Welsh Government's Written Evidence to the NHS Pay review Body

2026/27 pay round

To note

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

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

Contents

Introduction

Remit

On the 24 July 2025, the Cabinet Secretary for Health and Social Care, Jeremy Miles, sent a remit letter stating the following: -

'In order to support your work, I will provide written evidence and I also plan to attend the oral evidence session when arranged.

I would like to take this opportunity to say I truly value the hard work and commitment of all our dedicated healthcare workers in Wales and recognise the pressures on our workforce.

Therefore, I would like to receive your advice and recommendations as soon as possible to ensure that payment of any award to our dedicated NHS workforce is not unduly delayed past April 2026.

Whilst I am aware that the timetable for your reports is being brought forward taking April timeframe into account, which is only right and necessary, this means they likely to be received within our pre-election period. I would still like to receive the reports as early as possible so these can be considered and responded to as soon as Welsh Ministers are able to do so.'

The NHS in Wales

Health Boards:

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

NHS Trusts

- Welsh Ambulance Services Trust for emergency services
- Velindre NHS Trust offering specialist services in cancer care and a range of national support services.
- Public Health Wales which is the unified public health organisation in Wales.

NHS Wales organisations:

- Health Education and Improvement Wales (HEIW) which is a special health authority which provides a leading role in the education, training, development, and shaping of the healthcare workforce in Wales, supporting high-quality care for the people of Wales.

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

NHS Performance & Improvement

Background

- NHS Wales Performance & Improvement (NHS P&I) was formally established as the NHS Wales Executive in April 2023. Its creation has delivered on a key Programme for Government commitment and brought together and streamlined a range of existing national NHS bodies and functions into a single entity and governance structure.

- The case for change and key drivers shaping the policy intent behind NHS P&I were influenced by a need to strengthen oversight, support, improvement and intervention in the NHS. In addition, two significant independent reviews (the 2016 OECD Four Nation Quality Review and the 2018 Parliamentary Review on the Future of Health & Social Care) called for a stronger central guiding hand and streamlined governance and accountability to drive transformational change.

- NHS P&I plays an important and valuable role in the delivery of key Government priorities, including providing detailed intelligence on performance and activity across the NHS in Wales. It is also clear that strong foundations have been put in place through its establishment - including a more joined up and informed approach between policy development and operational NHS delivery, improved coordination and collaboration across whole systems and pathways and positive benefits associated with bringing a number of disparate bodies together.

- 2025-26 is the first year of full operation for NHS P&I with the key functions as intended. The only exception to this is the development of a Workforce Delivery Unit in line with the initial intentions. The role and structure for this function remains under review by Welsh Government.

- In addition to the evolving value and impact the NHS P&I brings through its business-as-usual activities, it continues to employ newsletters and engagement events to listen to staff, stakeholders and partners. Through engagement with these parties NHS P&I seek innovative opportunities to drive improvements and make NHS Wales a world leading health service.

Business-As-Usual Update

- The NHS P&I business-as-usual model delivers against the annual remit letters which are supported by the annual work plan. The remit letter sets out expectations for NHS P&I to deliver which are aligned with ministerial priorities and the NHS Planning Framework. The remit letter also set out key areas where the NHS P&I Senior

Leadership Team (SLT) has identified it could work together more effectively to positively impact some of the NHS system pressures.

- Reflecting on the progress made by the NHS P&I SLT since its establishment on 1st April 2023, the remit letter for 2025/26 has been developed by the HSCEY EDT and was published at the start of April 2025.

- The NHS P&I SLT have provided a response to the remit letter in the form of a revised annual workplan which sets out the collaborative approach to delivery that has been developed by the SLT to ensure effective and efficient delivery within its business-as-usual model.

- Arrangements are now in place to support the delivery and continued development of the business-as-usual hybrid operating model for the NHS P&I and provide assurance to the DG and Accounting Officer that NHS P&I is operating and delivering its functions in line with its mandate and remit letter. Mid and End year review meetings include a review of the operational management / governance of NHS P&I as an organisation – including hosting agreement, financial position, workforce etc. and a JET style review of the workplan / delivery against the mandate and remit letter. This was a joint assessment between EDT and SLT leads.

- The 2024/25 End of Year review was held on 21 May 2025 and presented significant improvements in delivering progress against the remit letter and work plan with NHS P&I providing detailed case studies which presented how it has worked as a collective to improve services and outcomes. Each case study states the objective, baseline, Quality Management System (QMS) Approach, whole system roles and expected improvements by April 2025.

Response to the Performance & Productivity Ministerial Advisory Group (MAG) report

- On Monday 7 April, as part of a speech on priority deliverables for the year ahead, the Cabinet Secretary announced an intention to strengthen NHS P&I - reforming and refocusing its role so it is better aligned with Welsh Government priorities and expectations to drive up performance.

- The independent MAG on Performance and Productivity in NHS Wales has also considered the role of NHS P&I in supporting government and the NHS system in improving productivity and performance. The MAG report was published on 29th April and made 29 recommendations. The Welsh Government's response was published on the same day and accepted, fully or in part, all of the MAG recommendations - including a number that directly affect NHS P&I.

- Work to address the Cabinet Secretary's speech on 7 April and the NHS P&I related recommendations is being delivered through a discreet project by the core team responsible for the initial establishment of NHS P&I and will be overseen by the DG / Chief Executive NHS Wales, using EDT as its core governance. The project will be part

of a wider programme of work structured to deliver the Cabinet Secretary's priority deliverables, which include the MAG recommendations.

- The central objective of this work will be to ensure NHS P&I is structured and operates in a way that fulfils its dual role, as set out by the Cabinet Secretary:

    - *To support NHS Wales to deliver better health services for patients and the public*
    - *To support Welsh Government to hold NHS Wales to account for the provision* ***of health services***

- In order to deliver against the updated dual role, the project is delivering 5 key objectives:
    - **Strengthen the operational leadership of the NHS P&I (ONGOING)**
        - Appointment of a Managing Director
            - Recruitment is ongoing with interviews held on 09 September.
        - Senior level leadership structure
            - A revised mission statement has been drafted for NHS P&I.
            - OD process underway to develop a new operational and leadership structure for NHS P&I.
        - Continuing and improving governance arrangements
            - Ongoing review of governance products underway – such as the Mandate and Remit Letter, Accountability Letters etc.

    - **Role and purpose of the NHS P&I – Rename the NHS Executive, Refresh Mission Statement & Engagement Strategy (COMPLETE)**
        - The renaming process is complete following engagement with staff and stakeholders.
        - A revised mission statement has been drafted for NHS P&I.

    - **Review and update the structure of NHS P&I and ensure it has capacity in the right areas and the mix of skills needed (ONGOING)**
        - OD process underway to develop a new operational and leadership structure for NHS P&I. As with the OD work completed in the Implementation Programme, this programme of work is expected to be delivered in line with OCP guidelines, through engagement with NHS P&I leadership and staff, and over a period of 12-18 months.

    - **Undertake zero-based approach to budget allocation during the 2025/26 financial year (COMPLETE)**
        - This review is in recognition that the current structure and functions are a lift and shift of existing bodies and resources, enhanced by additional resources in specific areas that have been approved since the NHS P&I's formation.
        - In addition, there are new expectations and commitments that must be resourced from within existing budgets to support the vision set out by the Cabinet Secretary such as the value and sustainability agenda, and capacity to intervene directly in NHS bodies.

- This budget review sits alongside the OD work to reshape NHS P&I, to ensure all changes are clearly funded, and resources are aligned to the restated priorities.

- **Clinical Leadership - Strengthen clinical leadership in NHS P&I and NHS system (ONGOING)**
  - Working with the CMO, CNO, and DCMO (NHS) to ensure NHS P&I has clinical and medical leadership arrangements in place that reflect those in place in the wider NHS in Wales.

Part 1 - Welsh Government Evidence

Chapter 1 - Economic Outlook in Wales

Current Economic Conditions

UK output or aggregate **GDP** increased sharply in the first quarter of 2025 to 0.7%. Some of the strength in output reflected companies front-loading exports to the US before President Trump's tariffs came into effect in the spring. Also, April's increase in Stamp Duty Land Tax and increase in Vehicle Excise Duty pulled spending into the first quarter. Inevitably then GDP slowed in the second quarter, recording a growth rate of 0.3%.

Looking through the volatility of quarterly changes in GDP, it is evident that the economy has had little positive momentum for some time. Indeed, the big picture in GDP per person, which is a more meaningful measure of economic performance than aggregate GDP, is that the UK economy has stagnated over the past few years. Real **disposable income** per person, which is the best single economic measure of living standards, increased on average by just 0.4% over the last 5 years (2019 – 2024), a little over one quarter of the pre-pandemic pace (2000 – 2019). The root cause of the malaise in living standards is exceptionally poor growth in **productivity**, a phenomenon that is still not well understood. The UK GDP and income data are representative of developments in Wales (GDP, income and productivity data are available for Wales but they are not as up to date as the UK data).

Consumer price **inflation** (CPI) averaged 2.5% in the fourth quarter of 2024 and 2.8% in the first quarter of 2025. By the second quarter of this year it had accelerated to 3.5%, well above the UK Government's 2.0% target rate. The uptick in price growth has been caused mainly by supply issues in certain food items and changes in administered prices such as domestic energy and water bills. The current acceleration in inflation is nowhere near as fast as that experienced during the worst of the well-documented cost of living crisis in 2022 and 2023.

The Bank of England is responsible for achieving the inflation target and it uses monetary policy mainly by changing its main policy **interest rate**, Bank Rate, to achieve price stability. Bank Rate has been cut on five occasions over the last year from a peak of 5.25% to its current level of 4.0%.

The latest **public finances** data reported UK public sector borrowing of £57.8 billion in the first quarter of the 2025-26 financial year. Of this total, £44.5 billion was to cover current spending on day-to-day public sector activities (including interest payments on outstanding debt), up 17.1% on a year earlier. The Chancellor's main fiscal target is for current spending to be covered essentially by tax receipts in 2029-30. There is a consensus among fiscal experts that if the target is to be met, taxes will have to be increased, perhaps substantially, in the UK Government's Autumn Budget.

A multi-year Spending Review was published in June 2025. The Spending Review set resource budgets for the three years to 2028-29 and capital budgets for the four years to 2029-30 for 19 UK Government departments and devolved administrations. The Welsh

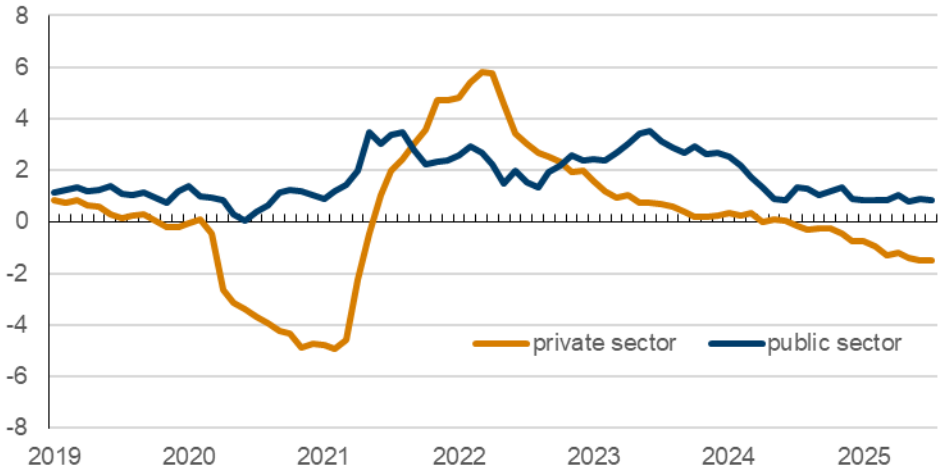
Government's settlement included an additional £5 billion in resource and capital funding over the spending review period, including an additional £1 billion in 2026-27, £1.6 billion in 2027-28 and £2.4 billion in 2028-29 as well as an extra £4 million in the current financial year. While the settlement means more funding for the Welsh Government to support public services and investment in infrastructure than the last UK Government had committed to over the previous spending review period, the fiscal environment for delivering public services remains exceptionally challenging.

Labour Market

Currently the best source of data on **employment** trends is provided by HMRC's Pay as You Earn (PAYE) count of the actual number of employees on PAYE payrolls. The PAYE data shows that employment has weakened over the last several months. Business surveys suggest that the increase in employer national insurance contributions (NICs), the lowering of the NICs threshold and a sizeable increase in the national living wage, all effective April 2025, are contributing to job losses. In addition, surveys report that many employers are concerned about pending legislation regarding workers' rights and in consequence are reluctant to hire new workers. More generally the economic backdrop is poor as the economy struggles to break out of its post financial crisis low productivity paradigm.

Job losses are occurring exclusively in predominantly private sector industries (see Table 1). In the second quarter of 2025, private sector PAYE jobs were down 1.5% on the prior year. Job losses have been most pronounced in relatively low paying activities. For example, in hospitality the number of PAYE employees was down 5% on the prior year. In contrast to developments in private sector job numbers, the number of PAYE jobs in the public sector has continued to increase in both Wales and the UK.

Table 01 - PAYE employees in Wales *(year over year % change)*

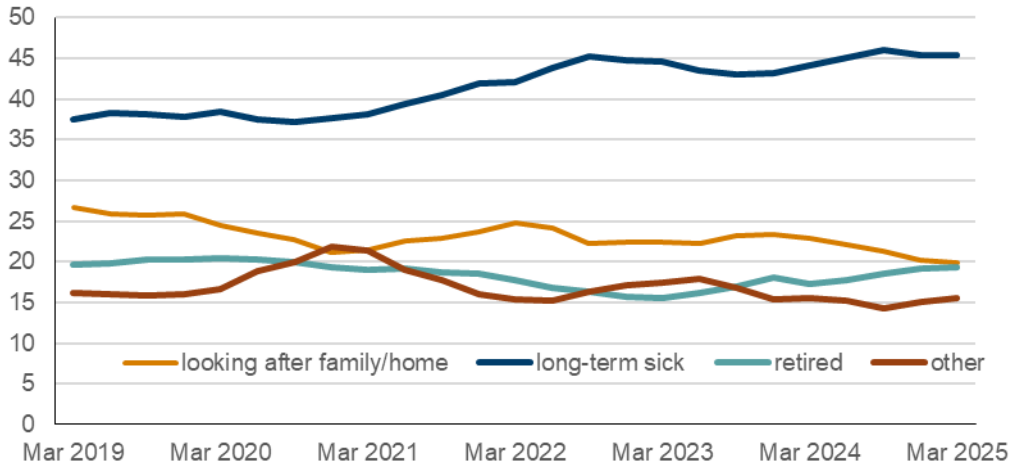


Source: Office for National Statistics

Data quality issues with both the Labour Force Survey and the Annual Population Survey means it is not possible to be certain about what is happening to **unemployment** and **economic inactivity**. Claims for unemployment related benefits published by the

Department for Work and Pensions suggest unemployment has been edging up from a low rate. As best one can tell, economic inactivity has decreased slightly over the last few months. Behind this headline development it is reasonably clear that economic inactivity caused by long-term sickness remains elevated while looking after family/home as the reason for inactivity is trending down.

Table 02 - Main reason for economic inactivity in Wales, *(percentage of economically inactive 16 – 64 population, excluding students)*



Source: Annual Population Survey

Average **UK** weekly nominal regular **earnings** in the public sector, excluding bonuses and before inflation, was up 5.7% in the second quarter of 2025 compared with a year earlier. Pay increased by 4.7% in the private sector. Adjusted for inflation public sector pay was up 2.1%. Private sector real pay was up 1.1%.

Table 3 offers a long-term perspective on real public sector pay and real private sector pay. The chart starts in 2000 when data were first published and ends in the second quarter of 2025. Broadly speaking, three distinct episodes are evident:

- Between the first quarter of 2000 and the eve of the financial crisis in 2008, public sector real pay increased by 20.4%. Private sector real pay increased by 18.0%.

- Between 2008 and 2014, real public sector pay decreased by 6.0%. Real private sector pay decreased by 9.2%.

- Since 2014, real public sector pay has increased by 4.0%. Real private sector pay has increased by 12.6%.

So, the position as of the second quarter of 2025 is that public sector real pay is 2.2% lower than it was in the first quarter of 2008. Private sector pay is up 2.3%. Public sector real pay is currently 5% higher than in the private sector. The long-term pre-pandemic average (2000 – 2019) public sector pay 'premium' is 10%.[1] Institute for Fiscal Studies (IFS) research shows that the public sector pay premium over the private sector is concentrated in lower paid occupations. On average higher paid workers, controlling for qualifications, are paid less than their private sector counterparts.[2] The same research highlights that the public sector pay premium is higher in Wales, Scotland and the North-East of England than in other parts of the UK. In Wales, this reflects a relatively small share of the highest paying private sector jobs compared with the UK average. The UK average is skewed by a relatively high prevalence of high paying jobs in London and the South East of England.

Table 03 – UK average weekly earnings adjusted for inflation *(2024 prices)*

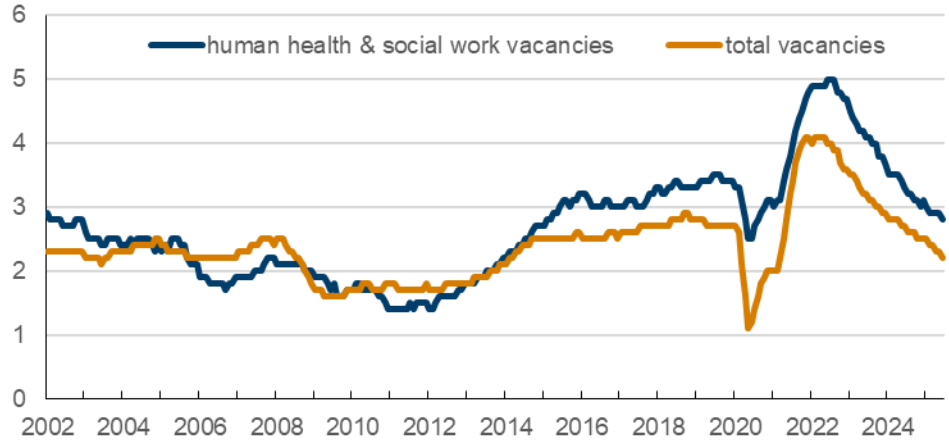
Source: calculated from Office for National Statistics data

The Office for National Statistics reported that there were 131,000 **vacancies** in 'human health and social work activities' in the UK in the three months May to July 2025 or 2.8 vacancies per 100 employees in the sector. Vacancies have decreased substantially since they peaked in mid-2022 at 217,000 or 5.0 vacancies per 100 sector employees. Vacancies have decreased in aggregate across all sectors, but, are higher in health-related activities compared with the aggregate picture. From a historical perspective, the vacancy ratio in health-related activities is approaching normality in the UK (see Chart 4). Equivalent ONS vacancy data for Wales are not available.

[1] See Section 3.2 in (CBP-8037.pdf) which explains why pay in the public sector and private sector diverge.

[2] See Section Public spending, pay and pensions | Institute for Fiscal Studies

Table 04 – Vacancies ratio per 100 employees in the UK



Source: Office for National Statistics

Future Growth Forecasts

The Office for Budget Responsibility (OBR) and the Bank of England provide independent detailed economic forecasts for the UK economy. The Organisation for Economic Cooperation and Development (OECD) and the International Monetary Fund (IMF) include forecasts for the UK economy in their regular global economic forecasts. Wales is deeply embedded in the wider UK economy and Welsh economic prospects are, therefore, heavily dependent on UK economic performance. Accordingly, the OBR, Bank of England, OECD and IMF forecasts for the UK economy are highly relevant to the economic outlook for Wales.

Forecasts for GDP, inflation and unemployment are shown in Table 1. Average outturns for the same indicators for earlier periods are listed too. The OBR's forecast for GDP growth is lower in 2025 than the other forecasts shown but quite a bit higher in 2026. It is also a bit more optimistic on the prospects for inflation and unemployment. Overall though the key message from Table 1 is that growth in output and by implication growth in pay and living standards is not expected to come anywhere near to recapturing the gains achieved before the financial crisis (1998-2007). Moreover, the forecasts suggest that GDP growth will be shy of the average growth rate recorded in the decade before the pandemic; a decade that was also weak by pre-financial crisis standards. Forecasters expect inflation to ease toward 2.0% after 2025 and the unemployment rate is generally expected to be fairly stable.

Table 05 – Forecasts for GDP, inflation and unemployment

	1998-2007 Average	2010-2019 Average	2025	2026	2027	2028	2029
GDP growth *(% change)*							
OBR	2.8	2.0	1.0	1.9	1.8	1.7	1.8
Bank of England	2.8	2.0	1.3	1.3	1.5		
OECD	2.8	2.0	1.3	1.0			
IMF	2.8	2.0	1.2	1.4			
CPI inflation *(% change)*							
OBR	1.5	2.3	3.2	2.1	2.0	2.0	2.0
Bank of England	1.5	2.3	3.8	2.5	2.0		
OECD	1.5	2.3	3.1	2.3			
IMF	1.5	2.3	3.1	2.2			
Unemployment *(rate)*							
OBR	5.3	6.0	4.5	4.3	4.2	4.1	4.1
Bank of England	5.3	6.0	4.8	5.0	4.8		
OECD	5.3	6.0	4.6	4.6			
IMF	5.3	6.0	4.5	4.4			

Sources: ONS, OBR, Bank of England, OECD and IMF

Blank entries are because forecasters have different forecast horizons

Chapter 2 - NHS Wales Finances

To meet the evidence submission deadline of the end of September, the Welsh Government is not in a position to provide a finance chapter at this stage. This is due to the timing of the Welsh Government's draft budget, which is due to start going through the Senedd process on the 14 October. As such, the necessary financial information and context required to inform this chapter will not be available until then. Supplementary financial evidence will be provided at a later date, once the draft budget has been published and the relevant details are confirmed.

Accounts for 2024/25

The NHS Wales summarised accounts for Local Health Board, NHS Trusts and Special Health Authorities for 2024/25 are published on the link below. The figures reported for employee costs are £6,434,007,000 and employee numbers at 100,224.

gen-ld17394-en.pdf

Agency and Variable Pay

Through the Value and Sustainability Board we have delivered a new control framework for Agency expenditure, which requires all NHS organisations to implement a control framework in their organisations with robust scrutiny of agency deployment and concerted action to encourage people to work for the NHS Bank or in substantive NHS employment. This year NHS organisations are forecasting a reduction of around £88.3 million in their Agency spend which is significant progress but there is potential for continuing to deliver further savings in future years.

As part of the Planning Framework 25/26 organisations are required to reduce agency spend by an additional 30%, however there is a control framework in place via the relevant Welsh Health Circular with a requirement for health board level monitoring.

The Value and Sustainability Board are keeping overview of progress and are now considering potential for a new WHC to maintain pressure to reduce spend.

Agency spend is monitored through Welsh Government financial monitoring returns. The latest position at May 2025 can be found at **(Annex 1).**

Some of the other work e.g. international recruitment, contract reform and flexible working will contribute to increasing the workforce supply to replace the agency capacity to ensure service delivery, quality and safety.

As part of the Value and Sustainability work, we are also looking at the efficiency of nurse staffing and effective provision of administrative and clerical roles and more effective DBS process supported by the Workforce Delivery Unit.

Chapter 3 - Health, Well-Being & Equality of NHS Staff

Embedding wellbeing in workforce strategy

The Workforce Strategy for Health and Social Care in Wales places wellbeing at its core, aiming to create a motivated, engaged, and valued workforce by 2030 in line with A Healthier Wales. The strategy aligns with key Welsh legislation such as the Well-being of Future Generations (Wales) Act 2015, which mandates public bodies to take a long-term, preventative, and integrated approach to wellbeing.

The all-Wales Strategy is interpreted in local NHS Wales organisational workforce health and wellbeing policies to promote strategic priorities in creating

- Compassionate and inclusive cultures
- Flexible and attractive working arrangements
- Autonomy, belonging, and contribution as core psychological needs in job design and the use of Job Characteristics Theory to enhance motivation and satisfaction
- Widespread digital skills and bilingual capabilities
- Continuous learning and career development

NHS Wales organisations are supported by the NHS Wales Health and Wellbeing Best Practice Guide developed in social partnership by subject matter experts. The Guide provides a reliable, evidence-based source of information to support organisations to improve their health and wellbeing strategies. The Guide is evidence-based and highlights the key factors that impact on staff health and wellbeing, the areas to measure to ensure a data driven approach and includes best practice resources and case studies. It is intended to be a continually improving and evolving quality resource for NHS Wales.

Wellbeing is also a core focus of the **National Retention Programme and the Nurse Retention Plan**: Led by HEIW, this initiative includes:

- The appointment of a **National Retention Lead** and local leads in each Health Board and Trust, supported by a £0.75m investment.
- A focus on best practices such as **stay and exit interviews** to better understand staff experiences, with a Communities of Practice approach to implementation, with core measures to track progress.
- **Student Experience**: Recognising the importance of clinical placements, the programme supports efforts to value students' contributions. Positive placement experiences are key to future recruitment and retention. We continue to work closely with universities and health boards to ensure high-quality placements, using student feedback to inform ongoing improvements.

Wellbeing Initiatives

Welsh Government have invested £1.5 million per year for the Canopi service to provide free, confidential and flexible mental health support to all health and care staff. Canopi has supported 7,000 health and care staff since 2022 and seen a 53% rise in self-referrals during 2023-24, testament to the reputation of the service.

We have also invested in targeted pastoral services for our international nurses to ensure that they are provided with bespoke support as they start working in NHS Wales.

Launched in 2022, the NHS Wellbeing Conversation Guide facilitates those important conversations in the workplace that help managers assess whether or not any kind of wellbeing support is required, and where reasonable adjustments should be made. By encouraging organisations to embed wellbeing conversations across their system, we aim to create cultures where people feel heard and valued, and in which diversity is respected. This should, in turn, encourage us all to pass care and compassion on to each other, to patients and to our families.

Flexible Working

The All-Wales Flexible Working policy supports a better work-life balance, which can reduce stress and fatigue among staff. By making flexible working requests the default approval, we help our staff manage their personal and professional lives more effectively, reducing the risk of safety incidents caused by overwork. Flexible working arrangements are key to promoting a healthy work-life balance.

A flexible working culture is essential for fostering a healthy, engaged, and motivated workforce, ensuring that we retain skilled professionals while enabling them to balance their work responsibilities with personal commitments.

Welsh Government expect flexible working to be the default across the workforce unless there are clear and justifiable reasons to decline.

We support the principle that all roles should not be restricted to full-time working as the default expectation. We expect organisations to apply the principles of the Flexible Working Policy at all levels, including senior leadership roles. This includes actively considering job share arrangements and other flexible working options.

Occupational Health

An Occupational Health tripartite group was established to agree a national core specification for occupational health delivery in NHS Wales.

The agreed specification and minimum service standards were issued to NHS Wales organisations by Judith Paget, NHS Wales Chief Executive via a Welsh Health Circular. This work will strengthen the development of a more equitable and consistent occupational health service for NHS Wales staff.

Workforce Safety National Programme Board

The Welsh Government have established a Workforce Safety National Programme Board for NHS Wales; the board will oversee the development of an all-Wales programme of work that will provide NHS Wales with guidance and support to ensure the prevention and reduction of harmful workforce incidents in the context of workforce health and wellbeing.

The National Programme Board for NHS Workforce Safety aims to lead a unified, all-Wales strategic approach to workforce safety, ensuring NHS staff work in environments free from abuse, threat, and harm.

Through robust governance and collaboration, the Board will reduce unwarranted variation across NHS organisations, support the implementation of the Speaking Up Safely

Framework, and optimise resources to address all forms of abuse—physical, verbal, online, and intersectional—including gender-based violence, racism, and homophobia.

The scope includes the entire NHS Wales workforce, volunteers, and students, with a focus on prevention, improved staff experience, and enhanced patient care. The Board will also build understanding of the nature and impact of workplace abuse to inform future interventions.

As well as overseeing work that is already ongoing across the system, the board has also identified a programme of work which it will oversee the progress and key activities across five workstreams with the aim is to foster a safer, more supportive working environment across NHS Wales:

- Workstream 1: Legislation, Strategy, Policy - Audit current safety initiatives, draft strategic document, develop guidance for Speaking Up Safely Framework.
- Workstream 2: Data Capture and Reporting Standards - Explore unified reporting systems, develop data standards and guidance.
- Workstream 3: Communication & Engagement - Audit campaigns, develop communication strategy.
- Workstream 4: Planning and Performance (Governance & Accountability) - Define metrics, integrate incident data into planning cycles.
- Workstream 5: Learning and Improvement - Develop learning cycle and platform.

Canopi

Canopi offers access to free, non-emergency, confidential, mental health and wellbeing support to all NHS (and Social Care) staff working in Wales.

Canopi's key service aims are to:

- deliver sustainable, high quality, multi-tiered psychological and mental health support to the NHS and social care workforce in Wales
- build and increase collaboration with organisations across social and health care
- contribute to the positive promotion of mental health
- work alongside and complement existing mental health and wellbeing support services
- enable disclosure for those who feel unable to access employer-based services

All clients accessing the Canopi service are given the opportunity to discuss their presentation with a Doctor Advisor (DA). At present there is no wait to see a DA.

Demand for the Canopi service has been sustained in the period 2024-25. During the period flow into the service has remained capped at 69 new DA appointments per week.

The client-led booking system has been embedded in the service process, allowing clients to book their own appointment times with DAs. A new answering service message has reduced the number of calls relating to accessing the service for the helpdesk team.

Client feedback has remained incredibly positive during the year 2024-25 with nearly 90% of clients likely or very likely to recommend the Canopi service to their colleagues.

Quantitative data on usage, such as the number of NHS staff accessing the service, broken down by staff group if available. Key outcomes or findings, including any evidence of impact on staff wellbeing, retention, or return-to-work rates.

For the period from 1st April 2024 to 31st March 2025 a total of 3783 (average of 73 per week) clients completed a self-referral form on the Canopi website. Of these 3340 (88%) were people working for the NHS and 443 (12%) were people working in social care in Wales. 25% of NHS self-referrals were from the nursing profession.

Ministers have exercised the option to extend the current contracts to March 2027. Ministers will be advised in due course on the continuation of the service beyond then.

National Workforce Implementation Plan

The National Workforce Implementation Plan (NWIP) was published in January 2023 as a response to the significant additional demands on our workforce due to the refocus and reprioritisation necessary to support our whole system approach and ambitious recovery plans.

The Plan was intended to enable, compliment, and sometimes accelerate work that was already underway/in planning by Welsh Government and partners. This was done particularly to address actions which were failing to progress because of insufficient consensus or collaboration across the system.

The impact of the NWIP and the work of the Strategic Workforce Implementation Board will be taken into account in the establishment of a Workforce Operational Delivery Group.

The Anti-Racist Wales Action Plan (ArWAP),

The **Anti-Racist Wales Action Plan (ArWAP)**, launched in 2022 and updated in 2024, sets out a roadmap to make Wales an anti-racist nation by 2030.

There were five ArWAP actions directly related to the NHS Wales workforce designed to:

- improve workforce data;
- improve the racial diversity of NHS Boards to better reflect the diversity of the workforce;
- embed anti-racism in workforce policy design and review;
- provide equitable access to co-designed anti-racism workforce training.

