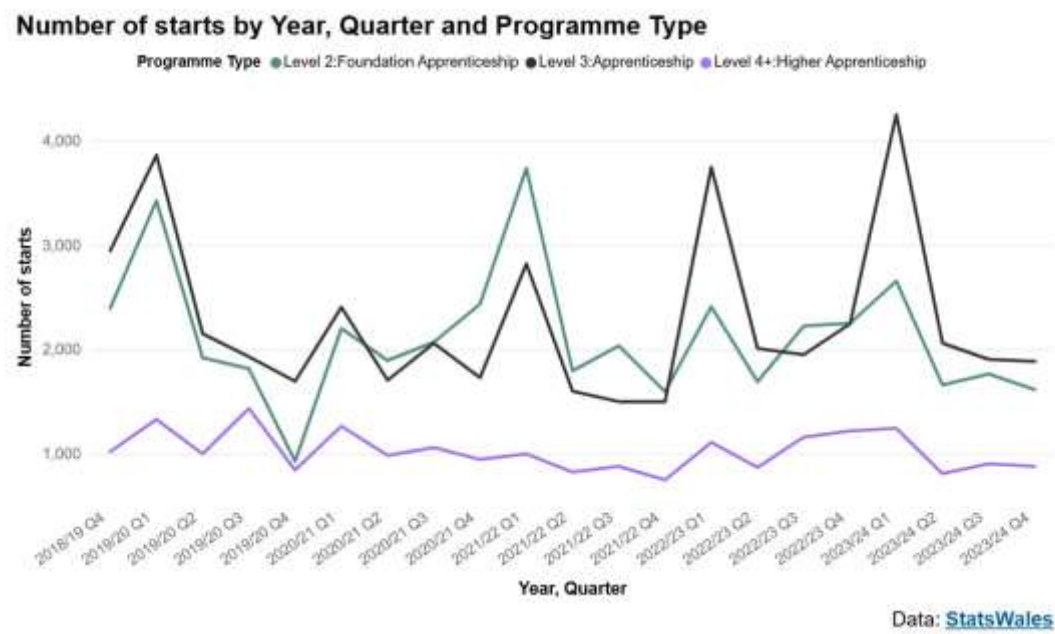
Attainment Rate - % of completed activities where the framework was achieved.

Completion Rate – the % of programmes that are finished, whether the framework was achieved or not

Programme – a collection of learning activities that a learner will study. E.G. an apprenticeship programme will include a core qualification(s) and Essential Skills Wales qualifications

Early leaver: an apprentice who leaves their learning programme without completing or attaining, prior to the expected end date.

Appendix 1 – Apprenticeship starts



Appendix 2 – Healthcare Frameworks

FW number	FW Title	Qualifications within FW
FR05094	Healthcare Services (Therapies)	L3 Dip in Rehabilitation Support (Wales)
		L3 Dip in OT Support in Wales
		L3 Dip in Physiotherapy Support in Wales
		L3 Dip in Speech and Language Therapy Support (Wales)
		L3 Dip in Dietetic Support
		L3 Dip in Podiatry Support for Podiatry Assistants & Technicians
		L4 Dip in Complex Care Support
		L4 Dip for Therapy Assistant Practitioner
		L4 Dip Supporting & Empowering Individuals with Long Term Conditions
FR05001	Health (Clinical Healthcare Support)	L2 Dip in Clinical Healthcare Support in Wales
		L3 Dip in Clinical Healthcare Support in Wales
		L3 Dip in Primary Healthcare Support in Wales
FR05095	Healthcare Services (Healthcare Science)	L2 BTEC Dip in Healthcare Science
		L3 Dip in Healthcare Science
		L3 Principles of Aseptic Pharmaceuticals Processing
		L3 Dip in Clinical Imaging Support (Wales)
		L4 BTEC Dip in Healthcare Science
FR05024	Health (Healthcare Support Services)	L2 Dip in Facilities Services for Healthcare in Wales
		L2 Ex Certificate in Facilities Services for Healthcare in Wales
		L2 Dip in Primary Care Administration and Reception

		L3 Dip in Healthcare Management
FR05113	Health (Informatics)	L3 Dip in Health Informatics
		L4 Dip in Healthcare Informatics
FR05102	Healthcare - Clinical Coding	L4 Dip in Clinical Coding (Wales)
FR05075	Healthcare Services (Maternity & Paeds)	L3 Dip in Maternity and Paediatric Support
FR05060	Health (Perioperative Support)	L3 Dip Perioperative Support in Wales
		L4 Dip in Perioperative Practice (Scrub Pathway) (Wales)
FR04408	Associate Ambulance Practitioner	L4 Dip for associate Ambulance Practitioners
		L3 Diploma in Ambulance Emergency and Urgent Care Support
		L3 Cert in Emergency Response Ambulance Driving
FR05003	Health (Pharmacy Services)	L2 Cert in Principles and Practice for Pharmacy Support Staff
		L2 Cert in Principles and Practice for Pharmacy Support Staff
		L3 Dip in the Principles and Practice for Pharmacy Technicians
		L4 Cert of Higher Education for Pharmacy Practice
		L3 Dip in the Principles and Practice for Pharmacy Technicians
FR05023	Health (Dental Nursing)	L3 Dip in Dental Nursing (Wales)
		L3 Dip in Dental Nursing
		L3 Dip in the Principles and Practice of Dental Nursing
		L4 Cert of Higher Education in Advanced Dental Nursing
FR04132	Health (Dental Technology)	L5 Foundation Degree in Dental Technology (FdSC)

Appendix 3 – Agenda for NHS Wales data gathering meetings

Health Boards & Trusts (HBT) Apprenticeship Data Meetings:

October – December 2024:

In **preparation** for the meeting please gather, where available, data in relation to **agenda item 3** for discussion.

1. Welcome, introduction and purpose.
2. Identification of current apprenticeship data capture methods across whole HBT
 - a. Existing staff
 - b. Newly employed staff.
3. Content of current data capture
 - a. numbers registered against a framework and specific qualification from within the framework.
 - b. methodology for capturing, monitoring and recording timelines for learners on programme.
 - c. Completion rates
 - d. Attainment rates
 - e. Methods for capturing reasons for retention variations
 - f. Methods for capturing destination data following completion of apprenticeship.
4. Approaches to employing apprentices: workforce planning
 - a. Vacancy rates for apprenticeship posts
 - b. progression rates to permanent positions.
5. Future methodology approaches for improving ESR data capture as an all-Wales approach.
6. Methods for capturing the benefits and impacts of apprenticeships:
 - a. In comparison to other learning routes/work-based learning opportunities
 - b. As training options in their own rights
7. Risks and issues identified to date in relation to apprenticeship delivery, learning and achievement.

Appendix 4 – Apprenticeship Funding allocation



Apprenticeship contract values 2024 / 2025

Contractor Name	2024/25 Apprenticeship Contract Value (£)
Associated Community Training Ltd	24,629,864.00
Cambrian Training Company	7,551,016.00
Cardiff and Vale College	12,558,009.00
Coleg Cambria	11,881,174.00
Educ8 Training Group Ltd	11,569,808.00
Gower College Swansea	9,090,208.00
Grŵp Llandrillo Menai	11,902,999.00
ITEC Training Solutions Ltd	7,125,746.00
Neath Port Talbot College	17,141,365.00
Pembrokeshire College	21,069,812.00
Total	134,520,001.00

Source: [Apprenticeship contract values 2024/2025](#)

Appendix 5 – Models of delivery

Delivery of apprenticeships within NHS Wales utilises a mix of approaches that includes collaboratively based models that fall into the following four broad categories: -

- **Offsite TP Delivery** - funding is drawn down by a contracted TP and the TP provide 100% of the delivery, assessing and quality assurance.
- **Independent in-house HBT Delivery** – funding is drawn down by a contracted TP and an individual health board/trust delivers 100% of the qualification.
- **Collaborative TP local HBT partnership delivery** (1:1)- funding is drawn down by a contracted TP and the qualification is delivered in partnership via a training provider and a single health board/trust.
- **Collaborative Regional/Once for Wales TP HBT partnership delivery**. (1:many) – x1 TP with all HBT. Funding is drawn down by a contracted TP and all HBT in Wales share the responsibility for the delivery, assessing and QA. A SLA would be needed to ensure clarity of roles and responsibilities.

Appendix 6 – Health board Apprenticeship data

(Dec 2024– Jan 20025)

[illegible]

	PCAR	2		3							7				10
FR05087	Data Analyst	4			5			4							9
FR05051	Management	2		2				1	1		11				15
		3	23	20	17	29	1	4		1	92	1			188
		4	11	35	25	31	2	5	1		103	3			216
		5	5	11	25	19	2	7	13			3			85
FR05018	Creative & Digital Media	4	1												1
FR05101	Health Informatics	3								1					1
FR04153	Project Management	4	4	18	6	2	3	1	5		18				57
FR04209	Information	3									2				2
	Advice & Guidance	4		2	5	1			1		11				20
FR04302	Customer Service	2		7	1						5				13
		3		2							35				37
FR02671	Social Media & Digital marketing	3						2			1				3
		4		1											1
FR02142	Exercise & Fitness	3		2											2
FR05095	Healthcare Science	4		8	10	6									24
FR04154	Human Resource Management	3		1	1			1							3
		4				1									1
		5			2	3		3	1		13				22
FR04371	Digital (degree)	6		10	1		22		2						35
FR05072	Engineering	3		4											4
FR04247	Digital Application Support	2	1			10							2		13
		3				6					17				23

FR05003	Pharmacy	3	10	26	15	11		12			1	14	1		90
FR04446	H&SC	2			2							12			14
		3			5	2						40			47
		4										1			1
FR04359	Building Services Engineering	3				4									4
FR05048	Digital Learning Design	3				3	1								4
FR04062	IT Users (archived)	2										10			10
		3				2						11			13
FR04241	Learning & Development	3				2		1				8			11
FR05094	Therapy Assistant Practitioner	4				7									7
FR05069	Energy & Carbon	3								2					2
FR0382	Information Security (archived)	3						3							3
FR04408	Ambulance Emergency and Urgent Care Support	3												39	39
	Associate Ambulance Practitioner	4										1		45	46
FR04434	Supply Chain Management	5			1										1
FR02741	Coaching	3										3			3
		5										1			1

FR05066	Construction Building	2										1				1
FR03936	Contact Centre Operations	2										1				1
FR05072	Engineering Manufacture	3										4				4
FR04398	Pathology Support	3										5				5
FR04384	Occupational Therapy Support (archived, replaced by FR05094)	3										2				2
FR04063	Hospitality	2										11				11
		3										9				9
FR03927	Operations & Quality Improvement	3										19				19
FR04427	Warehouse & Storage	2										4				4
	Total		198	246	214	364	33	169	29	30	11	1004	12	4	84	2398

*Data from HDUHB represents new apprentices only

Annex 7 – Apprenticeship Case studies

The most recent case study examples are attached.

Faces of apprenticeships in NHS Wales



Name: Laura Cory

Job Role: Health Care Support Worker – Specialist Dementia Intervention Team

Apprenticeship qualification: Health (Clinical Healthcare Support): Level 2 and level 3 Diploma in Clinical Healthcare Support in Wales

Where did you find out about apprenticeships in NHS Wales? From my manager

Where do you work in NHS Wales? Ybyty Cwm Cynon

I moved into a healthcare career from customer care. When I was younger, I applied to become a mental health nurse, but life plans got in the way. I moved from a role in customer care into healthcare and started working on a mental health assessment ward as a HCSW.

I love learning and decided to do the level 2 qualification to help my progression and learn more about dementia care. I also had to do my Application of Number and Digital Literacy as part of my apprenticeship.

I find math hard, but enjoyed this pathway as it was taught in a completely different way to how it is taught in school. I was proud of myself when I achieved this.

I applied for a new position in the Dementia Team and to secure this position I had to complete the level 3 and I have also applied for the level 4. Studying an apprenticeship has enabled me to progress, gain a promotion and change job roles.

My nugget of advice would be, do as much training as you can as it helps develop your understanding within your role and means that the learning is transferable directly into the workplace. It doesn't matter that you might be starting your career and learning journey later in life, you can bring your life experience to the role and strengthen this with the qualifications and learning.



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Faces of apprenticeships in NHS Wales



Name: Kiera Dwyer

Job Role: Accuracy Checking Technician

Apprenticeship qualification: Health (Pharmacy Services): Level 3 Diploma in the Principles and Practice for Pharmacy Technicians

Where did you find out about apprenticeships in NHS Wales? From my employer

Where do you work in NHS Wales? Bargoed Pharmacy

I knew I wanted to work in healthcare and initially started studying at university. This didn't work out for me. Due to my learning disabilities, I found the hustle and bustle and uni environment distracting. After I left university, I still wanted to be in healthcare and secured a job in a local pharmacy as a Counter Assistant.

An apprenticeship worked for me as I could get paid while I was studying, which gave me my independence. I could also study in a hands-on way, which suits my style of learning. The assessors made adaptations for me such as using professional discussions for assessment rather than writing and extending deadlines.

By completing my apprenticeship I have progressed in Pharmacy, the qualification allowed me to access further training courses. I am now registered with GPhC.

My apprenticeship helped to build transferable skills and helped me stay working in Pharmacy.



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Faces of apprenticeships in NHS Wales



Name: Dylan Hardwick

Job Role: Apprentice Porter

Apprenticeship qualification: Health (Health Care Support Services): L2 Diploma in Facilities Services for Healthcare in Wales

Where did you find out about apprenticeships in NHS Wales? Through a Barod community project

Where do you work in NHS Wales? Ybyty Glan Clwyd

I started attending a community group in Denbighshire which was run by Barod, a project funded by the UK Community Renewal Fund which aims to establish a variety of services around young people to help them get into a job.

Before I started my apprenticeship I was at home with my parents and when I joined the Barod group they helped me find and start my apprenticeship which has given me an opportunity to learn new skills and earn a wage.

The main benefits to starting my apprenticeship are meeting new people daily. I enjoy it when new people introduce themselves and ask questions. The team I work with are a lovely group who understand how I feel and support me if I feel stressed or down. I also get support from the specialist job coaches from Agoriad Cyf as I am on a Supported Shared Apprenticeship.

The apprenticeship has also given me a chance to improve my Maths and English as I have done additional qualifications in these subjects. My hope is that when I finish my apprenticeship, I will get a full-time job working in the hospital.

My advice to other people would be to try your best and be positive moving forward towards their goals; be confident to give new things a go.



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Faces of apprenticeships in NHS Wales



Name: Christian Winship

Job Role: Learning and Development Apprentice

Apprenticeship qualification: Business Administrations: L4 Business Administration

Where did you find out about apprenticeships in NHS Wales? From a colleague and Trac

Where do you work in NHS Wales? Digital Health and Care Wales

I have had a varied career with many obstacles to overcome including ill health and redundancy. It is these obstacles, combined with a recognition that I was not happy in previous roles which made me start looking at different careers and how I could change my employment path.

I am currently following a pathway which will enable me to become a Nuclear Technician in the NHS. I am interested in this career as I want to look back and feel as though I made a difference and contributed something of value, to feel good about my job. From previous jobs I also know that I enjoy talking to patients and sharing life stories. That is where my apprenticeship came in.

To become a Nuclear Technician, I need to go back to university, but couldn't do this without proving my Maths, English and Digital Skills and as I couldn't find my original certificates, I needed to find a route which would give me the opportunity to regain these qualifications whilst also providing an income and developing transferable skills. The apprenticeship with Digital Health Care Wales (DHCW) ticked all these boxes.

My advice to my younger self would be to ensure that the career you choose will be something you enjoy. Recognise it is likely that you will need to be adaptable as life changes, your first career choice is not likely to be your final career. You will gain transferable skills along the way and these all contribute to making you a more reliable and adaptable employee.



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Faces of apprenticeships in NHS Wales



Name: Amber Spellman

Job Role: Apprentice Pharmacy Assistant

Apprenticeship qualification: Customer Service: L2 Diploma in Customer Service

Where did you find out about apprenticeships in NHS Wales? Through Denbighshire County Council

Where do you work in NHS Wales? Ybyty Glan Clwyd

Before I started my apprenticeship I was working in the library, a lady from Denbighshire County Council helped me find this apprenticeship and highlighted that it gives me an opportunity to work, a career path and an opportunity to save for a pension.

One of the best things about my apprenticeship is that I work with a robot which helps to select the right medication and sorts it to ensure it gets to the right area, for example the correct ward.

The main benefits to starting my apprenticeship are that it helps develop my independence. I have also become more confident, having to talk to the nurses and other pharmacy staff. My colleagues encourage me to ask questions and are happy to give me advice and guidance if I am struggling. As I am on a Supported Shared Apprenticeship, I also receive support from a specialist job coach from Agoriad Cyf.

