Llywodraeth Cymru
Welsh Government

Welsh Government's Written Evidence to the Review Body on Doctors' and Dentists' Remuneration

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.

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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

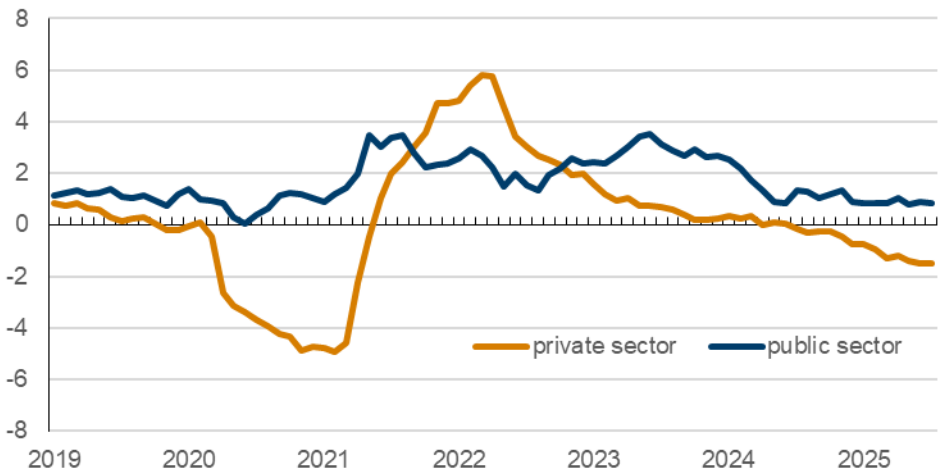
over the spending review period, including an additional £1 billion in 2026-27, £1.6 billion in 2027-28 and £2.4 billion in 2028-29 as well as an extra £4 million in the current financial year. While the settlement means more funding for the Welsh Government to support public services and investment 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)*

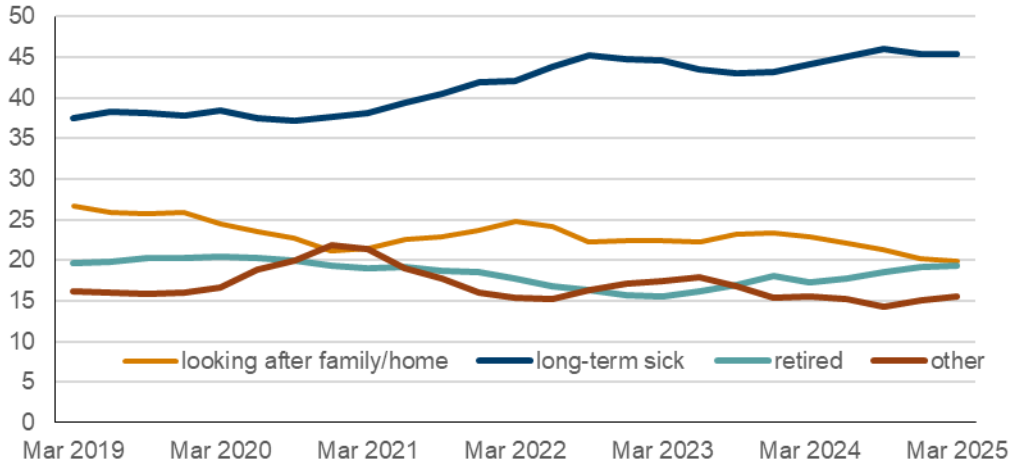


Source: Office for National Statistics

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)*

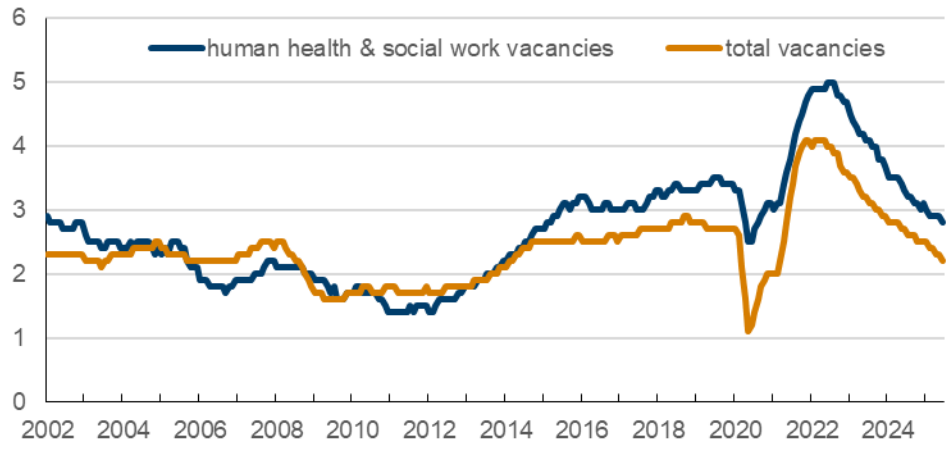
Source: calculated from Office for National Statistics data

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%, there is a control framework in place via the relevant Welsh Health Circular (WHC) 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, Wellbeing & 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 approval of flexible working requests the default position, 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 1)

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 considered for the second version which will include Welsh WRES data to be launched Autumn 2025.

anti-racist education programmes.	
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 Service 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 (AHW)* is Welsh Government's 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 AHW. 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 the 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:

A	B	C	D	E
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.

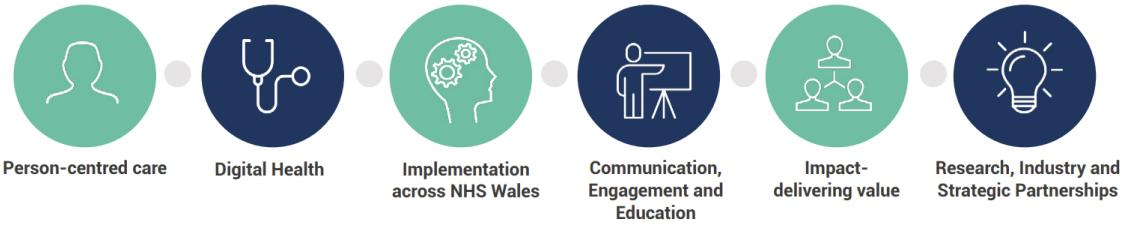
Pressures

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:

Our initial programme goals have evolved over the last few years, so as we move forward and the proliferation of value-based healthcare grows, we will now have six key areas of focus.



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 is only an 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 two 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 two 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 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.

[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

Chapter 6 – Resident Doctors contract reform

Following the agreement reached to end the pay dispute in NHS Wales a mandate was issued in March 2025 to formally instruct NHS Employers Wales and the Welsh Resident Doctor Committee to begin negotiations and agree a proposal for contract reform for the resident doctors and dentists' contract in Wales. NHS Wales Employers have acted in the negotiations on behalf of all NHS Wales organisations.

The current contract is over 20 years old, it does not reflect safe and modern working practices, educational and training needs and optimal service delivery. The benefits for both parties are not mutually exclusive and ultimately will end up with improved outcomes for patients, the service and doctors/dentists if the new contract is agreed and implemented.

The Welsh Resident Doctors Committee have expressed their disappointment with 2025/26 pay award but ultimately agreed to carry on with contract reform talks so that the final package of reform can be considered alongside their pay restoration aims.

The benefits have been assessed during negotiations by both parties; the talks have been very productive in addressing the issues with the current contract from both perspectives and workable solutions found. Detailed discussion was held (building on the previous talks from 2020-22) on all areas of the terms and conditions, with particular focus on the working week, balancing training and clinical duties, the pay structure and the pay system.

The agreed framework from NHS Wales Employers and the Resident Doctor Committee was submitted to Welsh Government in August and was approved by the Cabinet Secretary for Health and Social Care to be taken forward to a referendum. BMA Cymru Wales will be holding engagement events over the autumn ahead of the referendum, the results are due to be confirmed to Welsh Government before the end of 2025.

The agreed framework can be found at **(Annex 2),** and the proposed pay scale will be considered in the usual manner by Welsh Government for an uplift alongside all other medical pay scales following publication of the recommendations from DDRB for 2026/27.

Chapter 7 –Consultant Clinical Impact Awards

In 2024 we received 73 applications and the breakdown per health board and trust are as follows:

- AB – 3
- BCU – 22
- C&V – 23
- CTM – 3
- HDD – 1
- PHW – 3
- SBU – 16
- VEL – 2

This year 27 out of 73 applicants are female, 30 have declared themselves as being from a non-white background and two applicants have declared themselves as having a disability.

In 2024 the following awards were given

- N0 – 20 successful applicants
- N1 – 10 successful applicants
- N2 – 5 successful applicants
- N3 – 2 successful applicants

Health board/Trust breakdown of recommended awards

- BCU – 4 (N0 – 1, N1 – 3)
- ABU – 1 (N1 – 1)
- C&V – 18 (N0 – 5, N1 – 4, N2 – 5, N3 – 1)
- CTM – 2 (N0-1, N1 -1)
- PHW – 3 (N0 – 3)
- SBU – 9 (N0 – 9, N1 – 1)
- Vel – 2 (N0 – 1, N3-1)

Gender

Of the 27 female applicants that have applied, 12 have receive an award.

In 2023, 30 women applied and 10 received an award. This means that the success rate of female applicants is 44% in comparison to 33% last year.

Disability

Of the two applicants who have declared themselves as having a disability, one person received an award. In 2023, five applicants declared themselves as having a disability and three received an award.

Ethnicity

Of the 30 applicants who have declared themselves as being from a non-white background, 14 individuals received an award.

In 2023, 31 applicants declared themselves as being from a non-white background and 10 received an award. This means that the success rate of applicants who declared themselves as being from a non-white background is 47% in comparison to 32% last year

Chapter 8 – Recommendations from DDRB for 25/26

DDRB recommended that governments consider a separate pay framework for locally employed doctors, consideration has not yet taken place in social partnership with NHS Wales Employers and BMA Cymru Wales due to contract reform talks for resident doctors and dentists. Once the outcome of the referendum on the new contract framework for residents is known this consideration will take place through the Medical and Dental Business Group.

DDRB also recommended that government undertaken a review of pay progression for salaried dentists working in community services to assess whether the reward structure is appropriate to support recruitment, retention and service delivery. Consideration of this will take place in social partnership through the Community Dental Services Group with NHS Wales Employers and BDA who are due to meet at the end of September.

Chapter 9 - General Medical Services

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

Strengthening primary and community care and increasing the level of service provided in the community, is key to delivering many of the Welsh Government's priorities, particularly around prevention. An ambitious primary care contract reform programme is underway to drive contractual changes which will further these ambitions and address the challenges of existing contractual arrangements to deliver improved services for people in Wales.

The Welsh Government's commitment to a Social Partnership approach, means that contractual change in General Medical Services is through a tripartite structure where the Welsh Government, NHS Wales and GPC Wales work collaboratively to agree a joint mandate which forms the basis for contract negotiation discussions. An established principle of this approach is that annual pay uplifts and expenses investment are linked to progress with contract reform.

GMS Unified Contract and further reform of GMS

The 2023 Regulations which underpin the new GMS Unified Contract came into effect on 1 October 2023. This was followed by the launch of a new assurance process, which for the first time introduced a nationally agreed indicators for Local Health Boards to use in monitoring the delivery of GMS services by their contractors.