These actions were refreshed in 2024 to reflect progress (table 6)

Table 06 - Summary of ArWAP Health Workforce Actions and Progress Update

ArWAP Action (2024-2026)	**Update July 2025**
NHS Wales Boards, Trusts and Special Authorities and the Welsh Partnership Forum implement the recommendations from the independent audit of all-Wales NHS workforce policies, working with Black, Asian and Minority Ethnic staff groups to support their effective application.	The Welsh Partnership Forum have recently updated the Welsh Government Health, Social Care and Early Years EDI Board in June 2025 outlining the implementation of recommendations in the all-Wales NHS Wales policies review and development processes. The review of the All-Wales Managing Standards at Work and Disciplinary Policy has included principles of anti-racism and anti-discrimination and will be launched Autumn 2025. NHS Wales organisations report progress with implementation of the recommendations via the Strategic Equality Plan monitoring process.
NHS Boards, Trusts, and Special Authorities will continue to: - improve workforce data quality. - facilitate and support data collection against the Workforce Race Equality Standard (WRES) indicators - scrutinise WRES data to implement targeted anti-racist workforce actions captured within organisational anti-racist action plans, in response to evidence base through targeted structural change.	Second year of WRES data collected in April 2025. NHS Wales organisational reports completed and shared. Meetings to share progress will take place September 2025. National 2025 WRES analysis will be published shortly NHS organisations continue to report progress on local anti-racism actions via the Strategic Equality Plan monitoring process.
Higher Education Institutions (HEIs) and NHS Organisations will co-design anti-racist education programmes with Black, Asian and Minority Ethnic people. Set a requirement for all NHS Staff, NHS Volunteers and students to complete redesigned	Welsh Health Circular issued to mandate completion of the anti-racism e-learning module. Welsh Government officials have received extensive feedback on the module and have worked with the Learning@Wales team in NWSSP to address issues raised. An independent review of the module has been commissioned and recommendations will be

anti-racist education programmes.	considered for the second version which will include Welsh WRES data to be launched Autumn 2025.
Implement systemic monitoring of concerns of workforce discrimination and bullying raised by staff through the Joint Executive Team process.	The NHS Wales National Workforce Safety Board leading on reduction and prevention of adverse incidents against NHS staff to include racism. The Board is considering the lessons from the intentional capture and analysis of workforce data to illustrate racial disparities in workforce experience to improve workforce data capture for other forms of discrimination, bullying, harassment and violence. Violence and Aggression Prevention and Reduction Standards to be published shortly by the NHS Wales Anti-Violence Collaborative.
Each NHS organisation will commit to their ongoing involvement in the Aspiring Board Members Programme, ensuring education, mentoring and support to participants who will be from a Black, Asian and Minority Ethnic background. Academi Wales, to work in partnership with NHS Wales and other appropriate organisations to develop and run an Aspiring Board Members Programme.	ABM programme launched in June 2025 is designed to support ethnic minority individuals to secure and succeed in public appointments within health. It generated high levels of interest, with 52 applicants from ethnic minority backgrounds applying for 14 posts. By the end, there will be a cohort of Black, Asian, and minority ethnic individuals who are 'board ready' with new, valuable experience and knowledge specific to NHS Wales board contexts.

Progress And Lessons Learnt

The implementation of the health workforce ArWAP actions, including the introduction of the Workforce Race Equality Standard (WRES) in Wales, has accelerated progress in several key areas:

- **Enhanced workforce data capture, data quality and analysis**, leading to more accurate insights into bullying, harassment, and violence and aggression experienced by NHS Wales staff including racism, in turn enabling more meaningful interpretation and use of workforce information.

- **Strengthened evidence base for NHS organisations to take action in systemically improving policies and practise**, from WRES data and recommendations from the independent audit of all-Wales NHS policies through an anti-racist lens.
- **Greater accountability and reporting**, supported by the Strategic Equality Plan monitoring process and reinforced through NHS Wales accountability mechanisms such as the Performance Framework and Chair's objectives.
- **Development of tools and interventions** to support NHS Wales in achieving anti-racism goals, including:
    - A foundational anti-racism e-learning module for all staff
    - The Aspiring Board Members Programme
    - The Getting 2 Equity Programme for nurses

Key enablers of these actions include:

- **Effective social partnership working**: Progress has been driven by cross-organisational collaboration through the WRES Strategic Steering Group and Implementation Project Group, and task and finish groups focused on the Diverse Cymru Policy Audit and the anti-racism e-learning module. These groups have leveraged collective expertise and experience.
- **Systematic embedding of actions and proactive barrier removal**: The NHS Wales National Workforce Implementation Plan incorporated specific actions to advance anti-racism, such as commissioning a review of bullying and harassment data capture. This work was led by NHS Employers and the Deputy Workforce Directors Peer Group.
- **Strong leadership and clear accountability**: The appointment of Anton Emmanuel as WRES Strategic Lead, along with executive sponsorship from the Welsh Government's Health, Social Care and Early Years Group EDI Challenge Board, provided a clear mandate and strategic focus.
- **Commitment to learning and continuous improvement**: NHS Wales organisations received support in analysing and interpreting their WRES data, alongside guidance to identify and implement impactful, evidence-based actions.

Workforce Race Equality Standard

The **first national WRES report for NHS Wales (2024)** provided a baseline for measuring racial equity in the workforce as a tool to monitor and address disparities in workforce experience across four domains:

- **Leadership and Representation**
- **Continuing Professional Development (CPD) and Training**
- **Discipline and Capability**
- **Bullying, Harassment, and Discrimination**

The WRES is a data tool which pinpoints the factors that influence inequalities in pay based on ethnicity. By doing this at both national and specifically organisational level, it allows the exact targets for action to be identified. We are at the first iteration of this process in Wales

and have seen examples in the Welsh Ambulance Trust of targeted recruitment and promotion driving down inequity. That same Trust has also introduced a gateway process to assess cases before they progress into the disciplinary process: following this introduction, there has been a notable reduction in the previous racial inequality of being put through disciplinary processes.

Annual WRES reports on the racial disparity in workforce experience will monitor progress and ensure sustained positive outcomes, aligning with the Welsh Government's broader goals for a diverse and cohesive society.

Key findings included:

- **Disparities in recruitment and promotion**: Ethnic minority staff are less likely to be promoted, especially in Health Boards compared to Special Health Authorities.
- **Disciplinary and capability processes**: Higher likelihood of ethnic minority staff being subject to formal procedures.
- **Bullying and harassment**: Increased reports from ethnic minority staff, both from colleagues and the public.
- **Leadership representation**: Significant underrepresentation of ethnic minority staff in senior roles, particularly in NHS Trusts.

Impact on NHS Staff: Recruitment, Retention, Progression, and Experience:

The WRES baseline data has provided a depth of data and analysis to support NHS Wales organisations to target actions to meet the commitments outlined in the ArWAP. To influence workforce policy and practice:

- **Recruitment**: Some organisations have revised recruitment practices to reduce bias and improve transparency.
- **Retention and progression**: Initiatives such as mentoring schemes and leadership development for ethnic minority staff are being piloted.

Challenges in Implementation:

- **Data quality and completeness**: Low response rates in staff surveys and reluctance to disclose ethnicity.
- **Cultural resistance**: Some staff report fear of speaking up or lack of confidence in anti-racism procedures.
- **Inconsistent application**: Variation in how different NHS organisations interpret and implement WRES indicators.
- **Training gaps**: Limited uptake of anti-racism training, though modules are now available via ESR and Learning@Wales.

Addressing these challenges:

- Enhanced communication and engagement strategies.
- Mandatory anti-racism training being rolled out.
- Localised data analysis to tailor interventions.

Good Practice and Targeted Interventions:

- **Intersectionality in Data Reporting:** The importance of intersectionality has been central to the WRES development, ensuring comprehensive data reporting.
- **Local WRES action plans** developed by Health Boards with specific targets and accountability structures.
- **Leadership development programmes** for ethnic minority staff.
- **Welsh Government Race Disparity Evidence Unit (RDEU)** supporting data-driven decision-making.

Chapter 4 - Future Direction of NHS in Wales and Performance

A Healthier Wales

- *A Healthier Wales* is Welsh Governments long term 10 year plan for Health & Social Care. The plan sets out a long-term future vision for a whole system approach to health and social care that focusses on health and wellbeing, and prevention. It was launched in 2018.
- In December 2024, a refreshed set of 35 actions were published to ensure the actions the Welsh Government continues to take under AHW are the right ones and the actions that will support achieving the vision set out in A Healthier Wales.

  A Healthier Wales - Action refresh 2024-25.

Since the actions were published in December 2024, the Cabinet Secretary for Health and Social Care delivered a speech on his priorities for the year ahead to NHS Wales leaders in April 2025. https://www.gov.wales/nhs-confederation-speech. The priority themes aligned to A Healthier Wales and the refreshed actions.

In July 2025, the Cabinet Secretary published his **Improving Performance Together: Priority Delivery Actions for Better Health and Care 2025/26** letter to health board leaders - Written Statement: Improving Performance Together: Priority Delivery Actions for Better Health and Care 2025/26 (8 July 2025) | GOV.WALES.

This letter took the themes set out in the NHS Confederation speech and AHW refreshed actions and set out a number of key priority deliverables within three strategic areas of focus for the 2025/26 period:

- Delivering the key Welsh Government priorities for the NHS.
- Strengthening how we run the NHS.
- Getting services ready for the future.

These actions will be undertaken during the 2025/26 period supporting delivering on the AHW refreshed actions. The 2025/26 priority deliverables include the importance of doing more on preventing ill health, developing more services in the community, getting our digital infrastructure in shape, and changing the way the NHS is run – in particular its leadership and culture, more regional working and strengthening system levers.

During this period extensive work on accountability and performance was undertaken via two Ministerial Advisory Groups. The reports of these Groups and their recommendations were important contributors to this work and will support improvements to the NHS in Wales. The reports links are attached *Ministerial Advisory Group on Accountability* and the *Ministerial Advisory Group on Performance and Productivity*.

Planning

The Planning Framework 25-28, issued to the NHS in December 2024, sets out the Cabinet Secretary's directions against which the NHS in Wales must plan. Integrated Medium-term plans (IMTPs) are a statutory requirement for Health Boards and NHS Trusts. These are three-year plans with more detail and delivery milestones required in the first year.

The Cabinet Secretary's priorities contained in the Planning Framework were:

- Timely Access to Care
- Population Health and Prevention
- Building Community Capacity
- Mental Health Access
- Women's Health

Attached to the Framework were two annexes: (annex 1 contains the key requirements from the Cabinet Secretary and annex 2 contains a set of enabling actions to support the delivery of the key requirements. NHS organisations had to plan to deliver both. Please visit the following link for further information. NHS Wales planning framework 2025 to 2028 | GOV.WALES

On a broader perspective, organisations are also required to follow the requirements which were set out in the 2025/26 accountability conditions letters issued to all NHS organisations:

- The **'Five Ways of Working'** sustainable development principle of the Well-being of Future Generations Act remains central to the health board's approach. It is essential that the organisation builds on the progress made and ensures its well-being objectives are aligned with, and supported by, its planning arrangements.

- The **12 Health and Care Standards** of the Quality Framework guide

- **Wider regulatory and national priorities**, which include but are not limited to:
  - Welsh Language and the Active Offer;
  - Support for vulnerable groups;
  - The All-Wales Anti-Racism Action Plan; and
  - Delivery of actions outlined in the LGBTQ+ Plan.

The NHS produced their plans for the period 2025-28, submitting them to WG by 31 March 2025.

In addition, further delivery of the objectives for NHS Wales were set out in the letter from Cabinet Secretary for Health and Social Care sent on 3rd July 2025, which include:

Delivering the key Welsh Government priorities for the NHS:

a. Reducing waiting times
b. Reducing Pathways of Care delays
c. Improving women's health services

Strengthening how we run the NHS

a. Modernising leadership and culture
b. Getting better at regional working

c. Improving openness, accountability and collaboration

Getting services ready for the future

a. More effective prevention of ill health
b. Putting more services into the community
c. Realising the potential of digital and innovation

The performance of these requirements and targets are managed by the performance and escalation team within HSCEY. Data against these metrics is provided by NHS organisations and is monitored through regular meetings with each NHS organisation.

Current performance

The NHS in Wales is currently facing a challenging period. Both the performance and financial position of many health boards has worsened over the past 12 months, separate information will be provided by the performance and escalation and the NHS Finance teams.

In terms of NHS planning, the position improved. In 2024-25 the planning cycle saw only one health board and three NHS trusts receive Cabinet Secretary approval for their IMTPs.

In the 25-26 planning cycle, this increased to two health boards and three NHS Trusts receiving approval.

Local Health Board IMTP submissions

- Three Local Health Boards submitted financially balanced IMTPs, two of which secured Ministerial approval and the other could not be approved as although the IMTP was financially balanced, it did not address all of the requirements of the planning framework.
- The remaining health boards submitted annual plans, all of which are operating in excess of their agreed financial control totals.

NHS Trusts

- All three NHS Trusts submitted financially balanced IMTPs, all of which secured ministerial approval.

Special health authorities

- Although it is not a statutory requirement for SHAs to produce IMTPs, both SHAs produced financially balanced plans. Whilst these did not require Cabinet Secretary approval, they were noted as satisfactory plans.

NHS Committees

- Although not a statutory requirement for the Committees to produce IMTPs, NHS Wales Shared Services Partnership submitted a financially balanced plan and the NHS Wales Joint Commissioning Committee produced a foundation plan, in recognition that the Committee only come into existence on 1 April 2024. Whilst these did not require Cabinet Secretary approval, they were noted as satisfactory plans.

Table 07 - The table below shows the progress made between 2024-27 and 2025-28 in terms of IMTP plans:

Organisation	2024 - 2027		2025 - 2028	
ABU	Annual Plan	n/a	IMTP	approved
BCU	Annual Plan	n/a	IMTP	not approved
C&V	Annual Plan	n/a	Annual Plan	n/a
Cwm Taf	IMTP	Approved	IMTP	approved
Hywel Dda	Annual Plan	n/a	Annual Plan	n/a
PHW	IMTP	Approved	IMTP	approved
Powys	Annual Plan	n/a	Annual Plan	n/a
Swansea Bay	Annual Plan	n/a	Annual Plan	n/a
Velindre	IMTP	Approved	IMTP	approved
WAST	IMTP	Approved	IMTP	approved
HEIW	IMTP	n/a	IMTP	n/a
NWSSP	IMTP	n/a	IMTP	n/a
DCWH	IMTP	n/a	IMTP	n/a
NWJCC *(includes former EASC, WHSCC)*	IMTP	n/a	"foundational" Annual Plan	n/a

Financially, the position has deteriorated this year.

- Revenue outturn for NHS Wales for 2024-25 was a deficit of £123.7m.
- At Month 4 in 2025-26, NHS Wales are forecasting a deficit for the year of £173.2m.

The position remains extremely challenging as to achieve this outturn position in March 2026 organisations are reporting a savings delivery of circa £275m is required. This 275m savings requirement in 2025-26 is in addition to the circa £300m savings delivered in 2024-25. Delivering savings at this level on top of making previous savings recurrent, is more than what the NHS has achieved historically, and evidence suggests, more than can reasonably be delivered.

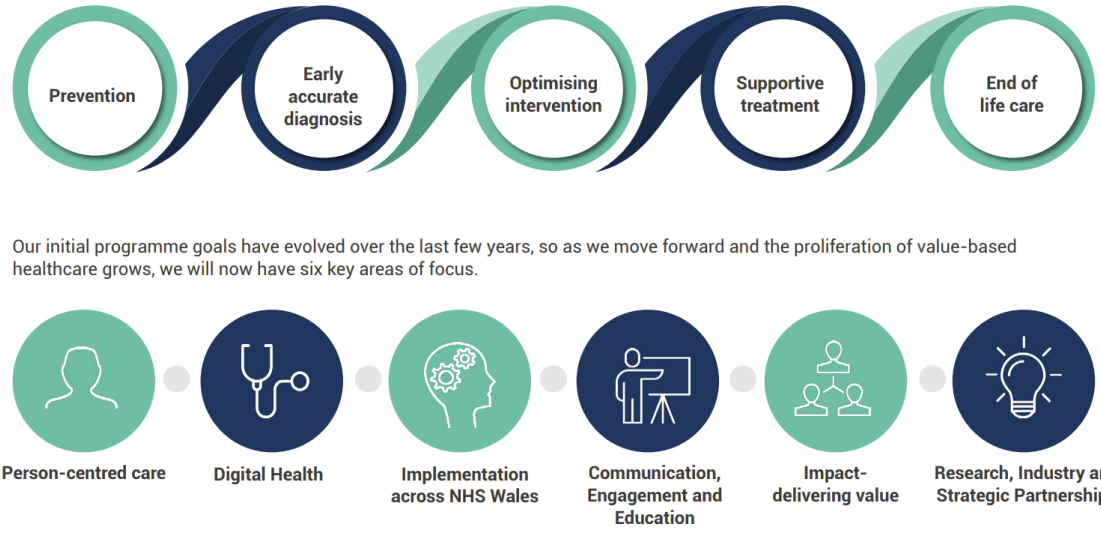
Month 5 position will be known around mid-September.

Pressures

A significant focus is being placed on the work of the Value and Sustainability Board, which works at an all-Wales level to ensure:

- a reduction in unwarranted variation and low value interventions
- an increase in administrative efficiency
- a reduction in administrative and management costs as a proportion of the spend base.

Areas of focus by organisations in response to value and sustainability include:



Organisations are expected to deliver the efficiencies set out in their saving plans – as documented above these are challenging and historic in terms of amount and scale.

In May 2025, the Cabinet Secretary for Health and Social Care announced £120m to fund a plan to eliminate long waits and reduce the size of the waiting list by March 2026. Health Boards have been producing detailed operational plans to set out how they would use this funding to deliver improvements to their waiting list position. Funding will be awarded on the basis of the quality and viability of these plans. Delivery of these plans is being monitored through the quality and assurance route detailed above.

It is also recognised that greater investment in regional services will be needed. To support this, West Wales Joint Regional Committee and a South-East Wales Joint Regional Committee have been established to support and progress this work.

External Ministerial Advisory Group on NHS Wales Performance and Productivity

In April 2025, the Welsh Government published its response to the independent Ministerial Advisory Group (MAG) review of NHS Wales performance and productivity. The Government has accepted the MAG's recommendations and is moving at pace to strengthen delivery, reduce unwarranted variation, and improve efficiency across planned care, diagnostics, cancer, and urgent and emergency care. The response places particular emphasis on outpatient transformation, system-wide standardisation of best practice, stronger performance management and escalation, and better use of digital tools and data to drive improvement.

The key recommendations and actions include:

- Develop and implement plans to transform outpatient services, reducing reliance on traditional models and addressing unwarranted variation.
- Adopt national pathways and mandatory electronic referral triage to standardise best practice across high-volume specialties.
- Establish consistent national performance metrics and dashboards to ensure transparency and comparability across health boards.

- Strengthen governance and escalation processes, including monthly Performance and Productivity meetings and structured intervention mechanisms.
- Accelerate digital adoption and improve data quality to support timely and informed clinical and operational decision-making.

Implications for the NHSPRB: The Welsh Government's productivity agenda is inseparable from workforce capacity and stability. Delivering these reforms, particularly outpatient transformation, standardisation at scale, and digital uptake, depends on a sustainably staffed, fairly rewarded workforce with reduced reliance on temporary staffing and the headroom to engage in service redesign and improvement. Pay, retention and training investments are practical enablers of the productivity gains the Cabinet Secretary would expect, and they help convert pathway reforms and performance management into tangible reductions in waits, improved flow, and better patient experience.

For more information on the report, please see the attached link: https://www.gov.wales/sites/default/files/publications/2025-04/nhs-wales-performance-and-productivity-government-response.pdf

Chapter 5 - Total Reward and Pension

Total reward

While pay is a key component of the NHS reward package, it's only element. Other benefits—both financial and non-financial—play a vital role in attracting, motivating, and retaining staff, and should be considered by the NHSPRB. The NHS offers a comprehensive package that includes:

- Annual leave plus public holidays
- Sickness absence cover for up to 12 months
- A defined benefit pension scheme with employer contributions exceeding 20%
- Enhanced parental leave
- Support for learning, development, and career progression

These benefits go well beyond statutory requirements and are more generous than those typically found in other sectors. Therefore, comparisons with the wider labour market should reflect the full reward offering—not just pay.

Pension

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

The NHS Pension Scheme remains a valuable part of the total reward package available to NHS staff and is one of the best pension schemes available. Eligible NHS staff will now belong to one of the 2 existing schemes, both of which are defined benefit schemes. The final salary scheme, or legacy scheme, is made up of the 1995 and 2008 sections and is now closed to new members. All new staff join the 2015 scheme, a career average revalued earnings (CARE) scheme which provides benefits based on average earnings over a member's career. The key differences between the 2 schemes, other than the way benefits are calculated, are different normal pension ages and accrual rates, as shown in the table below.

Table 08: Comparison of retirement ages and accrual rates for members of the 1995 Section, 2008 Section and 2015 Scheme

Scheme or section	Normal Pension Age (NPA)	Accrual rate
1995 Section	60	1/80th
2008 Section	65	1/60th
2015 Scheme	State Pension Age	1/54th

Pension awards data:

Please note that the following figures have been provided by the NHS BSA and covers Wales only.

Awards by Employment Type (monthly)

Last Updated: 01/08/2025

		1995 Section							
Period	Emp Type	Age Count	Age Avg. Age	VER Count	VER Avg. Age	Ill Health Count	Ill Health Avg. Age	Partial Retirement Count	Partial Retirement Avg. Age
Apr-23	GDP	1	60.00	0		0		0	
	Hospital Dentist	1	59.00	0		0		0	
	Hospital Doctor	10	59.90	2	57.50	0		0	
	Non-SC Nurse	48	60.63	8	57.00	3	53.00	0	
	Officer	57	60.93	22	57.09	6	53.83	0	
	Special Class Nurse	45	57.04	2	54.00	2	53.50	0	
May-23	GP	1	59.00	0		0		0	
	Hospital Doctor	9	60.78	2	58.50	0		0	
	Non-SC Nurse	43	61.28	16	57.38	6	54.67	0	
	Officer	73	61.71	19	57.26	4	51.50	0	
	Special Class Nurse	37	56.84	1	56.00	1	51.00	0	
Jun-23	Hospital Dentist	1	60.00	0		0		0	
	Hospital Doctor	6	60.17	1	57.00	1	51.00	0	
	Non-SC Nurse	45	61.89	24	55.79	5	54.40	0	
	Officer	91	62.38	18	56.17	4	55.75	0	
	Special Class Nurse	47	57.81	3	53.67	1	53.00	0	
Jul-23	GDP	1	60.00	0		0		0	
	GP	1	60.00	0		0		0	
	Hospital Doctor	4	62.25	3	54.67	2	60.50	0	
	Non-SC Nurse	48	62.15	24	56.42	3	50.67	0	
	Officer	82	62.13	22	57.05	6	56.50	0	
	Special Class Nurse	58	57.02	2	56.50	0		0	
Aug-23	GP	1	61.00	0		1	51.00	0	
	Hospital Doctor	5	60.40	1	57.00	0		0	
	Non-SC Nurse	36	61.78	18	54.78	3	53.67	0	
	Officer	57	61.89	14	57.00	5	57.20	0	
	Special Class Nurse	32	58.63	2	56.00	4	54.00	0	
Sep-23	GP	1	70.00	1	58.00	0		0	
	Hospital Doctor	6	59.83	1	57.00	1	56.00	0	
	Non-SC Nurse	36	61.53	19	57.05	3	53.00	1	60
	Officer	56	62.14	20	55.70	5	56.20	1	61
	Special Class Nurse	39	58.77	4	56.00	2	51.50	0	
Oct-23	Hospital Dentist	2	61.00	0		0		0	
	Hospital Doctor	6	61.17	0		3	55.67	4	66
	Non-SC Nurse	44	61.20	19	56.68	7	53.57	4	63
	Officer	77	62.00	17	56.94	5	54.00	20	60
	Special Class Nurse	45	57.69	4	56.25	2	53.50	5	56
Nov-23	Hospital Doctor	8	63.50	1	60.00	1	56.00	7	61
	Non-SC Nurse	58	61.97	32	56.38	2	52.50	12	59
	Officer	91	62.04	24	56.42	8	54.63	21	60
	Special Class Nurse	52	57.10	1	53.00	4	52.25	16	58
Dec-23	Hospital Doctor	1	60.00	1	59.00	0		3	61
	Non-SC Nurse	34	62.74	18	55.67	1	50.00	12	59
	Officer	63	61.30	23	56.96	1	58.00	11	60
	Special Class Nurse	37	58.57	1	55.00	0		11	56
Jan-24	GP	1	59.00	0		0		0	
	Hospital Doctor	7	62.14	2	58.00	1	58.00	6	62
	Non-SC Nurse	50	61.84	16	56.38	4	53.75	5	60
	Officer	85	61.87	16	56.94	5	54.00	20	59
	Special Class Nurse	39	57.59	1	55.00	1	52.00	20	57
Feb-24	Hospital Dentist	0		0		0		1	60
	Hospital Doctor	7	62.00	1	59.00	0		10	61
	Non-SC Nurse	46	62.33	23	56.04	3	51.00	20	59
	Officer	98	62.18	23	57.57	5	55.20	21	61
	Special Class Nurse	42	57.10	0		0		23	57
Mar-24	GP	1	59.00	0		0		0	
	Hospital Doctor	5	62.40	1	55.00	0		5	62
	Non-SC Nurse	56	62.11	21	55.81	4	57.00	15	60
	Officer	85	61.11	23	56.70	2	58.00	29	60
	Special Class Nurse	40	57.70	1	55.00	3	56.00	15	58

Awards by Employment Type (monthly)

Last Updated: 01/08/2025

		2008 Section							
Period	Emp Type	Age Count	Age Avg. Age	VER Count	VER Avg. Age	Ill Health Count	Ill Health Avg. Age	Partial Retirement Count	Partial Retirement Avg. Age
Apr-23	GDP	0		0		0		0	
	Hospital Dentist	0		0		0		0	
	Hospital Doctor	2	70.00	0		0		0	
	Non-SC Nurse	4	66.25	9	58.33	4	58.00	0	
	Officer	10	66.50	10	58.70	6	57.67	0	
	Special Class Nurse	0		0		0		0	
May-23	GP	0		0		0		0	
	Hospital Doctor	3	71.33	0		0		0	
	Non-SC Nurse	1	66.00	9	59.78	3	55.00	0	
	Officer	11	66.73	10	61.00	4	58.75	0	
	Special Class Nurse	0		0		0		0	
Jun-23	Hospital Dentist	0		0		0		0	
	Hospital Doctor	1	65.00	0		0		0	
	Non-SC Nurse	2	66.50	5	58.20	1	50.00	0	
	Officer	14	65.50	11	60.91	3	59.67	0	
	Special Class Nurse	0		0		0		0	
Jul-23	GDP	0		0		0		0	
	GP	0		0		0		0	
	Hospital Doctor	1	67.00	0		1	55.00	1	73
	Non-SC Nurse	6	66.17	6	59.00	5	51.80	0	
	Officer	3	68.67	8	59.75	3	59.00	0	
	Special Class Nurse	0		0		0		0	
Aug-23	GP	0		0		0		0	
	Hospital Doctor	0		0		0		0	
	Non-SC Nurse	6	66.33	10	59.60	1	55.00	0	
	Officer	6	66.83	6	59.50	1	59.00	0	
	Special Class Nurse	0		0		0		0	
Sep-23	GP	0		0		0		0	
	Hospital Doctor	1	66.00	0		0		0	
	Non-SC Nurse	5	68.00	3	58.00	1	55.00	0	
	Officer	12	67.42	12	60.83	0		0	
	Special Class Nurse	0		0		0		0	
Oct-23	Hospital Dentist	0		0		0		0	
	Hospital Doctor	0		0		0		0	
	Non-SC Nurse	5	66.60	9	61.44	6	59.83	0	
	Officer	15	67.60	9	61.00	1	63.00	1	66
	Special Class Nurse	0		0		0		0	
Nov-23	Hospital Doctor	1	65.00	1	64.00	0		0	
	Non-SC Nurse	9	66.00	12	59.58	4	54.75	0	
	Officer	16	66.38	12	60.08	2	62.50	1	63
	Special Class Nurse	0		1	63.00	0		0	
Dec-23	Hospital Doctor	1	65.00	0		0		0	
	Non-SC Nurse	3	66.33	9	60.22	2	58.50	1	60
	Officer	10	65.80	5	62.00	2	64.00	4	66
	Special Class Nurse	0		0		0		0	
Jan-24	GP	0		0		0		0	
	Hospital Doctor	0		0		0		0	
	Non-SC Nurse	6	65.50	6	61.67	2	59.00	1	66
	Officer	16	66.44	8	61.88	2	64.00	3	59
	Special Class Nurse	0		0		0		0	
Feb-24	Hospital Dentist	0		0		0		0	
	Hospital Doctor	0		0		0		0	
	Non-SC Nurse	8	66.00	6	58.67	2	44.50	0	
	Officer	7	67.29	7	61.43	3	53.33	3	62
	Special Class Nurse	0		0		0		0	
Mar-24	GP	0		0		0		0	
	Hospital Doctor	0		0		0		0	
	Non-SC Nurse	9	65.67	5	59.80	2	43.00	0	
	Officer	15	65.93	11	59.45	2	55.50	4	62
	Special Class Nurse	0		0		0		0	

Awards by Employment Type (monthly)

Last Updated: 01/08/2025

NHS Business Services Authority

		2015 Scheme							
Period	Emp Type	Age Count	Age Avg. Age	VER Count	VER Avg. Age	Ill Health Count	Ill Health Avg. Age	Partial Retirement Count	Partial Retirement Avg. Age
Apr-23	GDP	0		0		0		0	
	Hospital Dentist	0		0		0		0	
	Hospital Doctor	2	70.00	6	59.17	0		0	
	Non-SC Nurse	4	66.50	28	59.71	6	57.83	0	
	Officer	20	66.95	57	59.49	13	55.77	0	
	Special Class Nurse	0		21	57.14	2	53.50	0	
May-23	GP	0		0		0		0	
	Hospital Doctor	2	68.50	6	60.00	0		0	
	Non-SC Nurse	12	67.42	35	59.37	13	54.85	0	
	Officer	11	67.36	53	60.02	11	56.36	0	
	Special Class Nurse	0		21	56.52	1	51.00	0	
Jun-23	Hospital Dentist	0		0		0		0	
	Hospital Doctor	0		4	61.25	1	51.00	0	
	Non-SC Nurse	7	66.14	43	59.72	9	56.67	0	
	Officer	12	66.42	57	60.23	8	57.00	0	
	Special Class Nurse	0		24	57.25	1	53.00	0	
Jul-23	GDP	0		0		0		0	
	GP	0		1	60.00	0		0	
	Hospital Doctor	0		3	61.00	3	58.67	0	
	Non-SC Nurse	6	66.50	35	59.51	10	57.00	0	
	Officer	15	67.73	51	59.75	13	58.77	0	
	Special Class Nurse	0		18	56.94	0		0	
Aug-23	GP	0		0		1	51.00	0	
	Hospital Doctor	0		1	57.00	0		0	
	Non-SC Nurse	4	66.25	25	60.40	8	53.88	0	
	Officer	17	66.47	36	60.22	9	59.33	0	
	Special Class Nurse	1	66.00	9	55.89	5	54.40	0	
Sep-23	GP	0		0		0		0	
	Hospital Doctor	1	66.00	1	60.00	1	56.00	0	
	Non-SC Nurse	5	67.00	33	59.64	5	53.60	0	
	Officer	19	66.68	29	59.72	5	56.20	0	
	Special Class Nurse	2	66.00	9	57.11	3	54.67	0	
Oct-23	Hospital Dentist	0		1	62.00	0		0	
	Hospital Doctor	0		0		3	55.67	2	71
	Non-SC Nurse	4	66.75	23	60.30	11	58.27	2	64
	Officer	17	67.53	42	60.88	5	54.80	3	60
	Special Class Nurse	1	66.00	18	57.61	2	53.50	2	57
Nov-23	Hospital Doctor	2	66.00	3	63.00	0		1	63
	Non-SC Nurse	9	66.78	37	60.46	8	54.88	2	57
	Officer	20	67.25	48	60.63	10	58.60	4	60
	Special Class Nurse	0		13	56.54	4	52.25	1	58
Dec-23	Hospital Doctor	0		2	62.00	0		0	
	Non-SC Nurse	9	67.33	18	59.56	5	53.40	0	
	Officer	10	66.10	28	59.50	5	60.80	1	67
	Special Class Nurse	4	66.00	8	56.25	0		3	58
Jan-24	GP	0		0		0		0	
	Hospital Doctor	1	66.00	6	58.83	1	58.00	3	63
	Non-SC Nurse	10	66.80	30	61.50	9	56.56	2	62
	Officer	22	66.82	40	60.98	10	58.40	4	58
	Special Class Nurse	0		15	56.80	1	52.00	1	58
Feb-24	Hospital Dentist	0		0		0		0	
	Hospital Doctor	1	70.00	0		0		0	
	Non-SC Nurse	14	66.64	26	61.04	9	51.22	4	59
	Officer	24	67.38	53	60.40	11	56.36	2	60
	Special Class Nurse	0		16	56.94	0		3	57
Mar-24	GP	0		0		0		0	
	Hospital Doctor	1	69.00	1	55.00	0		1	65
	Non-SC Nurse	12	66.67	25	60.00	7	53.86	3	60
	Officer	20	66.45	53	59.92	5	60.60	7	61
	Special Class Nurse	0		11	57.64	2	55.00	3	58

NHS Pensions Opt-out data

Comprehensive data on NHS pension opt-out rates is available via the NHS Business Services Authority dashboard: https://nhsbsadata.shinyapps.io/nhs-pension-opt-out-202505/ .This interactive tool allows users to explore opt-out trends among ESR-recorded employees who are eligible for the NHS Pension Scheme. You can filter the data by Health Board or Trust to view localised breakdowns, and by staff speciality to gain deeper insight into patterns across different professional groups. The dashboard supports workforce planning and policy development by highlighting where opt-out rates may be higher and helping to identify potential areas for intervention or support. For access to this level of detail, please visit the link above.