Before I started the apprenticeship, I had a lot of personal stress and upset. Working through the qualification, both at college and the hospital, gave me another focus and this distracted me from the stress. My advice to other people would be to not let the bad things in life stop you from doing what you want to do.



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Faces of apprenticeships in NHS Wales



Name: Sophie Skinner

Job Role: Apprentice Domestic Assistant

Apprenticeship qualification: Health (Health Care Support Services): L2 Diploma in Facilities Services for Healthcare in Wales

Where did you find out about apprenticeships in NHS Wales? Through Coleg Llandrillo

Where do you work in NHS Wales? Ybyty Glan Clwyd

Before I started my apprenticeship at the hospital, I was studying hospitality and retail in college. I learned about this opportunity when I was in my final year of college.

I prefer working in the hospital because I enjoy working in a supportive team who care how I am feeling and look out for me, I also find it easy to speak to my supervisor. I am on a Supported Shared Apprenticeship and so receive additional support from specialist job coaches from Agoriad Cyf.

I was shy when I started my apprenticeship but 12 months into my apprenticeship, I now find it much easier to talk to new people, I have developed my self-confidence. I have learnt many new skills while working at the hospital and through my studies. This means that I am now able to work independently in my own area and have had some responsibility in helping and training new interns whilst in this role.

One piece of advice I would give to someone who was worried about starting an apprenticeship is that there is always someone you can go to for help and support.



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Faces of apprenticeships in NHS Wales



Name: Nel Williams

Job Role: Apprentice Healthcare Assistant

Apprenticeship qualification: Health (Clinical Healthcare Support) Level 2 Diploma in Clinical Healthcare Support in Wales

Where did you find out about apprenticeships in NHS Wales? Through Agoriad Cyf and the college

Where do you work in NHS Wales? Ybyty Gwynedd

I am working on a cancer care ward whilst completing my apprenticeship.

The thing which I find most beneficial about the apprenticeship is that I am learning new skills whilst I am working on the ward. Being able to put my new skills into practice in the workplace really helps me as I find it easier to learn by doing this than I did when I was in college. I meet lots of new people on the ward, and this is something that I really enjoy.

My biggest challenge is when I complete a task by myself for the first time. But I do get support from people I work with, and this is helping to build my confidence. As part of my apprenticeship, I receive support from a specialist job coach whenever I encounter difficult tasks or need to learn new ones.

I am hoping to become a qualified Healthcare Assistant and stay working in healthcare, caring for people. Studying an apprenticeship has allowed me to follow my dreams and given me an opportunity to do what I want to do.

Agoriad Cyf stated: Nel started on the Pathway 4 Supported Internship Programme. During her work placement she developed many new skills and had such a positive impact she was offered a supported shared apprenticeship. Over the past 2 years, she has received specialist job training support from Agoriad and is about to enter paid employment within Betsi Cadwaladr University Health Board. Well done, Nel.



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Faces of apprenticeships in NHS Wales



Name: Llinos Freeman

Job Role: Apprentice Housekeeper

Apprenticeship qualification: Health (Health Care Support Services): L2 Diploma in Facilities Services for Healthcare in Wales

Where did you find out about apprenticeships in NHS Wales? Through Agoriad Cyf and the college

Where do you work in NHS Wales? Ybyty Gwynedd

I was working on the ward as part of my Supported Internship Programme, as that was coming to an end I was offered an apprentice placement. I felt this was a good opportunity as it meant I could stay working with the same team at the hospital in a role I enjoyed.

I really enjoy getting to learn new things every day. I find it much easier to learn this way, practising my skills whilst in work, than in a classroom. An important part of my job is knowing how to keep the ward safe and help the people who are on the ward. The apprenticeship has also given me an opportunity to complete a level 1 Digital Literacy qualification. I found this helpful, and I have been able to use these skills in my own life. I hope to gain a level 3 qualification so I can be responsible for my own work area and stay working in health care.

I find keeping things organised and remembering everything a challenge, but this is something I am getting better at. As part of my apprenticeship, I receive support from a specialist job coach whenever I encounter difficult tasks or need to learn new ones. It is important not to be too hard on yourself and to follow your dreams.

Agoriad Cyf stated: Llinos started on the Pathway 4 Supported Internship Programme. During her work placement she developed many new skills and had such a positive impact she was offered a supported shared apprenticeship. Over the past 2 years, she has received specialist job training support from Agoriad and is about to enter paid employment within Betsi Cadwaladr University Health Board. Well done, Llinos.



Trawsnewid y gweithlu ar gyfer Cymru iachach
Transforming the workforce for a healthier Wales



Faces of apprenticeships in NHS Wales



Name: Chris Reddington

Job Role: Core Learning & Systems Learning & Development Co-Ordinator

Apprenticeship qualification: Information Advice and Guidance: Level 4 Diploma in Advice and Guidance

Where did you find out about apprenticeships in NHS Wales? My previous employment

Where do you work in NHS Wales? Pontypool Cottage District Hospital

I started this apprenticeship whilst working in a previous job as an Eye Clinic Liaison Officer (ECLO). I had to change roles following Covid, and my current role enabled me to complete my apprenticeship whilst working, this was an important factor in choosing to apply for this role. This qualification is really valuable and has helped me build skills which can be transferred to other industries and used in other areas of my life.

In the past I struggled with essay writing and exams, I found both A levels and my Degree difficult. I found it challenging to present information the correct way to gain marks. The apprenticeship model of learning is empowering; I am building my skills, knowledge and work experience. I also think the flexibility of learning at my own pace is a positive thing. As a parent with a young family the apprenticeship model means I can gain qualifications, which would not be available to me if I'd had to fund them myself.

This is not the first time I have used the apprenticeship route, and I have defiantly gained more qualifications than I would have done through traditional education routes. My apprenticeship journeys have helped me plan a career path which has diversified and allowed me to change from my original role as an ECLO.

It can be difficult for some people to recognise that as an apprentice, I am learning whilst I am working and so will make mistakes, I am not yet fully qualified.

My advice to my younger self is to recognise there is a different way of doing things which can lead to greater success.





NHS Wales Anti-sexual Harassment Policy

“We are unwavering in our responsibility to protect the physical and psychological safety of every employee — regardless of role, background, or identity.

This policy reinforces our commitment to listen, to act swiftly and fairly, and to build a culture rooted in respect, inclusivity, and accountability.

Everyone has the right to feel safe at work and through this policy, we are determined to make that right a lived reality for all.”

Approved by:

Issue date:

Effective date:

Review Date:

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This policy contains references to sexual misconduct that some colleagues may find distressing.

If you have experienced or feel you may be experiencing unwanted, inappropriate and/or harmful sexual behaviours there are people who can support you. Your local employee wellbeing or occupational health teams can help you get support, and you can find a wide range of support providers in Appendix 4 of this policy.

INTRODUCTION

The Worker Protection (Amendment of Equality Act 2010) Bill received Royal Assent on 26 October 2023, to become the [Worker Protection \(Amendment of Equality Act 2010\) Act 2023](#). The focus of the act is to place a proactive duty on employers to take reasonable steps to prevent sexual harassment of their employees in the workplace.

Research consistently and regularly tells us that sexism, sexual harassment and sexual assault is happening in every corner of society hour by hour, day by day.

NHS Wales is unequivocal that sexual harassment is unlawful and damaging to reporters of harassment and must not be tolerated. NHS Wales is committed to taking all reasonable steps to prevent employees or service users experiencing or witnessing sexual harassment.

It is acknowledged that sexual harassment often occurs where there is a power imbalance, and that people in certain groups may be more vulnerable than others.

Aggravating factors such as abuse of power over a more junior colleague will be considered when decisions about disciplinary action are taken.

Within the workplace, employers have a responsibility to protect all employees from sexual harassment. We are committed to providing a working environment free from sexual harassment and ensuring all staff are treated, and treat others, with dignity and respect. We recognise that sexual harassment can occur both in and outside the workplace, such as on business trips, or at work-related events or social functions, or on social media.

Sexual harassment or victimisation of any member of staff, or anyone they come into contact with during the course of their work, is unlawful and will not be tolerated. The law requires employers to take reasonable steps to prevent sexual harassment of their staff during the course of their employment.

We will take active steps to help prevent the sexual harassment and victimisation of all staff.

Anyone who is a victim of, or witness to, sexual harassment is encouraged to report it in accordance with this policy. This will enable us to take appropriate action and provide support. Sexual harassment and victimisation may result in disciplinary action up to and including dismissal.

WHAT IS THIS POLICY FOR?

This policy sets out to:

- Raise awareness and provide guidance for staff to identify behaviours that constitute sexual harassment with the explicit aim of preventing cases of sexual harassment in the first instance.
- Help and encourage reporters of harassment or sexual harassment to ask for help and report the incident safely.
- Inform managers and employees of the processes to follow where acts of sexual harassment occur.

- Raise awareness of the serious and harmful impacts of sexual harassment, and the need to deal with cases in a sensitive, supportive, timely and robust manner.
- Ensure that managers are aware of their duty to take a proactive approach to preventing sexual harassment in the workplace.
- Help managers refer reporters of harassment of sexual harassment to appropriate support.
- Help employees understand where they can find appropriate support.
- Support the NHS Wales in increasing the reporting of incidents of sexual harassment.

SCOPE

The Sexual Harassment Policy aims to set out a framework for line managers to deal with any occurrences of sexual harassment by our staff (which may include consultants, contractors and agency workers) and also by third parties such as customers, suppliers or visitors to our premises.

This policy applies to all employees, officers, consultants, selfemployed contractors, casual workers including bank staff and locums, agency workers, apprentices, volunteers and interns. Our obligations and your duties under this policy also extend to job applicants and former employees.

NHS Wales has a duty of care to protect employees from, and prevent incidents of, sexual harassment from individuals within the physical or digital workplace.

GUIDING PRINCIPLES

- We will support the prevention of sexual harassment and abuse by ensuring everyone has access to relevant information and learning opportunities.

- We will create working environments that are open, safe and do not tolerate inappropriate behaviour.
- We will work actively with groups who are more likely to experience sexual harassment and abuse.
- We will ensure that all sexual safety concerns are taken seriously, treated sensitively and managed appropriately.
- We will support colleagues who experience unwanted, inappropriate and/or harmful sexual behaviours.
- We will clearly communicate and role model appropriate behaviours in line with our values and frameworks.
- We will provide confidential, accessible and non-retaliatory reporting mechanisms for individuals to raise concerns about sexual harassment.
- We will ensure our Executive Teams regularly review data relating to sexual misconduct and that lessons are learnt and changes in practice are made to improve sexual safety in the workplace

Confidentiality will be maintained as far as possible unless there is a safeguarding or legal concern that needs to be reported and to the extent required to ensure a fair process is followed. These commitments will apply to everyone in NHS Wales equally and without prejudice.

This policy will be reviewed at regular intervals to monitor and ensure its effectiveness.

INFORMATION – DEFINITIONS AND TERMINOLOGY

DEFINITIONS

It is recognised that terminology used in guidance for dealing with incidents of sexual harassment is complex and can be emotive. Terminology can have the effect of pre-judging a case and causing unconscious bias to have an effect.

Definitions used in this policy of people and roles that may be involved in a sexual harassment report include:

- **Reporter of Harassment** – Recognising that anybody can report sexual harassment, for the purposes of this policy, this term is used to describe the person experiencing sexual harassment. A reporter of harassment can be male, female or non-binary.
- **Individual accused of harassment** – an individual against whom a sexual harassment report has been raised. There is no presumption of guilt against an alleged perpetrator.

Human Resources

Your Human Resources (HR) department may be known by a different name. Departments traditionally known as Human Resources (HR) or Personnel may be known by another name in your organisation, such as People and OD (POD), Workforce and OD (WOD), Human Resources (HR), People and Relationship

Team, or People Services. In this policy we use the term 'HR or Workforce and OD'.

Sexual Harassment

Sexual Harassment refers to unwelcome sexual advances, requests for sexual favours, or other verbal, non-verbal, or physical conduct of a sexual nature that creates an intimidating, hostile, degrading, or offensive environment. Sexual harassment can happen to anyone regardless of their personal characteristics and can equally be carried out by anyone. A single incidence can be enough to constitute sexual harassment, and a person does not need to have previously objected to it.

It also includes treating someone less favourably because they have submitted or refused to submit to unwanted conduct of a sexual nature, or that is related to gender reassignment or sex at any time in the past.

Sexual harassment is defined by the impact of behaviour(s) on an individual or individuals, even if the behaviour was not intended to have the effect of sexual harassment.

Sexual harassment includes any unwelcome behaviour of a sexual nature that directly or indirectly impacts a person's dignity, safety, or ability to participate in an environment. It may involve power dynamics, discrimination, or coercion and can take various forms, such as (but not limited to):

Verbal Harassment

- Sexual remarks, jokes, or comments that are unwelcome or offensive.
- Inappropriate inquiries about someone's personal life, sexual orientation, or body.
- Inappropriate conversations in the workplace, either in one to one or group settings.
- Repeated, unwelcome romantic or sexual propositions.

- Unwelcome sexual advances or suggested behaviour (even if the harasser may perceive this as harmless).

Non-Verbal Harassment

- Displaying or sending sexually explicit or suggestive images, messages, or gestures.
- Leering, staring, or making suggestive facial expressions.
- Sending unwelcome messages, sexually explicit or otherwise through digital communication (including emails, text messages, video clips and images sent by mobile phone or posted on the internet).

Non-verbal harassment may constitute offences contrary to section 1 Malicious Communications Act 1988 ('MCA 1988'), section 127 Communications Act 2003 ('CA 2003'), and offences created in Part 10 of the Online Safety Act 2023 ('OSA 2023').

Physical Harassment

- Unnecessary or inappropriate physical contact or "horseplay", touching, hugging, pinching, grabbing, pushing or brushing against someone without consent.
- Blocking someone's path or invading personal space in a manner that feels intimidating or uncomfortable.

Coercive Sexual Harassment:

- Conditioning employment, promotions, grades, or other opportunities on submission to sexual advances or favours.
- Threatening retaliation or adverse consequences for rejecting such advances.

Hostile Environment Harassment

- Conduct that creates an intimidating or hostile atmosphere through persistent, pervasive, or severe sexual behaviour. • Harassment that interferes with an individual's work, education, or well-being.
- A person may be sexually harassed even if they were not the intended target. For example, a person may be sexually harassed by pornographic images displayed on a colleague's computer in the workplace.

Victimisation

Victimisation includes subjecting a person to a detriment because they have done, or are suspected of doing or intending to do, any of the following protected acts:

- (a) Bringing proceedings under the Equality Act 2010.
- (b) Giving evidence or information in connection with proceedings under the Equality Act 2010.
- (c) Doing any other thing for the purposes of or in connection with the Equality Act 2010.
- (d) Alleging that a person has contravened the Equality Act 2010.

Victimisation may include, for example:

- (a) Denying someone an opportunity because it is suspected that they intend to make a complaint about sexual harassment.
- (b) Excluding someone because they have raised a grievance about sexual harassment.

- (c) Failing to promote someone because they accompanied another staff member to a grievance meeting.
- (d) Dismissing someone because they gave evidence on behalf of another staff member at an employment tribunal hearing.

Sexual harassment and victimisation are unlawful and will not be tolerated. They may lead to disciplinary action up to and including dismissal if they are committed:

- (a) In a work situation.
- (b) During any situation related to work, such as at a social event with colleagues.
- (c) Against a colleague or other person connected to the organisation outside of a work situation, including on social media.
- (d) Against anyone outside of a work situation where the incident is relevant to the person's suitability to carry out their role.

If any sexual harassment or victimisation of staff occurs, we will take steps to remedy any complaints and to prevent it happening again. These may include updating relevant policies, providing further staff training and taking disciplinary action against the perpetrator where feasible and deemed necessary.

Third-party harassment

Third-party harassment occurs where a person is harassed or sexually harassed by someone who does not work for, and who is not an agent of, the same employer, but with whom they have come into contact during the course of their employment. Third-party harassment could include, for example, unwelcome sexual advances from a client, customer or supplier visiting the employer's

premises, or where a person is visiting a client, customer or supplier's premises or other location in the course of their employment.

Third-party sexual harassment can result in legal liability and will not be tolerated. The law requires employers to take reasonable steps to prevent sexual harassment by third parties. Although a member of staff cannot bring a claim for third-party harassment alone, it can still result in legal liability for an employer when raised in other types of claims. All staff are encouraged to report any third-party harassment they are a victim of, or witness, in accordance with this policy.

Any sexual harassment by a member of staff against a third party (see above) may lead to disciplinary action up to and including dismissal, for example asking for a patient's number in the course of your work with the intention of contacting them socially would be inappropriate.