The Unified Contract redefines the core GMS offering, streamlining and simplifying the contract model. It considers learning from the pandemic in enabling GMS to focus on those activities which can, and should only, be done within GMS and at an individual practice level. The Unified Contract consolidates former essential services, additional services and elements from the Quality and Improvement Framework, now considered core GMS.

The Unified Contract consists of three parts, Unified Services, Quality Improvement and Supplementary Services. Unified services will form the majority of the contract as the key services all GP practices must provide.

Services requiring GP oversight or delivery, but which do not need to be delivered by every GP practice, are now commissioned as supplementary services. As part of the Unified Contract, Health Boards will be Directed to provide some services, and Health Boards will retain the ability to commission Local Supplementary Services in line with the needs of local population.

Some supplementary services outside of the Unified Contract will present an opportunity for Local Health Boards to work with partners to plan, commission or deliver through Accelerated Cluster Development (ACD) planning and delivery, allowing for the development of new, effective approaches to delivery that best meet the needs of a local population.

Access to GMS

Access to GP services remains a key public concern and Welsh Government priority. We are continuing to work with the profession and health boards to drive improvement.

The Unified Contract includes mandatory standards around the systems practices must have in place and the information they must provide to patients on how to book an appointment to ensure consistency across Wales.

As independent contractors, GP practices are responsible for ensuring their appointment booking processes meet the needs of their patients. However, in April 2022, the Welsh Government launched the Access Commitment, setting out our expectations on GP access and steps to address the 8 am bottleneck. The Access Commitment was a pledge that people would have their needs responded to the first time they contacted their practice, without being told to call back at another time.

These access standards were launched alongside £12m investment over three years from April 2022 to help GP practices build their capacity through additional staff to support these improvements to access. The access standards continue for 2025/26 whilst a review is undertaken.

In March 2024, 97% of practices in Wales confirmed that they were meeting these standards. As part of their management of local GP contracts, we expect health boards to verify the evidence provided by the practice and to check that these standards are being maintained.

From 1 April 2022 £4m funding was made available, running recurrently for three years, to support GP practices to increase their staffing capacity in support of the implementation of access changes. A

further £4m of additional capacity funding has been invested to support the access standards through 2025/26.

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

General Medical Services Contract: 2024-25

On 24 September 2024, the Cabinet Secretary for Health and Social Care made a Written Statement Responding to the 37th NHS Pay Review Body and 52nd Doctors and Dentists Review Body reports. This statement noted that, ‘the recommended 6% pay uplift for contracted GPs and dentists is subject to overall contract changes for general medical services (GMS) and general dental services.’

In terms of investment, the DDRB recommendation of a 6% pay uplift to GP pay, 2024/25 has been fully met. The staff uplift element of funding is being applied in full after any statutory pay uplifts have been applied. In addition, and in recognition of the vital role all practice staff play in the delivery of services, the Welsh Government extended this 6% uplift to all practice staff above their gross pay, in accordance with the desire for a fair and equitable pay uplift.

As with previous contract agreements, practices have been required to complete a self-declaration, as in previous years, to confirm that they have paid all eligible staff a 6% pay rise.

Alongside the 6% pay uplift for GPs and their staff, an expenses uplift of £1.8 million was applied to the remaining expenses element of the contract, in recognition of the impact of

rising costs on practices expenses and considering the significant progress made in key areas throughout the whole mandate.

The total investment into General Medical Services for 2024/25 is £52.1m, made up of £25.1m recurrent monies, £23m of non-recurrent monies, and the current year's Additional Capacity Fund allocation of £4m.

GP Earnings

The published 2023/24 GP Earnings and Expenses data highlights a further reduction in GP partner income in Wales in real terms. Average gross earnings before tax decreased to £119,800 from £121,800 in 2022/23, a fall of -1.6%. In cash terms, pay rose modestly to £119,800 from £115,300 (+3.9%), but with average CPI inflation running at 6.3% in 2023/24, this translated into a real-terms erosion of income.

Earnings are now at their lowest real-terms level since 2014/15 and remain substantially below the pre-financial crisis peak. Unlike the previous two years, where comparisons were distorted by temporary COVID vaccination income, the latest figures represent a clearer baseline for ongoing practice activity.

Alongside GP partner earnings, the data shows that salaried GP pay in Wales increased by 2.9% in 2023/24, leaving salaried GPs with the highest average pay of this group across the UK nations. This reflects both the structural differences in contractual arrangements and the impact of the mandated approach in Wales to ensure staff uplifts were passed on in full. The comparison with the drop in income for partner GPs in real terms, underlines a growing disparity between employed and risk-bearing GPs, with potential implications for the attractiveness of partnership roles.

The overall position reflects both inflationary effects and policy choices. In addition to the pay award for GP partners, practices were required to replicate the uplift in full for all staff. While this ensured fairness across the workforce, it reduced the net impact for GP partners themselves.

GP Expenses

Practice expenses in Wales rose sharply in 2023/24, increasing to £261,600 from £227,200 (+15.1%). Expenses now account for 68.6% of overall contract value, the highest proportion recorded.

The main drivers of this increase were:

- Staff costs, rising to £173,200 (+15.3%), reflecting both the mandated replication of GP pay uplifts for all staff and sustained statutory minimum wage increases.

- Interest costs, which grew by 68% in year, as practices faced significantly higher borrowing and mortgage repayments during the interest rate spike.

- Premises costs, up 12%, with inflationary pressures in utilities, insurance, and maintenance.

- Fuel and travel costs, up 14%, reflecting wider energy price volatility.

- Other operating costs (supplies, contracted services) also grew faster than general inflation.

With over two-thirds of contract income now consumed by expenses, and with partners personally liable for financial risks, practices have limited scope to absorb further external pressures. The combination of rising costs and falling real-terms income highlights the growing sustainability challenge facing GMS in Wales.

Premises

In 2021 Welsh Government commissioned research by health care planners to explore the approach taken to investment in Primary Care premises and capital development, and how this relates to current policies. One of the areas highlighted was the sustainability of the ownership model of GP Practices. An increasing number of GPs and potential GPs see the model of practice partnerships as owner-occupiers of premises as being a barrier to continuing to be or becoming a GP.

Welsh Government commissioned consultants Archus to collate information in relation to the condition of existing primary care premises. A database is being developed to maintain this information going forward.

Welsh Government is working to update the Premises Cost Directions to support investment in GMS facilities across Wales which could ultimately improve sustainability and the safety of patients and staff in GP practices. A Task and Finish Group was established in 2023 to inform the update and includes a range of stakeholders to consider and propose appropriate amendments to the Directions.

The work of the Group was paused in early summer 2024 to consider changes made to the Directions in England but was re-established in early in 2025 with any proposed changes now subject to consultation and negotiation with appropriate parties.

GMS Workforce

The number of fully qualified GPs practising in Wales has increased over the past year, as have the number of GP trainees. However, the number of wider practice staff has declined.

We have taken a number of positive steps to keep GPs in the profession. Incentives are offered to support doctors to continue working in general practice as they approach retirement or wish to undertake other commitments.

The latest published workforce data relating to GPs and other general practice staff is as of 31 March 2025. This has been sourced from the Wales National Workforce and Reporting System (WNWRS) quarterly data extract which is subject to full validation processes by NHS Wales Shared Services Partnership and Welsh Government Knowledge and Analytical Services.

On this date there were 370 active GP practices in Wales (an annual decrease of 4) with:

- 1,581 full-time equivalent (FTE) fully qualified GPs, an increase of 40 (2.6%).

When broken down by specific GP types there were:

- 1,019 FTE GP partners, an annual increase of 2.4%
- 461 FTE salaried GPs, an annual increase of 16.9%
- 90 FTE GP locums worked in the quarter, an annual decrease of 35.4%
- 10 FTE GP retainers, an annual decrease of 1

Alongside fully qualified GPs, there were:

- 439 FTE GP registrars (trainee GPs), an annual increase of 2.1%
- 1,002 FTE registered nurses, an annual decrease of 3.6%
- 940 FTE direct patient care staff (staff who are not GPs or nurses but deliver health services to patients, such as health care assistants, dispensers and pharmacists), an annual decrease of 1.5%
- 3,912 FTE administrative or other non-clinical practice staff, an annual decrease of 1.1%

If a contract is not in place between the health board and a GP partner, the local health board can manage a general practice with staff which may include salaried GPs and GP locums.

On 31 March 2025 there were 24 local health board managed practices, 1 less than on 31 March 2024. These practices employed 77 FTE fully qualified GPs and 417 FTE wider practice staff. These staff are included in the total staff counts above.

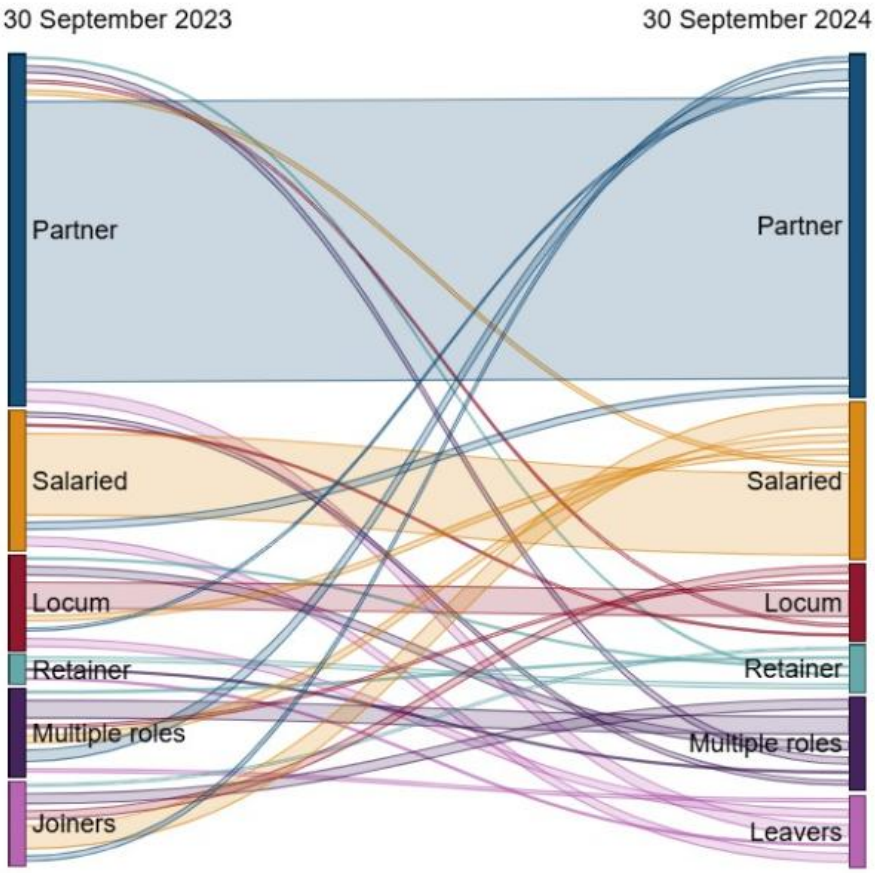
Joiners and leavers

Joiners and Leavers data is published annually, and the last available data is for September 2024.

This data demonstrates that:

- While more GP partners left general practice than joined, the percentage of staff turnover for GP partners was lower than all other GP types and wider practice staff groups.
- On 30 September 2024, it is estimated that 93.3% of GP partners were also GP partners on the same date in the previous year. This includes GP partners who increased their contracted hours from the previous year. The remaining 6.7% had multiple staff roles (3.2%); were salaried GPs (1.9%); were previously not working in a Welsh general practice (1.2%); or were GP locums (0.4%).
- Of the salaried GPs, it is estimated that 70.3% were also salaried GPs on the same date in the previous year. The large majority of the remaining salaried GPs were previously not working in Welsh general practices (18.7%); while 5.3% had multiple staff roles, 3.4% were GP locums, and 2.3% were partners.