Bank employees[3]

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

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

NEST – National Employment Savings Trust

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

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

Targeted Pay

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

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

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

The challenge of recruiting to particular specialities needs to be addressed through workforce planning, recruitment initiatives as well as changing the way roles are designed. At this stage

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

we do not wish to consider the use of targeted pay until we have evaluated the impact of some of our wider measures designed to address the underlying causes of recruitment challenges.

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

Chapter 6 – Recommendations from NHSPRB for 2025/26

Welsh Government continue to remain committed to making significant progress towards agreeing a plan with the UK Staff Council for implementing structural reform before the 2026-27 pay round begins as part of the 25/25 pay award. However, we stated that the UK Department for Health and Social Care will need to lead negotiations with the UK Treasury to secure additional funding in the forthcoming Spending Review to fund reform.

Staff Council exploratory talks will continue on an England and Wales basis, and Welsh Government will work with Department for Health and Social Care in UK Government to consider a joint mandate and funding envelope once DHSC have indicated the level of investment. If there are no consequentials forth coming, the investment envelope would need to be found from the existing Health & Social Care budget for 2026/27.

Below is an update on the continued work on the non-pay elements of previous pay awards;

The Wales NHS Agenda for Change collective agreement for 2022-24, included a series of non-pay elements, which received all-union agreement in August 2023. The specific wording, setting the limits of each non-pay element, was arrived at through detailed negotiation. The wording was jointly agreed by unions, employers and Welsh Government.

It was jointly agreed by Welsh Government, NHS Employers and all trade unions to allow some flexibility with regard to the target dates but the social partners committed to deliver all of the non-pay elements by the end of March 2024.

The Wales Partnership Forum Business Committee (and task and finish groups reporting to it) took forward each non-pay element as agreed with a series of special meetings and a final national delivery review in March. The final milestone report was agreed in partnership and provided full details of agreed delivery against each non-pay element. It explained where non-pay elements are part of a wider delivery process and where they are delivered under the auspices of the Wales Partnership Forum Business Committee.

The Welsh Health Circular 017 *Implementation of the Non-Pay Elements* was issued, as agreed in partnership, before the end of the 2024 financial year. It provides a three-part control framework for delivery and reporting of the relevant non-pay elements. Reports from health boards, which are required under this WHC, were considered at the Wales Partnership Forum Business Committee meetings. A further Welsh Health Circular on reducing agency also incorporated delivery of some non-pay elements.

There is a requirement for local action to completely embed the outcomes of the national agreement at organisational and department level in order that the benefits of the agreement for teams and individuals may be fully realised.

The non-pay WHC control and reporting framework, phase two of the Agency WHC and the Wales Partnership Forum Business Committee arrangements provided the necessary assurance that delivery is consistent. It is also important this takes place in the context of the Wales Partnership Forum priority around strengthening social partnership working in Local Partnership Forums.

On Continuing Professional Development (CPD) we have agreed that several aspects are being delivered through the Welsh Health Circular – however the partners remain committed to issue an all-Wales approach which guarantees protected time for staff CPD in September 2025.

Although there was no agreement to implement a 36-hour week, the WPF Business Committee continues to explore the issues related to a reduced working week in the context of a long-term commitment to pay restoration.

Part 2 - Health Education and Improvement Wales Evidence

Chapter 7 – NHS Wales Workforce Trends

The following information has been provided by Health, Education and Improvement Wales in their annual Wales workforce trends report. The full copy of the report can be found at (Annex 2) and extracts are included below.

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 introduced[4]. 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

[4] National Workforce Data Set (NWD) guidance documents - NHS England Digital

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.

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.

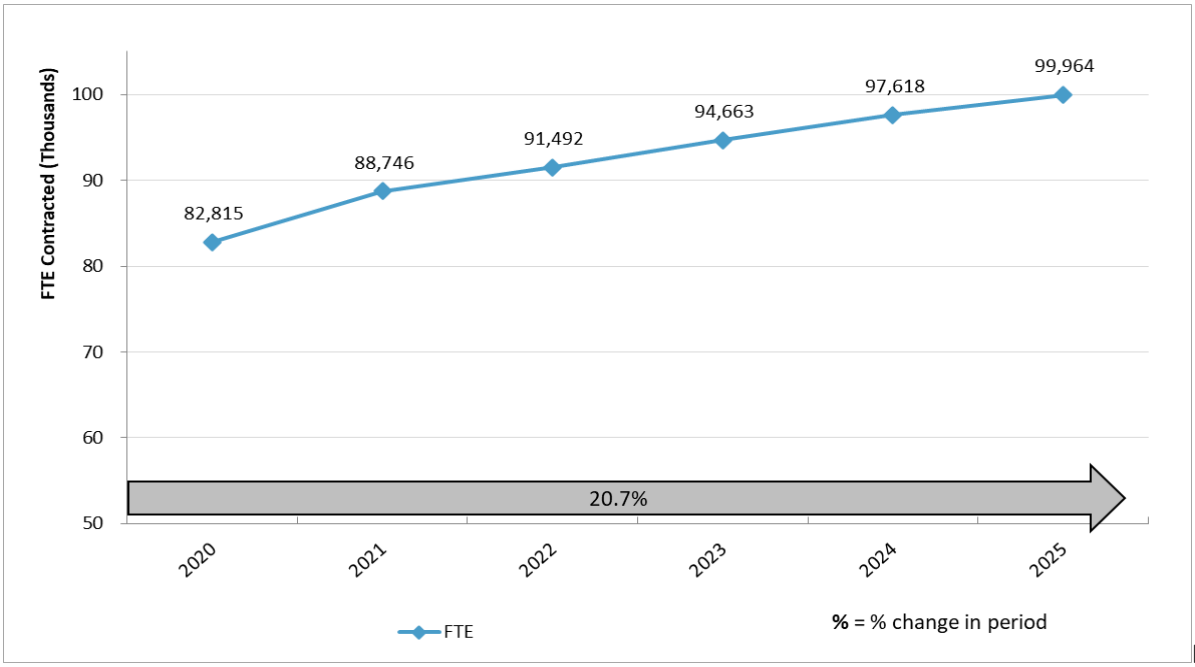
Size of the NHS Wales Workforce

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 during and following the COVID-19 pandemic.

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.

Table 10 - NHS Wales Workforce Profile March 2020 to March 2025



Data Source: ESR DW

Workforce Changes by Staff Group Between 2020 and 2025

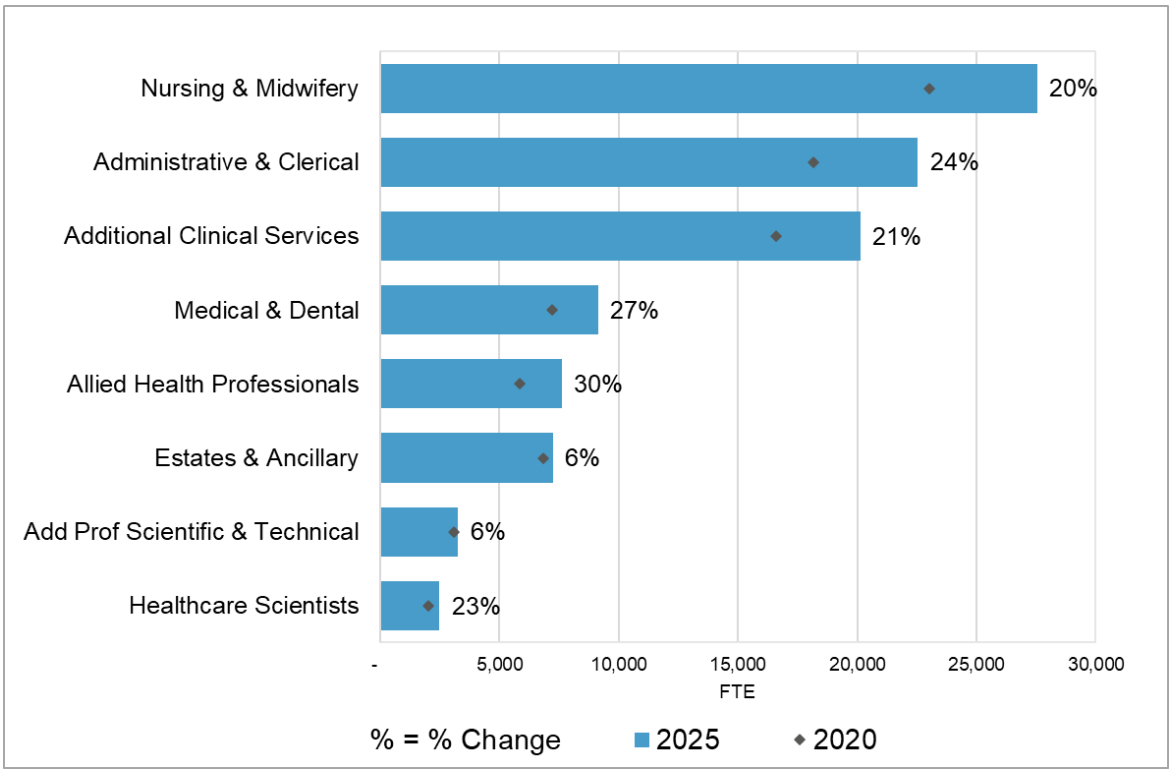
Graph 2 shows the FTE and percentage change in the different staff groups between March 2020 and March 2025.

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%.

Table 11 - 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.

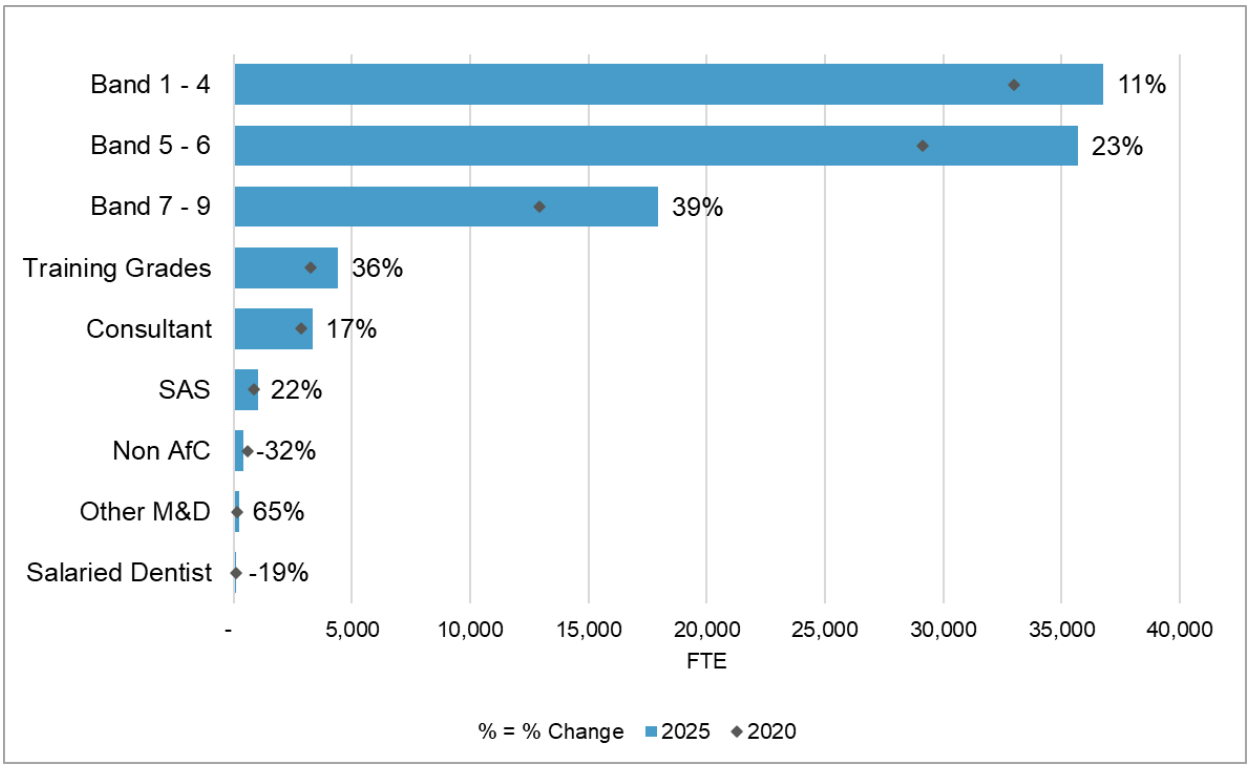
The largest proportional increase in workforce FTE between 2020 and 2025 was seen in Agenda for Change (AfC) Bands 7–9, which grew by 39%. This reflects an expanding senior clinical and managerial workforce, consistent with increasing complexity in service delivery.

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.

Table 12 - 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.

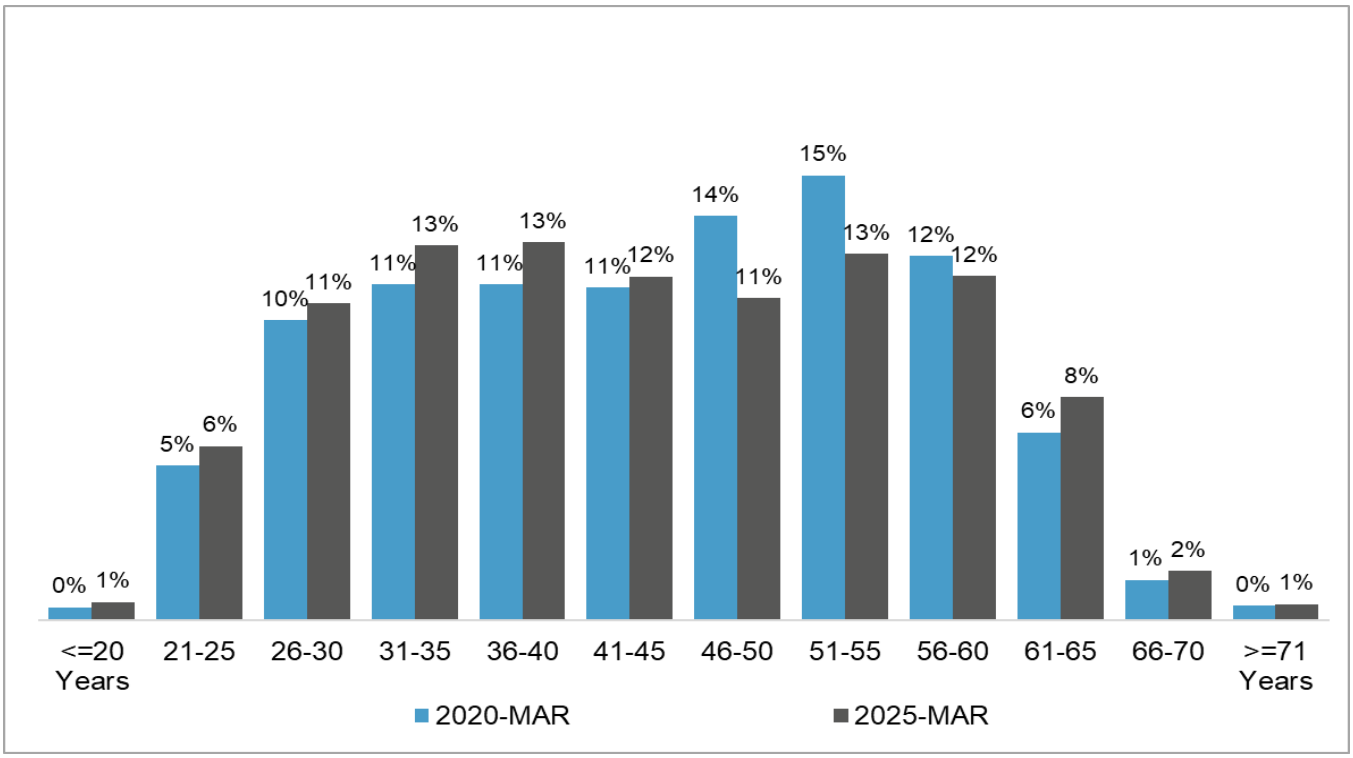
The age distribution of the NHS Wales workforce has shifted slightly between March 2020 and March 2025, with a gradual increase in both younger and older age groups.

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.

Table 13 - 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.

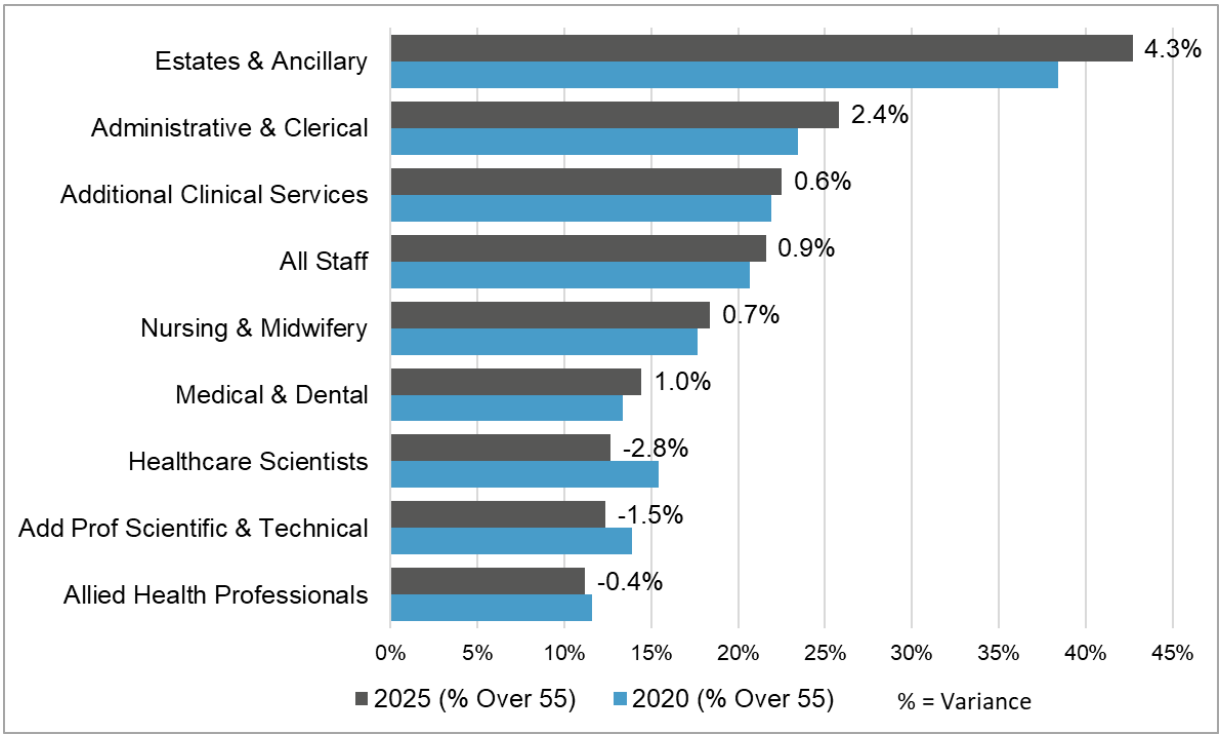
The most notable increase occurred in the Estates & Ancillary workforce, where the proportion of staff over 55 rose by 4.3 percentage points, reaching over 40%. Administrative & Clerical roles also saw a significant increase (+2.4%), contributing to an ageing profile in key non-clinical functions.

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.

Table 14 - Staff 55 and Over Comparison – March 2020 and March 2025



DATA SOURCE: ESR DW

Percentage of staff who retire and return

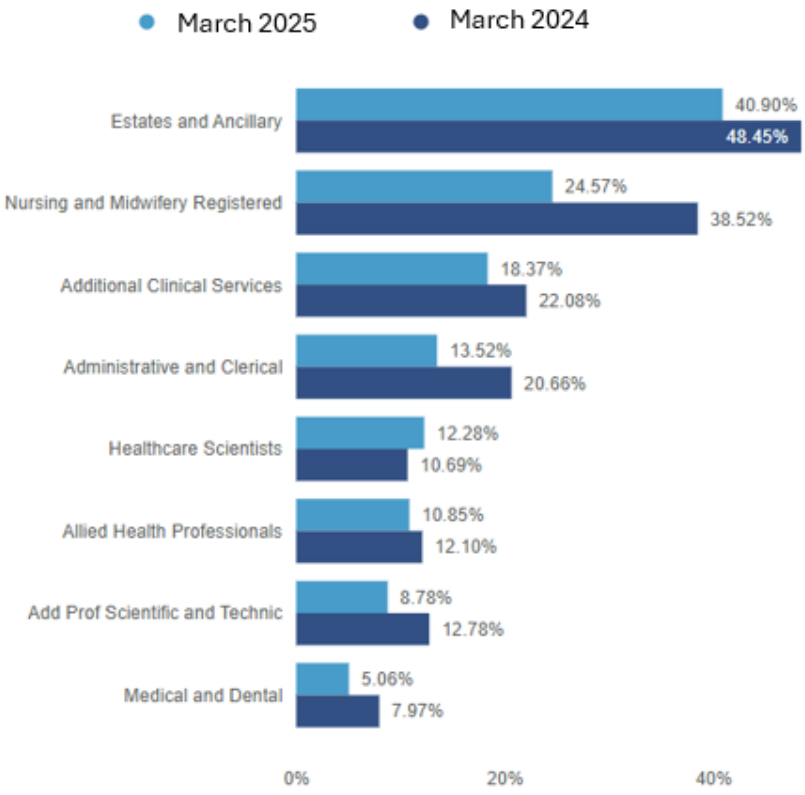
The graph illustrates the percentage of staff who retire and return back into the workforce over a 12 month period. Comparing the last 12 month to the previous 12 months.

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.

Table 15 - 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.

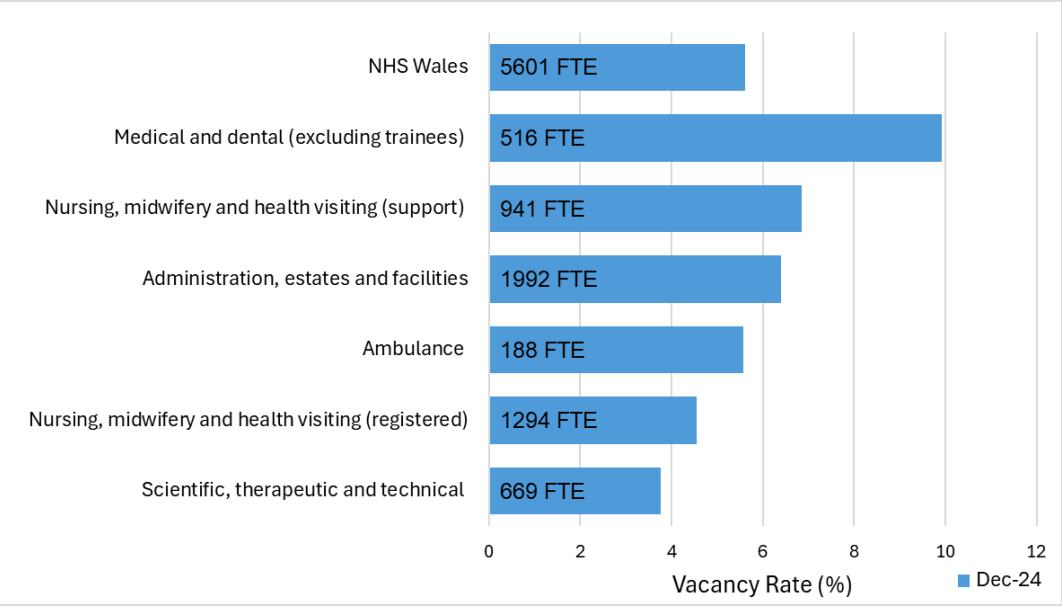
The highest vacancy rate was observed within the Medical and Dental (excluding trainees) group, at approximately 10%, equating to 516 FTE. This highlights ongoing recruitment and retention challenges within key clinical specialties.

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.

Table 16 - 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.

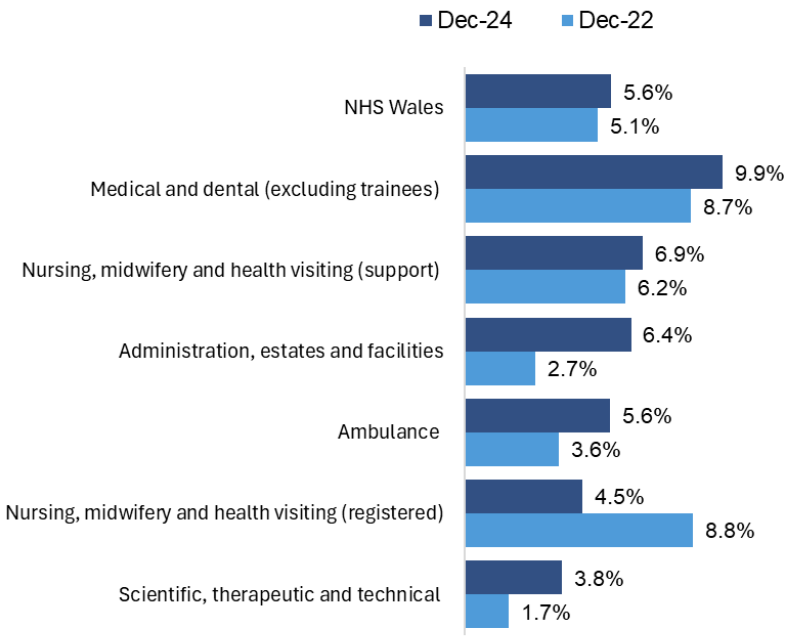
The Medical and Dental (excluding trainees) category saw the highest vacancy rate in both years, increasing from 8.7% to 9.9%, reflecting persistent recruitment challenges in this area.

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.

Table 17 - Vacancies rate by staff group 2022 vs 2024



DATA SOURCE: STATSWALES

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.

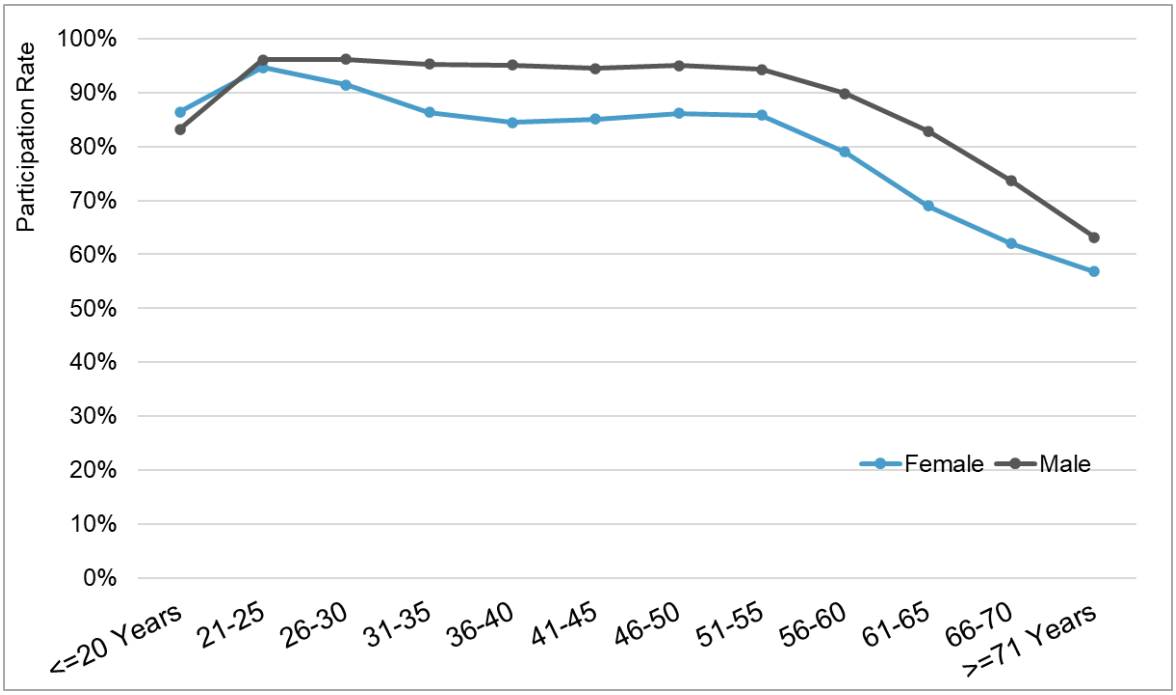
From age 21–55, male participation remains relatively stable at around 95%, whereas female participation dips below 90% from age band 31-35. Both male and female a gradual decline from the age band 56 onwards. By age 66–70, female participation falls to 57%and males, 63%.