We will take active steps to try to prevent third-party sexual harassment of staff.

If we are made aware of any third-party harassment of staff, we will take steps to remedy any complaints and to prevent it happening again. These may include warning the harasser about their behaviour, banning them from our premises, reporting any criminal acts to the police, and sharing information with other branches of the organisation and the harasser's employing organisation.

Offensive behaviour can sometimes be excused as banter or jokes; managers must take a zero-tolerance approach, even when they may face criticism for doing so. Banter can be inoffensive to all those hearing/participating in it at the time but could simultaneously be in violation of expected values and behaviours or another's dignity who may just not be present. This can lead to workplace cultures that are unsafe

If an individual feels that they have been sexually harassed or that they have been impacted by sexual harassment, their feelings are valid, and their complaint must be taken seriously. Incidents can be considered workplace sexual harassment in circumstances in which the employee is not actually working but that are connected with work, such as work social events.

Criminal Offences

Some forms of sexual harassment may also constitute criminal offences. Sexual violence or assault refers to any sexual act or attempt to obtain a sexual act through coercion, force, or without the explicit consent of the individual. It encompasses a range of behaviours that violate a person's autonomy, dignity, and safety, including but not limited to:

5.3.1 Non-Consensual Physical Acts:

- Rape or attempted rape.
- Sexual touching or groping without consent.
- Use of force, intimidation, or threats to engage in sexual activity.

5.3.2 Sexual Exploitation:

- Taking advantage of another person's sexuality without their consent, including distributing explicit images or videos without permission.
- Coercing someone into sexual acts through manipulation or abuse of power.

5.3.3 Acts Perpetrated on Vulnerable Individuals:

- Sexual acts involving individuals unable to give consent due to intoxication, unconsciousness, or lack of capacity (e.g., age, cognitive impairment, or coercive circumstances).

5.3.4 Verbal Threats or Coercion:

- Threatening harm to compel sexual activity.
- Using blackmail or other forms of manipulation to obtain sexual favours.

Criminal acts of this nature come under the portfolio of your Safeguarding Team.

We strongly encourage any employees who believe that they have been a victim of a criminal act to report the incident to the police. Further advice can be obtained from your local Safeguarding team.

CONFIDENTIALITY

Confidentiality and Anonymity

Anonymity and confidentiality are two concepts that are often used interchangeably, but they have distinct differences.

- Anonymity refers to the state of being unknown or unidentified.
- Confidentiality refers to the act of keeping information private and secure; sensitive information will not be disclosed to unauthorised individuals.

Anonymity means an individual's identity is concealed; confidentiality means information is secure.

Confidentiality covered by this Procedure will be maintained wherever possible and as far as reasonably practical, subject to legal and statutory safeguarding obligations and duties to protect other people.

As well as statutory requirements, the 'need to know' may encompass sharing of anonymised information for defined purposes such as supervision, formal support, correct processes or best practice. Therefore, confidentiality cannot be guaranteed in every situation.

Details of investigations and complaints must only be disclosed on a 'need to know' basis. Unauthorised disclosure of confidential information may result in disciplinary action, as may any concerns about attempts to influence or intimidate a witness and/or a reporter of harassment.

Confidentiality obligations apply to anyone who is involved including the individual accused of harassment, the reporter of harassment, witnesses and line managers.

The matter should not be discussed with anyone else other than on a 'need to know' basis, and in the context of formal disciplinary proceedings, will normally be limited to:

- the investigating officer.
- HR or Workforce and OD colleagues directly involved.
- any relevant witnesses.
- the individual accused of the harassment to the extent necessary to enable them to respond.

- safeguarding colleagues.
- where represented, Trade Union representatives.

This does not mean that support should not or cannot be sought by anyone who is involved, acknowledging that talking about the event may help some people or be essential to their wellbeing, however, this must be done whilst adhering to the confidentiality obligations set out in this section.

Nothing in this Policy will prevent an individual reporting sexual misconduct to the police, professional regulators (such as the GMC or NMC), or any other statutory body. Making a report does not constitute a breach of confidentiality.

Both reporters of harassment and individuals accused of harassment:

- Are free to seek professional support from anyone who would owe them a professional duty of confidentiality (e.g., from their doctor, the services in Appendix A., and similar);
- Can talk to immediate family, on the condition that the people they discuss the situation with agree to maintain confidentiality and that they do not name anyone involved. If family members work together consideration should be given to whether it is appropriate to discuss the situation;
- Cannot discuss it with fellow employees other than the investigating officer, HR or Workforce and OD colleagues directly involved, with their line manager if necessary, and where represented, with Trade Union representatives.

RISK AND PREVENTION

Managers are expected to consider the likelihood and impact of sexual harassment within their teams. Factors to consider include, but are not limited to the following:

- power imbalances
- job insecurity, for example, use of temporary staffing, agency staff or contractors
- lone/isolated working, night working and working alone with a third party
- the presence of alcohol (work-related social events)
- patient-facing duties
- lack of diversity in the workforce, especially at a senior level
- workers being placed on secondment
- travel to different work locations
- working from home
- attendance at events outside of the usual working environment, for example, training, conferences or workrelated social events
- socialising outside work
- social media contact between workers
- the workforce demographic, for example, the risk of sexual harassment may be higher in a predominantly male workforce
- a male-dominated workforce • a workplace culture that permits crude / sexist 'banter', or other disrespectful behaviour
- gendered power imbalances (for example, where most junior staff are female and most senior managers / leaders are male)
- an expectation that workers will attend social events / conferences outside of the workplace or stay away from home overnight (particularly if alcohol is being consumed)
- a failure to respond appropriately to previous reports of sexual harassment

- workers that have more than one protected characteristic, for example, disabled people, ethnic minorities and people from the LGBT community are more likely to experience sexual harassment than people who do not have these protected characteristics

There may be risks that only affect one job role or worker - these should still be considered and addressed.

An assessment of the risk should be completed on an annual basis using the existing risk management framework and any identified risks mitigated and recorded.

Managers should ensure staff are aware of reporting mechanisms and managers must refer to this guidance if a staff member raises a complaint of harassment.

GUIDANCE – WHAT TO DO IF AN INCIDENT OCCURS

INCIDENTS OF SEXUAL HARASSMENT

All reported incidents of sexual harassment and sexual violence/assault will be investigated promptly, with appropriate actions taken to ensure the safety and rights of those affected.

If you have any questions relating to sexual misconduct, please contact your Safeguarding team for advice.

If you feel you are experiencing or have experienced sexual harassment or if you witness sexual harassment or have a concern that another colleague may be experiencing or have experienced sexual harassment it is very important that you take action.

The reporting (or disclosing) of witnessed sexual harassment can be a means of identifying further and more serious allegations.

In all cases where a child under 18 discloses sexual misconduct/assault, or employees hear about sexual misconduct/assault of someone under 18, a Child at Risk Report must be made based on Wales Safeguarding Procedures (2019).

Where the Executive or Senior Management Team become aware of multiple concerns or complaints of inappropriate behaviour in an area, which may not have been formally reported but give rise to sufficient cause for concern, they may choose to conduct an investigation to understand the alleged behaviours in more detail and to determine if support and interventions are needed. This is intended to ensure the effective resolution of concerns raised and the prevention of future inappropriate behaviours, where identified by the investigation.

Undertaking this type of investigation should only be done in consultation with the HR or Workforce and OD team and will involve agreed terms of reference with the relevant department. If the findings indicate, this may lead to a disciplinary process under the relevant Policy.

If You Experience Sexual Harassment

You may be able to address matters informally if you feel able to do so. The person may not know that their behaviour is unwelcome or upsetting, so a conversation may help them to understand the effects of their behaviour and

agree to change it. Should you need it, your local HR or Workforce and OD team can provide support to help you have an informal conversation.

There is no requirement that you attempt to informally challenge the behaviour. It is recognised that there are many situations where this may not be appropriate, safe or indeed something that you feel able to do. If this is too difficult for you, or if the informal approach is not appropriate, or has not been successful, then you are strongly encouraged to speak to someone.

Examples of people you could tell (in no particular order) are:

- A trusted colleague
- A member of your local HR or Workforce and OD team
- A member of your Safeguarding team
- Your manager
- Another senior colleague
- Your Trade Union Representative
- Speaking Up Safely contact/guardian

This is referred to as ‘disclosure’. It is vital that the initial response to a disclosure is handled appropriately and with sensitivity.

What you should NOT do:

- **Ignore or put up with the behaviour • Believe it is your fault • Put yourself in a position where you would be left on your own with the person behaving inappropriately**

The difference between disclosing and reporting

A disclosure is where someone tells another person about their experience but **makes it explicitly clear that they do not want action to be taken.** A disclosing party should be given time to make an informed choice and support about whether to make a formal report to the organisation (or to the police, or both). Just because a formal report is being made, does not prevent the matter being dealt with on an informal basis where this is requested by the reporter of harassment and/or deemed appropriate by the manager and HR or Workforce and OD advisor.

Whilst managers and HR or Workforce and OD advisors should try to respect the wishes of the individual making the disclosure, a disclosure can lead to formal action being taken by the employer if it is considered that there is a risk to an individual's safety; this will normally be deemed appropriate where the allegation is one of sexual assault, or where it forms part of a series of similar complaints.

In deciding whether it is appropriate to override the reporter of harassment's wishes not to take formal action, the manager should ask:

- Have they considered and exhausted all other possible options such as those already referred to in this guidance?
- What will the impact be of overriding the reporter of harassment's wishes on them?
- What are the potential risks to the reporter of harassment, the reporter of harassment's colleagues and to other third parties if the employer does not take further action? • Have other complaints been made against the same person?
- What is the likelihood of the matter being resolved by the reporter of harassment without intervention by the employer?

Reporting is the first step in a formal process and is the term used to describe any disclosure of sexual harassment where it is not expressly requested by the reporting individual that no formal action be taken.

Receiving a Disclosure

The employee who receives the disclosure should:

- **Ensure the employee is safe** - if they are unsafe, or you cannot be assured they are safe or you believe they may be in significant danger of harm, take steps to immediately call the police (if not already informed) and seek advice from your HR or Workforce and OD or safeguarding team as soon as possible.
- **Signpost colleagues to this policy and refer them to support** described in Appendix 4.
- **Encourage them to consider reporting their concern** as set out in section 7.3, if it has not already been reported.
- **Make a note as soon as you are able to of any details of the disclosure**, ensuring confidentiality is maintained as set out in section 6. The reporter of harassment should be notified that you will make a note of the disclosure including the date and time the disclosure was made, who it was made to, what was disclosed (as much information as possible) and what immediate actions were taken.
- **If the reporter of harassment does not want to take the disclosure any further**, you must respect their wishes unless there is a legal or safeguarding concern which means that further action must be taken. However, it may be that the disclosure has highlighted a need for training in the department or other follow up action, and you should liaise with the relevant manager or HR or Workforce and OD colleague in relation to any training that may need to be provided in the future.

If you need support or advice following the disclosure you could speak to someone in confidence, such as a member of your HR or Workforce and OD team, a member of your Safeguarding team or your own line manager.

The person receiving the disclosure should make every effort to follow up with the reporter of harassment within 3 months of the disclosure to enquire whether that individual requires any wellbeing support. The reporter of harassment should also be asked if any further incidents of harassment have occurred since the initial disclosure. Both the enquiry and response should be securely recorded in a confidential manner as set out above. If the reporter of harassment confirms further harassment has taken place, it may mean in some cases that further action will now become appropriate.

Reporting Incidents

It is recognised that reporting incidents can be a daunting prospect. Concerns of the individual that they may be showing disloyalty by reporting incidents, or that the reporting of an incident may leave the team short staffed, or indeed that they won't be believed often influence whether an individual reports an incident or not.

Our priority is the safety and wellbeing of our employees and we strongly encourage the reporting of any incident of alleged sexual harassment either in the workplace or by a workplace colleague

Receiving a Report

The employee who receives the report should:

- **Ensure the employee is safe** - if they are unsafe, or you cannot be assured they are safe or you believe they may be in significant danger of harm, take steps to immediately call the police (if not already informed) and seek advice from your HR or Workforce and OD or safeguarding team as soon as possible.
- **Signpost colleagues to this policy and refer them to support** described in Appendix 4.
- **Make a note as soon as they are able to of any details of the report**, ensuring confidentiality is maintained as set out in section 6. The reporter of harassment should be notified that a note of the report will be made including the date and time, who it was made to, what was disclosed (as much information as possible) and what immediate actions were taken.

Incidents can be reported formally or informally. For informal reporting please see section 7.6.3

Reporting Incidents Formally

Incidents can be formally reported verbally or in writing via any of the following:

- To a manager
- A member of the local HR or Workforce and OD team
- Speaking Up Safely contact/guardian (including via anonymous reporting platform/telephone/email hotline or your organisation's equivalent)
- A member of the Safeguarding team

We strongly encourage employees to also report criminal acts to the police, as set out in 9 of the policy.

If you are unsure what constitutes sexual harassment, but you feel you have experienced or witnessed something you think may be in the scope of this procedure, it is very important that you report it as potential sexual harassment.

You can report anonymously if you do not feel comfortable providing a full report, via the Speaking Up Safely framework.

It is, however, preferable for individuals making a report to identify themselves, as this makes it more likely that reports can be fully and fairly investigated and resolved and contributes to creating an open and trusting culture. It also means the colleague reporting the sexual harassment can be kept informed of the progress of their report. Wherever possible a report of harassment should identify exactly what comment was made/action was taken, by whom, on what date/s this was, where it occurred and if there were any other witnesses to the alleged harassment.

If a report is made anonymously, the steps in this policy must be followed as closely as possible based on the information provided in the disclosure.

Please note, where a report is made anonymously, but it is possible for the employer to identify the reporter of harassment, the employer will be expected to encourage and support the reporter of harassment to provide more details or come forward for the reasons set out above. This may include trying to establish any concerns the reporter of harassment has that has led to the request for anonymity. Where a complaint is taken forward on an anonymous basis, please note whilst the employer will take reasonable endeavours to maintain that anonymity, the employer is unable to guarantee absolute anonymity, particularly if any external agencies become involved.

The individual accused of harassment will also need to receive sufficient details of the report in order to properly answer the allegations against them in keeping with the principles of natural justice.

Cases of sexual harassment should be dealt with via the NHS Wales

Disciplinary Policy or Upholding Professional Standards in Wales Procedure if the allegations are against a doctor or dentist. This includes scenarios where the reporter of harassment is not an employee.

When a formal complaint of harassment or victimisation is made, an employer should consider what steps need to be taken while the matter is investigated to ensure that:

- **the reporter of harassment is not subjected to further acts of harassment**
- **the reporter of harassment is not victimised for having made a complaint**
- **any potential adverse impact on the reporter of harassment is minimised**
- **other workers are safeguarded against similar behaviour, and**
- **there will be no interference with the investigation**

Sexual Harassment by a Patient or Third Party

If a patient behaves in a sexual way towards you, and you feel safe to do so, you should tell them that their behaviour is unacceptable and ask them to stop.

If the patient does not stop the behaviour, or you do not feel safe to challenge the patient or continue with the interaction, you should excuse yourself from the encounter and seek help.

You should make your manager aware immediately and report the incident via DATIX, and seek support if you need it. Please refer to Appendix 4 for information on guidance and support.

Where your complaint is about someone other than an employee, such as a customer, supplier or visitor, we will consider what action may be appropriate to protect you and other staff pending the outcome of the investigation, bearing in mind the reasonable needs of the organisation and the rights of that person. Where appropriate, we will attempt to discuss the matter with the third party.

We will also consider any request that you make for changes to your own working arrangements during the investigation. For example, you may ask for changes to your duties or working hours to avoid or minimise contact with the alleged harasser. You will not suffer financial detriment.

Managers made aware of sexual harassment by a patient should, as part of any response, conduct a risk assessment of the area and consider any additional steps needed to prevent sexual harassment occurring by a patient. All risk assessments should be securely recorded.

Sexual harassment by someone lacking mental capacity should still be reported, even if that person's actions were not intentional. The focus shifts to the impact of those actions on the victim, not the intent behind them and therefore should still be subject to reporting.

Please see Appendix 4 for BMA guidance on managing discrimination and sexual harassment by patients.

If You Witness Sexual Harassment

Employees who witness sexual harassment must take appropriate steps to address it. Depending on the circumstances, this could include:

- Intervening where they feel able to do so.
- Supporting the reporter of harassment to report it or reporting it on their behalf.
- Reporting the incident where they feel there may be a continuing risk if they do not report it.
- Co-operating in any investigation into the incident.

Witnesses of sexual harassment are strongly encouraged to report it and will be protected from victimisation. Please see section 7.3 above.