Table 09: Movement of FTE fully qualified GPs between 30 September 2023 and 30 September 2024:



The above Sankey chart shows that the majority of GPs contracted on 30 September 2024 were working as the same GP type on the same date in the previous year. The largest flow was new joiners becoming salaried GPs; the largest flow between different GP types was salaried GPs becoming GP partners.

Locum Hub Wales

Locum Hub Wales (LHW) was developed to support the temporary sessional needs of Practices, with further enhanced functionality following feedback from Practice and GP locum users.

NHS Wales Shared Services Partnership are responsible for the management of LHW and the All-Wales Locum Register and are the Data Controller under GDPR. Appendix B of the Scheme for General Medical Practice Indemnity Guidelines: General Medical Practice Indemnity (GMPI) - NHS Wales Shared Services Partnership sets out specific requirements GP locums must comply with in order to benefit from GMPI of the Practices they undertake sessional work for.

LHW enables GP Practices across Wales to advertise their sessional needs, and choose and book a GP Locum, who's preferences match those of the practice, quickly and efficiently.

For Practices, LHW has significantly increased the pool of locums who are available and accessible, especially at very short notice to meet temporary sessional needs.

GP locums are able to set their preferences for sessional work and match these to a Practice's needs. The system facilitates the fast and easy booking of multiple shifts via the calendar view function and has made visible opportunities for sessional work that would not have been accessible previously.

Latest figures show 2,332 GPs are registered on the All-Wales Locum Register as at the end of June 2025, an increase of 236 since June 2024. The AWLR continues to increase in size as newly qualified GPs join the workforce and join the register. Additionally, a significant number of GPs registered during the pandemic to ensure they were covered if moving between practices.

Whilst not all of those who register will work as a locum, an average of 408 to 487 actively work as GP locums each month as recorded on LHW. For the month of June 2025, this sessional work amounted to almost three thousand shifts.

GP Trainees

Historically, recruitment into GP training posts has been challenging. Before 2019, Wales was not achieving its baseline target of 136 GP training places per annum. The GP speciality training programme has been significantly expanded and since the launch of the *Train Work Live* campaign, there has been a significant increase in the fill rate for GP training. The current recruitment target of 160 new GP trainees each year continues to be achieved with 160 trainees recruited in 2024, utilising the latest periodically held data.

Financial incentives for GP training were introduced in 2017 as part of a package of measures to deliver the Welsh Government's commitment to continue to invest in primary care and to 'take action to attract and train more GPs, nurses and other health professionals'.

The targeted incentive scheme provides £20,000 to GP trainees who take up a training post in north Wales (three training schemes – Bangor, Dyffryn Clwyd, Wrexham), Ceredigion, Pembrokeshire and Powys (trainees in Powys are linked to the schemes in Gwent and Bridgend and complete their ST3 post – final year of GP training – in Powys). These training schemes historically had a trend of low fill rates - less than 75% over a 5-year period. Trainees receive £10,000 on commencing their training, with the second payment made after they complete one year of practice in the incentivised region following completion of their training. This scheme was also extended to Carmarthenshire from August 2023. An independent review of the current GP Training Incentive Scheme, which forms part of the Train, Work, Live Scheme marketing campaign is to be undertaken later this year.

Recruitment and retention

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

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

Vacancies are continually advertised on the platform with a total of 15 live job vacancies listed, as of 2 September 2025, of which 5 are for GPs.

While GPWales is optional for practices to use, accurate information on vacancies is not held centrally and is not included in the workforce statistical release.

The Partnership Premium Scheme

The Partnership Premium Scheme was introduced on 1 October 2019 as an incentive for GPs to take up partner roles and with payments made based on clinical sessions undertaken. After six years since its launch, data up to March 2025 shows that Partnership Premium is now the biggest retention scheme, when compared with the Seniority Scheme. There now c. 900 quarterly claimants in both the core and the higher scheme, whilst the number in the frozen Seniority Scheme is c. 400.

Quarterly payments for GP partners are now around £1.6m, annual payments for 2024/25 totalled £6.4m.

We continue to monitor trends and success of the scheme, as part of the 2021-22 agreement a new funded Partnership Premium Scheme for non-GP partners was introduced, in recognition of the vital role these staff play in the sustainability of GMS. Annual payments to non-GP partners for 2024/25 totalled £0.4m.

GP Retainer Scheme

The GP retainer scheme was set up in 1969, originally to help women with young children maintain their clinical skills. The current scheme is intended as short-term support for GPs who have family commitments or health problems which restrict them from working in general practice in the usual way as partners or salaried GPs

At the end of March 2025 there were 28 GP retainers in Wales, an annual decrease of 2.

Review of incentive schemes

As part of the GMS Contract Agreement in 2024, we committed to review SFE reimbursements and existing incentive schemes for recruitment and retention. A tripartite Short Life Working Group (SLWG) was convened in spring 2025 to develop proposals for reform. That work has now concluded, and the group's recommendations have been passed into the 2025-26 annual negotiations for consideration.

Moving forwards, we will need to explore options that support a blended workforce model, ensuring there are high-quality roles for salaried GPs alongside partnership opportunities. The SLWG's outputs, alongside the wider incentive review, are intended to align reimbursement and incentive frameworks more closely with workforce sustainability needs, while making best use of available resources.

Sustainability in GMS

Overall investment into GMS has increased in cash terms year on year, through negotiated settlements agreed with BMA Cymru Wales representatives.

The introduction of the new Unified General Medical Services (GMS) Contract on 1 October 2023 represented the greatest contractual change to GMS since 2004. The contract

negotiations for 2024/25 in response sought to balance this change with stability, resulting in a total investment of £52.1m for GMS, made up of £25.1m recurrent monies, £23m of non-recurrent monies, and an Additional Capacity Fund allocation of £4m. Operational guidance was issued in March 2025 to assist practitioners and practices in delivering the new contractual requirements throughout 2025/26.

However, despite the significant financial resource provided, the long-term sustainability of GMS in Wales remains an ongoing concern. We are now able to draw on data on GMS activity which tells us that over 360,000 appointments are undertaken in general practices each week, and around 1.5m every month, almost representing half the population of Wales standing at 3.2 million.

While the number of GPs in Wales has remained broadly stable, the practice footprint is evolving. Contract hand backs and mergers mean there are now fewer practices overall, with each typically serving a larger number of patients. This reflects a gradual move away from very small or low-partner practices and towards larger, more sustainable models that can offer a wider range of services from a single location.

The impact of this sustained high demand on the wellbeing of the profession has been highlighted by BMA Cymru Wales in their *Save our Surgeries* report and ongoing campaign. In response, we are continuing to take steps to support capacity within GMS and to reduce demand on GPs, including through the development of independent prescribers in community pharmacy and optometry, and initiatives such as the Common Ailments Service (CAS). While the scale of these services is smaller than general practice provision, they provide valuable additional capacity and help to relieve pressure on GPs. The new Unified GP Contract has helped to reduce bureaucracy and free up more time for GPs to see patients. Our investments across primary and community care also support GPs and their practice teams to deliver GMS. Investment in Urgent Primary Care Centres and the 111 Press 2 for Mental Health service are just two examples. Recent funding of £5 million for Allied Health Professionals increases the support available to GPs in Wales via community resource teams.

Alongside this ongoing support, GPs in Wales have also benefited from several nationally agreed changes which have reduced the potential business risk or cost to their practices over a number of years. This includes the state-backed indemnity scheme, the staff pay element of previous contract agreements and SFE changes around maternity pay for staff.

We remain closely engaged with Local Health Boards on emerging GMS sustainability issues and contract hand backs. The number of GP practices in Wales on 31 March 2025 was 370, 4 less (-1.1%) than at the same point the year before. This compares with 31 March 2024 when the number of practices was 374, 9 (-2.4%) less than on 31 March 2023.

Our view is that the GMS model needs to adapt in response to current sustainability pressures and in anticipation of future demand for services. As is the trend across the UK as a whole, in Wales we are seeing a shift towards larger GP practices, with a wider mix of professionals in one setting, providing a greater range of services. This suggests greater sustainability for practices in operating at scale.

Our Accelerated Cluster Development arrangements are based on the principle that local health boards and their primary care providers are best placed to understand and respond to the needs of the communities they serve and provide an opportunity for GPs and other health professionals to work collaboratively to deliver services. We are currently exploring how we might target future investment into supplementary services delivered on a Cluster

or pan-cluster footprint. This would support our policy objective of increasing services available in community settings and allow for the delivery of more specialist services on a scale which is more viable than at an individual practice-level.

Conclusion

General Practice has a critical system-wide role in facilitating resilient primary care services through reducing burden and patterns of demand across the wider system including Emergency Departments, Minor Injuries Units, and Welsh Ambulance Services NHS Trust. The latest published data reflects sustainability challenges experienced in General Practice revealing that in 2023/24 average GP real-terms income fell for the third consecutive year in Wales by nearly 2%, the lowest level recorded since 2015. Expenses rose sharply by approximately 15% now consuming almost 69% of overall contract value, the highest ratio on record with GPC Wales contending that GP salaries are eroded by rising practice and inflation costs of over 6%.

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

WG continues to work with the sector to deliver sustainable, long-term solutions that protect patient services, ensure fair reward for staff, and create stability for practices.

We are engaging with GP representatives in relation to pay matters, highlighting our desire to invest in GMS within the resources available to us.

We continue to move forward with the implementation of the Primary Care Model for Wales which recognises that GPs shouldn’t always be the first point of contact for treatment and draws on a range of other health professionals to make sure that people receive the right care, in the right place at the right time.

We are encouraged by the upward trend in the number of direct patient care staff employed in general practices, supporting patient access to care. The introduction of the Unified Contract formalises much of this change and we will continue to work with the profession as it becomes fully embedded.

We have targeted investment in supplementary services which GPs can receive additional funding for in addition to the Global Sum allocation, thereby providing new income streams to support sustainability and embed reform.

We also continue to work with the GP profession on new models of care that support delivery at scale and which are a direct response to the sustainability challenges in general practice.

Chapter 10 – General Dental Practitioners

Introduction

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

At the time of writing this evidence official statistical data reporting activity is not yet available for 2024/25. However, management information indicates that we continued to see activity in primary care dental services increase gradually with a 3% increase in the number of courses of treatment provided and a 2% increase in the number of people receiving care. Overall activity remains below pre-pandemic levels, but urgent care is now for the second year running broadly with the pre-pandemic period.

At the time of writing this evidence official statistics on the number of courses of treatment provided is only available for a partial financial year (Apr 2024 to Dec 2024). These statistics show a 2% increase in activity compared to the equivalent period in the previous year and a 7% increase compared to the equivalent period from two years ago. Official statistics for the number of patients treated in the financial year are published and show an increase of 4% when compared with the previous year and 7% when compared with two years ago. While the overall activity level remains below the pre-pandemic level, treatments for urgent patients have been close to the pre-pandemic level in both of the last two years.

The contract reform variation arrangements have also continued in 2025/26. These arrangements incentivise access for new patients for both routine and urgent care and encourage practices to focus on providing care and treatment on the basis of risk and need. Prevention both in terms of oral health advice and the application of fluoride varnish where indicated are also key parts of these arrangements. Around 91% of annual contract value is operating under the variation arrangements in 2025/26 which is a 1% increase compared to the previous year.