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%.

Table 18 - 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).

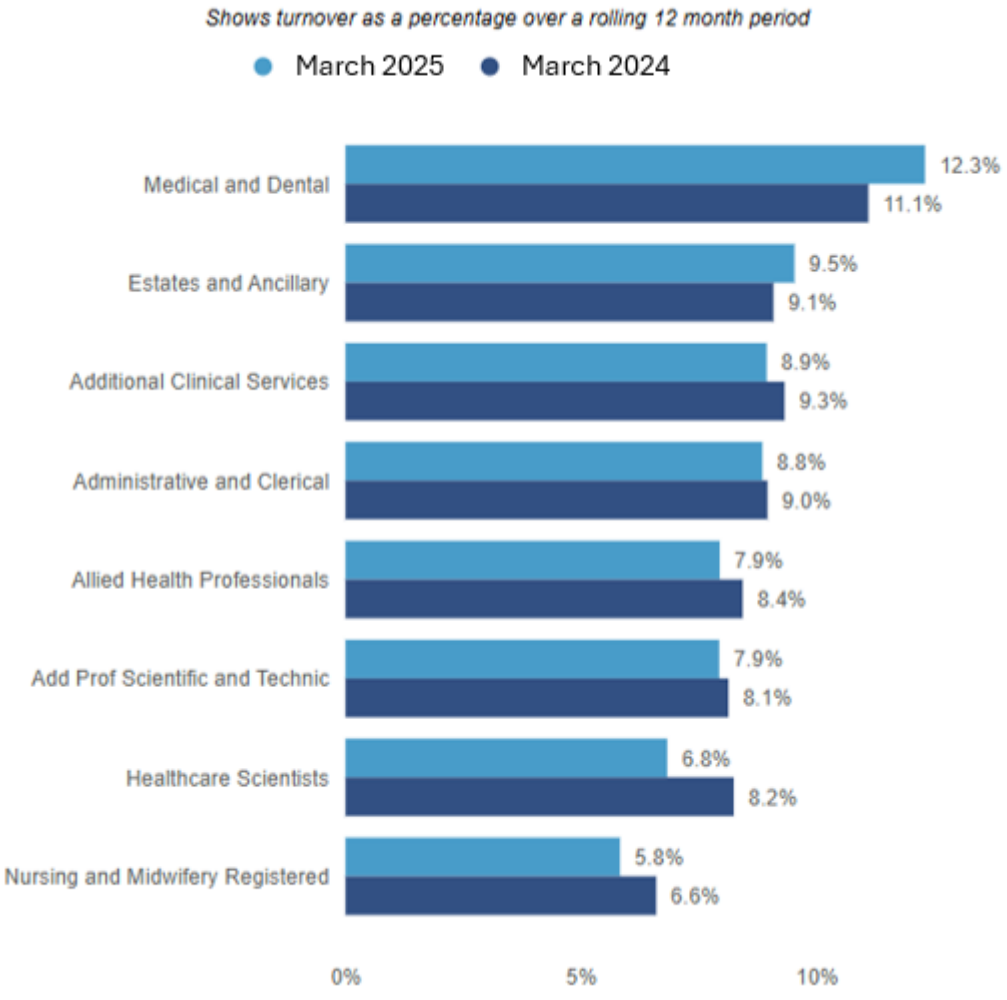
Turnover by staff group - March 2024 vs 2025

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.

Table 19 - 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.

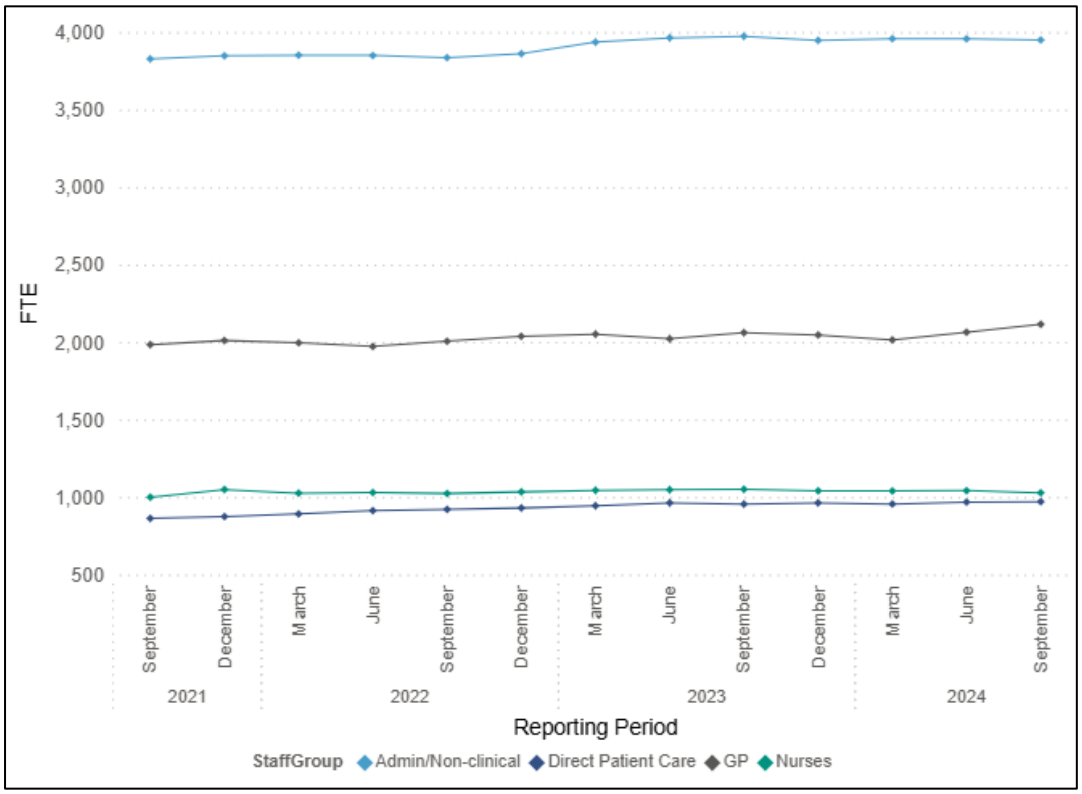
Historic trend of the General Medical Service

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.

Table 20 - GP and Wider Practice Staff by Headcount – 2021 to 2024



DATA SOURCE: WG STATSWALES

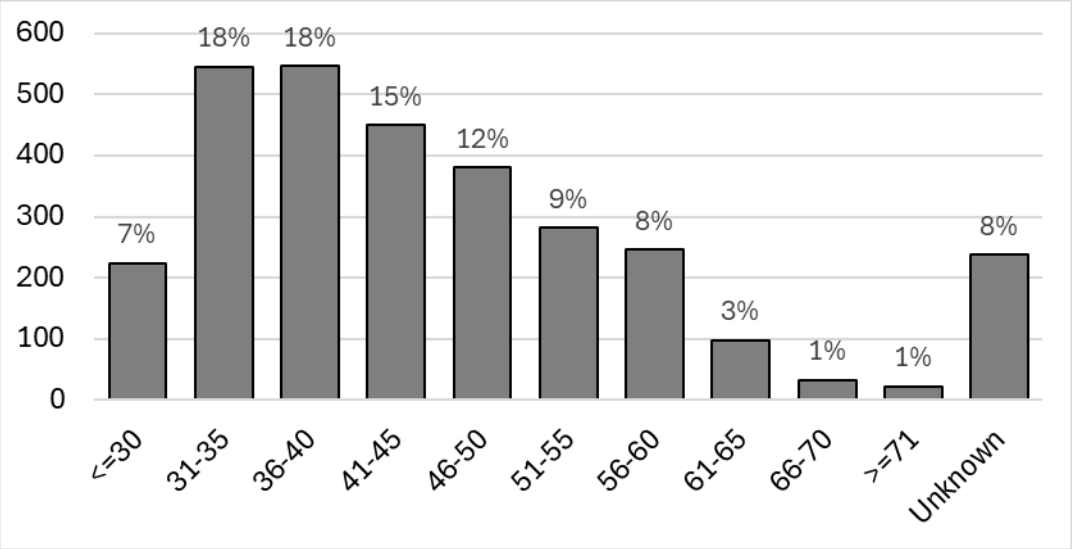
Age profile of the GP workforce

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.

Table 21 - 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.

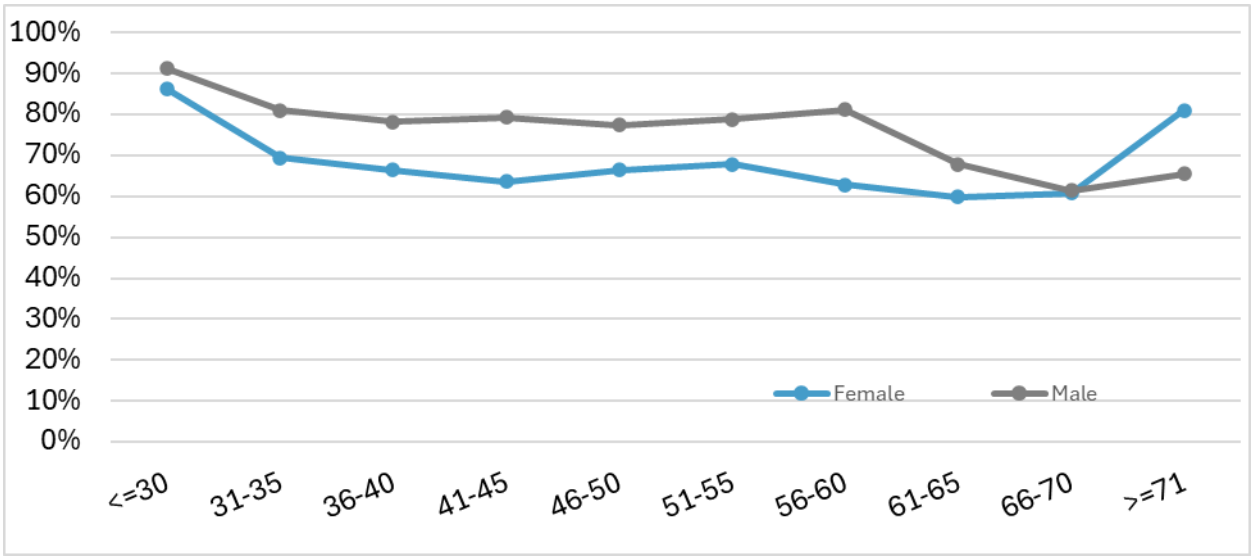
Participation is highest in the youngest age group (<=30), where both male and female GPs show near full participation.

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.

Table 22 - 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.

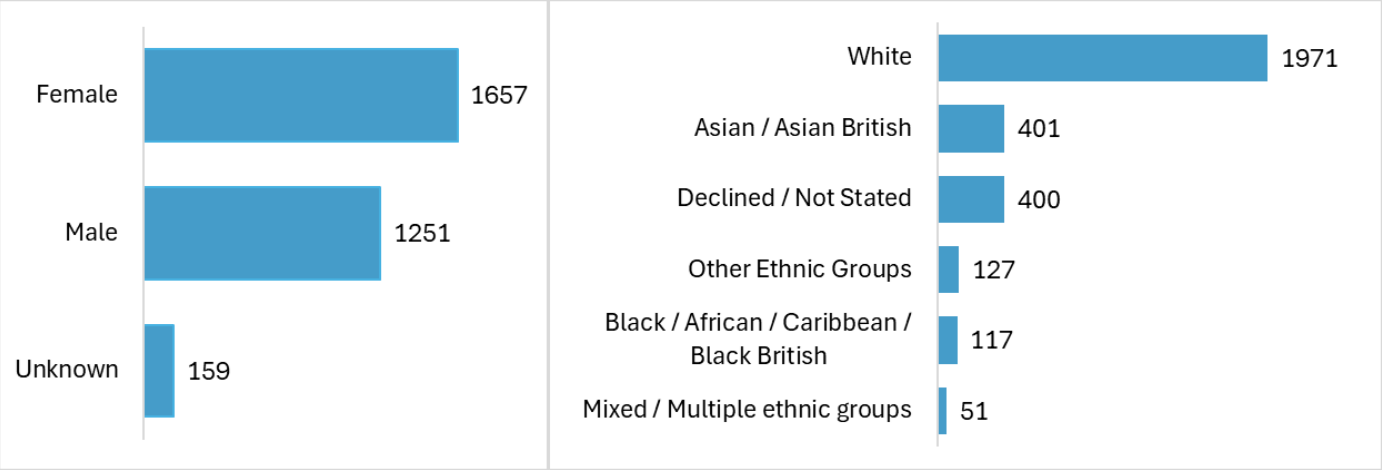
Of the current workforce recorded in the latest period, 57% identified as female (1,657), 43% as male (1,251), and 5% did not state or had unknown gender recorded (159). This is broadly consistent with the gender profile of the wider NHS Wales workforce, which remains predominantly female.

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.

Table 23 - 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 billion[5].

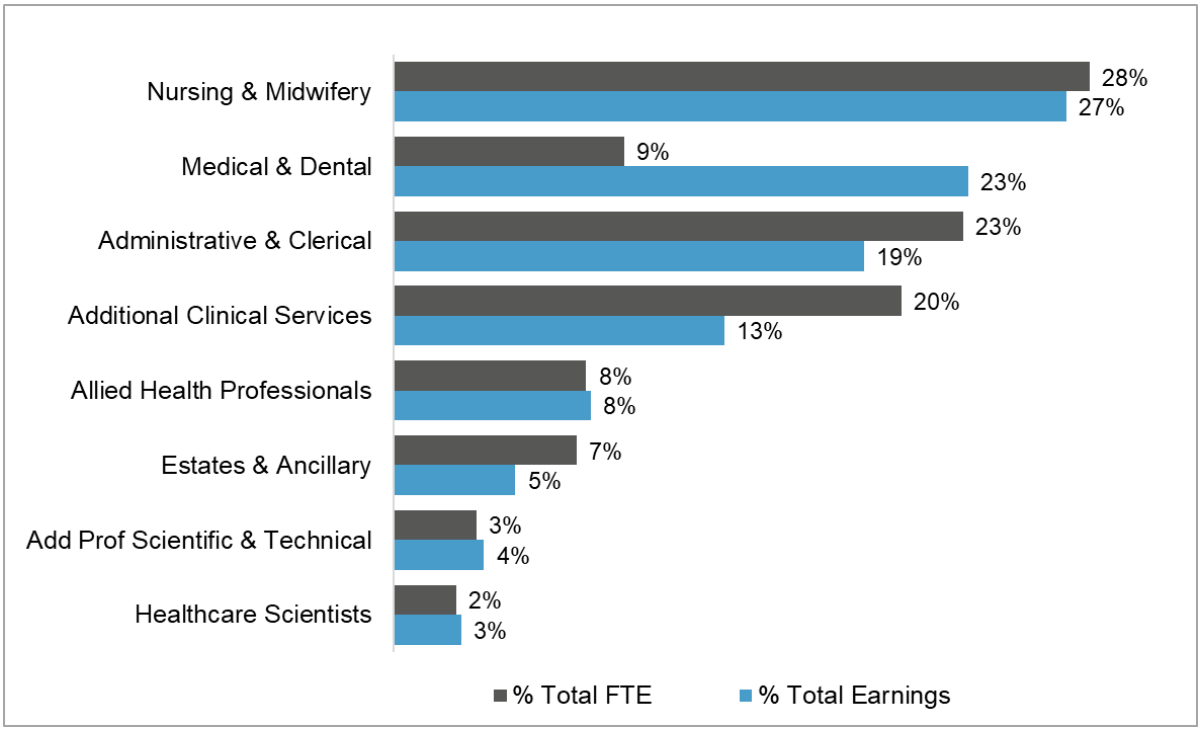
Cost of the Current NHS Wales Workforce

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.

Table 24 - Percentage of FTE & Total Earnings by Staff Group March 2025



DATA SOURCE: ESR DW

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.

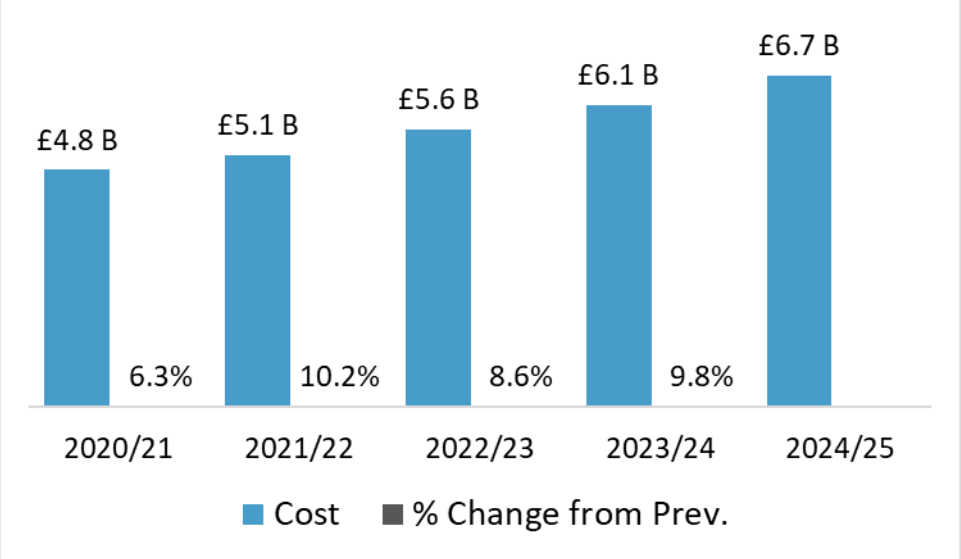
[5] NHS Wales Financial Monitoring reports – Pay Bill

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.

Table 25 - Annual Pay Bill 2020/21 – 2024/25



DATA SOURCE: NHS WALES FINANCIAL MONITORING RETURNS.

NHS Wales Sickness Absence

Monthly Sickness Absence

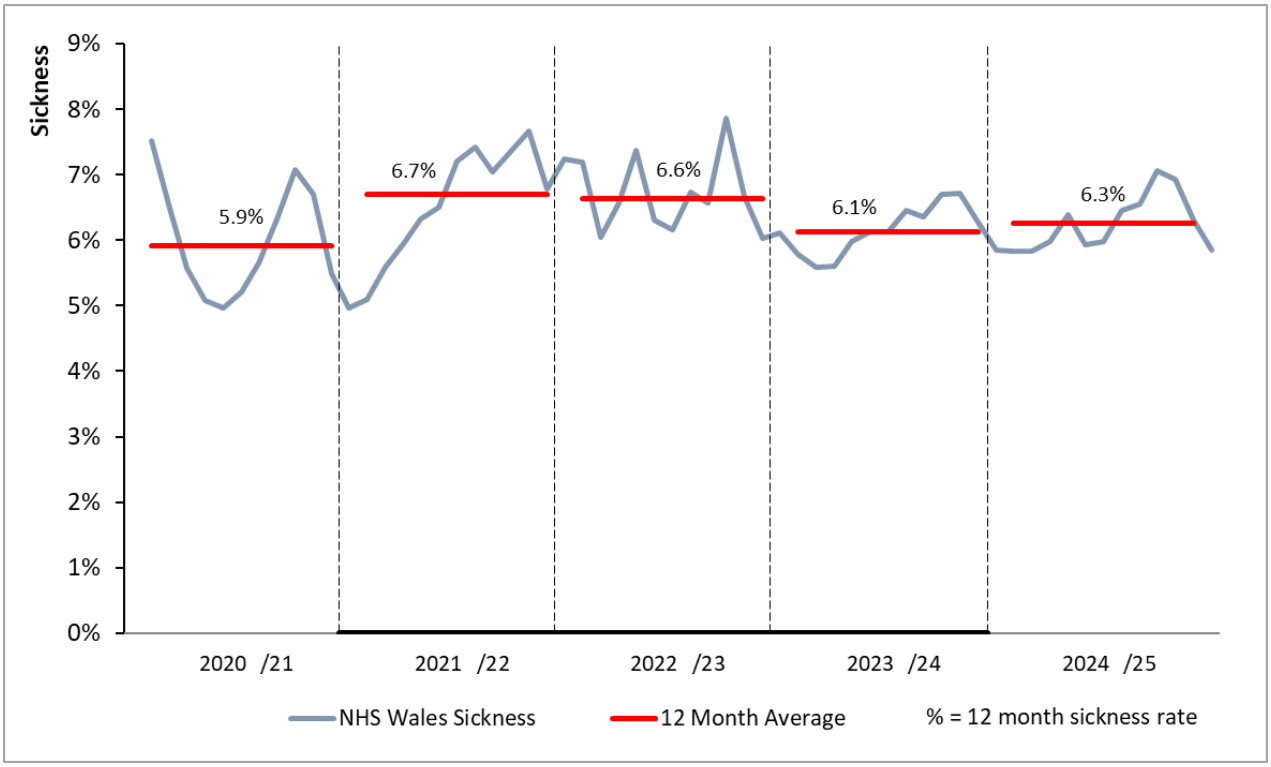
The sickness graph below shows NHS Wales monthly sickness absence rate from April 2020 to March 2025 for all staff groups. The red line indicates the 12-month average sickness absence rate for the financial year.

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.

Table 26 - NHS Wales Sickness, all staff groups: 2020/21 – 2024/25



DATA SOURCE: ESR DW

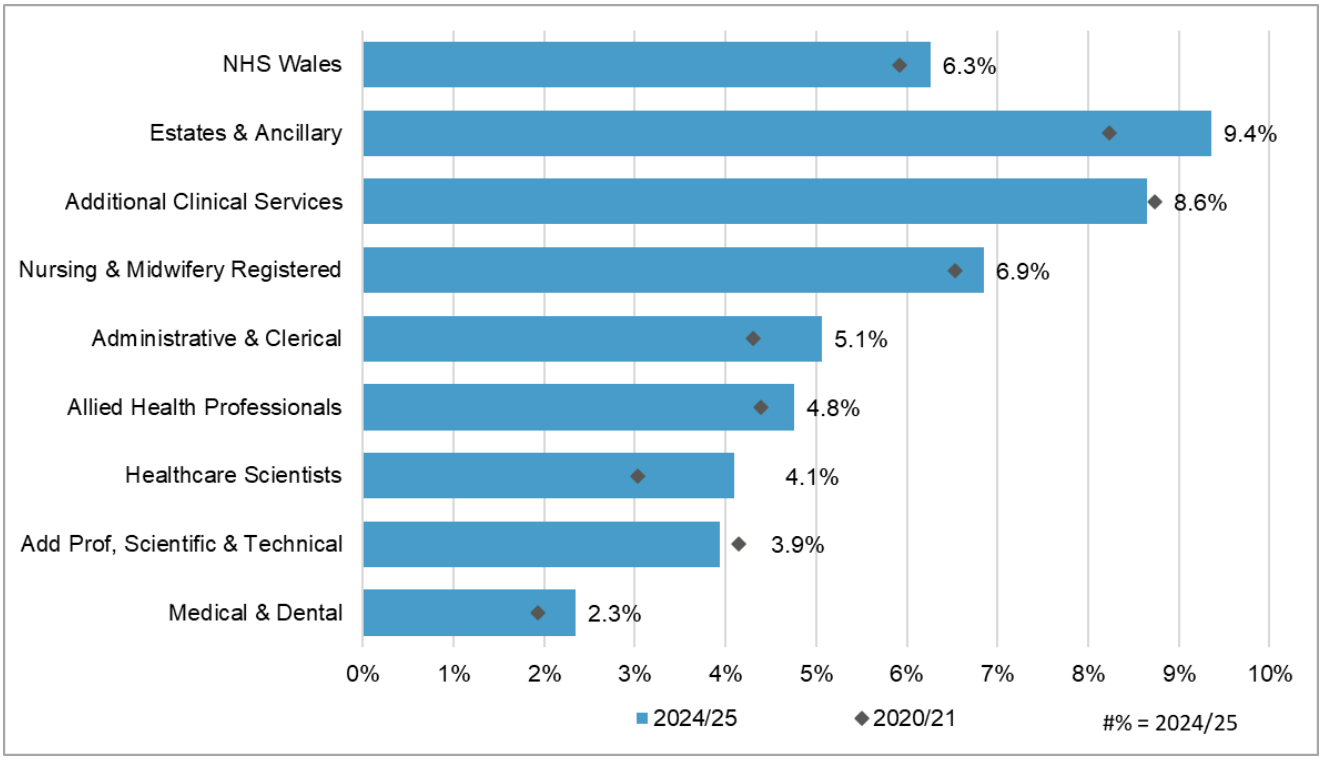
Sickness by Staff Group

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.

Table 27 - 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.

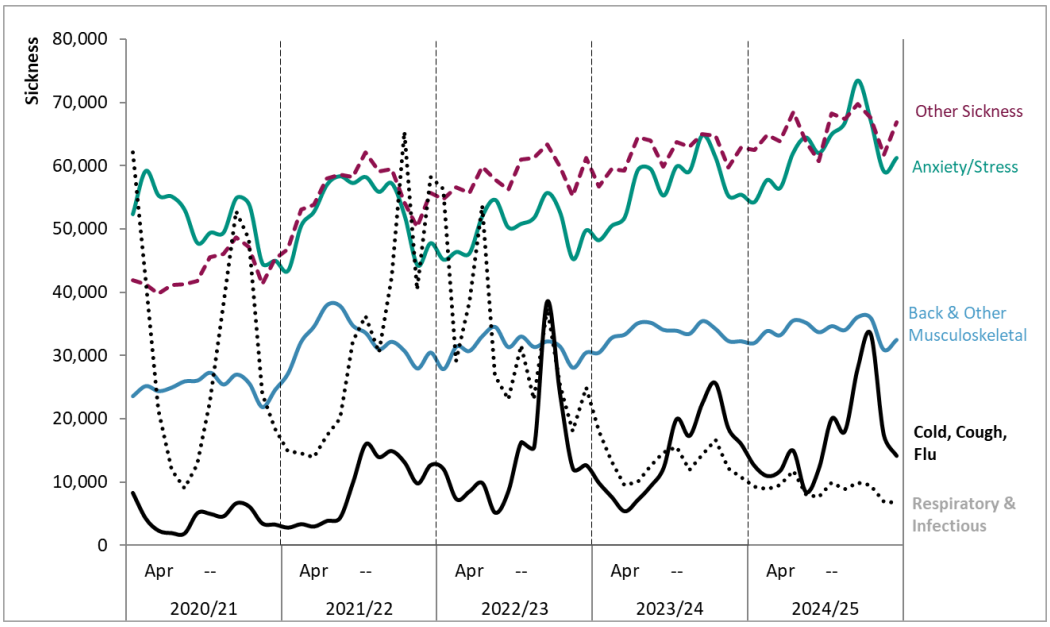
Musculoskeletal issues, particularly back and other conditions, have remained consistently high across the period.

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.

Table 28 - 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.

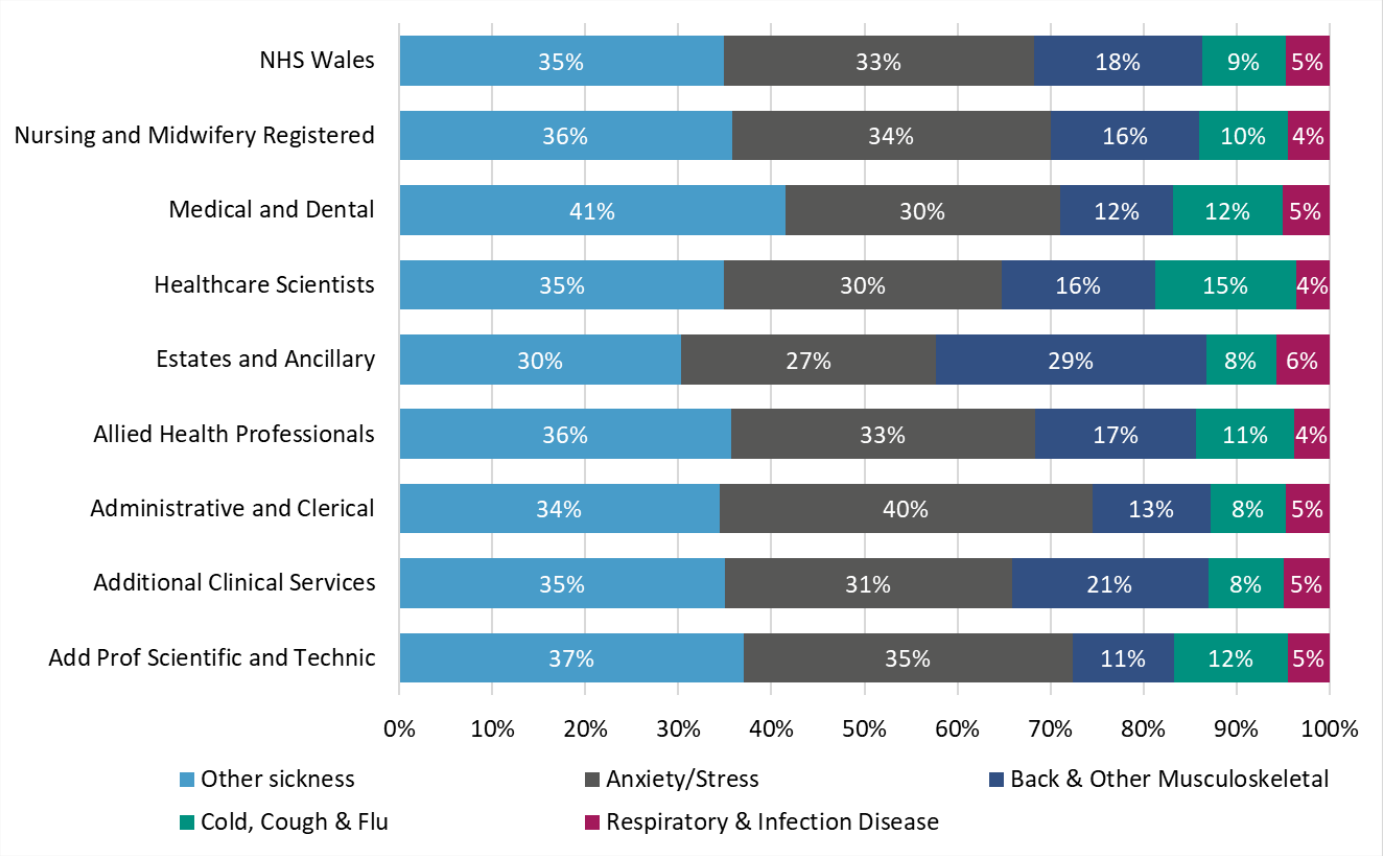
'Other sickness' accounts for 35% of all absences across NHS Wales. This ranged from 30% in Estates and Ancillary to 41% in Medical and Dental.