GUIDANCE – HOW TO MANAGE REPORTED CASES

The Process Following a Report of Sexual Harassment

The person who receives the report of sexual harassment must notify their local HR or Workforce and OD and safeguarding teams as soon as possible.

See Flowchart (Appendix 2)

Management Review (initial assessment)

The person making a complaint of sexual harassment should be asked if they would prefer a woman or man to interview them. Not everyone will be

comfortable making a disclosure of this nature to someone from the opposite sex.

The local HR or Workforce and OD team will inform the local Safeguarding team to assess whether further actions under section 5 safeguarding regulations are required.

The local HR or Workforce and OD team will support the manager to conduct a management review (initial assessment) of the report.

This may involve:

- the individual (or team) with whom the report has been raised
- an individual(s) with appropriate subject matter expertise
- the relevant HR or Workforce and OD officer/manager for that area
- any other relevant individual deemed able to provide advice (e.g., Safeguarding colleagues)

See separate Management Review (initial assessment) guidance

for further information

Following the management review (initial assessment), the following actions, which are not mutually exclusive may be considered as next steps:

- Further fact finding.
- Commissioning of a formal investigation under the NHS Wales Disciplinary Policy or the Upholding Professional Standards in Wales Procedure (UPSW) if the individual accused of harassment is a doctor or dentist.
- An informal resolution process (see section 7.6.3)
- If allegations could amount to criminal proceedings following a management review (initial assessment), notifying the police and/or other relevant agencies, including the individual accused of harassment's

employers if their employer is not NHS Wales, or any regulatory bodies such as the NMC, may be deemed necessary. Please note, notifications to the police should only be made where required by Safeguarding rather than as a matter of practice for all sexual harassment allegations.

Suspension/moving an individual from their normal place of work

Where reporter of harassments and individuals accused of harassment work together a risk assessment will be undertaken, and it may be necessary to discuss temporary changes to working arrangements. It is not normal practice to move a reporter of harassment as a first step, unless they have requested this, and normal practice should be to move individuals accused of harassment wherever possible and necessary. This does not pre-judge the allegations in any way, it is simply with a view to furthering the organisation's legal obligations under the Worker Protection Act.

Please see All Wales Disciplinary Policy/ Upholding Professional Standards in Wales Procedure (UPSW) for more information.

Reporting Incidents Informally

Incidents can be informally reported verbally or in writing via any of the following:

- A manager
- A member of the local HR or Workforce and OD team
- Speaking Up Safely contact/guardian (including via anonymous reporting platform/telephone/email hotline or your organisation's equivalent)
- A local Trade Union representative

State that you want to informally report an incident.

If the Reporter of harassment Requests that the Matter be Resolved Informally

The person receiving the informal report should listen to the reporter of harassment and work out how best they can help them to resolve the issue informally and in a way with which the reporter of harassment is most comfortable having considered the following actions:

- Discussing ways to approach the issue directly with the individual accused of harassment.
- Supporting the reporter of harassment in raising the issue with the individual accused of harassment by accompanying them in any discussion or helping them to set out their thoughts in writing.
- Raising the matter informally with the individual accused of harassment on the reporter of harassment's behalf.
- Obtaining advice on how best to resolve the issue and/or assistance in doing so from other sources either internally such as from the local HR or Workforce and OD team or externally from sources such as ACAS.
- Arranging mediation by a trained mediator between the reporter of harassment and the individual accused of harassment. In these circumstances, the manager and HR or Workforce and OD advisor (in conjunction with safeguarding advice) must consider whether this type of resolution is appropriate. If so, an independently facilitated conversation will be arranged in line with the All Wales Respect and Resolution Policy.
- Obtaining advice on or assistance in dealing with issues relating to particular protected characteristics, such as from a charity with expertise relating to a particular disability.
- Obtaining counselling or support for the individual

It is important that a record of the following is kept:

- The details of the report/incident.
- A record of any discussion held with the individual accused of harassment.
- A record of any follow up actions.
- A reflections document completed.
- Any further training needs identified.

The manager must schedule a follow-up conversation with the reporter of harassment to check if any further incidents of harassment have occurred and whether any further support is required.

It is recognised that an informal solution may not be appropriate or may not work in many cases. For example, any informal solution is unlikely to be appropriate in more serious cases, or to work in cases where the alleged harasser is unlikely to accept that they have done anything wrong.

The reporter of harassment can make the matter formal at any stage if they wish to.

Investigating Formally Reported Incidents

Protecting the reporter of sexual harassment must be paramount.

- Investigators of allegations of sexual harassment will take particular care about the relevance and intrusiveness of questions required to investigate these matters. This includes taking great care when asking questions of a personal nature.
- Greater flexibility may be applied to the reporter of harassment's right to be accompanied to meetings related to investigating the complaint, particularly by a friend or family member (in a supportive capacity), in

addition to the usual right to be accompanied by a trade union representative or work colleague.

- The reporter of harassment and individual accused of harassment should be provided with a single point of contact throughout the process wherever possible.
- These contacts should keep both parties separately and appropriately updated and ensure that they have access to support as required.
- Terms of Reference should be clearly written, containing wherever possible the specifics of the allegation; i.e., what was allegedly said/done/when/where (and where no anonymity applies) to whom.
- Timescales for each stage of the process will be provided. If timescales cannot be met, all parties will be informed of the delay and the reasons given as far as possible.

NHS Wales organisations will ensure that any allegations of potential sexual harassment are managed swiftly and in line with this policy.

Experiencing sexual harassment is extremely distressing and can be life changing. It's also distressing and a serious matter for an employee to be accused of sexual harassment. NHS Wales organisations will not presume the accusation is either true or false prior to a fair and thorough investigation.

Sexual harassment cases will sometimes only be evidenced by the reporter of harassment's word against that of the individual accused of harassment. This should not prevent the reporter of harassment from speaking up. NHS Wales is committed to treating all complaints fairly.

Care must be taken to ensure no action is taken that could be perceived as punishing any person who raises a complaint in good faith.

Please see the All-Wales Disciplinary Policy/UPSW for more details on the Investigation stage of a process.

Actions Following an Investigation

The outcomes of the investigation will follow the relevant NHS Wales Policy. However, where there is a finding that on the balance of probabilities, the alleged sexual harassment did occur, but does not result in dismissal, the employer will normally be expected to consider if there should be a requirement for the perpetrator to attend anti-harassment training (either individually or as part of departmental training); this may be combined with another sanction. Any decision makers will also need to risk assess the likelihood of the harassment re-occurring (and any measures that could prevent this) when determining what sanction to apply.

NHS Wales recognises that in some cases it may be appropriate to signpost perpetrators to specialist services if they genuinely want to change their behaviour – this should be agreed on a case-by-case basis.

When dealing with a sexual harassment case, cultural sensitivity may be required. This may apply to the reporter of harassment, the perpetrator and any witnesses. Cultural attitudes may be a factor within some cases and these need to be considered in understanding the situation. However, cultural attitudes are not accepted as an excuse or mitigation for sexual harassment.

To provide assurance that the matter has been addressed appropriately; where a complaint has been upheld the organisation may share some aspects of an investigation and/or their outcomes; including any action that has been taken to prevent a similar event happening again with the reporter of harassment. This will be considered on a case-by-case basis and advice should be sought from your local HR or Workforce and OD team. Any sharing of

information must be compliant with relevant data protection laws and align to your organisation's Information Governance policy.

Whether or not your complaint is upheld, we will consider how best to manage the ongoing working relationship between you and the person concerned. It may be appropriate to arrange some form of mediation or counselling, or to change the duties, working location or reporting lines of one or both parties.

Employees who raise a report of sexual harassment in good faith (whether founded or not) will always be supported, and this should include offering adjustments to the usual witness protocol.

This may include (and not limited to):

- Adjustments to normal process in the disciplinary hearing.
- Ensuring that we take a sensitive approach when cross examining a reporter of sexual harassment, including avoiding where possible the individual accused of harassment or their representative directly cross examining the reporter of harassment (subject to the provisions of UPSW).
- Considering submission of questions direct to the chair to ensure there isn't anything that is inappropriate or inappropriately worded.
- Considering the use of partition screens.
- Remote (video) attendance at hearing(s) and only for as long as necessary.

Any staff member who deliberately provides false information in bad faith, or who otherwise acts in bad faith as part of an investigation, may be subject to action under the All-Wales Disciplinary Procedure/Upholding Professional Standards in Wales. However, you will not be disciplined or treated detrimentally because your complaint has not been upheld.

If an individual has genuine cause to believe that an allegation made against them is false or vexatious, this should be clearly communicated during the management review/initial assessment stage and any subsequent stages in that particular case.

Non-Employees

Employees who are seconded or deployed to another organisation will be supported by NHS Wales to report sexual harassment in accordance with this policy or a similar policy provided by the host organisation.

NHS Wales also has a duty of care to protect individuals employed by other organisations and third parties, such as suppliers or visitors, from sexual harassment (as defined in section 5) from any individual in the workplace.

If employees are subject to sexual harassment from individuals not employed by NHS Wales, this will be taken no less seriously.

In these circumstances NHS Wales will:

- not tolerate any conduct – on its premises or within any environment – that may be defined as sexual harassment
- report any allegation to their employer or representative without delay and take appropriate steps to ensure the safety of those involved. This should be reported in the same way as if the individual accused of harassment were an NHS Wales employee
- following the receipt of allegations of sexual harassment, take action, which may involve taking management action and/or commencing a management review (initial assessment) under the organisation's disciplinary policy or Upholding Professional Standards in Wales Procedure (UPSW) if the allegations are against a doctor or dentist.

If secondees who fall within the scope of this policy are found to be in breach of this procedure after an investigation, please follow the All-Wales Secondment Policy.

NHS Wales expects any third-party organisation that deploys employees or representatives to work in or with NHS Wales to engage with any investigation relating to sexual harassment and take appropriate action and/or provide appropriate support in respect of findings in relation to the employee or representative.

Providing Support

NHS Wales recognises that reporting sexual harassment takes courage and can be extremely stressful. Any individual raising a concern or complaint is to be given reassurance and support throughout the process. This support may also need to be extended to any employees who have witnessed sexual harassment.

As well as providing opportunities to talk, HR or Workforce and OD teams should signpost employees to relevant services such as Occupational Health (OH) or local employee wellbeing service where available. Also see sources of support in Appendix 4 below.

Incidents of sexual harassment can have long-term impacts on those who directly experience them as well as their friends and family. A reporter of harassment may need adjustments to support them to fulfil their role and workload, especially while any investigation is ongoing. The reporter of harassment should have a conversation with their line manager (or nominated person, which may include an occupational health professional) to review matters such as their current working arrangements and consider whether any additional support is needed, for example, by using the Flexible Working or Special Leave Policies.

Where concerns regarding attendance and/or capability of the reporter of harassment may be connected to a sexual harassment incident, adjustments to the attendance and/or capability process will be considered by the individual's line manager with advice from the local HR or Workforce and OD team. Any adjustments should be recorded and reviewed every 2 weeks, documented and shared with the relevant parties such as the individual and/or their line manager and their trade union representative.

If sickness absence is caused by sexual harassment at work, advice on this can be provided by your local HR or Workforce and OD team.

Victimisation, including when no further action is taken

NHS Wales does not tolerate harassment or victimisation of anyone reporting sexual harassment and will not tolerate any attempt to persuade or force an employee to not raise their concerns. 'Victimisation' is when someone is treated less favourably as a result of being involved with a discrimination or harassment complaint and is unlawful under the Equality Act.

NHS Wales will uphold its duty of care to ensure colleagues are fully supported when reporting sexual harassment, whether their complaint is upheld or not.

Any retaliation and victimisation of an individual raising a report or acting as a witness should be reported to a line manager or your local HR or Workforce and OD team and will be addressed. This may result in action being taken under the Disciplinary

Policy or Upholding Professional Standards in Wales Procedure (UPSW) if the allegations are against a doctor or dentist.

REPORTING TO STATUTORY REGULATORS

NHS Wales organisations reserve the right and may be obliged to report an employee holding a professional registration of any description to their relevant statutory regulator (for example, Nursing and Midwifery Council, General Medical Council, The Health and Care Professions Council, the Law Society) in accordance with their relevant professional codes of conduct. The designated employees for ensuring that NHS Wales organisations make an appropriate referral will be the relevant local HR or Workforce and OD team. HR or Workforce and OD teams may take advice from a range of individuals including the most senior professional of the profession within NHS Wales Organisations for example, Chief Nursing Officer and/or Chief Medical Officer before making a formal referral. When making a referral, HR or Workforce and OD teams will do this in accordance with local organisation professional registration policy.

POLICE INVOLVEMENT

A disclosure of sexual harassment may allege a criminal act. If it is suspected that a criminal act has taken place, please contact your local Safeguarding team as soon as possible. Where possible, a conversation with the reporter of harassment to discuss their wish for police involvement should precede any referral. If you believe there is a danger to safety and/or life, you should call the police on 999 immediately.

The Police may prosecute without victim involvement, particularly if there is corroborative evidence.

NHS Wales HR or Workforce and OD teams routinely work with Safeguarding teams using safeguarding policies to review each case on a case-by-case basis and consider the need for escalation to relevant authorities, including the police, and referrals are made where there is concern that the allegations may constitute a criminal act. The organisation will ensure that matters are referred to the wider

authorities such as the relevant Local Authority Designated Officer and/or the relevant Local Authority Safeguarding Team where appropriate.

Where an internal investigation is taking place, the HR or Workforce and OD team will consult with the police at agreed intervals about concurrent investigation processes to ensure the criminal investigation/process is not prejudiced.

Reporters of harassment can report sexual harassment to the police directly. They may express a wish that they do not want to prosecute, or they wish to report and think about prosecution later. These are matters that must be discussed with the police directly.

EQUALITY INCLUDING WELSH LANGUAGE

Please refer to the completed Equality Impact Assessment undertaken at the time this policy was ratified.

APPENDICES

Appendix 1: How to Respond to a Disclosure of Sexual misconduct

Appendix 2: Draft Sexual Safety Incident Flowchart

Appendix 3: Roles and Responsibilities

Appendix 4: Further Information and Support

REFERENCES

Sexual harassment and harassment at work technical guidance.

Available at: [The Equality and Human Rights Commission \(2024\)](#)
[Sexual harassment and Harassment at Work technical Guidance](#)

2020 Sexual harassment survey commissioned by the Government Equalities Office. Available at:

[2020 sexual Harassment Survey \(Government Equalities Office\)](#) NHS England

Sexual Misconduct Policy. Available at:

[NHS England Sexual Misconduct Policy](#)

ACAS sexual harassment guidance. Available at:

[ACAS sexual harassment guidance:](#)

Surviving in Scrubs 'Surviving Healthcare' report. Available at:

[Surviving In Scrubs 'Surviving Healthcare' Report](#)

BMA Sexual Misconduct at Work guidance. Available at:

[Sexual misconduct at work](#)

Appendix 1: How to Respond to a Disclosure of Sexual Harassment

Any employee or worker could be given a disclosure of sexual harassment.

Ask the individual how they want to be supported. Do not make assumptions and do not dictate what will or must happen. Let the individual tell you what they need.

If you believe someone is in danger, dial 999. Many people feel a loss of control, so empowering them and validating their experience is vital to minimise trauma.

It is crucial to handle the conversation respectfully and supportively. Your role is to listen to the person sharing their experience and agree on the next steps to take.

Your role is not to provide counselling, clinical advice or offer retribution against the perpetrator.

You should:

- ensure they are safe
- actively listen (without having any distractions such as your phone)
- believe and validate them
- respect confidentiality but ensure they understand you may need to share information or example if a safeguarding or legal concern is outlined
- safely signpost them to support (and reporting options if they haven't reported already)

Safety of the Employee

- if they are unsafe or you cannot be assured they are safe and you believe they may be in danger of harm, take steps to immediately call the police (if not already informed) and seek immediate advice from your local HR or Workforce and OD team.
- where there are any safeguarding concerns (for example if there is a concern that someone is being co-coerced or controlled or where there are mental capacity concerns), you or your local HR or Workforce and OD team must contact your Safeguarding team to request an urgent discussion about employee safeguarding

- consider any action that you or another appropriate person could take to help ensure the immediate safety of the reporter of harassment. For example, if the incident occurred in NHS Wales premises, consider and discuss with the reporter of harassment and an appropriate manager if an alternative work location would be appropriate. If the individual accused of harassment is a visitor and remains on site, you may need to contact security, and if the individual accused of harassment is an employee, you must contact your HR or Workforce and OD team for advice to co-ordinate escorting the individual accused of harassment from the building.