We recognise that the continued higher treatment need, and the continued introduction of new patients has a material effect on practices being able to recover activity to pre-pandemic levels in terms of unique patient attendance and courses of treatment delivered. Indeed, we would argue that with the overwhelming majority of practices now working under contract reform variation arrangements it is very difficult to compare current activity to the pre-pandemic period on a like for like basis.

Contract reform

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

Since April 2022 we have offered practices the opportunity to opt-in to a variation of their contract with Health Boards which will significantly reduce the reliance on Units of Dental Activity (UDA) in line with the principles of dental contract reform. Practices joining the contract reform programme can focus on providing preventive dental care for a set number of patients for their annual contract value instead of focussing on achieving their previous UDA target. This will also help open up access and practices are required to see a given

number of new NHS patients (based on the size of their NHS contract). For 2025/26 around 91% of the total dental contract value commissioned in Wales chose to work under the contract reform variation.

For 2025/25, the fourth year of contract reform variation, the metrics were changed to reflect the learning from the three previous years. The changes were as follows:

- New patient (NP) and new urgent patients (NUP) had previously been a combined metric with each NP and NUP worth the same in unit cost terms. For 2025-26 they will be separated so that the unit costs are more appropriate.
- The portion of contract value associated with New/New Urgent/Historic patients has been amended to make them more appropriate in terms of treatment need. For 2024/25 remuneration for new patients was skewed creating an unintended consequence of over incentivising seeing more new patients over maintaining access for historic patients in need of care and support.
- New Urgent metric will be fully funded even if a patient does not attend. Health Boards will be responsible for the supply of new urgent patients and in return practices will need to ensure appointment slots are available at the times required by the health board on a rolling 3-6 month basis.
- In order to safeguard capacity for historic patients a minimum threshold was implemented in 2024/25 so that a certain amount of HPs had to be seen before a practice could invoke transferability over the new/historic patient metrics. This remains but is lowered to a minimum of 60% from 75%

The contract reform renumeration model for 2025/26 is therefore as follows:

<table>
<tr><td colspan="4">Maximum contract value (MCV) remains the same

£197,725</td></tr>
<tr><td colspan="4">  </td></tr>
<tr><td rowspan="2">UDA element (ACV)</td><td>25% / £49,431.25

allocated to existing metrics (UDAs) (this value would be the ACV for the purposes of the SFEs)

1,500 UDAs</td><td colspan="2">75% / £148,293.75

allocated to new metrics (details below):

Fluoride varnish (10%)

New Urgent patient target (3%)

New Patient Target (14%)

Supply of mandatory General Dental Services to (and completion of ACORNs for) existing patients (48%)</td></tr>
<tr><td colspan="2">New metrics</td></tr>
</table>

Looking ahead to 2026/27

Negotiations for a substantive dental contract started in September 2023 on a tripartite basis. These negotiations concluded in October 2024 and a full public consultation on a proposed contract and new model of delivery was published on 27 March 2025 closing on 19 June 2025. The key aims of the proposals were as follows:

- A single and consistent way for everyone to access NHS dental services
- A fairer, more transparent payment system for dentists – this is not about saving money.
- Check-ups based on oral health need – not automatically every six months
- Adjustments to patient charges and changes in how these charges are collected. You will know, up front, how much you will be charged if you pay for NHS dentistry.
- Changes to contract terms, such as parental leave.

Over 6,400 responses were received to the consultation – 90% public, 8% profession, 2% other organisations (Health Boards, Llais etc). After considering the consultation response the following changes will be made to the original proposals:

- The proposal to transfer patients assigned 18-24 month recall to the DAP will not be introduced and will be replaced with a capitation payment for practices to provide recall appointments for this cohort of patients.
- Increasing the general fee rate from £135 per hour to £150 per hour.
- Not progressing the proposals to cap parental leave payments.
- Not progressing the proposal to phase out seniority payments.
- Maintaining the principle of a high needs pathway but committing to working with the NHS and dental profession over the autumn to develop the detail around operationalising the pathway and the referral criteria.
- Increasing the annual contract value top slice to £1,200 to fund participation in Accelerated Cluster Development.
- Setting the patient charge at 50% of care package value for those that are required to pay towards their dental care.
- Delaying the implementation of an online PCR collection system until April 2027

Therefore, from a remuneration perspective the new contract will be as follows:

Contract Segmentation

a. 3% is allocated for the recall an monitoring of patients needing to be seen at intervals greater than 17 months
b. 7% is allocated for urgent treatment for new patients – definitive treatment is mandated and in cases where definitive treatment is not possible it is expected that the patient is offered an additional appointment to complete the definitive urgent treatment. Practices must provide appointment slots at time required by the health board on a rolling six monthly basis. All patients will be supplied via the health board's urgent access arrangements and the urgent fee is paid even if the patient fails to attend.
c. (b) 10% is allocated for new patient assessment – all new patients will be supplied by the health board from the Dental Access Portal with specific exceptions e.g. children where their parents are already NHS patients at the practice

d. 70% will be available to provide care packages
e. 5% is allocated for a prevention payment – This will require full compliance with Delivering Better Oral Health (DBOH), Fluoride application as per current variation requirements, prevention conversation and the provision of a tailored care plan based on risk and need
f. 5% is allocated for local/national priorities – This will be specified annually, usually through negotiation, and could include elements such as Audit / Quality Improvement activity, Annual self-assessment, high needs areas/retention.

The percentage assigned to contract segments can be varied by the health board depending on population needs and practice profile. For example access for new patients may be changed from 10% in a particular location if there is insufficient demand and would likely be added to the care package segment.

Fee Structure

Urgent	£75.00
New patient assessment	£54.41
Simple Caries	£72.06
Extended Restorative	£137.50
Perio	£97.06
Anterior RCT	£182.35
Posterior RCT	£365.44
Cown/Bridge	£280.88
Denture	£172.79
Very High Needs Stabilisation	£150.00
3 month recall	£200.00
6 month recall	£100.00
9 month recall	£75.00
12 month recall	£50.00
Initial Assessment under 1 years	£80.00
Initial Assessment 1-4 years	£75.00
Initial Assessment 5-12 years	£70.00
Initial Assessment 13-17 years	£60.00
6 month recall	£110.00

2025-26 settlement

Whilst a tripartite mandate for in-year negotiations was agreed at the time of providing this evidence negotiation are yet to commence. We are hopeful that these discussions can commence in October so that any investment can be made at the earliest opportunity.

Policy update

As referred to in the introduction officials' statistics reporting dental activity for 2024/2025 are not yet available and are due to be reported in October 2025. We will provide the DDRB secretariat with an analysis of the official statistics in due course.

GDP Earnings and Expenses

Data comes from the NHS Digital report *Dental Earnings and Expenses Estimates 2023-24.* When considering the results in this report it is important to note that the period relates to the second year of the re-started contract reform programme when around 83% of annual contract value elected to operate under the contract reform variation offer.

Notable results for income were as follows:

'**Taxable income**' – income before tax or pension contributions are deducted, made up of gross earnings less total expenses, also known as net income.

- For all self-employed primary care dentists, average (mean) taxable income from NHS and private dentistry was £79,900, a 0.1% decrease from 2022-23, which is not statistically significant.
- For Providing-Performer dentists, average (mean) taxable income from NHS and private dentistry was £114,100, a 6.9% decrease from 2022-23, which is not statistically significant.
- For Associate dentists, average (mean) taxable income from NHS and private dentistry was £74,500, a 2.6% increase from 2022-23, which is not statistically significant.

'**Total expenses**' – business expenses from NHS and private dentistry allowable for tax purposes.

- For all self-employed primary care dentists average (mean) total expenses were £81,600, a 0.6% increase from 2022-23.
- For Providing-Performer dentists average (mean) total expenses were £285,500, a 6.8% increase from 2022-23.
- For Associate dentists average (mean) total expenses were £49,500, a 1.2% increase from 2022-23.

Expenses to earnings ratio (EER)' – the proportion of gross earnings that is taken up by total expenses.

- For all self-employed primary care dentists the EER was 50.5%, a 0.1 percentage point increase from 2022-23.
- For Providing-Performer dentists the EER was 71.4%, a 2.8 percentage point increase from 2022-23.

- For Associate dentists the EER was 39.9%, a 0.4 percentage point decrease from 2022-23.

Analysis by gender:

- Average (mean) taxable income for male Providing Performer dentists was £119,100, compared to £102,600 for female dentists.
- Average (mean) taxable income for male Associate dentists was £84,100, compared to £68,000 for female dentists.
- Average (mean) taxable income for all male self-employed primary care dentists, was £91,600, compared to £70,600 for female dentists.
  Note that there are twice as many male Providing Performer dentists compared to female Providing Performers, but around 1.6 times as many female Associate dentists compared to male Associates. On average female dentists work fewer hours than male dentists and no adjustments for the number of hours worked are possible for this years' data. These points at least in part, explain the difference in average taxable income between male and female dentists.
  Analysis by age group:
- For all self-employed primary care dentists aged under 35, average (mean) taxable income from NHS and private dentistry was £68,100, compared to £83,800 for those aged 35 to 44 and £91,000 for those aged 45 or older.

Recruitment, retention and motivation

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

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

Unfortunately due to the submission of evidence being earlier this year data on the number of dentists providing NHS treatment will not be available until October. We will provide this information to the DDRB secretariat when it becomes available.

Working patterns, motivation and morale

There is no update this year to the *Dentists' Working Patterns, Motivation and Morale 2022/23* report. Therefore, our evidence remains as provided for last year. We are aware that due to low response rates it may prove difficult to replication this reporting exercise in full in the future which is a concern.

However, the Welsh Government is working with their dentists to onboard them to the Workforce Reporting system already used by GPs. Unlike the other alternatives that are surveys, the system will require dentists to regularly log all clinical and non-clinical

members of their team, and how many hours they perform NHS dentistry each week which should provide a better idea of WTE data as well as headcount. The platform also captures specialist interests which will provide more detail of work being undertaken. We expect all practices to be participating by the end of the year which will enable us to report workforce data for GDS via official statistics.

Welsh Government remain conscious of the concerns expressed by dentists about workload, pay, operational aspects of both the UDA and variation contract. We are committed to working with the dental profession in considering new and improved ways of working. We also believe that the reform of the dental contract is a key part of addressing the motivation and morale issues highlighted in the 2022/23

Part 2 – Health Education and Improvement Wales Evidence

Chapter 11 – 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 3)** 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

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

midwifery and Estates and Ancillary have both seen significant reductions, from 39% - 25% and 48% - 41% respectively.

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

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

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%).

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.