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.

Table 29 - 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)

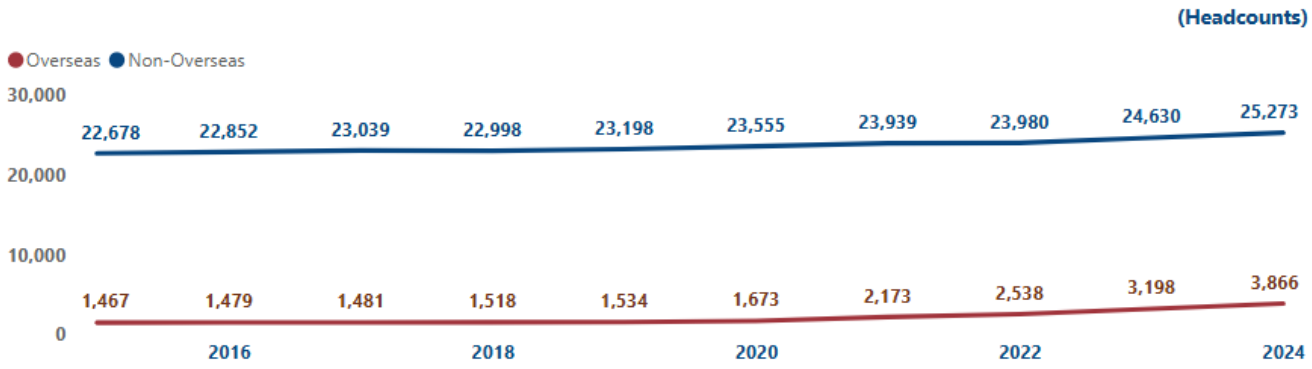
This graph shows the headcount of nursing staff in NHS Wales over a ten-year period, split between those who trained overseas and those who trained within the UK (non-overseas). The blue line represents non-overseas nurses, while the red line shows overseas-trained staff.

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.

Table 30 - Number of Overseas and Non-Overseas Nurses in the last 10 years



DATA SOURCE: ESR DW

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

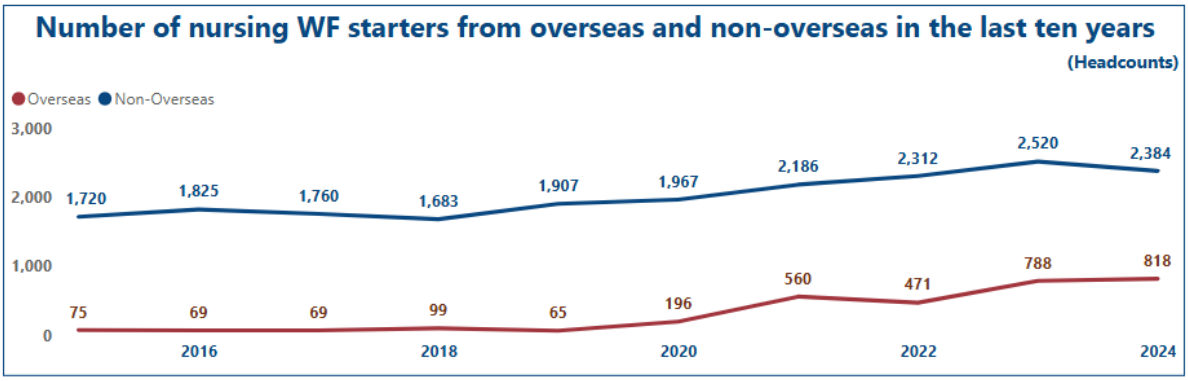
This graph displays the number of new nursing workforce starters in NHS Wales each year over the last decade, split by whether they trained overseas (red line) or in the UK (blue line).

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.

Table 31 - Number of Nursing Workforce Starters from Overseas and Non-Overseas (2015–2024)



DATA SOURCE: ESR DW

Nurse Vacancy figures

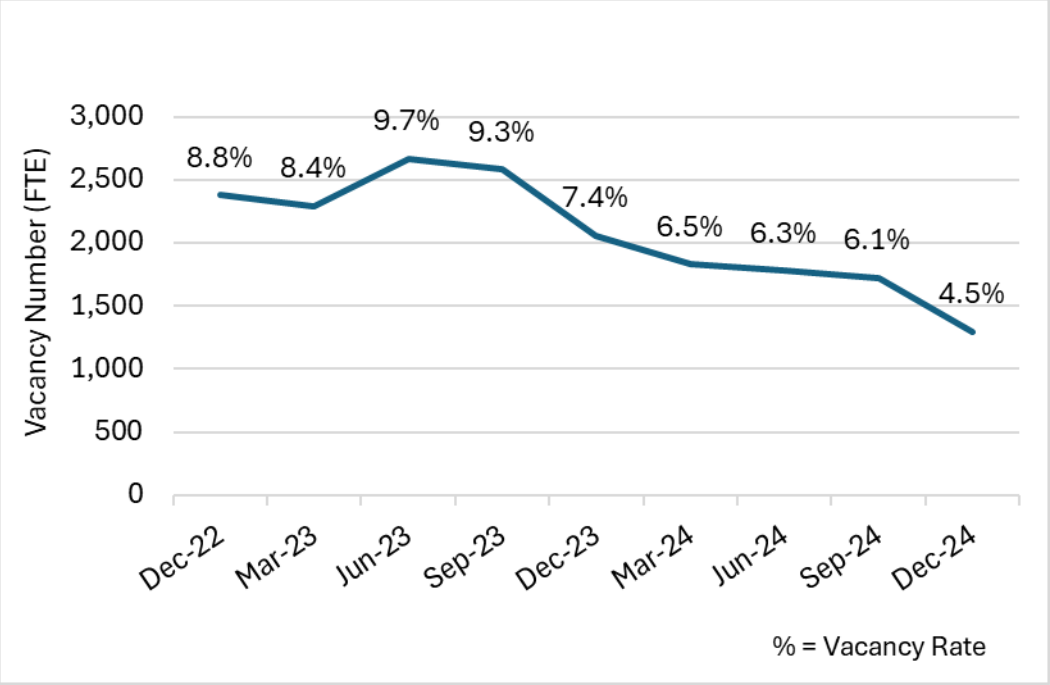
This graph tracks both the number of nursing vacancies (y-axis) and the corresponding vacancy rate (%) across NHS Wales over a two-year period.

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.

Table 32 - Number and percentage of vacancies in the Nursing workforce



DATA SOURCE: WG STATSWALES

Overseas Adult Nursing commissioning

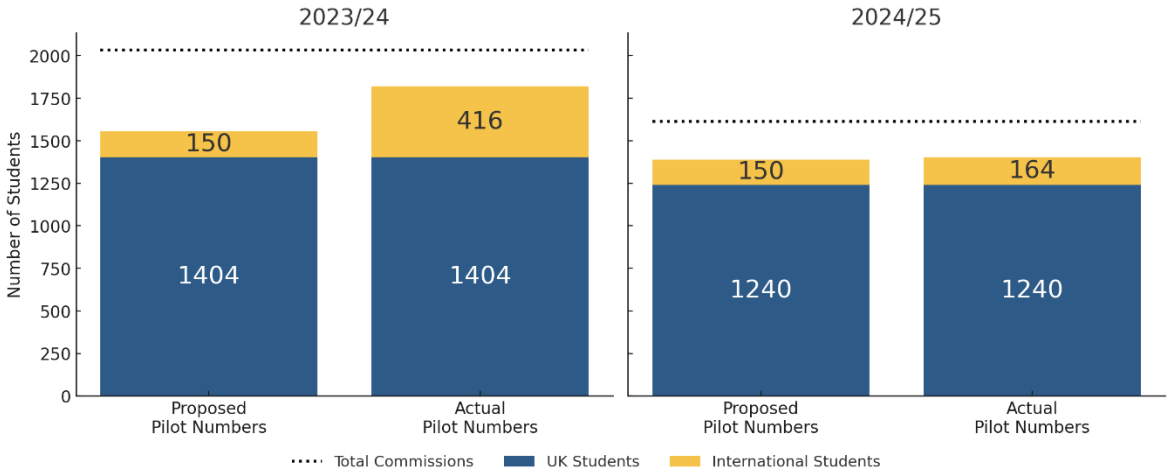
This graph shows the number of adult nursing students in Wales who filled commissioned education places, split by UK and international students, for the academic years 2023/24 and 2024/25.

The graph illustrate 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 decline in domestic applications.

Table 33 - 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

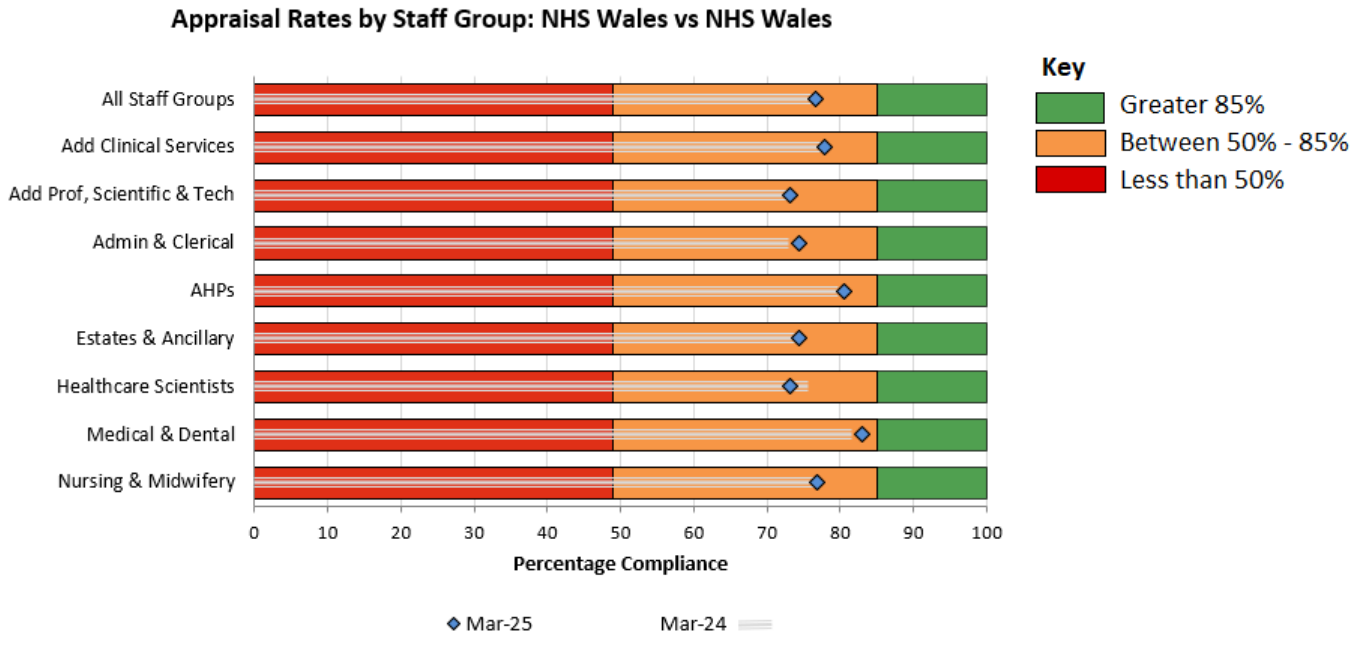
Appraisal Rates are based on the percentage of headcount of staff who have had a PADR/Medical Appraisal in the previous 12-month period - excluding doctors and dentists in training.

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 (≥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%.

Table 34 - Appraisal Compliance by Staff Group – March 2024 and March 2025



DATA SOURCE: NHS WALES PERFORMANCE DASHBOARD MARCH 2025

Statutory and Mandatory Training Compliance

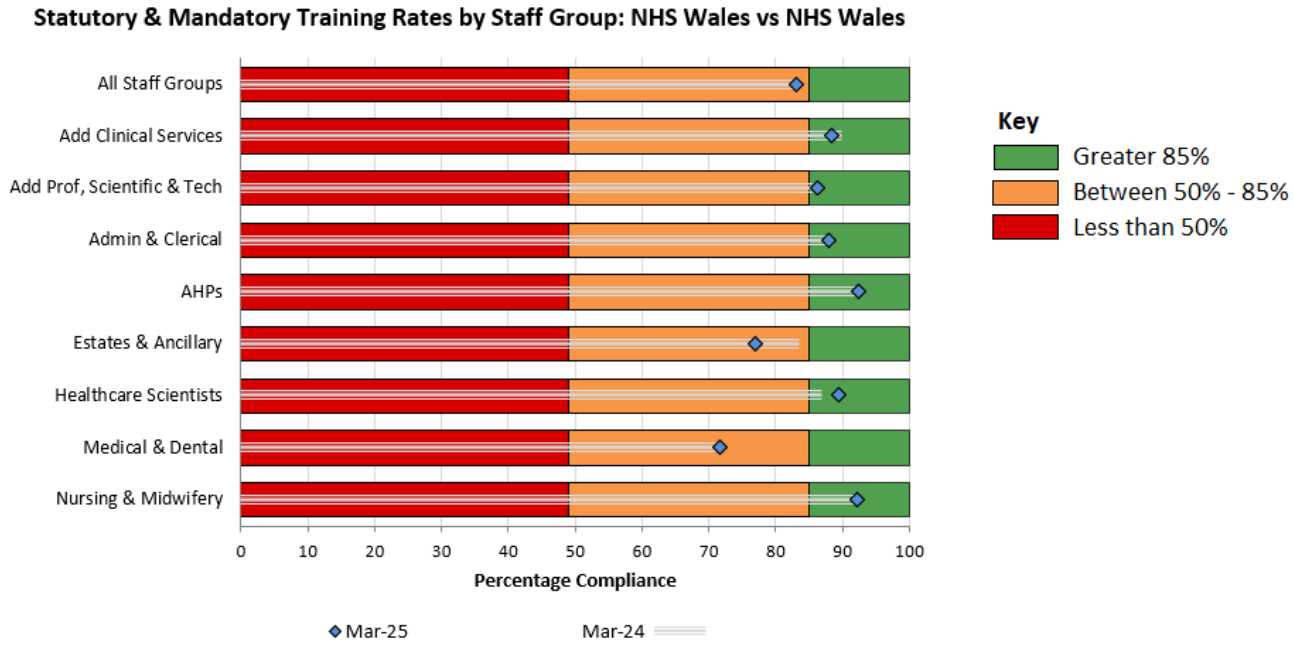
NHS Wales organisations by law need to ensure that all employees undertake statutory and mandatory training. There are 10 agreed Level 1 competencies within the Core Skills and Training Framework (CSTF). See Appendix 1, Table 3 for a breakdown of modules included in the CSTF.

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 (≥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%.

Table 35 - 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

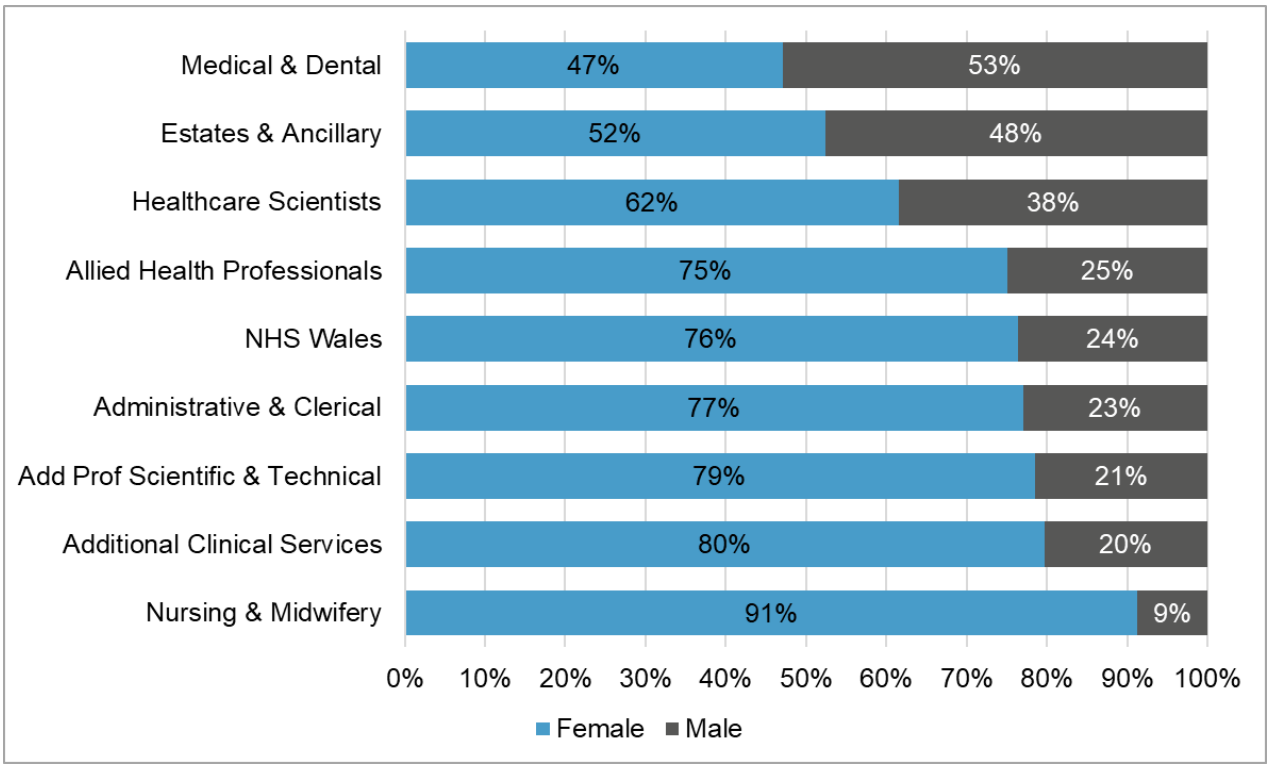
Based on NHS Contracted staff in post as of March 2025, this section looks at Gender, Nationality, Welsh Language Skills, Ethnicity, Disability and Sexual Orientation.

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.

Table 36 - Gender Profile by Staff Group – March 2025



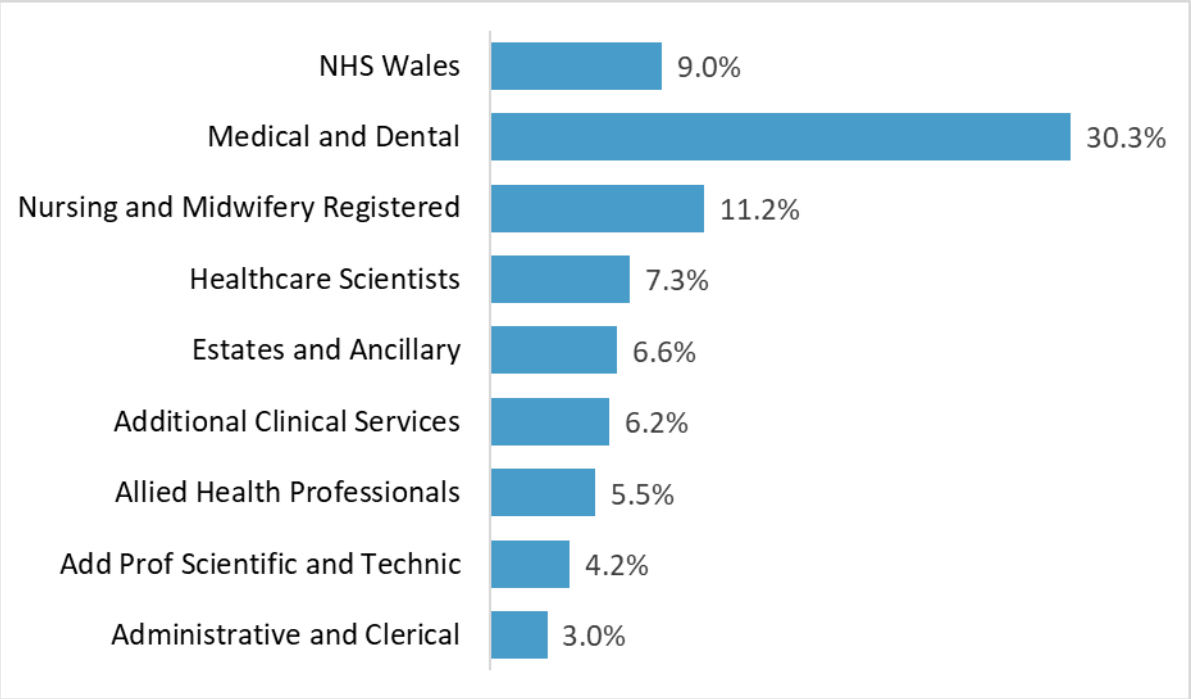
DATA SOURCE: ESR DW

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%.

Table 37 - 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.

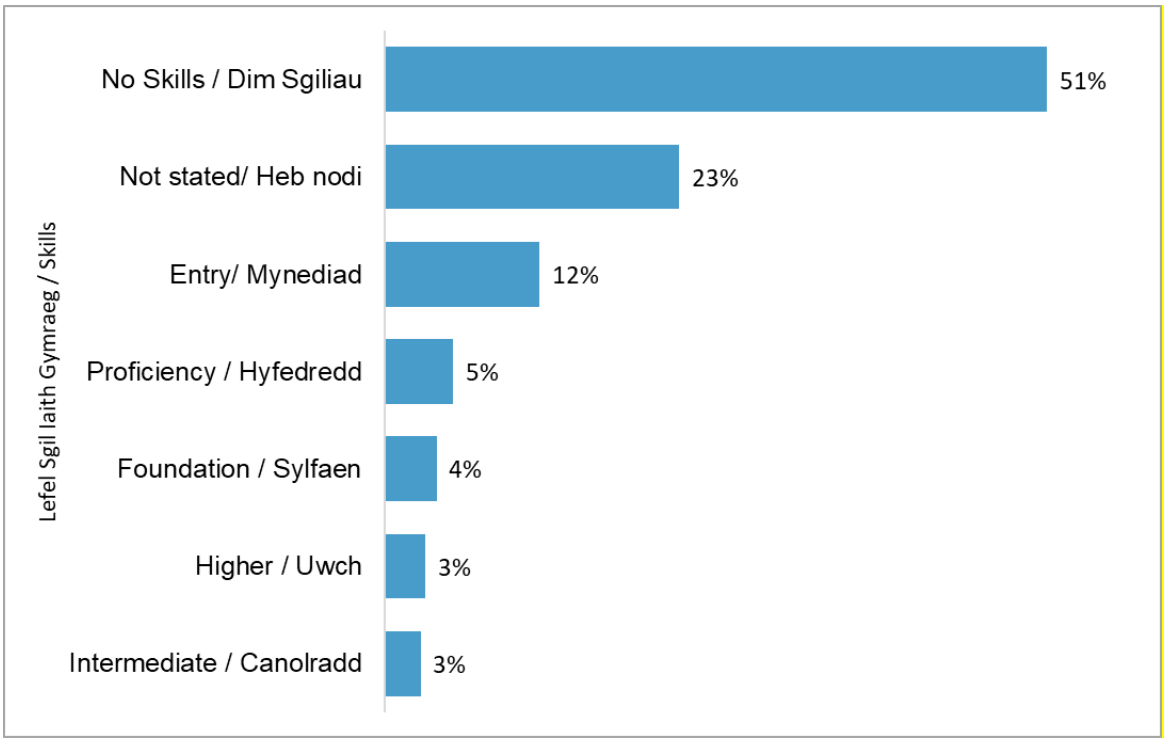
Welsh Language Skills

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.

Table 38 - Welsh Language Competence – March 2025



DATA SOURCE: ESR DW

Ethnicity by Staff Gorup

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

Ethnic categories are based on the definitions specified in the NHS Data Dictionary[6]. 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.

[6] Based on NHS Data Dictionary - https://www.datadictionary.nhs.uk/data_dictionary/attributes/e/end/ethnic_category_code_de.asp

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.

Table 39 - 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

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.

Table 40 - 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%.

Table 41 - 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

Chapter 8 - Workforce Data

(Annex 3) contains the following information on staff in post, by staff group and grade summary. This information on staff earnings per FTE, per employee on basic salary, additional salary and total earnings. We are not currently able to supply this data in the same format as NHS Digital. The information covers,

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

Turnover rate is defined as the number of leavers within the given period, divided by the mean number of staff in this same period. NHS Leavers Rate is defined as the number of leavers within the given period, divided by the number of staff in post at the beginning of the data period. When an individual leaves a permanent or fixed term contract during the year and they do not appear as an employee with a permanent or fixed term contract the following year (or at the beginning of the data period), either within the same organisation or within a different NHS Wales organisation, they are classed as a leaver.

Chapter 9 – Workforce Planning Context for Wales

HEIW has reviewed the Census 2021 data to assess changes to workforce supply and availability. The number of people aged over 85 is estimated to grow by 55% by 2037, bringing, increasing demand for healthcare services with conditions including dementia, diabetes and heart disease becoming more common, and requiring coordinated efforts across health and social care systems. Additionally, the proportion of people living with multiple health conditions (multimorbidity) is increasing and the age at which people are acquiring multiple conditions is falling. It is also widely recognised that the impact of changing health needs within the population and the ambition to provide care closer to home will require a reconfiguration of the workforce to meet the service needs.

Wales has an ageing population and a shrinking younger population. The number of people in Wales aged 65 years or older is projected to increase by 19.6% to 806,000 between 2022 and 2032 and reach over one million by 2060. The population of Wales is also projected to grow by 8.6% by 2050 – driven predominantly by immigration, again increasing demand for healthcare services where a global shortage of healthcare professionals is expected to peak at around 11 million by 2030.

The number of people aged 18, and therefore entering the working age, is due to increase by 3,274 (9.1%) in 2029, before falling sharply by 7,720 (19.7%) in 2041. This presents challenges for future workforce supply and is likely to mean fewer numbers of young people available to enter higher education and the workforce over the next two decades. Universities Wales figures demonstrate that Wales has the lowest proportion of 18-year-olds applying for university in the UK (32% in 2025) and Wales is experiencing a fall in people staying in full-time post-16 education. A-Level participation rates in Wales are significantly lower than in England, with just 33% of young people studying A-levels compared to 47% in England.

NHS Wales has made real progress to grow the NHS workforce and training pipeline over recent years, however our ability to continue to grow workforce supply in terms of numbers, will be impacted by population factors including changes to the proportion of the younger population impacting student recruitment, alongside a challenging financial position. The age distribution of the NHS Wales workforce has shifted, 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, suggesting improved recruitment at entry level and continued retention 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. In contrast, the proportion of staff in the 46–55 age band (previously the largest group), has declined from 29% to 24%. These trends have implications for workforce planning, particularly around succession, training needs, and flexible working policies.

Workforce participation rates remain high for both males and females up to age 50 with an 80% participation rate across the age bands. Between ages 21 to 55, male participation rates remain relatively stable at around 95%, whereas for females this dips below 90% from age band 31-35. For

both males and females, there is a gradual decline from the age 56 onwards and by 66–70, female participation falls to 57% and to 63% for males.

We continue to experience recruitment challenges across several services identified as being fragile including psychology, mental health, therapies, cardiac physiology and biomedical science. Retention challenges remain, with high levels of retirements expected across professional groups including Estates and Ancillaries due to the age profile of the workforce, together with national shortages and competition from the private sector in areas including digital. Recent reduction in nursing vacancies, following effective attraction and retention work is enabling NHS organisations to focus on developing the training and recruitment pipeline in other areas including medical, allied health professionals and healthcare science. It should be noted, however, that nursing shortages still exist, especially within learning disabilities and mental health, particularly for rural and coastal areas of Wales.

Changes in working behaviours are being driven by the integration of digital technologies transforming how work is done and requiring employees to develop new skills and adapt to new tools and processes. The rise of remote work and flexible working arrangements have also significantly impacted working behaviours, requiring employees to be more self-directed and adaptable. Increasingly, we are seeing workers across the different generations choosing to work part-time or reduce their hours to manage their health and other commitments e.g. there is a growing trend for NHS who are seeking greater flexibility and work-life balance.

Organisations continue to cite the importance of wellbeing with a greater focus on mental health and stress management and digitalisation enabling greater flexibility being offered in the broadest sense. It is likely that traditional or hierarchical organisational structures will become a-typical, with an increase in contingent workers no longer tied to one organisation. We also anticipate that in the future, workers will be encouraged and even expected to work flexibly, deploying knowledge, skills and experience wherever and whenever it is needed – across borders, boundaries and systems enabled by technological innovation and integration.

Workforce Strategy Goals and Progress

'A Healthier Wales: Our Workforce Strategy for Health and Social Care' sets out the ambition to have a motivated, engaged and valued health and social care workforce with the capacity, competence and confidence to meet the needs of the people of Wales. The strategy has 32 actions across seven themes, with well-being, inclusion, and the Welsh language woven through all that we do.

Despite the ongoing challenges faced by the health and social care sector, we've made progress, in partnership and collaboration with key partners including employers, unions, the workforce, and stakeholder and national bodies, demonstrating our collective responsibility to deliver on the ambition of the strategy and support the workforce. Our ambition is to have a **motivated**, **engaged**

and **valued**, health and social care workforce, with the **capacity**, **competence** and **confidence** to meet the needs of the people of Wales.

Specifically, this means that we'll have a workforce,

- with the right values, behaviours, knowledge, skills and confidence to deliver evidence-based care, and support people's well-being as close to home as possible
- in sufficient numbers to be able to deliver responsive health and social care that meets the needs of the people of Wales
- that is reflective of the population's diversity, Welsh language and cultural identity
- that feels valued and is valued

Since we published the Workforce Strategy for Health and Social Care on 22 October 2020, further plans and strategies, including the Minister's National Workforce Implementation Plan: Addressing NHS Wales Workforce Challenges and the Social care workforce delivery plan 2024 to 2027, and individual organisational plans which have been developed and progressed which contribute to the overall ambition of the workforce strategy and carry their own governance oversight arrangements, including performance reporting through appropriate mechanisms.

Looking forward, in 2025/6 planning cycle, Welsh Government asked HEIW to work with them to scope the parameters for a long term workforce plan. We believe the NHS England 10 year plan, informs an ongoing and iterative discussion about the future shape of care, work and education – and how to achieve the right balance between them, to deliver the best possible care, with a key focus on digital technology.

We also recognise that there are going to be fewer younger people available to care for the older population, and so our opportunities for workforce supply will also change, as will the way they work, train and view work. The reliance on international colleagues to support our services is also a risk, particularly in the context of a global health workforce shortage. The workforce plans we're currently implementing can only realistically look two to three years ahead. While they're focused on improvement and innovation, they can't be truly transformative unless we look further into the future and take steps to,

- deliver a future of stability and consistent supply of workforce to better meet demand – reducing gaps and deficits
- prompt critical discussions about the future shape of care, work and education – fuelling the case for transformation
- build in agility and flexibility to our short-term actions because the future starts now
- effectively plan a workforce that can support the shift to prevention agenda as well as respond to rapid advances in treatment and technology – a "more and different" approach
- prepare for the predicted reduction in working age population and the rapid change in the ways people wish to work
- promote the value and importance of the workforce across political cycles, enhancing attraction, recruitment and retention.

In the strategy, we acknowledged that what we spend on our workforce is not a cost, but an investment.