You should NOT:

- push for details
- make assumptions
- ask why they did not say anything sooner
- be judgemental or criticise their choices
- express criticism or disbelief
- look disinterested (think about your body language)
- tell them what to do
- talk about your own experiences
- provide counselling yourself
- share their information with others unless they explicitly give you permission to do so, or there are safeguarding or legal concerns
- ask why they did not run away or fight back
- play down or minimise their experience and the significance of what they are sharing.

Signpost colleagues to this policy and:

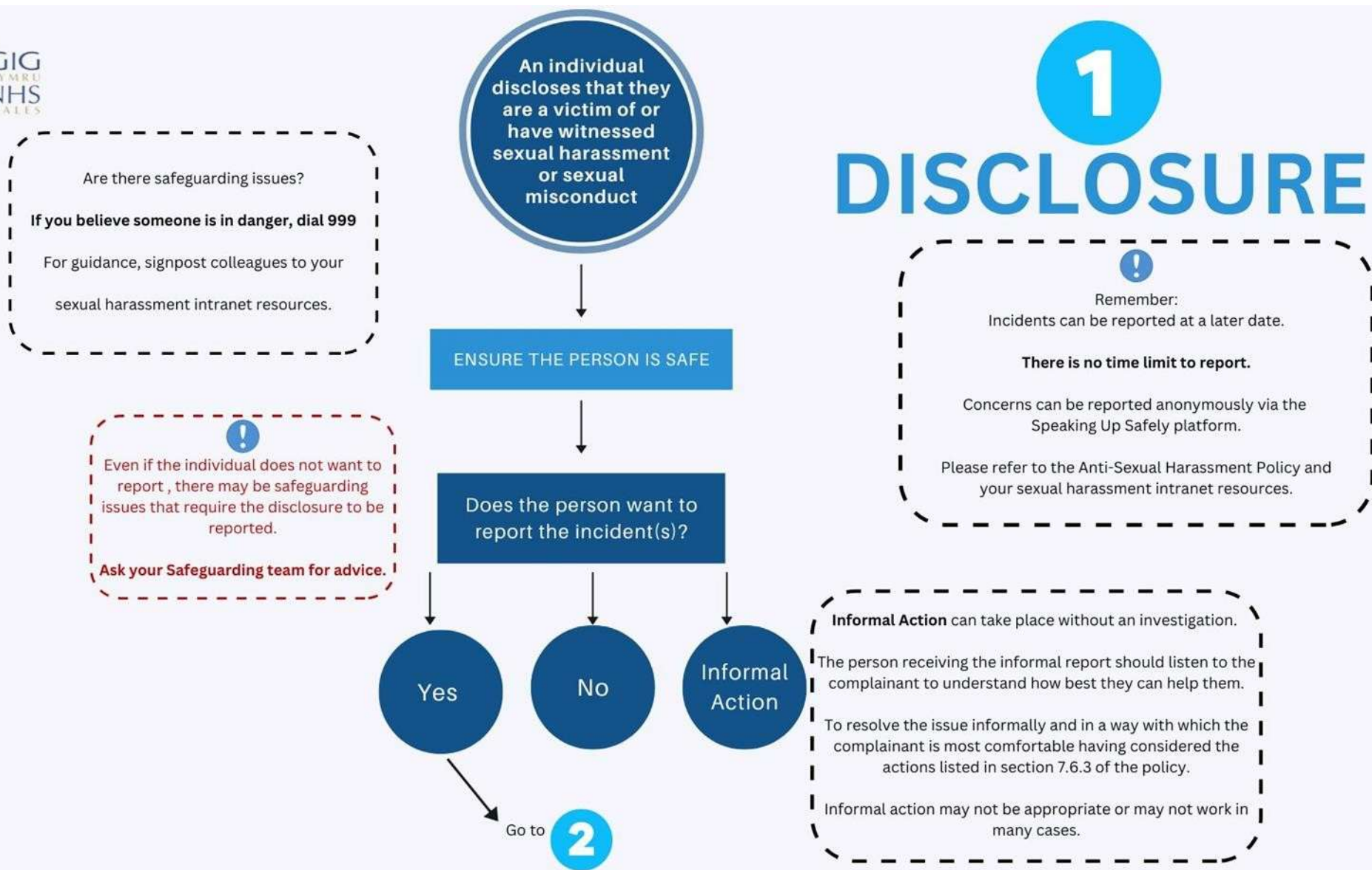
- refer them to the support described in Appendix 4

- encourage them to report their concern as set out in section 7.3 above, if it has not already been reported
- make a note as soon as you can of any details of the disclosure, ensuring confidentiality is maintained. The reporter of harassment should be notified that you will make a note of the disclosure including the date and time the disclosure was made, who it was made to, what was disclosed (as much information as possible) and what immediate actions were taken

If the reporter of harassment does not want to take the disclosure any further, you must respect their wishes. However, if you need support or advice following the disclosure you could speak to someone in confidence, such as your local HR or Workforce and OD team or your own line manager

Appendix 2: Sexual Safety Incident Flowchart

Responding to Reports of Sexual Harassment **Flowchart**



The individual is supported to formally report the incident(s)

2 REPORT



Protecting the person who raised the complaint or who is the victim of sexual harassment should be paramount.

Incidents can be formally reported to:

- Your manager
- A member of your local HR or Workforce and OD team
- Your Speaking Up Safely contact/guardian
- A member of your Safeguarding team

In some cases, more immediate action may need to be taken, such as suspending or moving the alleged perpetrator. A member of your local HR or Workforce and OD team will be able to advise investigating managers on the appropriate course of action.

The alleged perpetrator also needs to be treated fairly and offered support in line with policy and the law.

Remember:
Colleagues can also report completely anonymously.

See your local Speaking Up Safely information.

Go to **3**



The local HR or Workforce and OD team will inform the local Safeguarding team to assess whether further actions under Section 5 safeguarding regulations are required.

The local HR or Workforce and OD team will support the manager to conduct a management review (initial assessment) of the report.

Management Review (Initial Assessment)

3

NEXT STEPS

No Further Action

Reports of sexual harassment will be managed swiftly, confidentially and in line with the appropriate organisational policies and procedures.
(The result of the management review could be that no further action is taken).

Police Investigation

In some cases, a Police investigation must take place.
You safeguarding team will provide advice in these cases.

Investigation

If deemed appropriate, a formal investigation is commissioned.

!
The person who raised the complaint will be appropriately informed of developments throughout the process.

FORMAL ACTION

Formal action will normally follow the process in the All Wales Disciplinary Policy or or Upholding Professional Standards in Wales Procedure (UPSW) if the allegations are against a doctor or dentist

INFORMAL ACTION

Informal action on a case by case basis in line with the relevant policy.

COMPLAINT NOT UPHOLD

Signpost to support, and advice and guidance in the All Wales Anti-Sexual Harassment Policy and sexual harassment intranet resources.

Appendix 3 – Roles and Responsibilities

Overall responsibility for policy implementation and review rests with the Chief Executive Officer (CEO).

The CEO shall delegate operational responsibility to the Executive Director of HR or Workforce and OD. All NHS Wales Directors will demonstrate due diligence in respect of the Worker Protection (Amendment of Equality Act 2010) and be responsible for policy implementation at all other NHS Wales premises.

To support cultural development the **Organisation** will take the following actions:

- ensure the Executive Team regularly reviews data relating to sexual misconduct and that lessons are learnt and changes in practice are made to improve sexual safety in the workplace
- ensure all colleagues are aware of issues relating to sexual harassment, the Anti-sexual harassment Policy and how to deal with reports and disclosures appropriately
- actively work to prevent sexual harassment in the workplace • encourage managers to ask about an individual employee's working relationships and environment within their line manager/employee relationship 1:1 meetings
- ensure a named member of the Executive Team has responsibility for sexual safety.
-

In addition to their responsibilities as employees, managers and people in positions of leadership (listed above), **The Safeguarding Team** will:

- offer guidance to employees and managers on the interpretation of this procedure in respect of cases of violence against women, domestic abuse or sexual violence.
- provide advice and support to employees affected by violence against women, domestic abuse or sexual violence.
- provide advice and support to managers who suspect an employee may be experiencing affected by violence against women, domestic abuse or sexual violence.
- maintain confidentiality as far as possible and reasonably practical unless there is a safeguarding or legal concern that needs to be reported
- ensure that procedures and guidance relating to Violence Against Women, Domestic Abuse and Sexual Violence are up to date and available for managers and employees.

Safeguarding managers must be made aware of all allegations of sexual assault or domestic abuse by an employee and if appropriate, a decision will be made in line with current guidance and legislation about what steps will be taken.

In all cases where a child under 18 discloses a sexual assault, or employees hear about a sexual assault of someone under 18, a Child at Risk Report must be made based on Wales Safeguarding Procedures (2019).

To support our commitment to a safe workplace and culture all **employees** should:

- Ensure they understand what sexual harassment is
- Be aware of how their behaviour can affect others and model appropriate behaviour
- challenge inappropriate behaviour, if possible and where it can be done safely, and report it

- promote a culture that fosters openness and transparency and does not tolerate unwanted, harmful and/or inappropriate sexual behaviours, upholding the values and behaviours/core principles of NHS Wales and the local organisation
- report incidents of sexual harassment when witnessed, or support those who have experienced sexual harassment by reporting it
- co-operate fully in any investigation
- maintain confidentiality as far as possible and reasonably practical unless there is a safeguarding or legal concern that needs to be reported
- ensure they have completed all appropriate Statutory and Mandatory training modules, including Violence Against Women, Domestic Abuse and Sexual Violence and Treat Me Fairly
- familiarise themselves with and adhere to the principles set out in this policy

In addition to their responsibilities as employees (listed above), **line managers** should:

- provide appropriate support and/or signpost support to those who disclose or report sexual harassment
- undertake training to ensure they understand what sexual harassment is and their role in eliminating this in the workplace
- ensure their employees have completed all appropriate statutory and mandatory training modules, including Violence Against Women, Domestic Abuse and Sexual Violence and Treat Me Fairly
- report an incident to HR or Workforce and OD colleagues where relevant and in line with this policy
- be proactive in putting into place any reasonable adjustments including completion of the sexual safety risk assessment, individual wellness action plans and stress risk assessments where necessary.
- be available to support the investigation if appropriate

- be responsible for creating a culture where employees feel safe to work, raise concerns and feel listened to
- maintain confidentiality as far as possible and reasonably practical unless there is a safeguarding or legal concern that needs to be reported
- provide support to an individual accused of harassment and/or signpost them to support
- be a role model for promoting equal and professional behaviours in the workplace
- be aware there may be a need to report an instance of sexual harassment, bearing in mind confidentiality and the wishes of the reporter of harassment should it need to be discussed anonymously with the Head of HR or Workforce and OD and/or Head of Safeguarding
- ensure that a person is not victimised for making or being involved in a complaint of sexual harassment

In addition to their responsibilities as employees (listed above), the **HR or Workforce and OD team** will:

- undertake training to ensure they understand what sexual harassment is and their role in eliminating this in the workplace
- ensure that there are clear processes in place for responding to complaints of sexual harassment or assault and clearly communicate them
- offer guidance to employees and managers on the interpretation of this policy and any accompanying guidance
- ensure information and training is available to support the effective implementation of this policy
- monitor and evaluate the effectiveness of this policy
- provide specialist advice at all stages of a complaint being raised for the reporter of harassment, line manager, individual accused of harassment and in the event of a formal investigation, the case/ commissioning manager, the

investigating officer and disciplinary panel hearing

- maintain confidentiality as far as possible and reasonably practical unless there is a safeguarding or legal concern that needs to be reported
- signpost colleagues to the appropriate support

Local operational HR or Workforce and OD colleagues will act as key contacts for individuals who raise complaints of sexual harassment.

Senior HR or Workforce and OD managers will work closely with the safeguarding colleagues and other departments/agencies as appropriate.

In addition to their responsibilities as employees (listed above), **Trade Union/staff side Representatives** should:

- undertake training to ensure they understand what sexual harassment is and their role in eliminating this in the workplace
- signpost to this policy, explain the procedures for reporting and the potential routes and outcomes, and assist with the reporting process where appropriate
- explain the options for support both internally and externally during and after the process
- maintain confidentiality as far as possible and reasonably practicable unless there is a safeguarding or legal concern that needs to be reported
- provide support to their members through informal and formal processes.
- work with NHS organisations to promote and deliver training and awareness programs that prevent sexual harassment in the workplace.
- work proactively with management to monitor and address workplace culture issues that may contribute to a hostile environment.

When representing members who are accused of sexual harassment, Trade Unions are expected neither to condone or defend such actions; nor ignore or refuse outright to hear or assist a member accused of such actions.

Representatives must be careful not to presume guilt or ignore the obligation to advise the member and ensure a fair hearing.

In addition to their responsibilities as employees and managers (listed above), individuals in a **leadership position** (often noted as 'position of power') should:

- undertake training to ensure they understand what sexual harassment is and their role in eliminating this in the workplace
- be aware of the potential power imbalance that can increase the vulnerability of some employees
- never take advantage of their position to coerce employees into performing sexual favours
- maintain confidentiality as far as possible and reasonably practical unless there is a safeguarding or legal concern that needs to be reported
- ensure no colleague is subjected to inappropriate behaviours including jokes and banter
- be aware of the vulnerabilities of women and minority groups who may be at greater risk of sexual harassment. This includes individuals with protected characteristics such as but not limited to gender, race, sexuality, gender identity, religion and disability which may increase the risk of experiencing sexual harassment
- identify potential risk factors and take prompt, reasonable action to minimise those risks

In addition to their responsibilities as employees, managers and people in positions of leadership (listed above), **Executive Team members** will:

- conduct regular reviews of internal data and ensure appropriate actions are taken in areas of concern
- influence organisational culture and set organisational priorities relating to sexual harassment
- support the development of the leadership community to support the operation of this procedure

Appendix 4: Further Information and Support

Live Fear Free provides help and advice about violence against women and men, domestic abuse and sexual violence. Live Fear Free operate 24/7, offer support through the Welsh language, have access to Language Line and use Sign Live to support deaf survivors. 0808 80 10 800

Rape Crisis England and Wales: 24/7 helpline that can provide immediate support if you have experienced sexual misconduct.

Victim Support: provide specialist help to support victims of crime to cope and move on to the point where they feel they are back on track with their lives.

Local Occupational Health and Wellbeing Services provide a range of services to help employees stay well both at home and at work

Trade Union representatives

Provide advice and support to their members when they have issues at work.

Rape & Sexual Abuse Support Centre (RASASC) North Wales provides information, specialist support and therapy to anyone aged 3 and over who has experienced any kind of sexual abuse or violence either recently or in the past.

ACAS: helpline for anyone experiencing workplace related issues including sexual harassment/misconduct.

Rights of Women: have free legal advice lines for women who have experienced domestic abuse, sexual violence and sexual harassment/misconduct at work.

Surviving in scrubs: provide support, share survivor stories and campaign to end sexism, harassment, and sexual assault in the healthcare workforce.

Sexual Assault Referral Centres (SARC) offer confidential medical and practical support to people who have recently been raped or sexually assaulted.

Galop: support LGBT+ people who have experienced abuse and violence

SurvivorsUK: provide support to male and non-binary survivors of sexual violence, providing counselling, practical help and community on your healing journey.

UK Government Sexual Abuse Support for victims of sexual violence and abuse.

NHS help after rape and sexual assault: information on the NHS website about where to find support if you have been sexually assaulted, raped or abused.

Samaritans: support for anyone who's struggling to cope, and who needs someone to listen without judgement or pressure.

Equality and Human Rights Commission Technical Guidance

Rights of Women: A charity dedicated to providing frontline legal advice to women experiencing all forms of violence against women and girls in England and Wales.

HCP Sexual Safety Hub: Raising awareness of the impact of sexual misconduct, and helping to improve the sexual safety of service users, those working within health and social care, and the students and learners on our approved education programmes.

BMA Sexual Misconduct at Work Resources: Information on sexual misconduct and the resources to support you if you have been involved in an incident of sexual misconduct, or if someone is seeking your support.

Managing discrimination from patients and their guardians and relatives (BMA)

Unison sexual Harassment Guidance: Guidance and model policy

Wales TUC Sexual harassment Toolkit: Guidance and toolkit

National Stalking Helpline Run by the Suzy Lamplugh Trust, the helpline gives advice and information to people who believe they're being stalked (includes 'Am I being stalked?' tool 0808 802 0300)

Men's Advice Line The Helpline for male victims of domestic abuse
0808 801 0327

BAWSO (Black Association Women Step Out): Provides practical prevention, protection and emotional support services to Black minority ethnic (BME) and migrant victims of domestic abuse, sexual violence, female genital mutilation, forced marriage, honour-based violence, modern slavery and human trafficking
0800 7318 147

Canopi Free and confidential mental health support for NHS and social care staff across Wales

Annex 9 - Non-Medical Bank Worker Terms of Engagement



XXXXX NON-MEDICAL BANK WORKER TERMS OF ENGAGEMENT

WORKERS NAME:

NATIONAL INSURANCE NUMBER:

EMAIL:

This Agreement is a statement of the Terms of your engagement as a Worker on the XXXXXX Bank Register, as required by section 1 of the Employment Rights Act 1996.