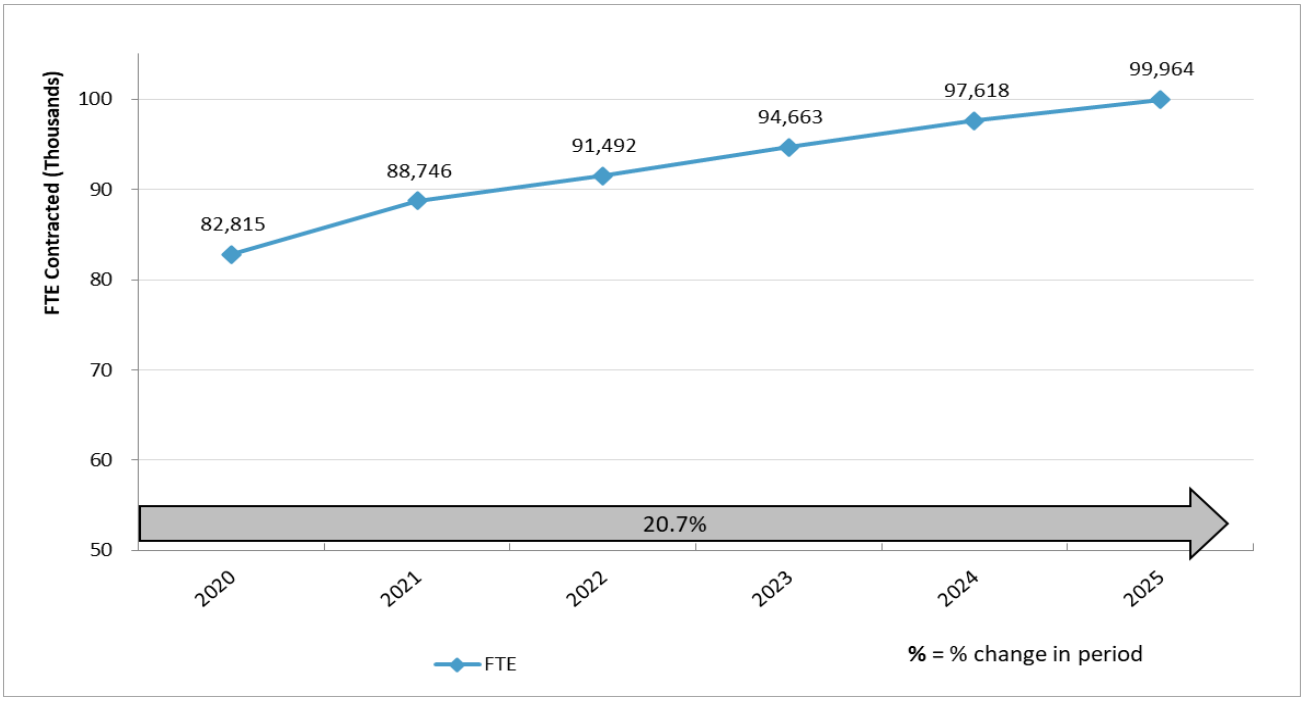
Size of the NHS Wales Workforce

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

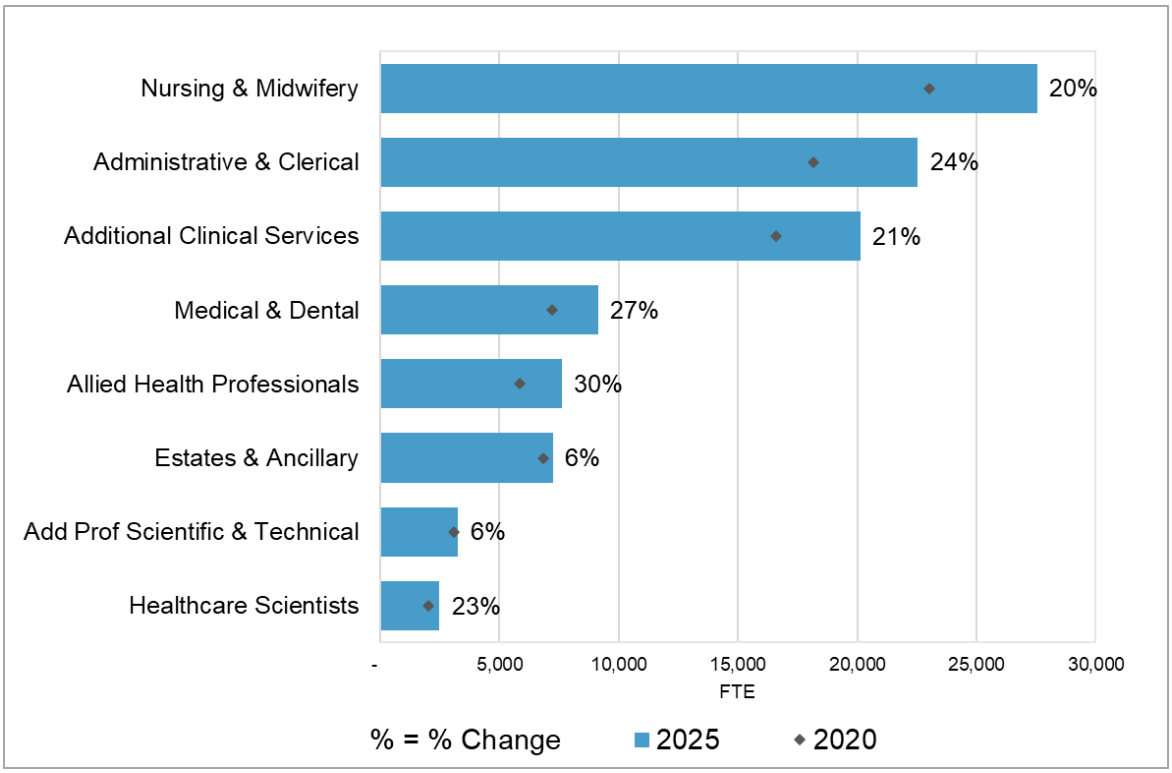
Graph 2 shows the FTE and percentage change in the different staff groups between March 2020 and March 2025.

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.

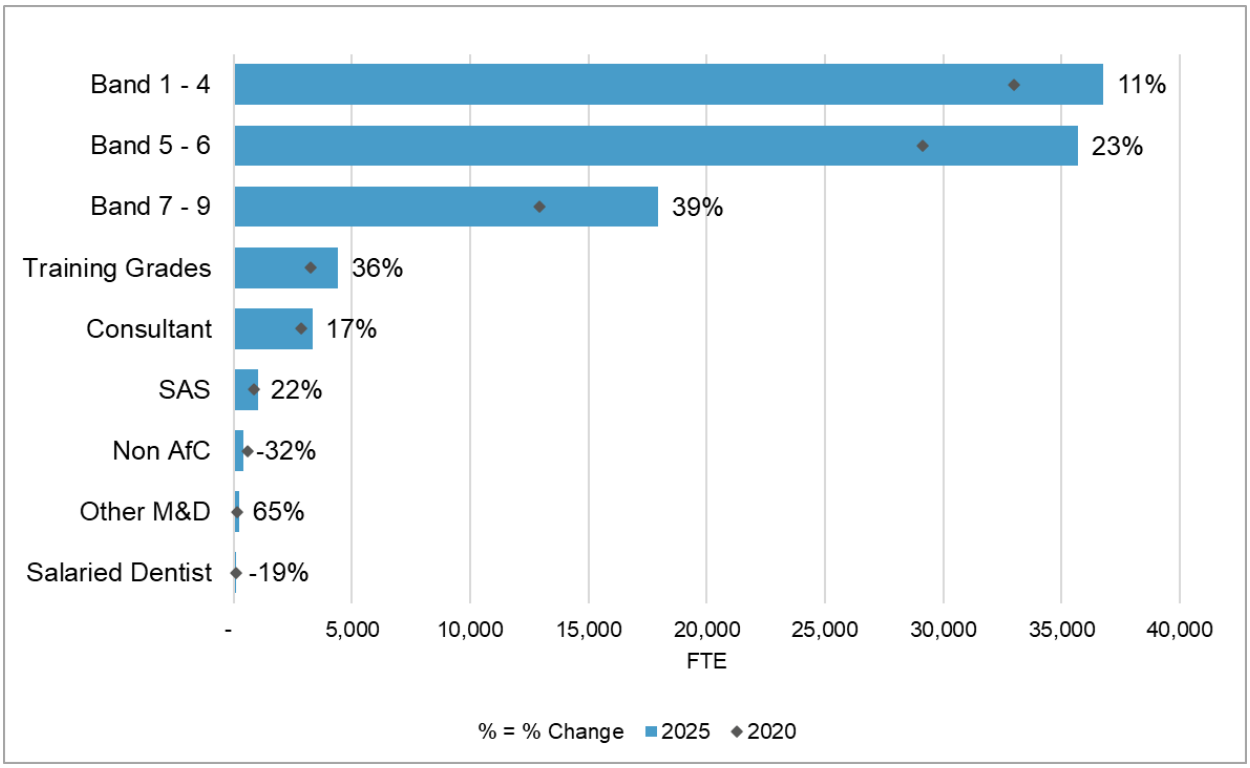
The largest proportional increase in workforce FTE between 2020 and 2025 was seen in Agenda for Change (AfC) Bands 7–9, which grew by 39%. This reflects an expanding senior clinical and managerial workforce, consistent with increasing complexity in service delivery.

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.

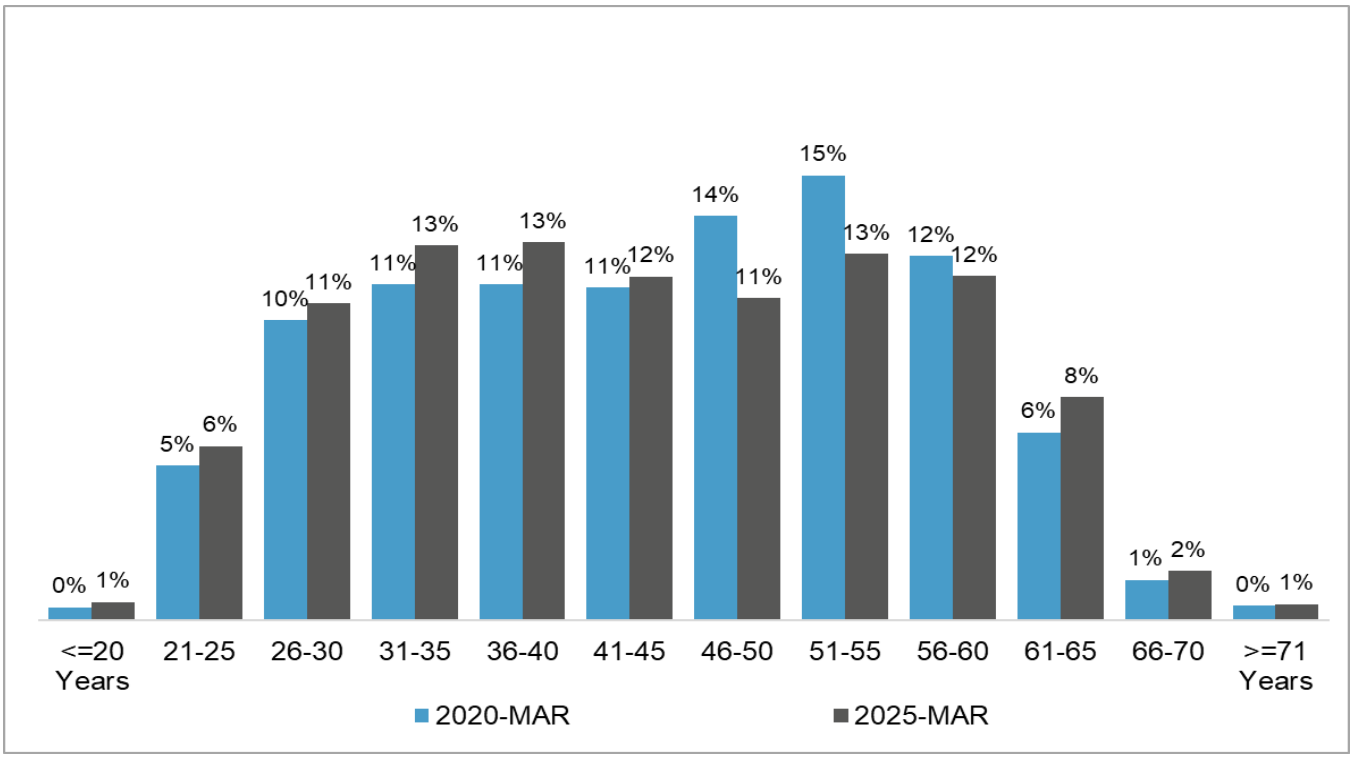
The age distribution of the NHS Wales workforce has shifted slightly between March 2020 and March 2025, with a gradual increase in both younger and older age groups.