Progress Against Workforce Plans

As the national strategic workforce organisation for NHS Wales, we play a lead role in the development of strategic workforce plans. There are currently 8 National Strategic Workforce Plans across NHS Wales, the table below provides a high-level update on progress to date.

Service /Profession	Current Position	Next Steps
Strategic Mental Health Workforce Plan for Health and Social Care.	Launched November 2022, the final year of implementation (year 3) is progressing to plan. Further details and annual report are found **here**	Complete year 3 and assess the next steps for the mental health workforce, in line with the new WG Mental Health and Wellbeing strategy launched April 2025.
Strategic Pharmacy Workforce Plan	Implementation of the plan commenced in 23/24. Detailed progress can be found here: Strategic Pharmacy Workforce Plan - HEIW	Working in collaboration with partners across the system, implement of the plan continues in 2025-2026 including steering a national work group to provide an accurate and complete picture of the pharmacy workforce, and produce a long-term workforce plan for Pharmacist demand, to enable discussions about number of funded clinical placements for MPharm.
Strategic Workforce Plan for Primary Care	The Strategic Workforce Plan for Primary Care was launched in May 2024. The plan can be found: https://heiw.nhs.wales/workforce/strategic-workforce-plan-for-primary-care/	In its first year (2024–2025), the plan has already delivered measurable progress and year 2 will build on this momentum, delivering prioritised actions
Strategic Dental Workforce Plan	The Strategic Dental Workforce plan has been launched as a companion to the Primary Care Workforce Plan with a range of actions across both plans applicable to the dental workforce. The plan can be found at:	A number of actions from the plan were completed as scheduled during 24/25, with the remaining actions continue to be delivered in a phased approach with key partners. The plan will evolve to meet the demands of the workforce in line with dental system and contract reform.

Service /Profession	Current Position	Next Steps
	https://heiw.nhs.wales/workforce/dental-strategic-workforce-plan/	
Strategic Perinatal Workforce Plan	The Strategic Nursing Workforce Plan was formally published in July 2025. The plan can be found here:https://heiw.nhs.wales/workforce/strategic-perinatal-workforce-plan/	A national launch event is scheduled for Autumn 2025. Implementation activities have now commenced across relevant services and with partner organisations
Strategic Nursing Workforce Plan	The Strategic Nursing Workforce Plan was launched in March 2025. The plan can be found here: https://heiw.nhs.wales/workforce/strategic-nursing-workforce-plan/	Implementation of the plan has commenced
Diagnostic Workforce Solutions Plan – Short Term	The diagnostic plan set out actions over two years to support the delivery of the Diagnostics Recovery and Transformation Strategy for Wales 2023.	The plan concluded in March 2025
Genomics Workforce Plan	Plan launched on 15th November 2024. More information about the plan here: https://heiw.nhs.wales/workforce/strategic-workforce-plan-for-genomics/	A total of 20 actions have been prioritised for delivery in Year 1, covering both specialist roles and the wider NHS workforce in Wales.

Strategic Mental Health Workforce Plan for Health and Social Care

A key priority in the plan is to deliver workforce sustainability, and we are making significant progress. Across Wales in April 2025, we had 170.1 more full time equivalent (FTE) staff, and 127 less vacancies in adult mental health services than in December 2023.

We set an ambition to increase the number of commissioned training places including:

- 47 more mental health nursing places - a 20% increase by 2025
- 16 more occupational therapy places - a 10% increase by 2025

- 8 more doctorate psychology places - a 50% increase by 2025
- 8 additional core psychiatry training places each year from 2022 to 2025.

Mental health nursing commissions rose to 463 from 410 in 2021/22, however, while commissions have increased there have been challenges in relation fill rates and we are doing a number of things to improve this including:

- Targeted marketing campaigns including public transport and ‘digi-vans’
- Developing mental health specific content on Careersville
- Delivery of regular ‘get into nursing’ webinars supported by radio campaigns, and Supporting universities to raise the profile
- Increased the number of practice education facilitators in mental health settings as part of the plan’s implementation.

Our fill rate for core psychiatry education programmes have also improved; in 2025 there was a 100% fill rate. However, higher training post numbers have a greater variance year on year, so patterns can be more difficult to see. Higher Specialty Training recruitment has not kept up with Core Training recruitment – this has been seen at a UK level. The expectation has been that here will be a lag as post expansion in Core Training takes time to filter up. Higher Speciality Training recruitment has increased over the last 3 years, and from August 2025 there will only be one vacancy in higher training in Wales.

Nine Higher trainees achieved their CCT during 2024. Of those nine, seven have taken up consultant posts within the NHS in Wales, either substantively or as a locum. In 2025 eight higher trainees will complete their training. The majority have either taken up a consultant post or intend to do so.

Strategic Workforce Plan for Primary Care

Launched on 15 May 2024, the Strategic Workforce Plan for Primary Care sets out a clear five-year ambition: to match the workforce to population health needs and future service models, build sustainable multidisciplinary teams, address recruitment, retention and training priorities, drive innovation and digital transformation, and guide investment to strengthen collaboration across the system.

In its first year (2024–2025), the plan has already delivered measurable progress including:

- 30 new Dental Foundation Training Educational Supervisors trained.
- Foundation Doctor placements increased to 50% coverage.
- 150% rise in referrals to ABUHB’s “Help Me Quit” service following Optometry MECC Level 2 training.
- Over 100 primary care colleagues completed leadership development programmes.
- Workforce planning dashboard for General Medical Services designed and implemented.

Year 2 will build on this momentum, expanding education and training pipelines, strengthening leadership at every level, reducing health inequalities, improving staff wellbeing, boosting digital readiness, and embedding prevention in everyday practice.

Key initiatives include:

- A mental health competency framework with mapped training resources for all primary care roles, ensuring consistent, high-quality learning.
- Structured induction programmes for the non-clinical workforce and a project manager competency framework to professionalise support roles.
- Targeted support for newly qualified staff in deprived areas, alongside expanded inequalities education and inclusion health frameworks to tackle the inverse care law.
- Leadership development with equitable access to national programmes, plus bespoke training for cluster and collaborative leads.
- The creation of digital capability training resources directly aligned to the Digital Capability Framework, offering role-specific modules, practical toolkits, and guided learning pathways to help teams confidently adopt new technologies and deliver digitally enabled care.
- A multiprofessional, skills-based focus on education and training, ensuring that development opportunities are inclusive, role-relevant, and aligned to evolving service needs.
- Expansion of independent prescribing capability across the workforce, aiming to:
  - Further upskill those already trained to maximise their clinical contribution.
  - Remove barriers for professionals who are qualified but not currently utilising the skill.
  - Identify priority areas where independent prescribing can deliver the greatest impact on patient care and journey, improving access, continuity, and outcomes.

Strategic Dental Workforce Plan

Aligned with A Healthier Wales: The Oral and Dental Services Response ambitions, HEIW has significantly expanded undergraduate training for dental therapists to address workforce gaps and unmet oral health needs, particularly in areas of deprivation or limited access. In September 2024, the number of undergraduate Dental Therapy places at Cardiff University Dental School increased from 15 to 24, alongside 18 places for the Diploma in Dental Hygiene. In North Wales, HEIW commissioned Bangor University to deliver a Diploma in Dental Hygiene in 2022, with the first cohort of 12 graduating in 2024. This training programme achieved national recognition, ranking as the best dental hygiene programme in the UK in the National Student Survey. Of the 12 graduates in this cohort, eight are now working in North Wales, with five employed in NHS practice.

To further support skills escalation within the existing workforce, HEIW has commissioned Bangor University to deliver a one-year BSc Dental Therapy programme from September 2025 for diploma-qualified dental hygienists. This initiative will expand capacity in North Wales and contribute to the substantial overall increase in dental therapy training places, from 15 to 36 across Wales. These developments demonstrate a proactive, evidence-based approach to building a resilient and skilled dental workforce, capable of delivering high-quality care across diverse settings, and directly supporting the A Healthier Wales vision for a sustainable, preventative, and person-centred oral health system.

Strategic Pharmacy Workforce Plan

Demand for pharmacy services is increasing due to an ageing population, chronic conditions and additional technological and clinical advances e.g. precision medicines. The Strategic Pharmacy Workforce Plan identified increased demand for pharmacy services and pharmacy professionals across the integrated health pathway and partner organisations. Pharmacists were added to the Shortage Occupation List in 2021 and remain on the list in July 2025.

HEIW is continuing a phased plan to increase the number of trainee pharmacists' posts over the next four years, responding to workforce demand and pharmacy graduate numbers and currently there are surplus EOIS to host the undergraduate training weeks. Upskilling the pharmacist

workforce has increased the demand to train more pharmacy technicians including enhanced skills. Increases in commissioned places for pharmacy were recommended in the 2025/26 Education Training Plan, however, the growth in pharmacist numbers in Wales over the last 5 years was 7.3% compared to the UK average of 12.8%.

- We are increasing the numbers of our trainee pharmacists to the minimum of 132 proposed in the 2019 re-purposed business case and recommend an increase in the number of trainee pharmacists each year to meet the workforce demand by 2030. Recruitment to 132 places will be complete in December 2025, and 166 employers expressed an interest in hosting a trainee.
- Worked to support students expressing an interest in securing trainee pharmacist posts in Wales in 2025. Pre-programme attrition has been reduced from 10% to less than 1%.
- The number of pre-registration pharmacy technician trainees continues to grow. There are 122 currently enrolled over 3 financial years and another 29 expected to enrol in September. The fill rate for the September 2025 intake is expected to rise to 73% from 65% last year.
- There is good evidence that the 'Access to Pharmacy' programme is widening access to registered health care careers. So far, a total of 9 PRPT applications have been possible because individuals completed qualifications through this Access-to route.

Retention of Registrants within NHS Wales - early data for 2024-25 suggests a significant improvement in the number of trainee pharmacists retained in Wales (low retention figures in 2022-2024 may reflect challenges around collating quality data.)

- 2020-21: 75/113 = 66%
- 2022-23: 59/101= 58%
- 2023-24: 43/96 = 45%
- 2024-25: 76/95 = 80% (exit survey date – 'secured' or 'intend to secure' a position in Wales. Data will be validated through GPhC register and employment system data in the coming months)

Leaver Completer rates for Pre-registration Pharmacy Technicians Programme is 72% for 2024-25 and 92% of 51 Leaver Completers are registered Pharmacy Technicians providing NHS services.

Strategic Nursing Workforce Plan

Education commissions for pre-registration nurse training programmes have increased over the last 9 years, creating growth in the supply of registered nurses. HEIW has also developed flexible pathways into nursing – working collaboratively with and is progressing a 'Get into Nursing' attraction campaign, alongside developing more 'bridging' modules with Further Education colleges and funding two *Access to Nursing* 10-week programmes in North and South Wales.

HEIW has worked in partnership with health boards, the Royal College of Nursing (Wales) and Further Education providers to pilot the *RCN Wales Healthcare Connect Programme*, supporting those that have been unsuccessful in gaining a place on to a pre-registration nursing programme through additional study and work experience. Additionally, HEIW has introduced international applicants as part of the commissioned pre-registration nursing numbers, with a pilot running from Autumn 2023 until 2026. 150 international students will be recruited annually, and this will be reviewed annually to ensure it does not impact opportunities for UK domiciled students.

HEIW has established several routes into pre-registration (RN) nursing to support widening access, rural healthcare and career progression opportunities including:

- Full time education (3 years)
- Full time distance learning (3 years)
- Full time post-graduate pre-registration programme (2 years)
- Full time accelerated degree programme for HCSWs (2 years)
- Full time dispersed learning (3 years)
- Online distance learning for Return to Practice
- Employed route – part time or flexible for current HCSWs employed in NHS Wales
- Part time education/term time (4 years)
- Part time distance learning

Strategic Perinatal Workforce Plan

The Strategic Perinatal Workforce Plan was published in April 2025, with a national launch event scheduled for Autumn 2025. Implementation activities have now commenced across relevant services and with partner organisations. As the Plan is in the early stages of delivery, it is not yet possible to measure or evidence its impact; however, monitoring and evaluation mechanisms are being established to assess progress and outcomes over time.

Strategic Genomics Workforce Plan

The Strategic Workforce Plan for Genomics was launched on 15 November 2024, with implementation commencing on 1 April 2025. 20 actions have been prioritised for delivery in Year 1, covering both specialist roles and the wider NHS workforce in Wales, which will **ensure that genomics is embedded into everyday healthcare practice, regardless of role or specialty.**

A Genomic Capability Framework is in development which will enable healthcare professionals to assess their own genomic readiness, build confidence, and access tailored training to support the mainstreaming of genomics across the different services. This work will be aligned to the All Wales Enhanced, Advanced and Consultant Framework. Structured career pathways have been published to support progression within genomic specialist services, from entry-level roles through to senior leadership, ensuring a sustainable and skilled specialist workforce for the future.

A comprehensive review of healthcare-related undergraduate and postgraduate programmes is underway to ensure genomics content reflects the latest advancements, helping prepare the next generation of professionals to confidently apply genomics in clinical settings.

Diagnostic Workforce Solutions Plan

Due to the education and training plan funding position in 2023/24, combined with ongoing challenges in placement capacity, an increase in training numbers across diagnostics has not been possible, however, circa £300k has been provided to support equivalence and alternative routes to registration for employees (across all specialties) and over £200K to support enhanced and advanced practice across diagnostics.

How workforce plans align with other system priorities

Throughout the development and implementation of our workforce plans, we assess our actions regularly to ensure that our implementation reflects key priorities which emerge over time through various channels such as our remit letter, ministerial priorities and statements. We also map our workforce plan actions to maximise delivery opportunities and avoid duplication. An example of this is in developing the level 2 mental health e-learning content, to ensure it reflects the needs of primary

care workforce. It is also key to note that we ensure that our education and training plan reflects NHS Wales strategic priorities.

- Workforce Planning in Context
- Workforce strategy goals and progress with a focus on recruitment, retention and skills development
- Recruitment progress against workforce plans, highlighting gaps and adjustments
- How workforce plans align with other system priories.

Chapter 10 - Recruitment and Retention

HEIW is leading a national retention programme aimed at improving staff retention across NHS Wales, to make NHS an employer of choice and a place where colleagues want to work, thrive and stay. Launched in December 2024, the programme has achieved key deliverables, including:-

- Establishment of a community of practice, supported by QI training and facilitation
- Development and launch of a national retention hub
- Establishment of Wider NHS retention networks
- Supporting the delivery of actions within the nurse retention plan
- Establishing monitoring, reporting and benefits realisation mechanisms

The retention Community of Practice (CoP) has been instrumental in the success realised to date and delivery of over 60 retention improvement projects and the spread and scale of successful approaches across Wales.

Achievements include:

- The delivery of the nationally recognised Improving Quality in Practice training to all retention leads ensuring the availability of the required knowledge, skill and expertise to deliver targeted and data driven retention improvement.
- Development of retention metrics and data monitoring reporting, analysis approaches and national reporting dashboards
- Evaluation and redesign of the retention self-assessment tool and development of digital reporting dashboards.
- Development of national approaches and toolkits for retention improvement, enabling and supporting flexible working and delivery of stay conversations.
- The establishment of a national community of practice of retention leads and development of retention improvement skill, knowledge and expertise that is crucial in achieving improvement.

The National Retention Hub was launched early 2024. Resources include case studies, data dashboards, projects, and QI tools to support organisations to positively impact retention. During August 2025, the Hub recorded 190 active users with 234 views. To further improve engagement with the hub the approach and content is currently being reviewed and refreshed in line with retention lead and user feedback, with the revised hub being launched in September 2025.

All organisations have competed an initial nurse retention digital self-assessment, with output from the tool used to identify and inform local and national nurse retention plans and interventions. A dashboard has been developed which enables organisations to interpret and drill down to identify priority retention areas. This dashboard also provides national data that is available through the Retention Hub and creates visibility of common issues that can be prioritised to improve staff experience and retention. This has led to a shared focus on flexible working and the development of national metrics, approaches and resources aimed to optimise flexible working approaches across Wales.

Monitoring and reporting approaches have been implemented, and the reporting includes triangulated retention key metrics to support identification of priorities and impact and benefits realised through intervention. A nurse staff retention Key Performance Indicator was developed as part of the Nursing workforce plan to support reduction in nurse turnover (staff leaving NHS Wales) of below five percent within the next three years.

Since its establishment the retention programme has progressed at pace with downward trends in both staff turnover and numbers of voluntary resignations. All staff turnover rates have reduced by 0.7 percent equating to an estimated 531 less staff leaving NHS Wales upon an annual basis. Reduction in turnover across staff groups - Nursing and Midwifery (0.9%), Allied Health Professionals (1.3%), Healthcare Science (1.6%), Administrative and Clerical (1.0%) and Additional Professional & Scientific workforces (1.0%). As a result of these improvements, several additional service and system impacts have been realised, including financial savings associated with reductions in locum, bank and agency expenditure, recruitment and onboarding costs and lost training costs. It is estimated that since the programme was established financial savings of an estimated £18.9m have been realised. In addition to the financial and staffing benefits, the improvements have positively impacted service and system productivity realised through reducing the frequency of new starters, optimisation of available workforce and the retention of skill, knowledge, expertise and organisational memory that staff possess.

Recruitment Activity

(Annex 4) contains vacancies advertised by NHS Wales Shared Services Partnership from August 2023 to June 2025.

Skills Development

In the Workforce Strategy we set out our ambition that by 2030, the investment in education and learning for health and social care professionals will deliver the skills and capabilities needed to meet the needs of people in Wales. Since the launch, we have been working to achieve this across the workforce spectrum. The education and training pipeline makes a critical contribution to the supply of our workforce, and we need to ensure that we continue to invest in our capacity to train in Wales. As well as increasing the numbers, we are ensuring that the investment delivers value by delivering the kind of education, learning and training that supports future needs and future service models. In particular, maximising the benefits from a graduate workforce with a focus on supporting people to work at the top of their licence/competence. Much of our education and training had been traditionally delivered in uni-professional or uni-discipline formats, but this is changing to reflect the need for more multi-professional approaches, seamless working and accessibility to those most under-represented in our workforce. We also need to ensure that education and training pathways reflect the needs of volunteers and carers, rural and remote communities where the solution to the workforce challenge is to “grow your own”, requiring more flexibility in delivery and location.

There is also a need to ensure that high quality placements, supported by mentorship and practice-based assessment, are available to support excellent education and training with protected, identified time to support and enable high quality learning to take place. HEIW commissions a wide range of education and training alongside the direct delivery and support of broad range of education and training functions spanning all healthcare professionals. Our annual budget for education and training is in the order of **£330m** (2025/26), which includes our

commissioning and delivery functions. We are the designated Statutory Education Body (SEB) with specific responsibilities for the delivery and quality assurance of undergraduate and postgraduate education and training working with UK Regulators.

A strategic approach is needed to ensure education and training remain fit for purpose considering demographic changes, generational shifts, technological advancements, and other factors. We are developing an education strategy that will support us by ensuring education and training remains fit for purpose into the future, identifying key strategic choices that will underpin commissioning and delivery decisions. This will help us identify why healthcare education and training needs to be transformed to meet future workforce need and ensure that our healthcare workforce have the right skills to be able to respond to population health need. The strategy will need to articulate the current issues and challenges from a range of perspectives including learners, educators, employers, education providers and other organisations such as professional and regulatory bodies.

The strategy will focus on the quality of education and learning and ensuring our learners are supported throughout their education journey to support them in gaining the skills and knowledge needed to transition effectively into the workforce. In an era of rapid technological and digital change, this means ensuring that we are supporting and using the most advanced and appropriate techniques, pedagogies and technology to support education and learning. We also need to ensure that practice-based educators are supported to deliver and are working within an infrastructure that optimises learning with high quality placement opportunities and access to supportive, well-trained supervisors and mentors.

We need a long-term perspective on these issues to avoid being in a position where we have a mismatch between the skills needed to deliver our long-term ambition and future workforce pipeline. There is also a risk that the lack of a modern educational ‘offer’ that aligns with the expectations of future generations (Generation Alpha and Beta) could impact on our ability to attract learners coinciding with the decrease in the working age population creating further sustainability healthcare challenges.

The strategy will be developed in collaboration with key partners including NHS Wales (employers), learners (our current and future students and trainees), educators, education providers, as well as organisations such as MEDR and professional bodies. It will be developed in two key phases by April 2027. **Phase 1** will focus on identifying where we are now through a strategic analysis and then setting out our desired future state for the next 5 -10 years. This phase will include defining the current challenges, co-creating a future vision, setting strategic priorities and objectives and a set of principles that will underpin the long-term development of education and training. **Phase 2** (2026/27) will focus on the identification of strategic shifts that need to be made over the lifespan of the strategy and will identify actions to be taken forward in the short, medium and long term.

Chapter 11 - NHS Staff Survey

The 2024 NHS Wales Staff Survey was distributed to staff employed by NHS Wales organisations, and bank staff. Staff could complete the survey bilingually in either Welsh or English, using various methods, including online submission via staff intranet pages and mobile devices, paper copies returned via prepaid envelopes, and telephone interviews in their preferred language.

A total of 24,883 responses were received, with 24,588 submissions completed online and 246 via paper copies. Of these, 225 responses were completed in Welsh. The NHS Wales Staff Survey team continued their collaboration with survey experts, applying international best practices in data analysis, staff engagement insights, and evidence-based methodologies. This ongoing refinement ensures the survey aligns with national and local policies while identifying key areas for improvement.

Table 42 – Survey response rates by organisation.

Response rates by Tier 1

**rates highlighted green and pink indicate rates higher and lower than the overall NHS Wales response rate.*

Tier 1 (Organisation)	Sample size	Responses	Response rate*	vs. 2023 rate	2023 rate
Aneurin Bevan University Health Board	15,318	2,030	13.3%	▼ -4.87%	18.1%
Betsi Cadwaladr University Health Board	20,591	3,577	17.4%	▼ -2.84%	20.2%
Cardiff and Vale University Health Board	17,295	4,639	26.8%	▲ 5.40%	21.4%
Cwm Taf Morgannwg University Health Board	13,269	3,560	26.8%	▲ 8.70%	18.1%
Digital Health and Care Wales	1,271	792	62.3%	▲ 1.78%	60.5%
Health Education and Improvement Wales (HEIW)	506	438	86.6%	▲ 11.40%	75.2%
Hywel Dda University Health Board	12,160	2,396	19.7%	▲ 7.68%	12.0%
NHS Wales Executive	455	237	52.1%	▼ -5.71%	57.8%
NHS Wales Shared Services Partnership	6,182	936	15.1%	▼ -5.26%	20.4%
Powys Teaching Health Board	2,577	780	30.3%	▲ 2.28%	28.0%
Public Health Wales	2,149	1,301	60.5%	▲ 6.79%	53.8%
Swansea Bay University Health Board	15,601	2,008	12.9%	▼ -5.97%	18.8%
Velindre University NHS trust	1,837	619	33.7%	▼ -0.25%	33.9%
Welsh Ambulances Services University NHS Trust	4,314	1,520	35.2%	▲ 12.08%	23.2%
NHS Wales Total	**113,525**	**24,833**	**21.9%**	**▲ 1.13%**	**20.7%**

The key findings can be found at: heiw.nhs.wales/files/nhs-wales-staff-survey-2024-national-findings-report/

(Annex 5) 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.

The data has been collected from IQVIA Inc. (the organisation responsible for delivering the 2024 NHS Wales Staff Survey). The data has been analysed by the Data and Analytics Team at Health Education and Improvement Wales (HEIW). Survey questions included in the breakdown

Workload and Working Conditions
02a) I have unrealistic time pressures 02b) I am able to meet all the conflicting demands on my time at work 02c) I have adequate supplies, materials and equipment to do my work 02d) There are enough staff at this organisation for me to do my job properly 03b) On average, how many additional PAID hours do you work per week for this organisation, over and above your contracted hours? 03c) On average, how many additional UNPAID hours do you work per week for this organisation, over and above your contracted hours?
Career Development and Progression
18b) There are opportunities for me to develop my career in this organisation Flexibility 14e) I am satisfied with the opportunity for flexible working patterns 14g) I achieve a good balance between my work life and my home life
Feeling Valued
04e) My immediate manager (line manager) values my work 15b) The organisation values my work
Stress and Burnout
20b) How often, if at all, do you feel burnt out because of your work?
Motivation and Engagement
22a) I look forward to going to work 22b) I am enthusiastic about my job

The next NHS Wales Staff Survey will be live 6 October 2025. Preliminary data will be released in January 2026 to NHS organisations and dashboards for full analysis available in Spring 2026.

Chapter 12 - Training & Education

The current number of pre-registration healthcare profession students enrolled on commissioned programmes includes:

- 568 Midwifery Students
- 5100 Nursing students
- 1776 AHP Students
- 811 Healthcare Scient Students
- 111 Dental Hygiene and Therapy Students
- 99 Physician Associates
- 1000 Community Nurses

HEIW has established multiple pathways routes into the 30+ pre-registration programmes to support widening access, rural healthcare and career progression opportunities including:

- Full time education (3 years)
- Full time distance learning (nursing) (3 years)
- Full time post-graduate pre-registration programme (2 years)
- Full time accelerated nursing degree programme for HCSWs (2 years)
- Return to Practice
- Employed route – part time or flexible for current Healthcare Support Workers (HCSW) employed in NHS Wales to train in nursing, and number of AHP and Healthcare Science disciplines
- Part time education/term time (4 years)
- Part time distance learning for HCSW employees

There are about 9,000 pre-registration students recorded for the academic year which has just been completed, and the next university data returns will be scrutinised to review progression. There are 30+ programmes, across two intakes (nursing) delivered at level 4,5, 6 and 7; all with differing pathways; therefore, profession routes vary. Many of the final year students have just completed programmes and are seeking roles. Some students may require an extension or resit. For the 2020/21 academic intake there were circa 2,500 starters and 2,100 students completed giving a completion rate of 84%. The graduate progression is report below:

- AHP's 93.5%
- Dental Hygiene Therapy 100%
- Healthcare Science 90.2%
- Nursing and Midwifery 80%

The main area of under recruitment to commissioned pre-registration education is nursing, particularly mental health, adult and learning disability. This is a challenging and competitive environment given a drop in applications across the UK. Education commissions for pre-registration nurse training programmes have increased over the last 9 years and are currently at record levels, which is supporting a growth in the supply of registered nurses. Whilst this is

positive, the size of the pipeline requires continual review to ensure it is reflecting service and population need.

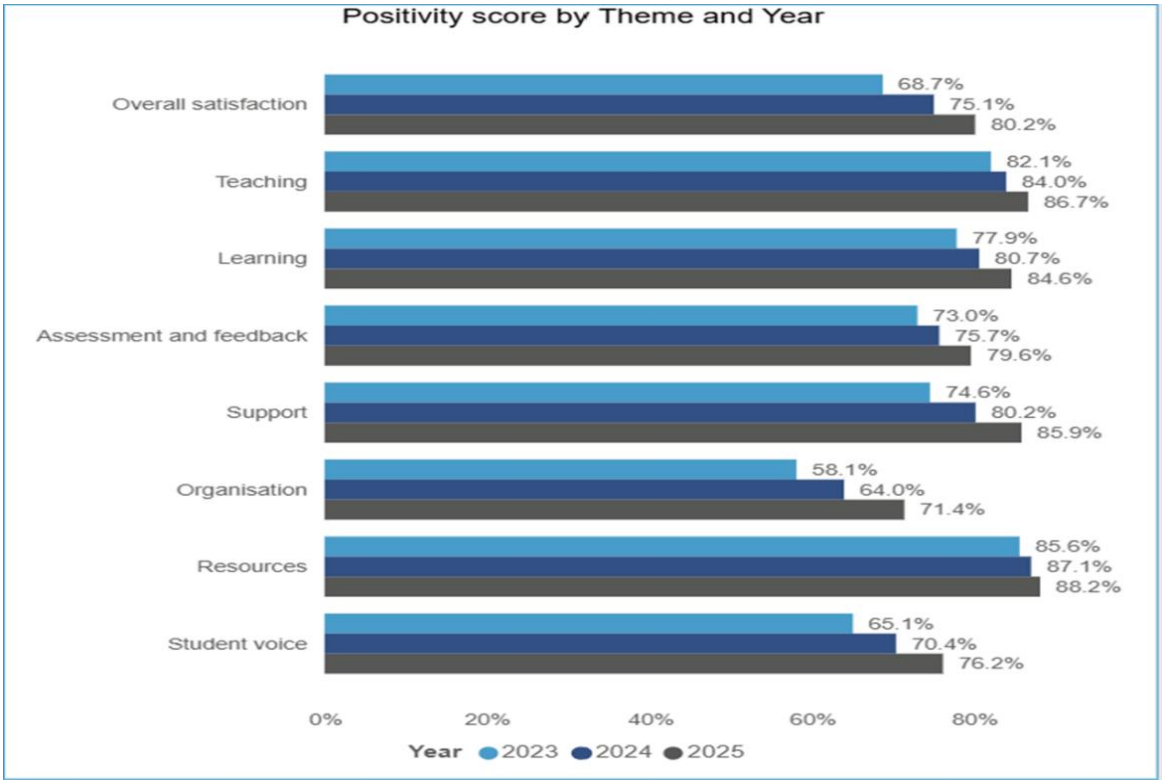
Despite this increase in education commissioning numbers, further work and innovative solutions are needed to increase the uptake of places (fill rates) available on pre-registration nursing programmes. HEIW has developed several flexible pathways into nursing, recognising that while the traditional three-year, full-time route will remain available, it may not suit everyone. Collaborative work with universities has led to initiatives such as a part-time distance learning route for healthcare support workers (HCSWs). HEIW is also progressing a 'Get into Nursing' attraction campaign, alongside developing more 'bridging' modules with Further Education colleges and funding two *Access to Nursing* 10-week programmes in North and South Wales.

HEIW has worked in partnership with health boards, the Royal College of Nursing (Wales) and Further Education providers to pilot the *RCN Wales Healthcare Connect Programme*, supporting those that have been unsuccessful in gaining a place on to a pre-registration nursing programme through additional study and work experience. Additionally, HEIW has introduced international applicants as part of the commissioned pre-registration nursing numbers with a pilot from Autumn 2023 until 2026. One hundred and fifty international students will be recruited annually, with an initial evaluation of the project in December 2024. The initiative will be reviewed each year to ensure that it does not impinge upon opportunities for UK domiciled students.