You have the status of a worker and are not an employee. This is not an employment contract and does not confer any employment rights, other than those to which workers are entitled. As such and for the avoidance of doubt the Agenda for Change / NHS Terms and Conditions of Service Handbook do not apply to your engagement under these terms. This means that you may not have the same terms and conditions, protections, or obligations as someone who works as an employee.

PART 1 - REGISTRATION

Introduction

1.1 The Bank Register ("The Bank") exists:

- To support the service to ensure that safety and quality of standards in patient/client care are maintained.
- To provide cover at all times as required including in the event of staff absence and in times of increased activity.
- To provide reliable and flexible cover on an ad hoc and as when required basis.

1.2 Persons listed on The Bank will be deemed "Bank Workers". This agreement governs the basis on which assignments may be offered to you, through the Bank, and the terms and conditions that apply while on each individual assignment.

1.3 There is no obligation on the NHS Organisation to offer you work once you have registered on the Bank and there is no obligation on Bank Workers to accept the offer of hours or assignments where offered. Accordingly, this agreement does not involve any mutuality of obligation between you and the NHS Organisation, and these Terms of Engagement can be terminated immediately at any time subject to clause 6.

- 1.4 The NHS Organisation reserves the right to alter, amend, revoke or replace the terms and conditions regulating your registration with the Bank (which includes the terms of this agreement) from time to time as it sees fit.

2. Commencement date

- 2.1 Your registration on The Bank shall commence on: [DATE].

3. No presumption of continuity

- 3.1 Each offer of work by the NHS Organisation which you accept (an assignment) shall be treated as an entirely separate and severable engagement. The terms of this agreement shall apply to each assignment but there shall be no relationship between the parties after the end of one assignment and before the start of any subsequent assignment.
- 3.2 The fact that the NHS Organisation may offer a Bank Worker work on The Bank more than once or that a Bank Worker may accept assignments on a frequent basis shall not confer any legal rights other than that they are a "Worker" on The Bank. It shall not be regarded as establishing an entitlement to regular work, confer any employment right or continuity of employment other than those to which workers are entitled.
- 3.3 Work on The Bank is not counted as reckonable or continuous service.

4. Notification of assignments

- 4.1 It is entirely at the NHS Organisation's discretion to offer any work on The Bank and the NHS Organisation is under no obligation to provide any work or to give any reasons for its decision to offer or not offer work.
- 4.2 No guarantee can be given that work will be available on any specific date a Bank Worker may wish to work. The NHS Organisation will determine whether any Bank Worker on The Bank will be offered work. It will only notify the Bank Worker if there is work and the number of hours that the Bank Worker is requested to work.
- 4.3 If the NHS Organisation wants to offer work, this shall be in line with the NHS Organisation's current process in place at the time of the assignment. This is usually via the booking application. In exceptional circumstances this may include but is not limited to offering an assignment over the telephone, by text message and email.
- 4.4 The precise description and nature of your work may be varied with each assignment, and you may be required to carry out other duties as necessary to meet business needs. You will be informed of the requirements at the start of each assignment.
- 4.5 Where the need arises, Bank Workers must be flexible to meet the needs of the service and to ensure the delivery of safe patient care. In particular, Bank Workers may be requested at short notice; to change their hours of work and shifts; to change areas of work or locations; and to work additional hours as may be reasonably required to meet the operational needs of the service. Bank Workers may be required to work at any location within a specific service within their skills and competencies within the NHS Organisation.

5. Acceptance of an Assignment

- 5.1 When work becomes available or you are offered an assignment, you will then be able to choose whether or not to accept the assignment.

- 5.2 You are under no obligation to accept an offer of an assignment. If you accept a shift, the Health Board will expect you to complete the shift.
- 5.3 You must only accept an assignment that you are competent to perform and in accordance with any professional registration (including any restrictions placed on you by regulatory bodies).

6. Termination of assignment

- 6.1 You will avoid cancelling shifts booked. Where this is unavoidable, you must give as much notice as possible to the NHS Organisation. Persistent short notice, cancellation of bookings or non-attendance may result in your removal from the Bank. Failure to present for agreed duties; not giving sufficient notice of or frequent cancellation of booked shifts without acceptable reasons could lead to removal from The Bank.
- 6.2 The NHS Organisation reserves the right to terminate an assignment at any time for operational reasons. If an assignment is terminated before any originally agreed end date, the NHS Organisation will endeavour to give you as much notice as possible. You will be paid for any work undertaken on a particular assignment up to the time it is terminated.
- 6.3 Where a Bank Worker arrives for duty due to an inability by the NHS Organisation to contact them to notify them of cancellation, then the NHS Organisation will engage the Bank Worker for the duties contracted, for a minimum shift of 4 hours.

7. Termination of registration

- 7.1 There is no overriding right to remain on The Bank.
- 7.2 If you no longer wish to be offered casual work by the NHS Organisation, you should inform the Temporary Staffing department in writing as soon as possible.
- 7.3 Should the Bank Worker decide to leave the Bank and register themselves with an outside Agency the Bank will operate a cooling off period of 12 weeks to allow the Bank Worker back onto the Bank. A policy will operate to offer work to registered Bank Workers first and there is no guarantee any work will be offered to any outside Agencies. The NHS Organisation reserves the right not to offer work to agency workers that have left the NHS Organisation during the 12-week period.
- 7.4 If a Bank Worker has continuously refused the offer of Bank Work for a period of 6 months, and/or has not worked on the Bank for 6 months the Bank Worker will be removed from the Bank. The designated Temporary Staffing department may write to the person asking them if they want to continue to be registered on The Bank. If no response is received within 21 days, they will be removed. There is no overriding right to remain on The Bank.
- 7.5 The NHS Organisation may decide at any time that it no longer intends to offer you work and will notify you in writing of its decision. It may do so for any reason, including where the Health Board has reduced its need for bank workers or where it considers that you have committed any act of gross misconduct or other serious breach of your obligations. Non-exhaustive examples of gross misconduct include dishonesty, theft, fighting, misuse of drugs or alcohol or any other act or omissions which may bring the Bank or any of the NHS Organisation into disrepute.

8. Professional registration

- 8.1 If the role requires Professional Registration or Revalidation, Bank Workers will be responsible for ensuring they are registered and revalidated in accordance with their Professional Codes. Proof of their continued Professional Registration/Revalidation must be produced on request. Failure to maintain registration may lead to removal from The Bank.

8.2 Disclosure and Barring Service (DBS) checks will be undertaken as required.

9. Disclosure of convictions, cautions and reprimands

9.1 If at any time during the period you remain on the Bank, you are subject to a police investigation, or in the event that you are convicted or found guilty of a criminal offence, you are required to notify the Temporary Staffing department as soon as possible. Failure to disclose such investigations, convictions or findings of guilt could result in the immediate removal from the bank Register. This includes any charges or cautions.

9.2 At any time during the period you remain on the Bank, you are required to inform the Temporary Staffing department as soon as possible, of any child protection or vulnerable adult investigations which you may be subject to, both inside and outside your professional practice. Failure to disclose such safeguarding investigations could result in immediate termination from the bank Register.

9.3 At any time during the period you remain on the Bank, you are required to notify the Temporary Staffing department, of any suspension, disciplinary investigation, warning, findings of professional misconduct, fitness to practice investigation, or conditions on practice, which you may be subject to in any other role, or by any other NHS Organisation or Regulatory Body. Failure to disclose such information could result in immediate termination from the bank Register.

PART 2 - TERMS APPLYING TO EACH ASSIGNMENT

10. General

10.1 The terms applying to your assignment with the Bank are as described below. They will apply to you each time you accept an assignment that has been offered to you by the NHS Organisation and will last for the period of that assignment. On each occasion you are confirming your acceptance of these terms by accepting the offer of the assignment.

11. Rules

11.1 Your assignment is subject to you adhering to the NHS Organisation's policies and procedures. It is your responsibility to familiarise yourself with each ward or department where you undertake work.

11.2 During the course of each assignment, you will perform your duties diligently, observing all reasonable management instructions by the responsible supervisor on shift and relevant local policies and procedures (which will be available for inspection locally).

12. Work

12.1 During an assignment you may be asked to undertake work not originally specified but which may reasonably be required and are commensurate to the grade allocated to that assignment. You should not undertake work beyond your level of competence or professional registration. Equally, during periods when members of staff or other workers are absent, you may be asked to undertake different work to that which you might normally perform, commensurate to your grade.

12.2 During an assignment you are expected and required to be flexible and move to another site, Ward or Department as directed to you by a manager and/or to undertake work not necessarily in the area where you were originally booked, where an operational or clinical requirement arises to meet the needs of the service and to ensure the delivery of safe patient care.

13. Place of Work

- 13.1 The NHS Organisation provides its services across various sites and may offer you work at various locations. You will be informed of the relevant place of work for each shift.
- 13.2 In the event that you are required to work at a location other than the one for which you were booked, excess mileage may be claimable in line with NHS Organisation's policies. This must be determined on a case-by-case basis by the Temporary Staffing department and prior to you incurring any cost.

14. Hours of work

- 14.1 You shall have no set hours of work, and you will be required to work shifts on an "as required" basis. Your hours of work for any shift will vary according to the needs of the NHS Organisation and your availability to work. Since the NHS Organisation operates 24-hour service available 7 days a week, you could be required to typically work a minimum of 3 hours to a maximum of 12-hour shifts at any time. The length of the shift will be confirmed at the time you agree to work that shift.
- 14.2 The NHS Organisation is under no obligation to provide you with work, or to provide you with a minimum number of hours of work each day or week.
- 14.3 Under the Working Time Regulations 1998 you should not work more than an average of 48 hours per week based on a 17-week reference period. As such the NHS Organisation is required to be aware of all the hours you work regardless of whether this is for the NHS Organisation under this agreement or elsewhere (whether as a casual or agency worker or with an employer). You are, therefore, required to notify the Temporary Staffing department of any such hours worked as these occur.
- 14.4 There may be exceptions where individuals choose to work above these hours as long as Health and Safety requirements are met and an opt out form will need to be completed and retained. If you do not opt out, the NHS Organisation must ensure that it does not offer you work which would result in you working for more than 48 hours in any week. You must keep the NHS Organisation informed of the hours that you work for third parties so that it can comply with this obligation.
- 14.5 You will be entitled to (and are required to take) a minimum unpaid break of 20 minutes where your shift requires you to work more than six hours in any one day.
- 14.6 You must ensure that you have a minimum of an 11-hour rest period between shifts whether under these Terms of Engagement or elsewhere (whether as a casual or agency worker or with an employer) in compliance with the Working Time Regulations 1998.

15. Remuneration

As a minimum the hourly payment will be kept at a rate equivalent to the Welsh pay scales under the NHS Terms and Conditions of Service for the duties that the Bank Worker will be required to undertake. The minimum payment of Bank Workers will be the Living Wage. Prior relevant experience may be taken into consideration but there is no obligation on the NHS Organisation to do so.

- 15.1 Incremental increases will be awarded after Bank staff complete 488 hours of work and with at least a year's service having passed since their commencement date. Bank Workers will not be entitled to receive more than one pay increase in any 12-month period.]
- 15.2 You will be paid by the NHS Organisation, in accordance with payroll processes and timescales. You must ensure that you complete all Bank registration documentation and processes to ensure you are paid in accordance with those local payroll arrangements.

- 15.3 The NHS Organisation will make all necessary deductions from your pay as required by law including pension contributions which may be required to be deducted under the auto-enrolment regime which applies to the NHS Organisation.
- 15.4 The NHS Organisation reserves the right to withhold payment or make deductions from payment in respect of over-payment to the Bank Worker. Whenever monies are to be recovered, the Health Board will aim to do so in a fair and reasonable manner. The Bank Worker will be notified of any deduction together with a brief explanation of how the overpayment occurred.
- 15.5 The NHS Organisation shall also be entitled to deduct from your pay or other payments due to you any money which you may owe to the NHS Organisation at any time.

16. Travel expenses

- 16.1 Travel expenses may be paid to those Bank Workers required to travel as part of their role and during the hours of their engagement and these will be paid at a rate equivalent to the NHS terms and conditions agreed rates.

17. Benefits

- 17.1 You are not entitled to any benefits during your engagement.

18. Annual Leave

- 18.1 Annual leave for Bank Workers is not accrued but made as a payment of 12.07% of hours worked. This is calculated in accordance with the statutory minimum entitlement under the Working Time Regulations (WTR) which is the maximum entitlement the Bank Worker is entitled to under these terms.
- 18.2 The Health Board will make this 12.07% WTR payment, in replacement of annual leave, at the same time it pays for shifts worked in that pay period/schedule. You shall not receive any further holiday pay at the time holiday is taken.
- 18.3 For Bank Workers working hours at enhanced rates, for example at weekends, bank holidays, or after 8pm on weekdays, the 12.07% will be applied to the enhanced rates of pay also.

19. Error! Bookmark not defined.Error! Reference source not found.Sickness

- 19.1 Bank Workers may be eligible to receive statutory sick pay if they meet the relevant criteria. For clarification they are not entitled to receive occupational sick pay for any absence due to ill health. For SSP purposes, your qualifying period will only be counted for shifts booked prior to the notification of sickness. You are required to submit a fit note if you are unfit for work and are eligible for SSP. The NHS Organisation will inform you if you are entitled to SSP at the relevant time.
- 19.2 Bank Workers are required to notify the NHS Organisation as soon as possible if they are unable to attend an assignment, because of ill health; in relation to hours of work/ shifts they have accepted otherwise there is no obligation to notify sickness if they do not relate to hours/shifts accepted.
- 19.3 If Bank Workers are sent home from a shift as a result of illness, they will be paid for the completed hours worked.

20. Maternity/Adoption/Paternity Pay

- 20.1 Bank Workers may be eligible to receive the appropriate statutory pay if they meet the relevant statutory criteria. There is no entitlement to enhanced occupational pay for maternity, paternity or adoption.

21. Training and development

- 21.1 Bank Workers will be required to have attended the NHS Organisation's training and induction programme prior to undertaking any Bank Work. You may be required to complete other essential training dependent on your role. Further details of this training are set out in SCHEDULE A attached to these terms. Bank workers will be paid for attendance at any induction and essential training.
- 21.2 You are entitled to take part in various training courses which the NHS Organisation may provide from time to time in-house. Specific details of what courses might be available can be found on the intranet or on ESR. You should speak to the Temporary Staffing department in the first instance if you would like to take a course. However, you agree that any time spent on an optional course will be on an entirely voluntary basis and unpaid.

22. paragraph 28.4 Management rules and procedures

- 22.1 During each shift you are required at all times to comply with the relevant NHS Organisation rules, policies and procedures in force from time to time, including but not limited to the NHS Organisation's Health and Safety Policy, the Health Board's Safeguarding Policy and the NHS Organisation's Manual Handling Policy which are available on the NHS Organisation's intranet. You are also required to comply with to include the duty of candour and any other relevant legislation.
- 22.2 The designated Bank Manager/Resourcing Manager/Senior Temporary Staffing Officer or equivalent will have managerial responsibility for the Bank Worker. The Bank Worker will be responsible and report to the Nurse/Manager/Supervisor in charge of the specific area in which they are engaged for Bank work. The Nurse/Manager/Supervisor will have accountability for the Bank Worker during the shift they are undertaking Bank work.
- 22.3 All Bank Workers are required to comply with and operate under the NHS Organisation's policies and procedures designed to provide a safe working environment and high-quality patient centred services in which they are engaged for Bank Work.
- 22.4 All Bank Workers are expected to maintain a high standard of conduct and personal appearance in compliance with the All-Wales Uniform Policy.
- 22.5 Bank Workers, who are Registered Professionals, are also reminded of their responsibilities under any applicable Professional Codes of Conduct, by which the Bank Worker should acknowledge the limitations of their competence while maintaining a safe standard of care.
- 22.6 Bank Workers, who are Registered Professionals, engaged on the Bank are expected at all times to maintain the highest professional standards
- 22.7 Unregistered Bank Workers engaged on the Bank are expected to follow the Health Care Support Workers Code of Conduct.

23. Raising Concerns

- 23.1 Any concerns that you have should be raised with Manager on duty or the Temporary Staffing department in the first instance. Concerns may also be raised via the All Wales Raising Concerns (Speaking Out Safely) Procedure.
- 23.2 You are required to engage fully with Datix online reporting and to engage in investigations and responses.