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.

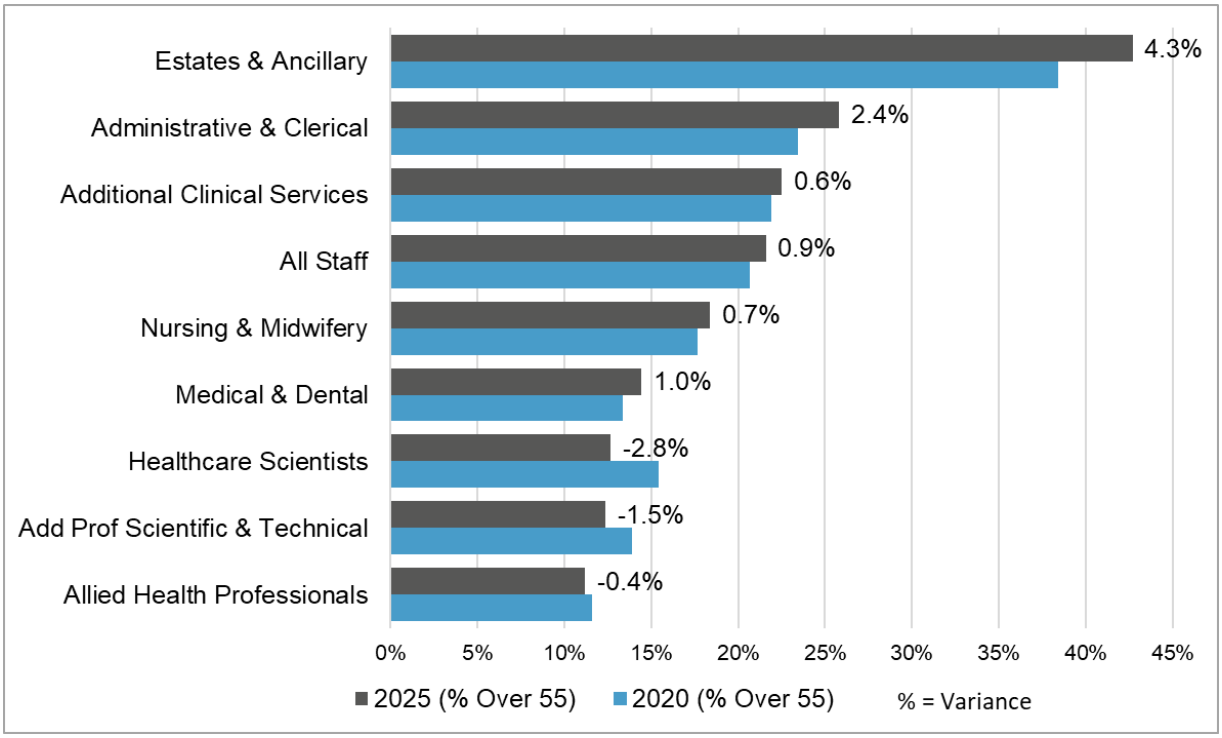
The most notable increase occurred in the Estates & Ancillary workforce, where the proportion of staff over 55 rose by 4.3 percentage points, reaching over 40%. Administrative & Clerical roles also saw a significant increase (+2.4%), contributing to an ageing profile in key non-clinical functions.

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

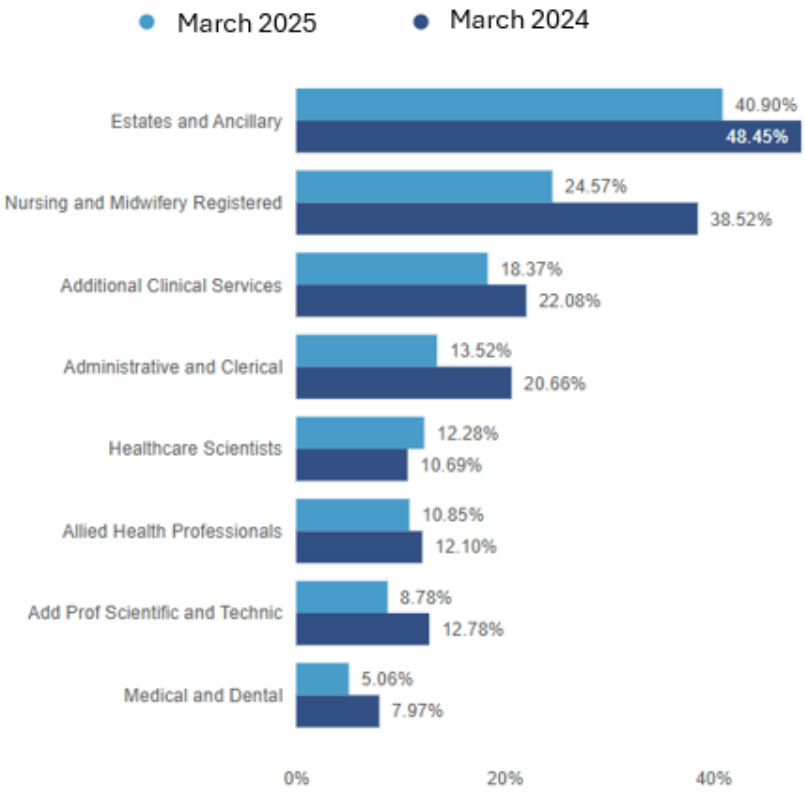
The graph illustrates the percentage of staff who retire and return back into the workforce over a 12 month period. Comparing the last 12 month to the previous 12 months.

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.

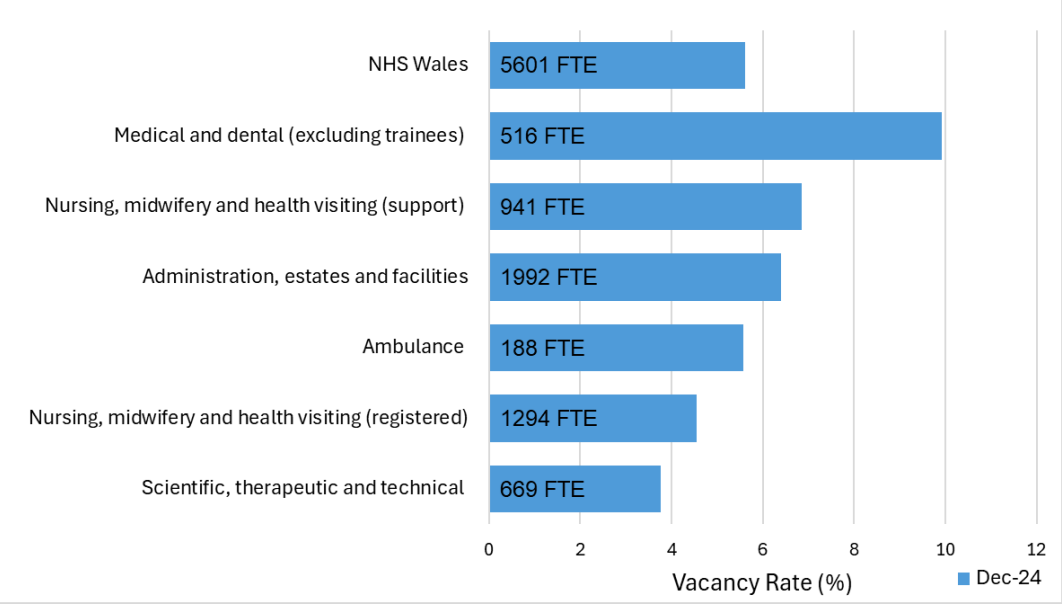
The highest vacancy rate was observed within the Medical and Dental (excluding trainees) group, at approximately 10%, equating to 516 FTE. This highlights ongoing recruitment and retention challenges within key clinical specialties.

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.

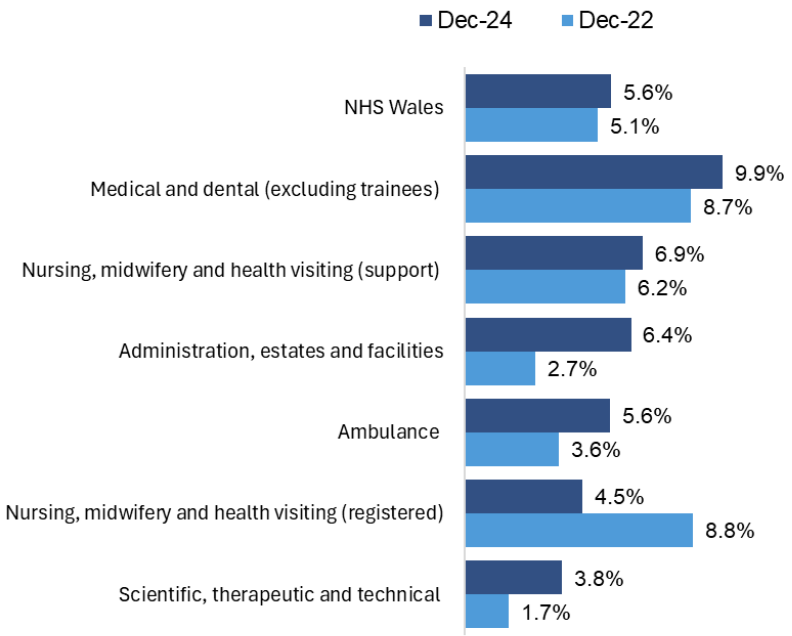
The Medical and Dental (excluding trainees) category saw the highest vacancy rate in both years, increasing from 8.7% to 9.9%, reflecting persistent recruitment challenges in this area.

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.