Table 43 - The table below shows fill rates for programmes for 2024/25 across two intakes (Autumn/ Spring)

Profession	Field	Yearly Fill rate	Notes
AHP	**Total**	**99.3%**	
	Speech and Langauge	103.5%	2 students over the commissioned number
	Occupational Therapy	100.5%	
	Paramedicine	100.0%	
	Physiotherapy	100.0%	
	Dietetics	93.3%	
	Podiatry	88.9%	
Midwifery	**Total**	**99.1%**	
	Midwifery	99.1%	
Dental	**Total**	**96.6%**	
	Dental Hygiene	96.7%	
	Dental Hygiene & Therapy	96.6%	
HCS	**Total**	**92.9%**	
	Medical Engineering	250.0%	3 students over the commissioned number of 2
	Nuclear Medicine	100.0%	
	Radiotherapy Physics	100.0%	
	Rehabilitation Engineering	100.0%	
	Audiology	95.2%	
	Diagnostic Radiography	94.4%	
	Operating Department Practice	91.5%	6 students down
	Radiotherapy and Oncology	90.0%	2 students down
	Cardiac Physiology	87.0%	3 student down
	Biomedical Science	78.3%	5 students down
	Respiratory and Sleep Science	76.9%	3 student down
	Neurophysiology	75.0%	1 student down
	Radiography (Assistants)	0.0%	
Medical	**Total**	**90.4%**	
	Physician Associate	90.4%	
Nursing	**Total**	**85.9%**	
	Child	94.1%	
	Adult	88.2%	
	Learning Disability	80.5%	
	Mental Health	75.7%	
Total		**89.9%**	

Table 44 - National Student Survey



The National Student Survey (NSS) is an annual UK-wide survey that gathers final-year undergraduate students' feedback on their learning experience, providing a key measure of student satisfaction and a valuable tool for quality enhancement in higher education.

Positivity scores across all NSS themes for healthcare professions in Welsh universities have shown consistent year-on-year improvement from 2023 to 2025. Notably, overall satisfaction increased by 11.5 percentage points (from 68.7% to 80.2%), with similarly strong gains in student voice and organisation. High-performing themes in 2025 include resources (88.2%), teaching (86.7%), and support (85.9%), reflecting continued strengths in academic delivery and infrastructure.

Despite improvements, organisation remains the lowest scoring theme at 71.4% in 2025, suggesting it is still an area requiring focused attention. Overall, the upward trend in all categories indicates meaningful progress in enhancing the student experience across healthcare education in Wales.

The survey is completed approx. ½ million final year students across the UK. Some excellent results with significant improvements were seen in the University of South Wales (USW) Midwifery, Bangor University Diagnostic Radiography, Cardiff University Nursing Programmes. The improvement in these scores align with the Quality and Performance Framework escalation and supports evidence of the positive impact of HEIW's intervention. However, some programmes have decreased in student satisfaction or expected improvement not seen. The Bangor University Mental Health Nursing, The Swansea University Adult Nursing and USW Adult and Mental Health Nursing programmes will all require a deep dive and immediate

intervention through the performance management process. There are 5 common programmes that HEIW and Medr will jointly monitor whilst HEIW will keep an additional 4 programmes in escalation until a stabilised position is achieved. Medr takes a year-on-year approach whereas HEIW seeks sustained improvement.

Key Highlights from the student engagement in Spring 2025 - whilst there is a separate paper for each individual HEI, below is listed a selection of key issues/positive experiences that were raised during the programme-specific student engagement sessions:

- Bangor University: Feedback was received from students across multiple programmes regarding their ability to safely and confidently raise concerns or provide constructive feedback. This issue was not isolated to a single programme, with several students describing an environment in which they felt apprehensive about potential repercussions for sharing honest reflections about their educational experience.
    - Distance Learning Programme for Nursing reported concerns around the programme organisation and management and the level of teaching provided during the programme. Where they are distance learning students, live lectures being streamed frequently have connectivity issues and questions go unanswered for extended periods of time.
    - Following a complaint from multiple students on the DRI programme, a specific student engagement session was held to provide assurance over the changes that have been made in response to the student complaint. This meeting provided assurance that significant progress had been made in relation to the programme team and the culture created on this programme.

- Swansea University – The healthcare science and AHP students were largely complementary about their learning experiences and organisation of their programmes. However the Part-time Nursing students expressed disappointment around the organisation of their programme as well as not having student representatives and regular opportunities to meet with the faculty to discuss progress and provide feedback.
- Grŵp Llandrillo Menai – Whilst students found the 9month programme intense and challenging, students were highly complementary of the staff who delivered the programme and the support they received during their study time.
- Aberystwyth University – Across all Nursing programme students discussed a culture of support and high-quality programme organisation and delivery.
- Cardiff Met University – students across all programmes report having a wide variety of support and opportunities to undertake IPE, both theoretical and practical.
- Wrexham University – Students discussed programmes that were well managed with innovative assessment methods being used that enhanced students' preparedness for when they graduate into the workforce.
- University of South Wales – Students report that there are strong procedures in place for them to provide feedback which they value highly, they would just be grateful to receive more consistent updates on the progress of the feedback they are providing.
- Cardiff University – Students value the experience and expertise provided during their teaching sessions and especially on AHP programmes they value the added simulation to help prepare them for Clinical Placements.

- Highlight Student Engagement Events – Students, especially Nursing have reported that their supernumerary status is not being respected in practice, and they are often counted within staffing numbers, affecting their educational experience. From these events, we are now also forming a Global Majority Strategic Advisory Group within the Wales Health Student Forum.
- The team are currently undertaking a deep dive of NSS scores alongside the student engagement events; and will be holding further engagement sessions at induction for new students and with those students on programmes that have not achieved sufficient NSS scores.

Student Attrition: There are several definitions of attrition with differing methodology. We use two methods:

- Method 1: In its purest sense, attrition on graduating cohort is defined as students completing the programme compared to those who commenced the programme. However, there is always a time lag (i.e., 3-year programme) with completing this data set because the graduates are measures against the number of starters.

- Method 1: Attrition on graduating cohorts needs to be monitored and reported because it is the conversion of the input numbers against the output numbers. It is an essential part of the pipeline data.

- Method 2: Annual Attrition is the attrition in one academic year, the difference between those registered at the start and end of the academic year. This is a contractual KPI with the pre-registration contracts.

- Method 2: Annual Attrition will be used. It provides up-to-date attrition information which is current, relevant, benchmarkable, can be used in performance management of contracts and is easily explained.

Attrition rates for 2024/25 have not been fully completed and need to be validated with education provider. However, the 2023/24 academic year data is below:

Table 45

Annualised Attrition			
Course Category	**Programme**	**Sum of Attrition 23/24**	**Sum of Attrition rate 23/24**
Allied Health Professionals	Dietetics	6	5.10%
Allied Health Professionals	Emergency Practitioner		0.00%
Allied Health Professionals	Occupational Therapy	16	5.50%
Allied Health Professionals	Paramedic Science	17	12.40%
Allied Health Professionals	Paramedics EMT	1	2.10%
Allied Health Professionals	Physiotherapy	12	3.50%
Allied Health Professionals	Podiatry	2	4.40%
Allied Health Professionals	Speech and Language Therapy	1	1.40%
Dental	Dental Hygiene	4	4.60%
Dental	Dental Therapy and Dental Hygiene	0	0.00%
Healthcare Science	Audiology	3	3.60%
Healthcare Science	Cardiac Physiology	3	6.70%
Healthcare Science	Diagnostic Radiography	10	5.40%
Healthcare Science	Healthcare Science	1	1.90%
Healthcare Science	Medical Engineering	0	0.00%
Healthcare Science	Neurophysiology	0	0.00%
Healthcare Science	Nuclear Medicine	1	9.10%
Healthcare Science	Operating Department Practice	10	14.10%
Healthcare Science	Radiotherapy and Oncology	2	5.10%
Healthcare Science	Radiotherapy Physics	1	25.00%
Healthcare Science	Rehabilitation Engineering	1	14.30%
Healthcare Science	Respiratory and Sleep Physiology	0	0.00%
Nursing and Midwifery	Adult Nursing	136	6.80%
Nursing and Midwifery	Child Nursing	32	8.90%
Nursing and Midwifery	Healthcare Support Worker	6	4.60%
Nursing and Midwifery	Healthcare Support Worker - Adult	7	9.70%
Nursing and Midwifery	Healthcare Support Worker - Mental Health	0	0.00%
Nursing and Midwifery	Learning Disability Nursing	8	5.70%
Nursing and Midwifery	Mental Health Nursing	72	7.90%
Nursing and Midwifery	Midwifery	16	5.70%
Nursing and Midwifery	Nursing (International)		0.00%
Other	Advanced Clinical Practice	5	7.10%
Other	Physician Associates	36	12.20%
Work Based Learning	Healthcare Practice	15	10.80%
Work Based Learning	Healthcare Studies	2	3.10%
Total		**428**	**6.70%**

Our analysis from university feedback correlates with the Critical Moment report (2018) which cites financial pressures as the most cited reason, ahead of mental health. academic, personal and placement issues for students leaving courses. However, it's acknowledged that in many instances there are multiple reasons for leaving a programme.

Training Pipeline and Progression

The full data for 2025 graduates taking up posts in Wales is not complete as yet as some students are still completing programmes and applying for jobs. We have data in relation to the 2024 bursary funded graduates that took up posts in Wales as follows.

- Nursing: 91%
- Midwifery: 96%

AHPs:

- Dietetics: 98%
- Occupational Therapy: 86%
- Physio: 63%
- Podiatry: 60%
- Speech and Language Therapy: 79%
- Paramedic Science: 81%

Healthcare science:

- Audiology: 75%
- Pathology: 53%
- Cardiac Physiology: 71%
- Diagnostic Radiography: 85%
- Radiotherapy and Oncology: 90%
- Operating Department Practitioners: 100%

Table 46 - Pre-registration training figures
For 2022/23 - 2024/25 (3 cohorts)

Course Category	Starters	Active	Inactive	Leavers (incomplete) rate	Graduated to date	Students attracted from lowest decile of WIMD %
Allied Health Professionals	1,916	1,622	67	6.9%	91	4.7%
Community Nursing	301	127	14	7.0%	137	3.5%
Dental	142	108		2.1%	30	6.6%
Healthcare Science	866	704	20	14.7%	17	9.4%
Independent Prescribing	59	29	1		29	7.3%
Nursing and Midwifery	6,237	5,000	239	13.8%	73	12.7%
Other	495	266	18	4.6%	95	6.3%
Psychology	105	25	1			5.0%
Return to Practice	44	7		18.2%	24	2.4%
Work Based Learning	403	240	19	7.4%	114	7.2%
Total	**10,585**	**8,145**	**379**	**11.4%**	**610**	**10.1%**

This data summarises pre-registration healthcare training numbers in Wales across academic years 2022/23 to 2024/25. Of the 10,585 students who started courses, 8,145 remain active, with an overall incomplete leaver rate of 11.4%. The highest incomplete leaver rates are seen in Return

to Practice (18.2%), Healthcare Science (14.7%), and Nursing and Midwifery (13.8%), suggesting these areas may benefit from targeted retention strategies. In contrast, Dental and Other course categories demonstrate stronger retention with lower leaver rates of 2.1% and 4.6% respectively.

The WIMD (Welsh Index of Multiple Deprivation) figures indicate that, on average, 10.1% of students come from the most deprived areas. Notably, Nursing and Midwifery has the highest WIMD proportion at 12.7%, highlighting a greater representation of students from more disadvantaged backgrounds in this area. The data provides a clear view of training retention across programmes and underscores the importance of supporting student progression—particularly in areas with higher attrition and greater socioeconomic diversity.

Postgraduate Training

In the 2024/25 academic year, 1,967 post graduate learners across all fields of health have enrolled and are/have studied in the region 200+ modules or full (PGC,MSC) pathways; with PGC and MSC's the later spread up to four years of study. Education is requested and allocated by the employers of health professionals, subject to funding and availability, and is delivered by 100 different providers depending upon subject needs and expertise; therefore, fill rates are not appropriate. HEIW sets up the required contracts and frameworks to ensure there is the range and availability or programmes to meet the workforces needs.

Post Registration student experience

All providers routinely conduct module and programme evaluations, and this information is shared through contract meetings. While the Postgraduate Taught Experience Survey (PTES) is the only UK-wide survey capturing insights from taught postgraduate students, it is not applicable within the commissioned healthcare education context, as PTES focuses on full-time programmes.

To address this gap, newly commissioned programmes and contracts now include embedded student baseline and exit surveys as part of the contractual requirements. As 2024/25 marks the first year of commissioning, data from these surveys will not be available for analysis until later in the year. In parallel, the team is undertaking a comprehensive review of postgraduate education quality monitoring to ensure robust and prudent practices are in place for all newly commissioned contracts.

Postgraduate trainee progression data

HEIW is responsible for the commissioning of a range of postgraduate health educational programmes intended to enhance the professional capabilities and development of individuals across the sector. These programmes are commissioned in alignment with identified workforce needs and strategic priorities, with the aim of fostering both immediate competence and longer-term career advancement. While HEIW do not currently operate a formal mechanism for tracking or evaluating the individual career trajectories of those who have participated in commissioned education, we maintain a well-founded belief in its positive impact on professional progression. This conviction is substantiated by the sustained engagement of NHS Wales Health Boards and

Trusts, who continue to nominate and invest in their staff's participation in these programmes. The consistent uptake of commissioned postgraduate education suggests that it is regarded by NHS Wales HB's and Trusts as an effective means of supporting workforce development and facilitating upward career mobility. As such, although direct longitudinal data on individual progression is not presently available, the continued demand offers a strong proxy indicator of the perceived value and efficacy of the commissioned educational offer.

Apprenticeships:

For the Dental Technology Level 5 and the Dental Nursing Level 3 we hold no data:

- the level 5 is currently not offered by any education establishment
- the Level 3 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 returns. The Dental faculty at HEIW confirmed there were 'no dental apprentices in any job role in the health boards' at the time of the 2024 data collation.

The data gathered in 2024 was the first time any quantitative data has been collated across the whole of NHS Wales and thus this data has become the baseline for any future comparative work. A copy of the Data report can be found at **(Annex 6).**

Data on the proportion of apprentices who were pre-existing employees is not available as ESR is not accurate enough to determine this currently. Anecdotal evidence suggests approximately 70-80% are pre-existing employees. Data on completion and drop-out rates during training and for retention rates post-qualification is also not currently available as there is no methodology for health Boards and Trusts to gather / record this and data is not available as ESR is not accurate enough to determine this currently. Within the report these have been noted as benefits and risks (page 17 – 20). A summary of the points within the report are:

- 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.
- HBTs do not consider impacts by category (i.e financial, on service provision, on learners),
- Data gathered for this qualitative analysis was predominantly non-empirical

For the purpose of the report, qualitative data was grouped into recognising the impacts, benefits and risks on the following:

Table 47:

Area for consideration	Key Findings
Staff recruitment, retention, promotion	• Many HBTs cannot directly report against impact on retention and promotion • There is no consistent approach to using apprenticeships for recruitment • Retention rates vary from 30% to 93% - due to inconsistent methodologies for measurement • Provide an important funded route for upskilling and succession planning • Attract a younger workforce
Learners	• Increase in confidence carrying out their role / greater insight into their role • Earn whilst they learn • Development of soft skills in addition to work-based skills • Learner fatigue, where a long apprenticeship pathway is chosen
Service Provision	• Generally considered a positive impact – due to implied benefits of greater skills and an increased positive attitude of learners
Sustainable pathways	• Limited staff resources for work-based assessment • No obligation on training provider to continue offering qualifications – makes it unpredictable for workforce planning • Pathways not available above level 4 for most healthcare frameworks, no progression to registration
Quality of provision	• Very few HBTs aware of quality of training provider provision • Some training providers do not provide education and training, only assessment
General / other	• Frameworks in dynamic environments (Digital), may not change quickly enough to reflect changes in sector • Funding risk for backfill – apprentices study leave and clinical assessor time

The most recent case study examples can be found at **(Annex 7).**

Part 3 - NHS Wales Employers Evidence

This section has been completed by NHS Wales Employers on behalf of NHS organisations in Wales.

Chapter 13 - Primary Legislation Affecting NHS Wales

The statutory powers and duties of the NHS in Wales are mainly contained within the NHS (Wales) Act 2006.

Most of the business of NHS bodies is 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.

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.

Chapter 14 - Partnership Working

Welsh Partnership Forum (WPF)

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 an NHS wide view to the Social Partnership Council.

WPF – Business Committee

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 Subgroups – 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 subgroups.
- 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.

Key Areas

Reduced Working Week

Welsh Government, unions and employers jointly explored the potential to reduce working week 36 hours and worked in partnership to identify what this could entail and what may be the benefits and hurdles.

All three partners agree there could be significant positive well-being impacts for NHS Wales staff as individuals and resultant positive impacts on morale, retention, recruitment and service quality. We are all agreed that, in principle, a reduced working week would be beneficial.

Our detailed work has identified implementation hurdles for NHS organisations which are not easily overcome including capacity issues post-covid, increased service demands, the feasibility of not creating a ‘two tier’ workforce in terms of different staff groups being able to benefit from working fewer hours.

It is apparent that the severe financial challenges for NHS Wales and the funding of wider Welsh public services are a significant barrier for implementing a reduction in work hours. These are not short-term challenges, and the economic climate / UK financial outlook do not project well for an improved situation.

The potential to reduce the working week to 36 hours remains a particular priority for trade unions and their members in NHS Wales. We are jointly agreed to continue to pursue that potential in partnership and to explore what a future reduction would look like and how the practical hurdles to reduced hours could be overcome.

Reluctantly there is joint acknowledgement that the obstacles to implementation are too significant to be overcome in the short term. However, there is a continued commitment to longer term pay

restoration and, if there was joint agreement to introduce a 36-hour working week, this may go some way towards achieving this.

Protected CPD Time

The three partners remain committed to develop an all-Wales approach which guarantees protected time for staff CPD, and we jointly agreed that further information was required to inform this.

Employers indicated that an all-Wales approach based on the content of CPD set out by the regulatory bodies and aligned to the level already introduced for paramedics could be supported, subject to a small number of conditions including but not limited to – the inclusion of statutory and mandatory training, the NHS Wales Planning Framework being amended to include this as a requirement and for an appropriate lead in time to support this being factored into workforce and related plans. To reduce the risk that too much of the CPD time was taken up with Statutory and mandatory training employers suggested a review of the content and process for adding to this training would be helpful.

As both employers and unions wished to receive the output from the statutory & mandatory training review before final agreement to the all-Wales approach, the following future timescale for this work is.

- Welsh Government commission review - March 2025
- Review completed and proposals published for consideration – May 2025
- WPF Business Committee T&Cs meeting considers review output – June 2025
- All-Wales approach/agreement issued - September 2025
- Organisations work with LPFs to develop implementation plans - January 2026
- Implementation - April 2026
- Biennial LPF reviews of implementation and feed back to WPF – every six months from October 2026

Non-Medical Bank Worker Terms of Engagement

A new generic set of terms of engagement for bank workers have been developed in partnership and were agreed for implementation in August 2025. It is anticipated that these will ensure consistency and equity for bank workers across the NHS in Wales and make working on the bank more attractive. The terms of engagement will be reviewed periodically particularly in light of any upcoming employment rights legislation relating to this type of worker.

Updates on Other All Wales policy reviews during 2025

Harmonising On Call Arrangements

A review of these arrangements has been identified as a priority by the WPF Business Committee and included in the WPF workplan. The review is due to begin in Autumn 2025.

Anti- Sexual Harassment Policy

The policy has been developed in partnership and was agreed in August 2025. Copy attached.

Managing Attendance at Work Policy

The policy has been subject to an extensive review, and it is anticipated that a revised version will be presented to the WPF for agreement in November 2025.

Disciplinary Policy

Significant work has taken place in the design of a new policy that aims to implement a culture of continuous learning and improvement so that when things do not go as expected we follow a process to decide what actions need to happen next. The policy will ensure that due consideration is given to the system and process issues which may have led to the incident, behavioural/relationship, or performance issue and aim to apply processes fairly and consistently, ensuring that due consideration is given to how power, privilege, unconscious bias and systemic or institutional discrimination may have contributed to the workplace issue. It will also aim to create the conditions that encourage managers to embrace processes that minimises harm to individuals who are subject of an incident, complaint, behavioural or performance issues, and to any other employees who may be involved in the process.

It is anticipated that the revised policy will be presented to the WPF for agreement in November 2025.

Improving Performance at Work Policy

The policy has been developed following a review of the previous capability policy and it is anticipated that it will be presented to the WPF for agreement, alongside the revised Disciplinary policy, in November 2025.

Flexible Pensions

The policy was developed in partnership and agreed and issued to the Service in October 2024. A link to the policy is included.

Job Evaluation

The policy was developed in partnership and agreed and issued to the Service in December 2024. A link to the policy is included.

General Policy Update

The following policies are also currently or about to be under review and a status report on each is provided:

Policy	Status
Organisational Change	About to undergo a fundamental review in partnership. Consideration being given to developing a Managing Change in the NHS policy rather than limiting to major organisational change.
Raising Concerns	Linked to the development of the Speaking Up Safely framework. Minor review undertaken as part of that work with fuller review scheduled for later date.
Redeployment Policy	Initial discussions with TU colleagues have been held in relation to the development of an All-Wales Redeployment policy out with the current appendix to the OCP and within the context of ill health, capability and fixed term worker regulations. An All- Wales policy is currently under development using the existing WAST template as a starting point.

Recruitment and Retention Payments (RRPs)

The following RRPs, approved by the Welsh Partnership Forum Business Committee, were in place during 2025 in NHS Wales: -

Organisation	Staff Group	No. of posts	Value	Implementation Date	Length
Cardiff and Vale UHB	Cardiothoracic Theatre Scrub Practitioners	16 (Bands 5,6 and 7)	8%	Nov 16	Up to 10 years
Swansea Bay UHB	Cardiothoracic Theatre Scrub Practitioners	12 (Bands 5,6 and 7)	8%	Nov 18	Up to 5 years
Cardiff and Vale UHB	Perfusionists	8.75 (Bands 7-8c	8%	Apr 18	Up to 5 years
Velindre NHS Trust	Welsh Blood Services – Collection Drivers	30 (Band 3)	8%	Jun 23	Up to 1 year (initially)

Chapter 15 – Pay

A4C Pay Reform

Whilst we are generally very supportive of the proposals and direction of travel included in the report developed between NHS Employers and trade unions in England, there are certain issues that we feel we need to highlight. Some of these are general and some specific to certain proposals.

We have a general underlying concern that these reforms will bring additional cost with no central funding from the UK government.

We also feel the need to align the discussions with the strategic direction of travel for NHS Wales as well as the 10-year strategy for NHS England. This has highlighted the need for the speedy development of a workforce strategy for NHS Wales, whilst recognising that we have workforce plans in place for a number of staff groups.

In terms of specific points, we have highlighted certain areas where the position in Wales varies to that in England, and where implications may differ, including: -

- Apprentice pay – arrangements are different in NHS Wales.
- Living wage – we are committed to the real living wage in NHS Wales and so the issue is only one of timing for us – the situation in England differs.
- Different %ages relating to unsocial hours payments particularly for lower banded staff – a potential solution may be to increase the base pay of the lower pay bands to offset the need for differing %ages.
- Differential of 1.5% compared with England rates which we would not expect to see eroded.

We would also like to seek further clarification on a couple of points within the report:

- Graduate pay – we are not sure we have a graduate entry point within A4C so would like further clarity on this point.
- The direction of travel for across band pay progression to move beyond nursing to include AHPs, and its relation to career development, work requirements and competencies.

In addition, we would also like to see consideration given to the following:

- A removal of the cut off point for the ability for staff to earn overtime above band 7.

Chapter 16 - Job Evaluation

Details of the application of the Job Evaluation Scheme and parties' views on its operation:

Application of the scheme

In Wales the application of the JE scheme is closely monitored and overseen at a Wales level. We have several agreed processes and procedures to ensure consistency and an agreed Wales Job Evaluation Policy and Procedure.

The scheme is applied robustly and all organisations in Wales work in partnership although one organisation does not currently have a staff side JE lead.

We currently have the following partnership groups who meet throughout the year:

- JE Technical Group - this includes all JE leads plus others who may have been leads and still have an interest and specialist knowledge in JE.
- JE Profile Group – this mirrors and links into the UK JEG Profile Group discussing and developing job profiles.
- JE Training Group – this mirrors and links into the UK JEG Training Group discussing and developing JE training.
- JE Monitoring Group - The monitoring group meets monthly to undertake work in monitoring outcomes across Wales. We also have a process of approving job descriptions for wider sharing which are consistency checked by this group to ensure they are robust to share.

All organisations in Wales use CAJE (Computer Aided Job Evaluation) system to undertake and record all job matching and job evaluation and have their own organisation accounts. The Wales JE lead is able to access read only monitoring data across Wales.

Operation of the scheme

The scheme operates well in Wales; however, it is now 20 years old, and the following observations have been highlighted:

- Job Profiles –these were developed to aid implementation and many of the job profiles have not been updated for many years, and JEG does not have the capacity to do so. It is really difficult to get evidence from job descriptions to update profiles as JDs are often written to the profiles!
- Job Evaluation – full job evaluation using a JAQ is time consuming.
- Factor Plan – again this is now outdated and probably needs updating particularly in relation to information technology.

Future Work

Our JE Technical Group has discussed various options for the future, and it is felt that research in partnership should be undertaken with JEG with regard to the scheme, particularly in the following areas:

- Are profiles still relevant?

- Can we investigate the ‘rules’ around job matching e.g. could KTE or FTA be varied or could some factors be varied up or down by more than one level as long as the points still stay in the band?
- Can a full job evaluation be carried out without the need for a JAQ?
- Could question and answer logic be used?
- Could the factor plan be updated?

Following extensive work at organisational level, in terms of reviewing job descriptions and departmental structures: -

- WBS Collection Drivers (Velindre) ended in June 2025
- Cardiothoracic Scrubs (C&V and SBU) to end August 2025
- Perfusionists (C&V) to end September 2025

This will mean that there will not be any RRPs in place after 30 September 2025.

There is a particular concern amongst Cardiff and Vale perfusionists and departmental managers that the pay structure for this group of staff in England differs from that at Cardiff and Vale UHB and removing the RRP will lead to a drain of staff to neighbouring Bristol trusts and other areas.

Appendices

1. Anti-sexual harassment policy can be found at **(Annex 8).**
2. Non-Medical Bank Worker Terms of Engagement can be found at **(Annex 9).**
3. Welsh Partnership Forum Terms of Reference can be found at **(Annex 10).**
4. Welsh Partnership Forum Business Committee Terms of Reference can be found at **(Annex 11).**

Flexible pensions policy: Flexible Pensions Policy (2024)

Job Evaluation policy and procedure: Job Evaluation Policy and Procedure (2024)

Chapter 17 - PRB Written Evidence Organisational Views – August 2025

NHS Organisations in Wales were asked for views in the following areas and the responses received are presented by organisation.

Recruitment

- Any issues or barriers faced by internationally recruited staff, including onboarding, retention, or regulatory challenges for UK and international recruits.
- Any effects of regional and local labour market conditions on recruitment and retention, including areas where adjacent labour markets have created recruitment or retention difficulties, either generally or for specific occupations.

Strategic Context and Service Pressures

- The nature and sources of any pressures (e.g. workforce, financial, operational), and how these are being managed.

Recruitment & Retention

- Specific recruitment and retention challenges associated with land borders, particularly in areas adjacent to England *(Aneurin Bevan, Powys and Betsi Cadwaladr only*).

Apprenticeships

- Barriers to greater use of apprenticeships and how these might be overcome.
- Case studies of effective apprenticeship use.

Job evaluation

- Any views on the application of the Job Evaluation policy.

Health, well-being and diversity

- Any challenges encountered in implementing race equality measures and how these are being addressed.
- Examples of good practice or targeted interventions that have supported race equality in the workplace.

Response by organisation - Recruitment

Cwm Taf Morgannwg UHB

CTM UHB know from the WRES data and the IEN experiences that some of our international staff don't fulfil progression opportunities. Some of the 'reasons' behind this are hard to evidence and quite subtle, a newly formed IEN working group have been tasked with taking a further deep dive into the reasons and potential solutions regarding this

There are high numbers of non-UK trained nurses applying for our RN posts - these are applicants who (frequently) are newly UK registered having worked in social care style environments meaning they have put themselves through the NMC registration process - this has upped the number of sponsorships we're looking to progress.

CTM currently employs over 13000 people in a range of professions. The ongoing and significant progress being made on establishment control is supporting us to more efficiently and effectively manage our workforce and vacancies. Ensuring the largest possible talent pool to recruit from is important in meeting this challenge, including UK and internationally trained individuals. Despite progress recruitment & retention challenges remain, in particular regarding certain staff groups and roles (e.g. medics within psychiatry). Our organisational turnover remains a challenge (8.91% for 12 months to the 30 June 2025 - with the Nursing and Midwifery Registered turnover at 7.78% and Medical and Dental at 7.56% for the same period). The organisation's highest turnover is our Estates and Ancillary staff at 13.33%, which includes a number of skilled trades where we face recruitment challenges.

Velindre NHS Trust

Nursing

Accommodation challenges are largely due to NHS Wales not providing guarantors for international nurses (INs), which makes securing housing difficult without proof of address or employment. This is one of the key lessons NWSSP has identified, and they are working on enhanced pastoral care to support recruits, including cultural integration.

Some current challenges include:

- Finding suitable accommodation for international recruits remains a challenge, requiring a long-term strategy.
- Access to OSCE training and exams for pre-registrant nurses is inconsistent; a centralised All-Wales approach is being considered.
- Robust pastoral care is essential for long-term retention; a staff mobile app is in development to support integration and retention.

Regarding starting salary, incremental credit will not apply for recognised prior experience for overseas nursing, the starting salary is at the bottom of the relevant banding. INs are informed of this at recruitment stage, but this has been an ongoing issue

In General

New legislation changes happening so fast there has been lack of clarity as to who is impacted and how. It's extremely complex and relevant to individual circumstances and individual roles, this does make filling role more complex. Visa applications were always complicated but even more so now and there doesn't seem to be any basic guidance provided by home office to support us in conversations with staff and recruits.

Velindre are piloting **Values-Based Recruitment** in one of our high-turnover departments to ensure we hire candidates whose skills, behaviours, and values align with the role and the organisations values, improving both performance and retention.

The biggest non-medical specific effect is in AHPs and Healthcare Science – we lose AHPs so quickly to neighbouring HBs and other cancer / blood centres. The issues tend to be limited progression (because we are a smaller organisation) and an issue with loss of skills temporarily due to maternity. In Labs in particular we don't have enough trained HCSs in the labour market so have developed local training programmes, but this is taking time to turn around. An example has

been the inability to release our appointed social partnership lead on a secondment for almost 2 years as a result of these shortages.

Welsh Ambulance Service NHS Trust

Changes to levels of pay that internationally recruited staff need to be earning may cause an issue should we need to seek appointments internationally. Thinking less about clinical posts and more about other hard to fill posts like digital.

Driving licence requirements for certain operational roles and qualification equivalence for registrant roles could potentially present challenges. Certain operational vacancies require a UK Class 2 (Category C) licence, which can cost between £1,000 and £3,000 to obtain. To pursue this, individuals must first hold a full UK car licence (Category B), meaning internationally recruited staff may face additional financial and logistical barriers if they need to secure both licences.

To date, the Trust has not undertaken a formal international recruitment campaign. Consequently, this is not something that we have engaged with as there has been no need to assess or engage with non-UK qualifications in a structured way. Individuals may well have non-UK gained qualifications etc. but have not been recruited as part of a specific campaign, as such. However, driving licence requirements remain a potential barrier for registrant roles, particularly if international recruitment is considered in future.

Recruiting and retaining essential roles such as Call Handlers (pay and roster pattern issues) and other specific skills sets e.g. vehicle maintenance technicians continues to be a significant challenge. Contributing factors include the pay and roster patterns where we are unable to compete with the private sector and many of the private sector terms and conditions have caught up with the NHS. Consequently, this makes these positions less attractive compared to private sector alternatives.