24. Health and Safety at Work

- 24.1 You (and the Health Board) have a statutory duty of care for your own personal safety and that of others who may be affected by your own acts of omissions.
- 24.2 You are required to comply with and operate under the NHS Organisation's policies (Risk Management Policy, Health and Safety Policy, Infection Control and other associated policies) and procedures designed to provide a safe working environment for all employees, workers, patients and visitors. The NHS Organisation will provide the necessary communication, training and support to enable you to meet the NHS Organisation's legal responsibilities. You will have responsibility for managing risk and reporting risks or other health hazards.
- 24.3 You have a duty to be fit when attending for a shift and you should report any circumstances where either you or colleagues maybe unable to operate in a healthy and safe working environment. Reporting procedures are in place for this to be done confidentially.
- 24.4 You must inform the Health Board as soon as possible if you are pregnant in order that the NHS Organisation can put in place any necessary risk assessments.
- 24.5 NHS Organisation have a right to disengage a Bank Worker "without pay" if they consider the Bank Worker is unfit for duty in respect of shifts the Bank Worker has already accepted.
- 24.6 A pre-engagement screening may be required to be registered on The Bank. The NHS Organisation may require Bank Workers to be medically examined by a nominated doctor or by occupational health staff at any time while they are registered on The Bank.

25. NHS Organisation property

- 25.1 All documents, manuals, hardware and software provided for your use by the NHS Organisation, and any data or documents (including copies) produced, maintained or stored on the NHS Organisation's computer systems or other electronic equipment (including mobile phones), remain the property of the NHS Organisation.
- 25.2 Any NHS Organisation property in your possession and any original or copy documents obtained by you in the course of your work for the NHS Organisation shall be returned to Designated Operating Shift Lead at any time on request and in any event at the end of each shift. In particular, any prescription pads remain the property of the NHS Organisation and must not be removed from the place of work following each shift.

26. Disciplinary and grievance procedures

- 26.1 Should any problems be identified during your assignment on The Bank with regard to performance, capability or conduct, these will be discussed with you by the Bank Manager/Resourcing Manager/Senior Temporary Staffing Officer or equivalent.
- 26.2 If the issues are deemed to be of a serious nature, this may lead to removal from The Bank and/ or the Bank Worker being reported to the appropriate Professional Body.
- 26.3 The NHS Organisation reserves the right to terminate your engagement without any process however where the NHS Organisation deems appropriate, a fair process will be followed as underpinned by the ACAS Code of Practice on disciplinary matters. The NHS Organisation where necessary will act in accordance with all statutory, safeguarding professional codes and any health and safety procedures.

26.4 As set out above, you do not have any entitlement to be engaged on The Bank. The NHS Organisation has full unfettered discretion to deem who should remain or be removed from The Bank.

26.5 You are entitled to utilise the informal stages of the All-Wales Respect and Resolution Policy. Any complaints relating to alleged discrimination will be dealt with in the spirit of the All-Wales Respect and Resolution Policy and in accordance with the ACAS Code of Practice.

27. Pensions

27.1 You will be automatically enrolled into the NHS pension scheme if you meet the necessary criteria. Further details of the pension scheme are available from Pensions.Enquiries@wales.nhs.uk or the intranet. You may opt out if you wish.

28. Confidentiality and Data protection

28.1 Bank Workers are required to observe the current NHS Organisation policy on the confidentiality of all organisational identifiable information, this includes employee, contractor, patient and other forms of information including business sensitive; as well as observing legal responsibilities in handling stored personal data and complying with the organisation's applicable Information Governance policies.

28.2 Bank Workers are responsible for any records that they create, use or handle and should be aware of the importance of good information security. As part of your role with the NHS Organisation you will have access to confidential and patient and staff information. The Data Protection Act 1998 and the General Data Protection Regulation place legal requirements upon all staff to protect confidential information and you must ensure that personal information is only shared with other professionals within the NHS Organisation that require access to this information. You must ensure that you undertake mandatory information governance e-learning training and familiarise themselves with the NHS Organisation's Data Protection and Confidentiality policies. These are available via the NHS Organisation's Intranet.

28.3 The NHS Organisation will collect and process information relating to you in accordance with the Privacy notice which is on the intranet. You are required to sign and date the Privacy notice and return to the Bank department.

28.4 You shall comply with the All-Wales Information Governance and the All-Wales Information Security policy when handling personal data in the course of your engagement including personal data relating to any other worker, contractor, employee, customer, client, supplier or agent of the Health Board. You will also comply with the All-Wales Email Use policy, All Wales Internet Usage Policy, All Wales Social Media Policy. All policies and procedures can be found on the intranet.

28.5 Nothing in this **Error! Bookmark not defined.** shall prevent a Bank Worker from:

- (a) reporting a suspected criminal offence to the police or any law enforcement agency or co-operating with the police or any law enforcement agency regarding a criminal investigation or prosecution.
- (b) doing or saying anything that is required by a regulator, ombudsman or supervisory authority.
- (c) whether required to or not, making a disclosure to, or co-operating with any investigation by, a regulator, ombudsman or supervisory authority regarding any misconduct, wrongdoing or serious breach of regulatory requirements (including giving evidence at a hearing).
- (d) complying with an order from a court or tribunal to disclose or give evidence.
- (e) making any other disclosure as required by law.

- (f) any use or disclosure of confidential information that has been authorised by the NHS Organisation, or is carried out in the proper course of your duties; or
- (g) any protected disclosure within the meaning of section 43A of the ERA 1996.

29. No Right of Substitution

29.1 This Agreement is personal to you. You are not entitled to assign or sub-contract your obligations under this Agreement to any third party or engage employees, agents or subcontractors without obtaining the NHS Organisation's written permission in each case.

30. Collective agreements

30.1 There is no collective agreement which directly affects your engagement as a worker.

31. Miscellaneous

31.1 Any delay by the NHS Organisation in exercising any of its rights under these Terms of Engagement will not constitute a waiver of such rights.

Please indicate your acceptance of these terms by signing and returning to the Health Board below.

.....

For and on behalf of [HEALTH BOARD]

I confirm receipt and agree to the above terms.

Signed

[NAME OF WORKER]

Date

SCHEDULE A – Essential Training

[INSERT DETAILS OF ESSENTIAL TRAINING]

Annex 10 - Welsh Partnership Forum Terms of Reference

Welsh Partnership Forum (WPF)

Terms of Reference

Purpose

The NHS Welsh Partnership Forum (WPF) has been established as the forum where the Welsh Government, NHS Wales's employers and trade unions and professional organisations work in social partnership to:

- improve health services for the staff and the people of Wales.
- improve the experiences of work for NHS staff through policy, strategy development, terms and conditions and joint working
- ensure the workers voice is heard at an All-Wales level

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 to work in social partnership to support and facilitate:

- Service change and modernisation – to redesign services to be modernised in line with the aims within A Healthier Wales
- Overarching co-ordination function to the work of local partnership forums and to be a conduit for the sharing of best practice.
- 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, providing the mandate for the review of and development of new All Wales policies, ratifying these policies and monitoring implementation.
- Consultation - for policies not solely owned by WPF but which have an impact on NHS staff, the WPF should be a key stakeholder and consultative body for such policies. They should not be implemented without prior agreement/consultation with WPF.
- Two-way communication with the local partnership forums and to be a conduit for the sharing of best practice as well as developing and presenting a

NHS wide view to the Social Partnership Council.

The WPF will discharge its duties within the legislation framework outlined at appendix 1.

The WPF is supported by a Business Committee (WPFBC) which is established to oversee the business of the WPF and manage the range of workforce issues that require more detailed work.

Membership

Members

The WPF membership comprises representation from each of the constituent parties - Welsh Government, NHS Wales Employers and trade unions/professional organisations as follows: -

British Medical Association

British Dietetic Association

British Dental Association

Royal College of Nursing

Royal College of Midwives

Unite

Unison

GMB

Society of Radiographers

Chartered Society of Physiotherapists

British Association of Occupational Therapists

College of Podiatry

Managers in Partnership

For business continuity, the membership should be consistent. However, in exceptional circumstances, if representatives are unable to attend a meeting, then an appropriate individual (representative of the respective constituent party) may attend.

The WPF will have 3 Co-Chairs, the Chief Executive for NHS Wales supported by the Workforce and OD Director Welsh Government as Business Committee Chair, the Chief Executive lead for Workforce supported by the Chair/Vice Chair of the Workforce and Organisation Development Director peer group of , and an elected Chair from the Trade Unions. The WPF Chairs will chair on a rotational basis.

Other Attendees

The Minister for Health & Social Services will be invited to attend at least one WPF meeting per annum for all or part of the business of the meeting.

The WPF will also welcome an appointed representative from other departments and/or organisations to discuss agenda items or and hot topics that are relevant.

Meetings

The secretariat will provide the facilities and support needed to promote effective partnership working. This will include ensuring there is a schedule of meetings designed to progress the work programme and ensure papers are prepared, as is appropriate, to inform members on each side and to assist joint discussion and decision making.

There will be 3 meetings of the WPF year.

In exceptional circumstances, meetings may need to be held virtually.

All travel and accommodation expenses relating to the agreed annual schedule of meetings are to be met by the member organisations.

The agenda will be agreed in partnership through the Business Committee.

Co-Chairs may call extra meetings over and above the agreed schedule if extraordinary circumstances dictate.

Agenda, Minutes and Secretariat Duties

The secretariat duties for WPF will be carried out by NHS Employers Wales.

Members of the WPF have the right to submit appropriate agenda items – items are to be submitted to secretariat/joint chairs at least a month prior to the meeting to be agreed by Business Committee.

The meetings will be arranged and co-ordinated by NHS Employers Wales with the agenda and supporting papers circulated ideally a minimum of seven working days before the meeting. Where this timeframe cannot be achieved, papers will be circulated to follow as soon as they are available.

As a general rule, any other business items identified after the agenda and papers have been circulated should be avoided and can only be added to the agenda with the permission of the joint chairs. The joint chairs will decide collectively if the matters require Welsh Partnership Forum consideration or should be dealt with at organisational level.

Minutes, including a recording of any decisions made, and associated actions points will be taken and circulated and cleared by the Business Committee co-chairs for appropriate circulation. A formal record of notes will be agreed at the following WPF meeting.

Review

The WPF will review the procedures and terms of reference of the forum on a biennial basis through the Business Committee and report formally on the outcome.

Primary Legislation Affecting NHS Wales

The statutory powers and duties of the NHS in Wales are mainly contained within the NHS (Wales) Act 2006.

Whilst the NHS Act 2006 applies equivalent legislation to the NHS in England, it also contains some legislation that applies to both England and Wales.

Most of the business of NHS bodies will be conducted in accordance with powers contained in the NHS (Wales) Act 2006 and the arrangements set out within the relevant Constitution, Membership & Procedures Regulations.

All NHS bodies must also operate within the wider legislative framework governing all UK organisations.

The NHS (Wales) Act 2006 consolidates a range of regulatory requirements relating to the promotion and provision of the health service in Wales. It sets out:

- Welsh Ministers' duty to promote health service
- General power to provide services
- Provision of particular services;
- Provision of services otherwise than in Wales
- NHS Contracts; and
- Provision of services otherwise than by Welsh Ministers.

Whilst the NHS Act 2006 applies equivalent legislation as that set out in the NHS (Wales) Act 2006 to the NHS in England, it also contains some legislation that applies to both England and Wales.

Key sections of this act include:

- Section 72 places a duty on NHS bodies to co-operate with each other in exercising their functions.
- Section 82 places a duty on NHS bodies and local authorities to co-operate with one another in order to secure and advance the health and welfare of the people of England and Wales.
- NHS (Wales) Act 2006

Paragraph 7 of Schedule 2 of the Act provides

- that while a Local Health Board (LHB) may employ, pay remuneration and allowances and set terms and conditions for officers as it considers appropriate, it must act in accordance with Regulations and Directions given by the Welsh Ministers. Similarly, paragraph 25 of Schedule 3 of the 2006 Act provides that while an NHS Trust may employ, pay remuneration and allowances and employ officers on such terms and conditions as it considers appropriate; in exercising these powers NHS Trusts must again act in accordance with Regulations and Directions given by the Welsh Ministers.
- The NHS (Remuneration and Conditions of Service) Regulations 1991 provide that
- the remuneration of officers of a LHB or NHS trust in Wales shall be the remuneration agreed in negotiation and approved by the Welsh Ministers, or the remuneration so determined by the Welsh Ministers, subject to their duty to act reasonably and proportionately.
- Regulation 3 to the National Health Service (Remuneration and Conditions of

Service) Regulations 1991 (which has effect as if made under the National Health Service (Wales) Act 2006) ("the 2006 Act") provides that

- the Welsh Ministers may determine pay and other employment conditions of a Health Authority or Special Health Authority in certain circumstances subject to their duty to act reasonably and proportionately.

Annex 11 - Welsh Partnership Forum Business Committee Terms of Reference

Welsh Partnership Forum Business Committee (BC)

Terms of Reference

Purpose

The main function of the Welsh Partnership Business Forum Committee (WPFBC) will be 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 through social partnership. The WPFBC will manage and facilitate the delegated business of the WPF and will develop work itself. The WPFBC will report into WPF through a regular written report and escalating items for approval and/or decisions. The WPFBC will also delegate to and received work from any associated Task and Finish Groups. The principle focus and purpose of the WPFBC is:

- 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 which will be for ratification at WPF.
- Overseeing 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.
- Acting as the arbitrator, through the agreed process and mechanism, when local issues are unresolved or there are disagreements on policy interpretation as per the agreed guidance on escalation process
- Providing an overarching co-ordination function to the work of local partnership forums and to be a conduit for the sharing of best practice.
- Working in partnership to develop and agree, and assist in the implementation of a Workforce and OD agenda
- Holding discussions on and considering policies which best benefit the Workforce in Wales on a national approach.
- Where appropriate and required, acting as the negotiating body on behalf of the WPF.
- Reviewing and approving Recruitment and Retention Payment Premiums.

N.b. All matters relating to medical and dental staff will be discussed and handled through the Medical and Dental Business Group.

Membership

Members

The WPFBC membership comprises representation from each of the constituent parties - Welsh Government, NHS Wales Employers and trade unions/professional organisations. The trade union representatives to the WPF Business Committee comprise the Staff Side Chair, Secretary, Vice Chair and six elected members from the constituent unions. Elections to the WPF Business Committee Staff Side are conducted biennially at the staff side general meeting. The Staff Side will confirm any changes to representatives following the general meeting.

The WPFBC will have 3 Co-Chairs, the Workforce and OD Director / Deputy Director Welsh Government, a representative from Workforce and Organisation Development Directors of and an elected Chair from the Trade Unions. The WPFBC Chairs will chair on a rotational basis.

Further members from each of the constituents may attend the WPFBC as agreed by the chairs, this is not limited however members must be able to fully contribute to the meetings

Other Attendees

The WPF will also welcome an appointed representative from other departments and/or organisations to discuss agenda items or and hot topics that are relevant.

Quorum

The committee will be considered quorate if all three parties are represented and a third of the current membership is present.

Meetings

The secretariat will provide the facilities and support needed to promote effective partnership working. This will include ensuring there is a schedule of meetings designed to progress the work programme and ensure papers are prepared, as is appropriate, to inform members on each side and to assist joint discussion and decision making.

There will be 3 in person meetings of the WPF Business Committee per year. In exceptional circumstances, meetings may need to be held virtually.

The Business Committee will also meet virtually on a monthly basis in the form of the T&C Business Committee to deal with any urgent business and matters that cannot wait until the next formal Business Committee.

All travel and accommodation expenses relating to the agreed annual schedule of meetings are to be met by the member organisations.

Co-Chairs may call extra meetings over and above the agreed schedule if extraordinary circumstances dictate.

Agenda, Minutes and Secretariat Duties

The secretariat duties for WPFBC will be carried out by NHS Employers Wales.

Members of the WPFBC have the right to submit appropriate agenda items – items are to be submitted to secretariat/joint chairs at least two weeks prior to the meeting.

The meetings will be arranged and co-ordinated by the NHS Employers Wales with the agenda and supporting papers circulated a minimum of seven working days before the meeting. Where this timeframe cannot be achieved, papers will be circulated ASAP.

As a general rule, any other business items identified after the agenda and papers have been circulated should be avoided and can only be added to the agenda with the permission of the joint chairs. The joint chairs will decide collectively if the matters require Business Committee consideration or should be dealt with at organisational level.

Minutes, including a recording of any decisions made, and associated actions points will be taken and circulated. A formal record of notes will be agreed at the following Business Committee meeting.

Review

The WPFBC will review the procedures and terms of reference of the forum on a biennial basis and report formally on the outcome.