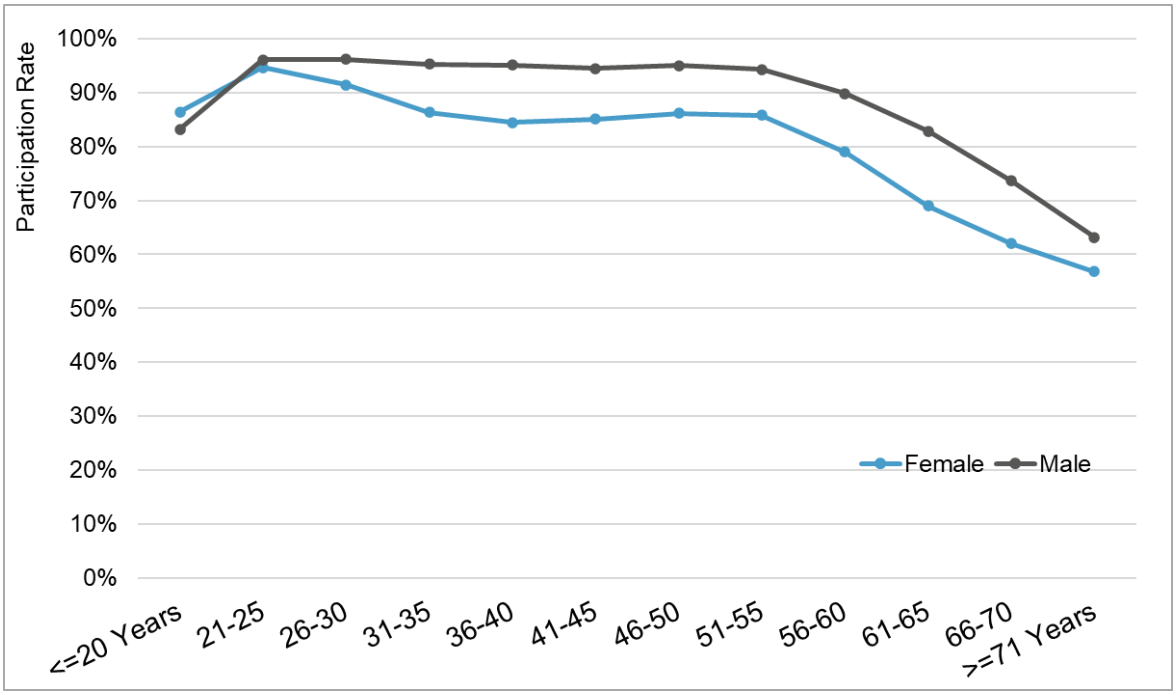
From age 21–55, male participation remains relatively stable at around 95%, whereas female participation dips below 90% from age band 31-35. Both male and female a gradual decline from the age band 56 onwards. By age 66–70, female participation falls to 57%and males, 63%.

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).

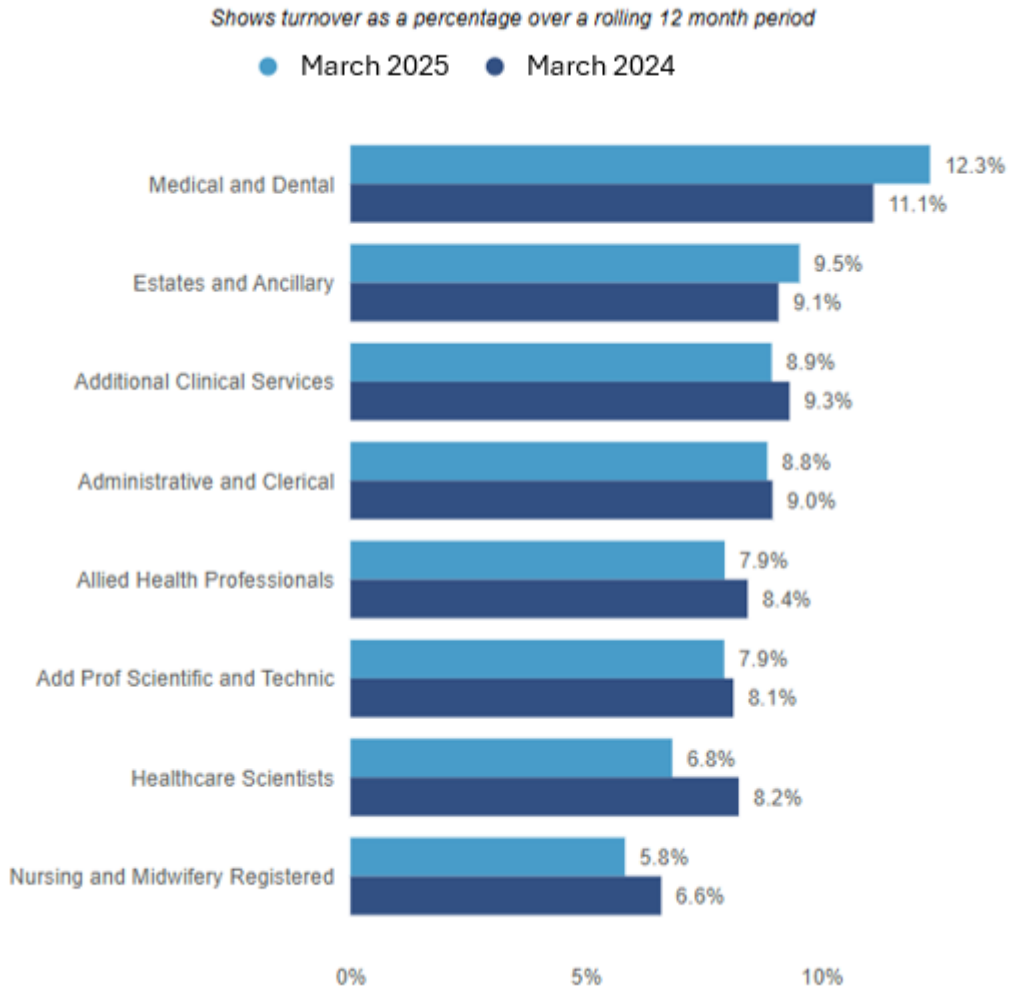
Turnover by staff group - March 2024 vs 2025

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.

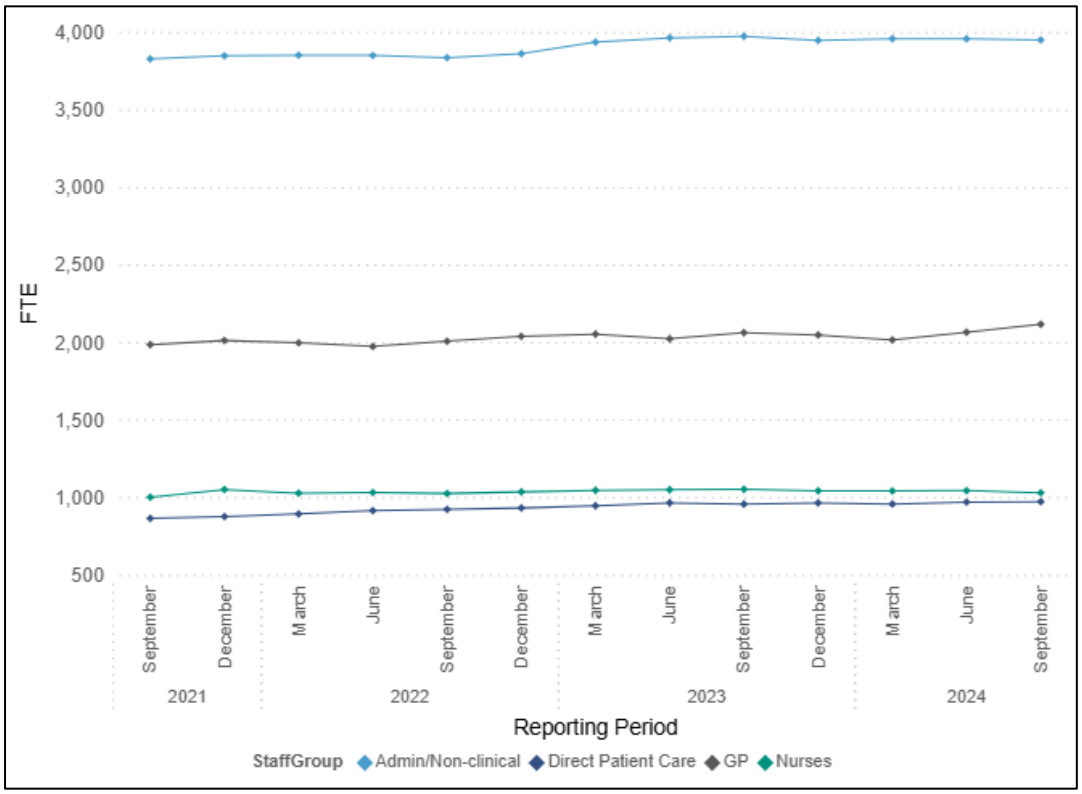
Historic trend of the General Medical Service

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

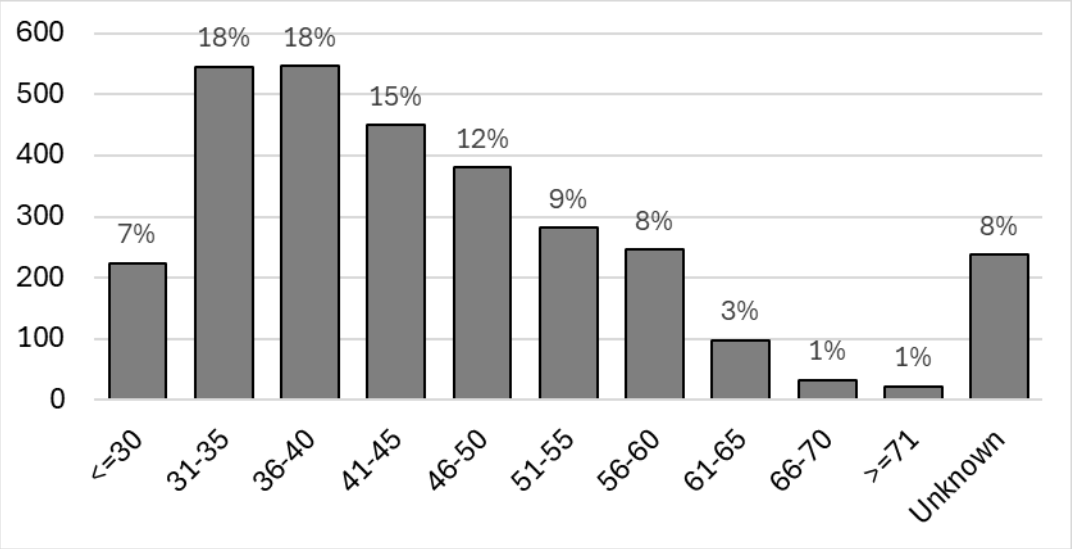
Age profile of the GP workforce

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.

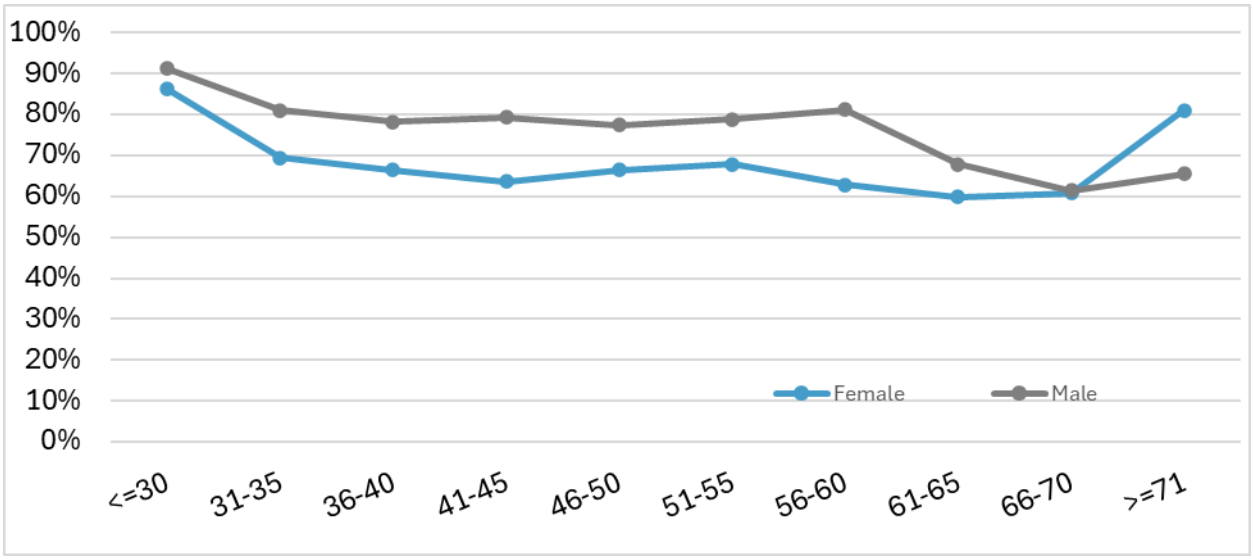
Participation is highest in the youngest age group (<=30), where both male and female GPs show near full participation.