In many cases, the private sector now offers more competitive salaries and flexible terms and conditions, narrowing the gap that once existed between public and private employment benefits. This shift has made it increasingly difficult for NHS organisations to compete for talent, especially in technical and operational roles where demand is high and skills are transferable.

Challenges related to workforce experience, compounded by media and press narratives, may discourage prospective applicants.

With more options for homeworking for those that can, then the land border is less of an issue in the sense that colleagues in all HBs could work remotely for organisations in England, especially senior roles and corporate roles.

As a national service there are challenges in recruiting operational staff within more rural areas of Wales.

Whilst staff may be employed in rural areas, the number of transfer requests from our newly recruited paramedics suggests that staff prefer to work in South Central and South East areas. This also needs to align with clinical skills and experience.

Aneurin Bevan UHB

We have reviewed our induction with a bespoke induction for internationally educated staff, recognising that healthcare systems and clinical practices can differ significantly from those in the UK.

Supervision and pastoral support capacity is a challenge for our international staff, specifically as the wider teams are already stretched. We have increased our Practice Educator capacity to offset this, but this does not provide day-to-day pastoral or personal support.

Accommodation is the most significant challenge for our international staff, in particular in Abergavenny and Ystrad Mynach, where housing costs are higher and/or availability is limited.

Recent immigration changes have had an adverse impact on recruiting to roles that come under the Skilled Worker Visa, such as IT and laboratory roles. For example, the minimum salary threshold has increased for Biomedical Scientists meaning Band 5s are no longer eligible for sponsorship.

We are unclear what impact the potential permanent residency changes may have (which mean staff may not be able to apply for permanent residency until 10 years), however, these changes are already causing concern amongst staff with anecdotal reports suggesting staff are moving to other countries, namely Australia.

At this stage it's unclear whether restrictions on migrants bringing family members will have any adverse impact on us as an employer. Anecdotally, we know that family members often work in domiciliary care so whilst this wouldn't affect us as an employer it may affect our ability to send well patients' home; less care workers in the community adversely impacts patient flow.

There are some roles that we struggle to appoint to due to the salary/banding being less than the private sector. For instance, Trades in Estates and Facilities (e.g., electricians, plumbers etc). The same applies to HCSW roles where the base salary is National Living Wage, and our exit interviews suggest that some HCSW's are leaving to work in the retail sector. Every month approximately 12 HCSWs leave the Health Board.

Sites in locations such as Nevill Hall and Ystrad Mynach continue to be more challenging sites to recruit to given the geographical/rural location.

Response by Organisation - Strategic Context and Service Pressures

Cwm Taf Morgannwg UHB

The nature and sources of pressures from a workforce, financial & operational perspective are complex and multifaceted. Significant programmes of change are underway or envisaged, including the Strategic Transformation of Primary Care, Llantrisant Health Park and the redesign of stroke services. Our ambitions for our patients & communities (both on a local and regional level), the need for workforce transformation/ modernisation, economies of scale across our sites and the challenging financial position are all contributing drivers to the need for strategic change. Another key area of pressure is operationally managing our GP OOH's service and extending support into the Urgent Treatment Centre - this is linked into the NHS Employers national piece of work on this agenda. A key pillar of our People Plan is "Modern workforce - Skills for the Future" - within this we have set out our vision and ambitions to support the management of these ongoing challenges. Our Savings Delivery Programme (including the Nursing & Medical productivity strands) is also a key mitigation to these challenges.

Hywel Dda UHB

The approach is to translate the consolidated risk register (582 items) into a deliverable plan. For each material risk we ask, can it be delivered in-year; does it require phasing via the Clinical Services Plan or the Healthier Mid and West Wales strategic refresh; or is it best progressed through wider enabling strategies (primary and community, digital, estates, medicines)? Where none of these routes is immediately viable, we state how long the risk has been carried, the residual exposure, and what bridging mitigations are in place.

Each risk-to-delivery proposal is scored and prioritised against defined criteria, such as, in-year deliverability (workforce readiness, estates/digital dependency, operational capacity); interdependencies across CCG i.e. UEC, planned care and diagnostics; impact on quality, safety and access; net financial effect (run-rate, cash, and value for money); risk age and materiality; alignment to statutory duties and HIW standards; and fit with ministerial/Welsh Government expectations. This we believe will yield a clear route, in which we will describe (1) in-year action with trajectories and milestones; (2) multi-year change sequenced into Years 1–3 (including the CSP) or into potentially longer solutions such as the strategic refresh/primary and community strategy; or (3) risk acceptance with time-bound mitigations where delivery is not yet feasible.

Velindre NHS Trust

The Trust is still working on mapping the strategic context– the biggest issues for us are labour market availability and retention but we are developing an attraction and resourcing programme with bespoke recruitment campaigns, access to work programmes, engaging with schools and colleges, and developing retention plans in hot spot areas i.e. nursing, therapies & clinical oncology.

Welsh Ambulance Service NHS Trust

From a financial planning perspective NHS Wales still focus on one-year financial plans with growth / investment funding not really known until circa 4 months prior to the opening of the financial year. This does provide challenges regarding what services can be invested / or disinvested from. This undoubtably has a workforce impact where then recruitment, retention and process cannot then commence if funding is required. This inevitably increases our risk appetite if we do proceed with some investment opportunities prior to knowing the full outcome of our financial settlement.

In context of PRB then planning greater than for 1 year, for example 3-year deals with the final year then rolling would also provide greater certainty to employees etc. on future salaries that could help with retention. This in turn would also help with greater than 1-year discussions with Commissioners (especially in Wales as a devolved nation).

Also, whilst ‘pay arrears’ for some employees is beneficial it would be useful if pay awards could be known / reflective in advance, so new salaries are paid from April each year so that the impact for staff is immediate. We do see pay awards in other sectors paid earlier than NHS and hence making those employers look more attractive for a few months of the year especially for those browsing the job markets.

Within the strategic context of ongoing service pressures, colleague's experience, particularly front-line colleagues, continue to face significant challenges, including direct public interaction, physical risk, handover delays, shift overruns, and sickness absence (though improving). These conditions are contributing to a continued strain on staff wellbeing, which in turn poses risks to workforce sustainability and retention over time.

Budget pressures are making it difficult to appropriately staff corporate teams, putting additional pressure and further strain to deliver more with less.

The Trust has an excellent wellbeing and support offer; however, this is increasingly stretched.

There are a series of wellbeing initiatives for staff which aim to support staff who are facing financial hardship. Data reports on the salary loan scheme indicates that staff are utilising this scheme mainly to help with debt.

Aneurin Bevan UHB

Whilst National initiatives (e.g., the Planned Care Programme) provide benefits to reduce waiting list, there will be unintended consequences as our internal staff work via insourcing providers. This includes the importance of monitoring working hours to ensure there's not a detrimental impact on wellbeing and absence and a potential reduction of overtime and bank to support other services.

There is an increasing trend in all staff groups requesting flexible working options, which we endeavour to support wherever possible. However, this does lead to operational pressures, and we have piloted self-rostering in some areas, which we are hoping to expand further.

Response by organisation - Apprenticeships

Cwm Taf Morgannwg UHB

Since July 2023, 87 CTMUHB staff have undertaken Apprenticeship qualifications across multiple levels, from Business Administration and Clinical Healthcare to Leadership, Digital Skills, and Facilities. The Apprenticeship Academy has targeted key service areas including Facilities, Health Care Science, and Maternity to embed new, role-relevant qualifications that meet workforce guidelines, open career pathways, and strengthen succession planning. Highlights include being the first Health Board in Wales to offer a Level 4 Health Care Science Apprenticeship for Band 3 HCSWs and pioneering a Level 2 Facilities qualification, already completed by 13 staff with expansion underway across sites.

Alongside upskilling the existing workforce, CTM has recruited 22 local people into traditional apprenticeships, offering permanent contracts from day one. This approach is unique in Wales. These roles span Business Administration, Clinical Healthcare, Customer Service, and Maternity, ensuring apprentices gain valuable experience while working towards nationally recognised qualifications and securing a long-term career in the NHS.

CTM also leads on inclusive employment through Project SEARCH, supporting young people with learning disabilities and/or Autism Spectrum Conditions into meaningful work. With a 94% positive outcome rate, almost double the national average, graduates progress into jobs, further training, or supported apprenticeships within CTM, as seen in Evan Coleman's recent achievement of a Level 2 Customer Service qualification in Pharmacy. Together, these initiatives are building a skilled, confident, and diverse workforce for the future.

Firstly, regulatory and funding constraints can prevent staff from accessing qualifications that match their role or career ambitions, particularly in specialist or emerging areas. Current frameworks may not list key qualifications, requiring lengthy negotiation with national bodies to gain approval. While CTMUHB has successfully influenced change (e.g., introducing Level 3 Maternity and Paediatrics and Level 4 Health Care Science Apprenticeships), this process is resource-intensive and slow. Funding limits can also hinder delivery, particularly where programmes require additional support or extended completion times.

The inflexibility of apprenticeship offers in Wales compared with the English model restricts choice and responsiveness. Employers are reliant on providers to promote and navigate options, rather than having the flexibility to directly source provision that meets workforce needs. Moving funding into organisations, enabling them to commission directly from providers, would create a more agile system, reduce delays, and better align training to service priorities.

Next, awareness and perception gaps among managers and departments can limit uptake. Misunderstandings about eligibility, cost, and operational impact persist, despite apprenticeships being open to all ages and government funded. CTMUHB local team invests significant time in education, outreach, and case study promotion to overcome these misconceptions. A more nationally coordinated communications and guidance strategy could accelerate adoption across NHS organisations.

Finally, while CTMUHB's model offers permanent employment from day one (which is not consistent across NHS Wales) and integrates apprenticeships into workforce planning, wider NHS adoption would benefit from policy alignment between recruitment, retention, and apprenticeship strategies. National guidance encouraging Band 2 and Band 3 vacancies to be offered as apprenticeships by default, alongside streamlined qualification approval processes and sustained funding commitments, would enable broader, faster, and more consistent use of apprenticeships across the health service.

Swansea Bay UHB

(ANNEX 12): *CASE STUDY: PROFESSIONAL DEVELOPMENT AND APPRENTICESHIPS - A CATALYST FOR RETENTION AT SWANSEA BAY UNIVERSITY HEALTH BOARD .*

(ANNEX 13): *CASE STUDY: PROFESSIONAL DEVELOPMENT AND APPRENTICESHIPS - FILLING SPECIALIST ROLES AND SUPPORTING RETENTION.*

(ANNEX 14): *CASE STUDY: BUILDING BELONGING - HOW SWANSEA BAY UNIVERSITY HEALTH BOARD SUPPORTS INTERNATIONALLY EDUCATED NURSES.*

Hywel Dda UHB

Release to study and the implications it has on backfill and variable pay is a huge deterrent for the service.

Some qualifications are not within the NHS "world" and therefore we have to be quite creative with how we support apprentices to meet their qualification assessments – we even consider seconding apprentices out to other sectors to get the "right" experience to meet their qualification– so qualification alignment to need can be a barrier in some cases.

Access to more apprenticeships would be helpful there are some in NHS England which are yet to be developed within Wales, these would be extremely helpful e.g. medical apprenticeship.

Collaborative apprenticeships (e.g. Joint Apprenticeship model) have been trialled however a barrier was the Local Authority withdrawing their Social Work placement which left apprentices disappointed as it was about nursing or social work for them.

Vacancy rates decreasing and increasing workload – there has been a decrease in the number of vacancies, and an increase in expectation for roles leaving little to no time to study within a role.

Velindre NHS Trust

There is limited awareness of the benefits apprenticeships can bring to service areas. Collaboration with HEIW and leads from other Health Boards will enable the Trust to establish processes that encourage service areas and managers to participate in the apprenticeship programme. Case studies will be used to demonstrate impact, and managers will be informed that apprenticeship programmes are also available for existing staff, not just new recruits.

Welsh Ambulance Service NHS Trust

The Trust has developed an effective way to navigate many barriers via its highly effective partnership with Skills Academy Wales. Most of the Apprenticeship Pathways Trust employees require are either provided solely by the Trust or supported by our partnership. Some examples of this are the established Associate Ambulance Practitioner framework with its Apprenticeship and Higher Apprenticeship Pathways - fully delivered by Education & Development within the Trust and the forthcoming Project Management and Data Analytics frameworks - both Higher Apprenticeships - delivered by fellow SAW Partners, iTec Digital.

We have invested in the establishment of an Essential Skills team meaning that all staff can be supported to access Apprenticeships, regardless of prior achievement negating any such barrier lack of qualifications may have presented. The positive impact of this team has already been felt in the few short months it has been in existence with many hundreds of colleagues benefitting from the curriculum offer it supports (Essential Skills - Digital Literacy, Communication and Number as well as Mentoring and Education & Training qualifications).

Despite this, there are still some barriers to the expansion of our offer, specially operational pressures that are experienced in Integrated Care and Emergency Medical Services Co-ordination (EMSC) meaning that the delivery teams tasked with inducting staff into these areas have been unable to enjoy protected time to get themselves qualified and therefore roll out the Trust devised Emergency Services Call Handling Apprenticeship framework we have developed.

There is a live initiative at time of reporting to resolve this situation and ensure the Trust is both able to offer such frameworks and meet the statutory requirements for delivery of regulated qualifications and comply with Education Wales Act (2014) requirements to have a suitably qualified workforce deliver such qualifications.

Case Study:

The Associate Ambulance Practitioner framework - Higher Apprenticeship, was introduced in April 2020. In that time, the Trust has had 3 winners of the Higher Apprentice of the Year award for the Skills Academy Wales Partnership. Each of these winners has not only achieved educational outcomes that they did not envisage would be a part of their lives but has also progressed into promoted roles. Two of them had experienced additional challenges due to severe dyslexia and so attribute their success to the neuro-affirming approaches experienced as part of their apprenticeship programme.

The Essential Skills team are currently devising an apprenticeship specially for our non-emergency Call Handlers to benefit from - this will not use a Welsh Government framework but will dovetail into the Emergency Services Call Handling Apprenticeship described earlier. This provides a structure for the role individuals hold currently, as well as entry routes for progression into other parts of the Trust which will benefit from the transferability of the learning already undertaken. This programme has been devised to address retention problems that we experience in all our Call Handling roles.

Expressions of Interest are due to be posted to colleagues, Pan-Wales, for places on Data Analytics and Project Management Higher Apprenticeships. Being able to provide equitable access to such opportunities is important to the Trust and so partnerships that enable us to deliver on that principle are those that we nurture. We have a growing in-house and partnership offer that is helping the Trust to make meaningful contribution to individuals' professional development, Trust performance and genuine evidencing of our duties under the Well-being of Future Generations Act.

Aneurin Bevan UHB

We currently employ 16 dedicated apprentices. For apprentices who are recruited on an apprenticeship contract, Annex 21 is applied, however increases to the National Minimum and Living wage sometimes exceed the Annex 21 rates of pay. As a result, localised pay scales have been introduced to ensure staff are paid in accordance with national minimum rates of pay.

The lack of a marked differential between national minimum and real living wages and the band 2 salary, noting these are in the main "entry level" roles, often does not make apprenticeships attractive to applicants as there is little difference in essential requirements for entry.

As with internationally educated staff, apprentices require increased, daily supervision and support which means that our numbers are restricted based on the capacity available and to ensure a positive experience for the apprentice.

Case Study:

We have had particular success recruiting apprentices into Health Care Support Worker roles with 51 people taking the opportunity to make their first step in their nursing career on our Future Nurse Academy pathway since 2021. In line with our Nursing and Midwifery Workforce Strategy 2023 – 2026, since April 2023, we have supported 39 learners onto the Level 2 qualification, 78 onto the Level 3 and 92 onto the Level 4 qualification further bolstering our nursing pipeline of the future.

Other areas of success include recruiting craftspeople on a 4-year Apprenticeship. The pay at apprenticeship level for these roles far exceeds typical apprenticeship rates offered by other

employers and provides the Health Board with a pipeline of craftspeople due to qualify with the hope they will remain and grow within the organisation into the future.

Response by organisation - Job Evaluation

Cwm Taf Morgannwg UHB

CTMUHB historically had its own Banding of Posts Policy, which set out the principles of the Job Evaluation Scheme and provided staff with information on what processes were undertaken by the Team, and the rationale for doing these.

The introduction of an All-Wales Job Evaluation Policy has not had a great impact on CTMUHB - it has built on the foundations which were set by our existing policy. However, the All-Wales policy has set a framework, and if applied and implemented robustly in organisations, it means that all Health Boards/Trusts in Wales should have a united and consistent approach to the job evaluation scheme. Ultimately it is dependent on each Job Evaluation Lead ensuring their organisation complies with the policy and any processes contained within it.

To date CTMUHB has received over 25 agreed, mandated All Wales Job Descriptions – mainly for some our most advertised roles and a process will be established to issue these job descriptions to existing staff, and utilise them for recruitment of any future workforce.

Welsh Ambulance Service NHS Trust

Job Evaluation needs a wholesale review as it's been in place for a considerable time without significant review.

There may be a need to look at posts not just internally but what the external market is looking like e.g. private health sector and across professions to ensure pay is competitive.

There continues to be the issue between AFC Bands 8d/9 and VSM pay, although this is not strictly within the remint of the PRB this is a barrier for our leaders across Wales.

Aneurin Bevan UHB

The revised policy supports the evaluation of new and evolving roles, enabling the Health Board to respond effectively to service transformation while maintaining equity and consistency.

It is essential that job evaluation continues to be the standard process for determining pay banding. Decisions must be based on job content and responsibilities, not on assumptions of automatic progression, which could undermine the integrity of the Agenda for Change (AfC) agreement.

Job Evaluation Activity (past 12 months)

- Re-evaluation Requests Received: 30 (including 1 collective submissions for 78 staff)
- Outcomes with Increased Banding: 24
- New Matched Job Descriptions: 193
- Job Descriptions with Minor Variations: 410

This activity highlights the ongoing relevance and effectiveness of the JE scheme in supporting service redesign and adapting to the evolving nature of roles.

National Job Profile Review

The Health Board welcomes the national review of job profiles, particularly the updates that reflect current clinical practice for Health Care Support Workers and Nursing & Midwifery roles. There is a strong case for extending this review to other staff groups to ensure equity and consistency across the workforce.

Implementation Considerations

The requirement to review job descriptions every 3 years and implement national job descriptions places significant demands on local resources, particularly in terms of assessment capacity, training, and evaluation processes. Strategic planning and investment will be essential to meet these expectations without compromising service delivery.

Response by organisation - Health, well-being and diversity

Hywel Dda UHB

The Health Board has recently received its second annual WRES report from Welsh Government and whilst the workforce response rate to the NHS Staff Survey increased in 2024 to 20%, this still provides a more limited data set, although ethnicity declaration rates were high. Reliance on race equality measures through use of the WRES data needs to be approached with caution as it draws on NHS Staff survey and ESR data, but we have sought to triangulate this with other sources of feedback, including feedback on lived experiences.

Some of the priority areas that the Health Board had previously identified i.e. bullying and harassment and the career progression of Black, Asian and Minority Ethnic staff will continue to be monitored through the implementation of the Anti-Racist Wales Local Action Plan.

Representation of Black, Asian and Minority Ethnic colleagues at senior levels remains low.

Minoritised staff are less likely to be appointed after shortlisting, which is reflected in the Workforce Race Equality Standard annual report for Hywel Dda University Health Board and NHS Wales.

An Equality, Diversity and Inclusion Task Force was established in April 2025, which aims to build on existing initiatives and broaden the voice and representation of our staff in actions to address discrimination and create lasting cultural change.

Cultural Intelligence training is available to all staff and explores culture and its relevance to inclusion and belonging, introduces cultural value dimensions and how they inform behaviour and attitudes, and provides strategies to manage and mitigate biases and negative stereotypes. Every directorate across the Health Board is supported by an OD Relationship Manager (ODRM), who focuses on promoting and providing proactive and responsive support across the Health Board through engaging with services to facilitate an understanding of what makes the greatest difference in improving the experiences of their staff. They work collaboratively to build a true picture based on the interpretation of qualitative and quantitative intelligence from various workforce data sources, including a bespoke culture survey that was designed in line with the Health Board's cultural themes. This informs the co-creation of strategically aligned People Culture Plans.

The Diversity and Inclusion team are delivering ‘Being an inclusive manager’ sessions as part of LEAP and the Hywel Dda Manager programmes.

The data from our Workforce Equality reports is being used to highlighted inequities, especially for our Black, Asian and Minority Ethnic and female workforce, and generating case study discussions with managers attending development programmes, as a way of showing the inequity that they are probably not aware of and what they can do, in their own sphere of influence to make a difference.

The Health Board has a growing Black, Asian and Minority Ethnic staff network who regularly organise celebrations to promote cultural awareness e.g. Diwali.

Hywel Dda University Health Board is already voluntarily reporting on its ethnicity pay gap annually, and this includes more detailed analysis by pay bands, staff groups and gender to provide clearer evidence of where pay gaps exist and not relying on one overall average figure.

The Health Board is participating in the Aspiring Board Members Programme.

Ethnicity underreporting for Hywel Dda (4.7%) is half that of NHS Wales (9.9%) and we continually strive to improve reporting levels, to enable accurate data analysis.

Velindre NHS Trust

No specific challenges. However, in line with the Anti-Racist Wales Action Plan, applications remain anonymous until the shortlisting stage, with personal information only revealed for candidates selected for interview. This ensures that recruitment decisions are based solely on skills, knowledge, and experience, promoting fairness and equality.

As part of the **Anti-Racist Wales Action Plan (ArWAP)**, we are responding to feedback contained in the **Workforce Race Equality Standard (WRES)** to ensure employees from Black, Asian, and Minority Ethnic backgrounds have equal access to career opportunities and are treated fairly in the workplace.

We have also advanced our status from *Disability Confident Employer* to *Disability Leader*. Our recruitment process is fully inclusive, offering all candidates a fair and transparent experience, supported by NWSSP and the Trust. Where candidates identify as having a disability, reasonable adjustments are provided upon request to ensure equitable access throughout the recruitment process.

Welsh Ambulance Service NHS Trust

An analysis of our recruitment of graduate paramedics suggests that applicants from Black, Asian and Ethnic Minority backgrounds are not getting through the shortlisting or interview stage. The data within our Workforce Race Equality Standard Report supports this. We have low workforce diversity with just 1.63% of the workforce who are Black, Asian or Minority Ethnic.

Feedback from our PECI Team engagement with these communities suggests that there are many barriers for both potential applicants when applying for vacancies and service users when accessing our services. Our recruitment systems and the lack of visibility in our existing workforce can deter people from joining the Trust, in addition to the barriers listed above in relation to

qualifications and driver's licences. Details of an example of inclusive recruitment initiative which we are implementing to address this can be found in the next section below.

Several training courses linked to Allyship and being an Active Bystander have been delivered for staff to increase awareness of inequalities for people with a protected characteristic. The challenges remain around releasing operational staff to attend training due to operational pressures. This training has been made available online and we are reaching out to managers to arrange for the training to be delivered at team development days and consideration is being given to breaking up the training into bitesize modules.

The Equity, Diversity and Inclusion Team are small in numbers which can sometimes limit our ability to implement race equality measures, as such there is close collaboration with our active Equality Networks. Competing priorities and operational pressures can also mean that managers find it difficult to engage with EDI initiatives.

The appointment of a Director of Culture Change and Executive EDI Champion has helped to raise the profile of the Trust's Strategic Equality Objectives at an executive level, which is helping to engage senior managers in EDI initiatives and helping to enable cultural shifts at a team level.

There has been some recent success in implementing an inclusive recruitment initiative within our Digital Team. We reached out to communities and ran a series of workshops for Black, Asian and Minority Ethnic people to offer them the opportunity to meet the team and navigate our recruitment systems. We also provided unconscious bias training to recruiting managers. This work resulted in more applications and the appointment of Black, Asian and Minority Ethnic staff. It also opened the opportunity for individuals to explore vacancies within other directorates.

This initiative also saw a positive impact upon other applicants with a protected characteristic with the appointment of people with a disability, people from LGBTQ+ communities and Welsh speakers.

Work is ongoing with the Integrated Care Team to roll out the inclusive recruitment initiative.

Our Allyship and Active Bystander Training for staff has received positive feedback with over 90% saying that they learned a great deal or a lot, 92% will use what they have learned every day or often in the workplace; 100% would recommend the training to others.

Our Director of Culture Change and our Chair are sponsoring a candidate in Welsh Government's Aspiring Board Members Programme for Black, Asian and Minority Ethnic people to help increase diversity within NHS Wales Boards.

A new People Network for Black, Asian and Minority Ethnic staff and volunteers has been established. This Network has taken proactive steps to raise awareness of cultural events and have held several successful inclusive events to celebrate Ramadan and Eid.

The Network also arranged for the Trust to attend the Big Halal Expo in Cardiff which saw over 3000 attendees.

Our Patient Experience & Community Involvement (PECI) Team also attended the Mela event in Cardiff to continue our engagement with our multicultural communities.

Aneurin Bevan UHB

All policies are supported by an EQIA Cultural Competency Scheme, accreditation is underway.

As part of the Health Board's ongoing commitment to strengthening equality, diversity, and inclusion (EDI) practices, a clear and accessible Equality Impact Assessment (EQIA) flow chart has been developed and formally approved through the Workforce and Organisational Development Policy Group. This tool has been designed to support staff in identifying when an EQIA is required, helping to integrate equality considerations into decision-making processes from the very beginning.

In addition, the EDI intranet page has been updated to provide staff with the most current guidance and resources available, ensuring ease of access. These developments will be subject to regular review to maintain their relevance and practicality, empowering colleagues to consistently deliver inclusive and equitable outcomes.

Anti-Racism E-Learning - The All-Wales competency framework and the training was rolled out in December 2024. The Health Board have had a good response so far and the overall compliance is currently 73.43%. Further work is still required to improve compliance. A monthly newsletter has been developed, and this will be promoted through the newsletter, and a targeted approach will be used via each division

Leadership Development and Career Progression

- Nurses have expressed strong interest in the creation of fast-track leadership pathways specifically designed for IENs. This includes improved access to secondments, structured shadowing opportunities, and NHS Leadership Academy programmes.
- To support equitable progression, staff requested improved access to Continuing Professional Development (CPD) and fair, transparent appraisal systems.

On-Going Targeted Actions:

Creating a Safe and Culturally Competent Workplace

- Anti-racism and cultural humility training is being delivered across all staff groups to foster a psychologically safe, respectful, and inclusive environment.
- Plans are underway to establish dedicated support forums for Internationally Educated Nurses (IENs), with the aim of integrating these into existing Black, Asian and Minority Ethnic staff networks to ensure continuity and shared advocacy.
- The Health Board is also exploring the appointment of Equality Champions who will specifically represent and advocate for the needs of IENs in clinical settings.

Monitoring and Acting on Disparities

- To better understand the lived experiences of IENs, the Health Board is strengthening its approach to data collection and analysis. This includes routine collection of both qualitative and quantitative data through focus groups, surveys, and exit interviews.

- WRES data will be further disaggregated by country of professional training to make IEN-specific patterns and disparities more visible.
- These insights will be used to inform targeted interventions, support evidence-based decision-making, and shape action plans to address gaps in equity and inclusion.

Policy and Advocacy

- The Health Board continues to advocate for IEN representation within local and national policy-making groups and strategy forums.
- IEN perspectives are being actively embedded into the development of the Health Board's wider EDI initiatives and WRES action planning, ensuring that policies reflect diverse needs and lived realities
- Clear escalation processes are being reinforced to ensure all staff have confidence in raising concerns related to discrimination, bias, or unfair treatment.

Nurses

- Deliver IEN-specific listening events to identify gaps in policy, practice, and WRES delivery.
- Promote reverse mentoring, empowering IENs to mentor senior leaders and strengthen leadership cultural competence.
- Develop a tailored WRES action plan with specific goals and measures relating to the experiences and progression of internationally educated staff.

- Examples of good practice or targeted interventions that have supported race equality in the workplace.

Reverse Mentoring Pilot - Reverse Mentorship - Launched in July 2024, our Reverse Mentorship pilot programme connects Black, Asian, and Ethnic Minority staff with Executive and Board Members to help leaders understand barriers and perspectives directly.

Improved Data Transparency - Disaggregated ethnicity data now being shared more transparently with stakeholders to support targeted action.

Medic Mentor - Clinical colleagues have developed the Medic Mentor Scheme to support internationally trained doctors. The Buddy Scheme complements existing supervision by providing informal guidance during their transition.

VOICES Staff Network Re launch - Strategic relaunch to align with current workforce data and lived experience. New Terms of Reference, targeted recruitment of Chairs and Champions, and a focus on accountability and impact. Plans are underway to establish dedicated support forums for Internationally Educated Nurses (IENs), with the aim of integrating these into existing Black, Asian and Minority Ethnic staff networks to ensure continuity and shared advocacy.

EDI Events and Calendar - Use of race equality dates (e.g., Black History Month, South Asian Heritage Month) to host internal education sessions, lived experience stories, and encourage staff involvement.

Anti-racism and cultural humility training - delivered across all staff groups to foster a psychologically safe, respectful, and inclusive environment.

The Health Board is also exploring the appointment of Equality Champions who will specifically represent and advocate for the needs of IENs in clinical settings.

Improving Employee Experience - As part of NHS Wales 'Improving Employee Processes' work, our Employee Experience team, with EDI support, developed a blog for HEIW's Gwella platform. It explores the impact of employee investigations on minority ethnic professionals and aligns with WRES recommendations to assess whether they face higher rates of capability processes.

International Medical Graduates (IMGs) and Medical Workforce - A strong emphasis has been placed on developing a culturally competent workforce through the implementation of training in Cultural Competence, Awareness, and Humility. This training is currently being rolled out across the Health Board and is mandatory for all individuals in leadership roles.

Planning is underway for a Welcome and Celebratory Event in October 2025 for both International Medical Graduates (IMGs) and UK-trained doctors. This event will serve to formally recognise the contributions of diverse medical professionals and support integration and retention.

The existing mentoring programme is being expanded to ensure accessibility for all staff groups, with a view to supporting inclusive professional development and leadership progression.

Aspiring Board Members Pilot Programme - The Health Board launched the Aspiring Board Members Pilot Programme as a strategic initiative to support leadership development, broaden Board diversity, and build a pipeline of future Independent Members (IMs). The programme was recognised for supporting progression pathways for individuals from diverse backgrounds, aligning with broader organisational goals around inclusion and representation.

Chapter 18 – Gender And Ethnicity Pay Gap

NHS Wales Pay Gap Reporting by Organisation

Organisation	Gender (mean)	Ethnicity (mean)
Aneurin Bevan UHB	25%	-0.5%
Betsi Cadwaladr UHB	24%	-49%
Cardiff and Vale UHB	17%	-5%
Cwm Taf Morgannwg UHB	26%	
Hywel Dda UHB	22%	-41%
Powys THB	17%	
Swansea Bay UHB	23%	-17%
Velindre NHS Trust	14%	

Individual organisational reports are all published online and can be found at the following link: Search and compare gender pay gap data - Gender pay gap service - GOV.UK.