Annex 12 - Swansea Bay UHB

CASE STUDY: PROFESSIONAL DEVELOPMENT AND APPRENTICESHIPS - A CATALYST FOR RETENTION AT SWANSEA BAY UNIVERSITY HEALTH BOARD

Background

At Swansea Bay University Health Board (SBUHB), investing in staff through professional development and apprenticeships is a cornerstone of the organisation's retention strategy. By providing accessible, high-quality learning opportunities, SBUHB aims to empower staff to develop their skills, build confidence, and discover career paths they may not have considered before. Shelley Cunningham, a Planning & Partnerships team member at SBUHB, shares her personal journey of transformation and growth through these opportunities. Her story highlights the powerful role that professional development plays in not only enhancing individual careers but also in fostering a sense of belonging and loyalty within the Health Board.

The Challenge

Shelley had been working in administrative roles at SBUHB for over five years, but despite her dedication and hard work, she found herself feeling stagnant.

"I was actually considering: Do I stay in the Health Board? Do I not? I'd been with the Health Board for 5½ years and there was just no scope for promotion where I was," she reflected.

This lack of progression left her questioning her future within the organisation. Like many staff in similar situations, Shelley found that without clear opportunities for growth or visibility of alternative pathways, it was hard to stay engaged and motivated.

"I'd been stuck in a rut for a number of months, and I really didn't know if there was anywhere further for me to go," she explained.

The Turning Point

Determined to make a change, Shelley took the initiative to reach out to her manager to discuss potential development opportunities.

"I actually approached my management team and asked for a conversation on development opportunities," she shared. *"I made them aware that I was very keen to explore this option."*

That simple act of self-advocacy proved to be a turning point. By the afternoon of that same day, an email landed in her inbox with a list of available courses.

"I signed up that day," she recounted with a smile. *"I think it was a result of the meeting because management sent it. It was dated - an old email trail - so I don't think they were previously being shared. Luckily, I asked for the conversation and then had the list."*

This experience highlighted not only the importance of accessible communication but also the crucial role that supportive managers can play in unlocking opportunities for their teams.

The Programme Experience

Although Shelley felt initial nerves about attending the course, held at Singleton Hospital, she quickly found the environment to be warm, welcoming, and inclusive.

"I was a little bit nervous going on my own," she admitted. *"I hadn't been to Singleton before, and I was worried I might feel out of place."*

However, her fears were soon eased by the atmosphere:

"It was structured, but very informal, so that was good. Everyone was very friendly. All different sorts of personality types and directorates were represented, so that put me at ease."

Shelley appreciated that questions were encouraged, no matter how small they might seem.

"No question was too small or too silly to ask," she recalled. "The instructor was very happy to repeat things if somebody didn't get it. The whole group was patient - everyone was supportive. It was a really positive environment."

Support Along the Way

Shelley found that the support extended beyond the classroom, too. The staff from Gower College and the Apprentice team at SBUHB were all approachable and helpful.

"All the staff I spoke with at Gower College and also the Apprentice Academy team were so supportive," she said. "They answered questions, pointed me to resources, and encouraged me to keep exploring opportunities."

This level of support made Shelley feel valued and encouraged her to pursue her development goals with confidence.

Overcoming Barriers

Despite the overwhelmingly positive experience, Shelley identified challenges that other staff might also face - particularly around access to information.

"I think the only barrier or challenge I faced was finding out about the opportunities," she admitted. "When I was in a community site, information was less accessible. I felt a bit out on my own."

Unlike those based at headquarters, who had easy access to posters and email updates, Shelley found that in community settings information didn't always reach staff as quickly or consistently.

"Where I was based, I didn't get to see as many posters, and even though I checked the intranet page daily, I would only occasionally see something like an open day," she explained. "Sometimes the drop-in sessions were at headquarters, and I didn't have a car at the time, so it wasn't always easy to attend."

She suggested that offering drop-in sessions via Teams or other virtual platforms could help ensure that all staff, regardless of location, could benefit from development opportunities.

"I think there was an opportunity recently where they held a drop-in session on Teams, and that was the first time I'd seen that. That's good - it helps to make it more accessible for everyone."

The Impact on Professional Growth

Shelley described the profound impact the course had on her confidence and sense of possibility.

"At the end of the course, I noticed a notable shift in my confidence levels - both in my existing skills and in the new skills I'd gained," she said.

The programme also opened doors she hadn't previously considered:

"This was the first time I'd explored some of these opportunities, so it helped me think about different career paths that I didn't know existed before," she shared.

Within a month of completing the course, Shelley successfully secured a new role with Planning & Partnerships. Since then, Shelley has continued to embrace professional development, enrolling in an accredited project management course - an area she'd never considered before.

"That's a pathway I never really knew about," she said. "But it's linked to part of my current role, so it's really exciting to be exploring something new."

The Link to Retention

When asked if the professional development opportunities influenced her decision to stay with SBUHB, Shelley was unequivocal.

“Yes! Now that I have more information and more knowledge on what development paths are out there and even through networking it’s definitely made me want to stay,” she said enthusiastically.

She also found that the relationships she built through the course continued to pay dividends:

“Even when I went to an open day recently, the lady I spoke to recognised my name from previous course sign-ups. It’s just nice to have the same names and faces and trainers pop up = it makes you feel part of something bigger.”

Words of Advice

For anyone considering taking up a development opportunity or apprenticeship, Shelley’s advice is simple but powerful:

“Please do it. Don’t second guess yourself if you’re thinking ‘Am I good enough? Is it for me? What can I do with it?’ just go. You can have that conversation about career paths and what doors it will open for you,” she urged.

She emphasised the importance of investing in yourself, even if it feels like a big commitment at first: *“It can be a big ask for some roles to take the time to go, especially as it’s usually during work hours,”* she acknowledged. *“But do it - have the conversations. I promise you won’t be disappointed.”*

Conclusion

Shelley’s journey highlights how professional development and apprenticeships can reignite passion, build confidence, and create a sense of belonging that ultimately supports retention. Her experience underscores the importance of making opportunities visible and accessible to all staff, regardless of location, and ensuring that a supportive environment exists at every stage.

Through Shelley’s story, SBUHB can see that investing in staff development isn’t just about building skills - it’s about building a workforce that feels empowered, connected, and ready to grow.

Annex 13 – Swansea Bay UHB

CASE STUDY: PROFESSIONAL DEVELOPMENT AND APPRENTICESHIPS - FILLING SPECIALIST ROLES AND SUPPORTING RETENTION

Background

In healthcare organisations, addressing hard-to-fill vacancies, such as those in medical secretarial roles, is a critical workforce challenge. Through apprenticeships and targeted professional development, organisations can build a robust talent pipeline while supporting staff to develop confidence, specialist skills, and a sense of belonging.

One staff member's journey highlights how professional development opportunities can transform careers and contribute to staff retention, particularly in specialist areas where recruitment can be challenging.

The Challenge

Like many aspiring professionals, this staff member initially faced uncertainty about how to break into a specialist medical secretary role. They recognised early on that audio typing was an essential skill for progressing in that career path.

"I wanted to go into a medical secretary or APA role," they explained. "That's what initially attracted me because I realised that you kind of need that to be able to do that kind of role."

In many healthcare settings, finding qualified medical secretaries, who can handle the complexities of audio typing, medical terminology, and the fast-paced demands of the role, can be particularly difficult. Supporting staff to develop these specialist skills internally helps fill critical vacancies and fosters loyalty to the organisation.

The Turning Point

This individual's journey into their current role started with an apprenticeship, an experience that provided the stepping stone they needed.

"I started as an apprentice and kept in touch with the Apprentice Academy over the years," they shared. "They reached out to me when the audio typing opportunity came up."

They were also copied into an email about the course, highlighting the importance of effective communication in ensuring staff are aware of development opportunities.

"Yeah, I was copied into an email about it," they added. "And we went from there."

The Programme Experience

Once enrolled, the staff member found the audio typing course to be an invaluable experience.

"It was really good," they recalled. "The tutor was really helpful and explained everything well."

They appreciated the supportive environment and the responsiveness of the tutor, even when minor technical issues arose.

"We did have an issue with the pedals they weren't working at one point but apart from that, it was really good. I'd really recommend it."

This positive learning experience shows how structured, well-supported courses can equip staff with the specialist skills needed to thrive in roles like medical secretary, roles that are essential for the smooth running of clinical services.

Impact on Professional Growth and Development

The audio typing course proved to be a pivotal moment.

“After doing the audio typing, I went for an interview for a medical secretary role and I got it,” they shared proudly.

They also credited their initial apprenticeship as laying the groundwork for progressing into this specialist area.

“Starting as an apprentice really helped me get into the roles I’ve been in,” they explained. *“It gave me that stepping stone.”*

By investing in this individual’s development, the organisation not only filled a specialist vacancy with a well-prepared candidate but also boosted their confidence and sense of achievement.

The Link to Retention

When asked whether the programme influenced their decision to remain with the organisation, the staff member’s response was clear and enthusiastic.

“Yeah, definitely. I don’t think I would ever move out now,” they said. *“No, I’m happy here. It’s definitely the best thing I did.”*

Their enthusiasm underscores how apprenticeships and development programmes help staff feel valued, supported, and invested in their workplace, a crucial factor in retaining talent in hard-to-fill, specialist roles.

Supporting Hard-to-Fill Vacancies

Medical secretarial roles require a unique blend of specialist skills, including medical terminology, audio typing proficiency, and an understanding of clinical documentation. These roles can be challenging to fill through external recruitment.

By providing accessible training and apprenticeships, the organisation is building an internal pipeline of talent that can step into these roles confidently. This staff member’s experience demonstrates how investing in current staff not only fills essential vacancies but also fosters loyalty and job satisfaction.

“It’s such a specialist skill,” they noted. *“The audio typing course helped me get the role, but it also made me feel like I was contributing more to the team and the organisation.”*

Words of Advice

For anyone considering an apprenticeship or development programme, the staff member’s advice is simple and encouraging.

“Just go for it,” they urged. *“Like I said, take every opportunity you get. Just go for it.”*

Their positive experience serves as a reminder of the power of embracing learning and growth and how it can transform a career.

Final Thoughts

Reflecting on their journey, they couldn’t think of anything they’d change about the programme.

“I think it’s really good,” they said. *“I know two other colleagues who did apprenticeships and they’ve gone on to do really good things too. So I don’t think from my experience there’s anything I can say that was bad about it.”*

Their story highlights the profound impact that accessible, supportive apprenticeships and specialist training can have, not only on individuals but also on an organisation’s ability to fill hard-to-recruit roles, strengthen services, and build a future-ready workforce.

Conclusion

This experience shows that investing in apprenticeships and professional development builds more than skills: it creates opportunities for staff to thrive, fosters loyalty, and ensures that specialist roles, like medical secretary, are filled with capable, confident professionals. This case study demonstrates how investing in people is the most valuable asset in any healthcare organisation.

Annex 14 – Swansea Bay UHB

CASE STUDY: BUILDING BELONGING - HOW SWANSEA BAY UNIVERSITY HEALTH BOARD SUPPORTS INTERNATIONALLY EDUCATED NURSES

When people think of Swansea Bay, they often picture golden beaches, rolling hills, and a warm Welsh welcome. But for hundreds of internationally educated nurses, it represents something far more profound: a new beginning.

Over the past four years, Swansea Bay University Health Board (SBUHB) has welcomed 456 nurses from overseas. These individuals have left behind families, friends, and familiar cultures to bring their skills, compassion, and dedication to the NHS in South West Wales. And remarkably, 96% of them have stayed.

This isn't just a statistic, it's a story of belonging, of opportunity, and of a health board that has gone above and beyond to make sure these nurses don't just arrive but they thrive.

A Journey That Begins Before Arrival

The journey starts long before a nurse boards a plane. Once offered a position, each nurse receives a detailed offer letter outlining everything from salary and sponsorship to policies on leave and sickness. It's transparent, supportive, and sets the tone for what's to come.

Behind the scenes, the Corporate Nursing Education Team works tirelessly to ensure every document is in place, from visa applications to compliance with Home Office and NMC regulations. They arrange pre-arrival calls, answer individual queries, and even coordinate with the All-Wales Recruitment Team to track flight times and travel disruptions.

To help nurses prepare for life in Wales, they are encouraged to download the International Recruitment App, a digital companion developed in partnership with Shared Services across NHS Wales. The app provides everything from local area guides and public transport information to OSCE preparation materials, wellbeing resources, and even advice on avoiding scams. It's a powerful tool that helps nurses feel informed, empowered, and connected before they even arrive.

A Soft Landing in a New World

When the nurses arrive, they're not left to navigate their new world alone. They're met with a warm welcome, a 24-hour essentials pack, and a month of free hospital accommodation. A £650 gratuity payment helps ease the financial transition, and a one-month bus pass gives them the freedom to explore their new home.

The very next day, they're brought into HQ for an enrolment day, an experience designed not just to tick boxes, but to build community. They're accompanied by a peer from a previous cohort who helps them navigate public transport and settle in. They meet key members of the Corporate Nursing Education Team, including Miranda Williams, Senior Nurse Education Lead and Lynne Jones, Head of Nursing Education, who introduce them to the health board and begin building relationships that will last for years.

Bank accounts are set up, IT systems are explained, and welcome packs are handed out. Occupational health appointments are arranged, and OSCE training begins. Every detail is considered. Every step is supported.

A Culture of Care and Career Growth

The Corporate Nursing Education Team doesn't stop at onboarding. They are the backbone of a system that nurtures talent, builds confidence, and opens doors.

Take Arianne Labayo, for example. She arrived from the Philippines in 2020, following in the footsteps of her sister. Starting as a Band 5 nurse on a general medicine ward, she quickly rose to become the Health Care Support Worker Development Lead. Today, she oversees the implementation of the NHS Wales HCSW Career Framework across the health board.

“I’ve never thought of leaving,” Arianne says. “The support I’ve received and the chance to develop mean I am very happy. The beaches remind me of home, and the people have broadened my perspective.”

Then there’s Melvin Cua, who arrived in 2002 as part of the second cohort of Filipino nurses. Initially planning to stay for just five years, Melvin is now a Senior Advanced Ophthalmic Practitioner, the first non-medical practitioner in Wales qualified to administer sight-saving injections.

“I’ve loved working here,” he says. “The development I’ve experienced has been fantastic.”

And Manjula Sajaveen, who left India in 2005, is now a Matron in Cardiac ITU - the first nurse of Indian origin to hold such a role in the health board. Her journey from staff nurse to senior leader is a testament to the opportunities available and the culture of respect and encouragement she found in Swansea Bay.

“I’ve always felt I belonged here,” Manjula says. “The support, the flexibility, the kindness - it’s made all the difference.”

Both Melvin and Manjula now have children born in Swansea and proudly call the city their home.

Recognition and Awards

The work of the Corporate Nursing Education Team hasn’t gone unnoticed. Their innovative, compassionate, and structured approach to international recruitment has earned them multiple awards, including recognition at national NHS Wales events for excellence in workforce development and equality, diversity, and inclusion.

Their model is now being looked to as best practice across NHS Wales, with other health boards seeking to replicate the success of Swansea Bay’s approach.

A Health Board That Believes in Belonging

These stories aren’t exceptions, they’re the result of a deliberate, compassionate strategy. Under the “We All Belong” Strategic Equality Plan, SBUHB has committed to recognising every individual - patient, family member, or colleague - as someone who deserves to feel seen, supported, and valued.

Lynne Jones, Head of Nursing Education and Recruitment, has played a pivotal role in this journey. With over 40 years in nursing, she’s helped shape a recruitment and retention programme that is now seen as best practice across NHS Wales.

“We are committed to developing our international nurses,” Lynne says. “They bring a wealth of experience, and we’re proud to support them in building their futures here.”

The Result? A Workforce That Stays

With a 96% retention rate, SBUHB is an exemplar of a health board, not just in recruiting our international colleagues but in ensuring they stay. But more importantly, it has built a workforce that reflects the community it serves - diverse, skilled, and deeply committed. Natalie Mills, retention lead, said: “At Swansea Bay University Health Board we are incredibly proud to have retained 96.05% of our internationally educated nurses - a testament to the exceptional collaboration between our nurse education team and service groups. These nurses are a vital part of our workforce, bringing invaluable skills, compassion and perspectives to our care. This achievement reflects our commitment to creating a workplace where people feel supported, valued, and inspired to stay. We are proud to be seen as an exemplar across NHS Wales for building an inclusive and welcoming environment where nurses from around the world choose to build their future.”

From the first welcome call to the first promotion, from the OSCE exam to the Matron's office, Swansea Bay is proving that when you invest in people, they invest in you.

This is more than recruitment. It's a movement. It's a message. And it's working.