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.

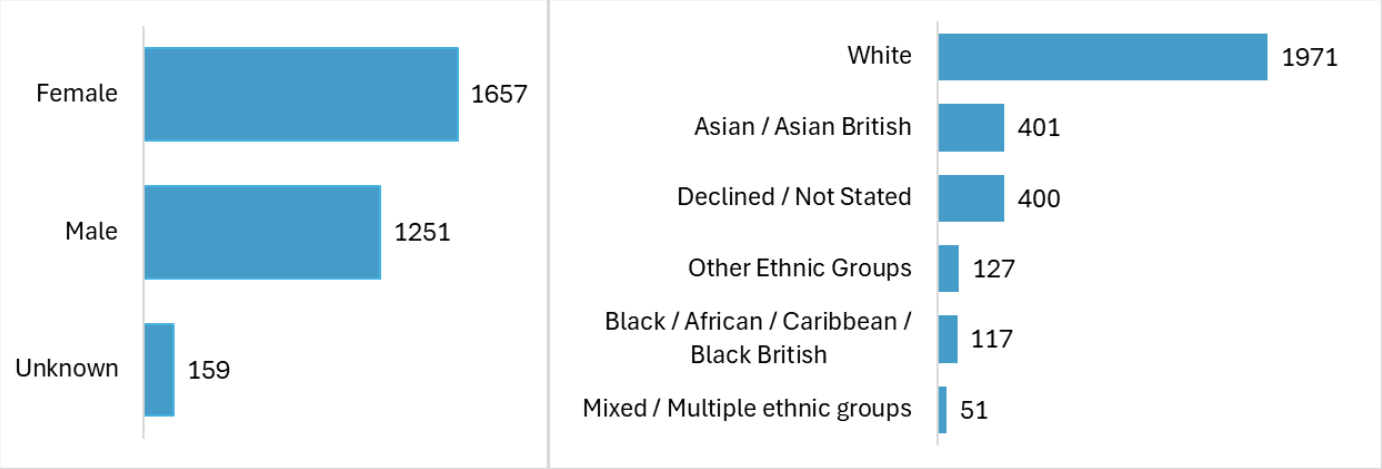
Of the current workforce recorded in the latest period, 57% identified as female (1,657), 43% as male (1,251), and 5% did not state or had unknown gender recorded (159). This is broadly consistent with the gender profile of the wider NHS Wales workforce, which remains predominantly female.

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].

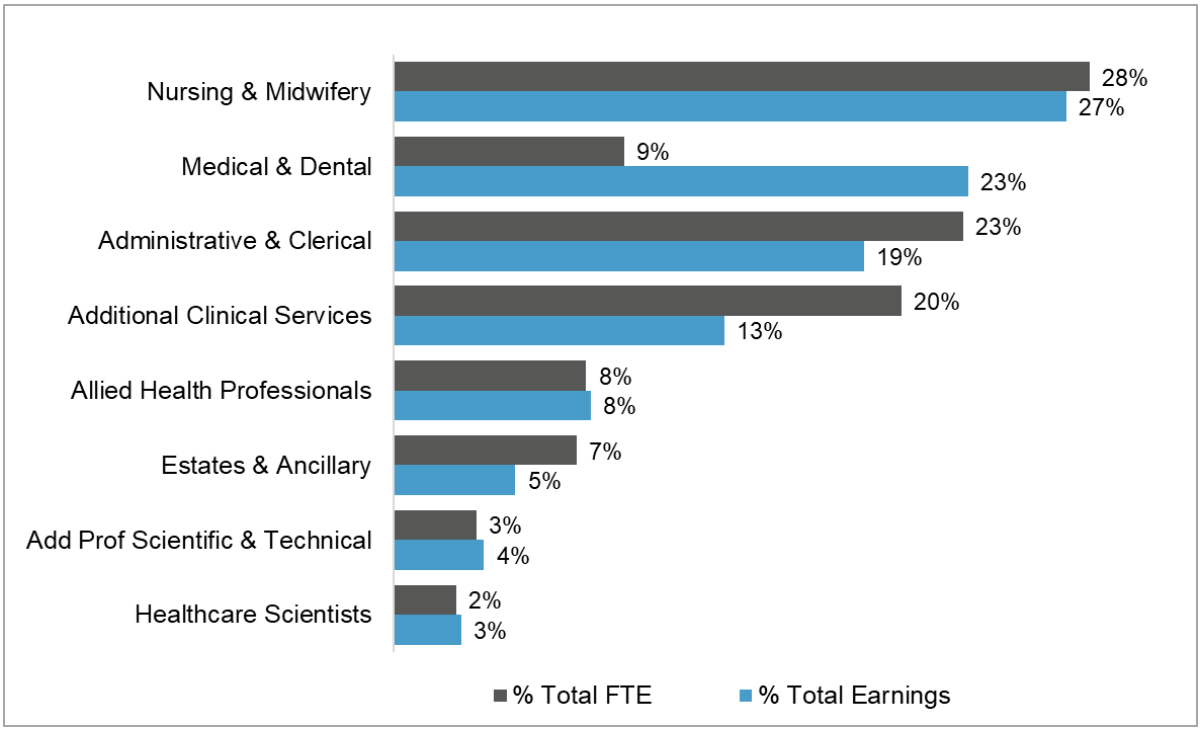
Cost of the Current NHS Wales Workforce

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

[5] NHS Wales Financial Monitoring reports – Pay Bill

Total Pay Bill Trends

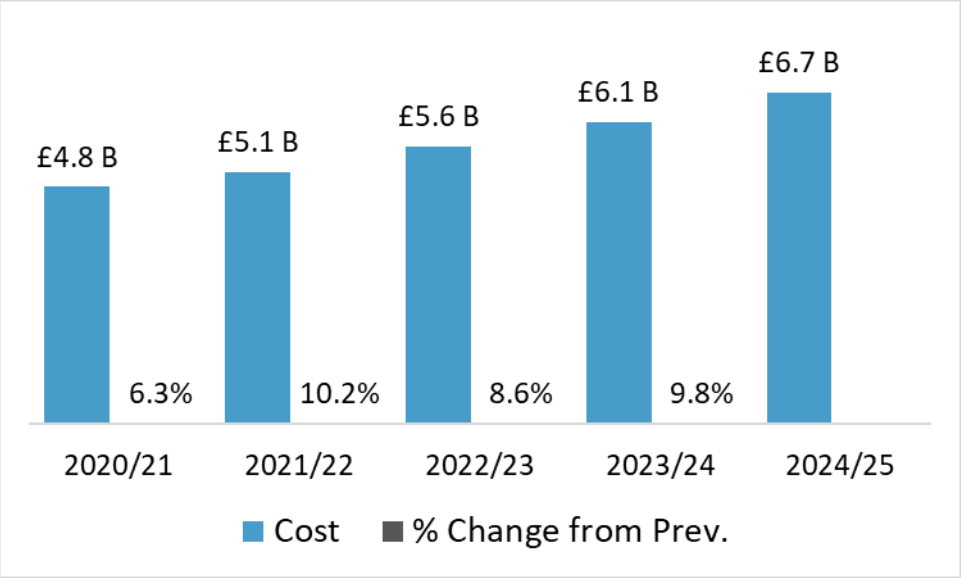
The cost analysis in the rest of this section has been based on NHS Wales Financial Monitoring returns and refers to the last five financial years. The following graph shows the monthly pay bill and the annual percentage change from the previous year from April 2020 to March 2025.

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

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

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

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



Data source: NHS Wales Financial Monitoring returns.

NHS Wales Sickness Absence

Monthly Sickness Absence

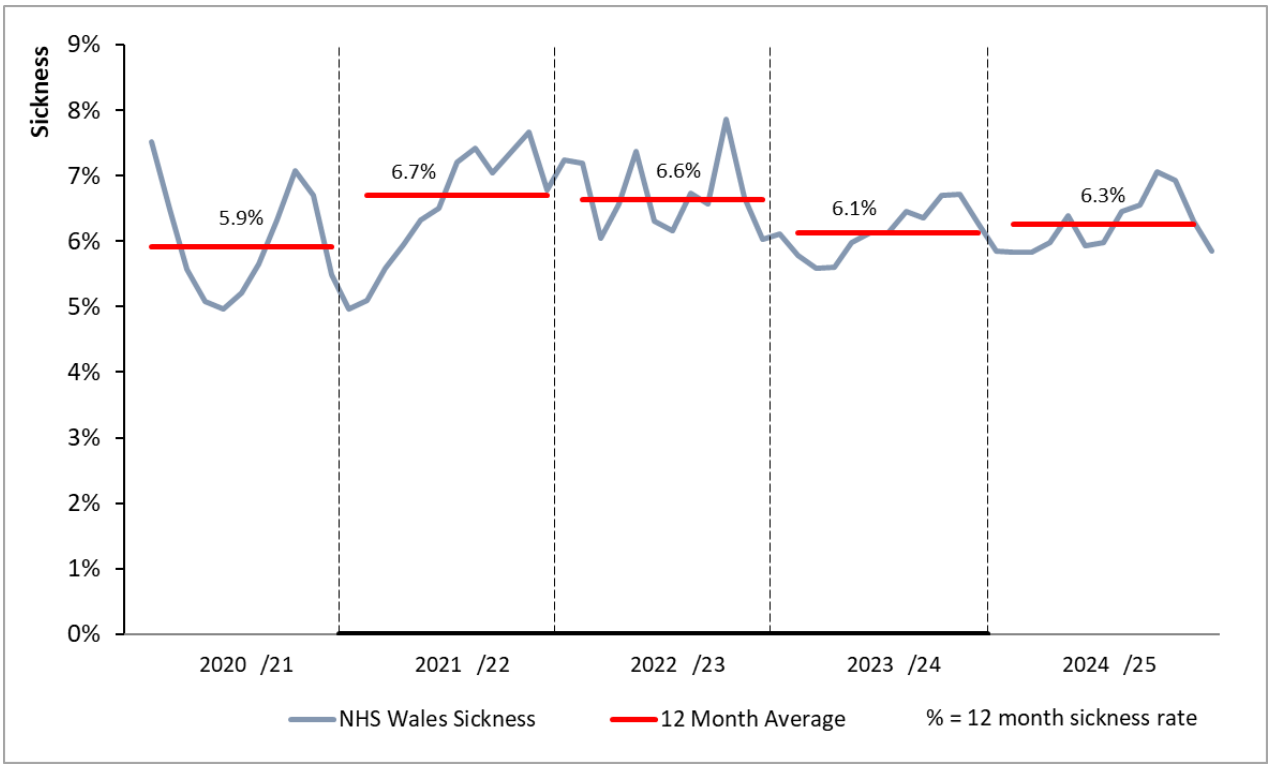
The sickness graph below shows NHS Wales monthly sickness absence rate from April 2020 to March 2025 for all staff groups. The red line indicates the 12-month average sickness absence rate for the financial year.

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

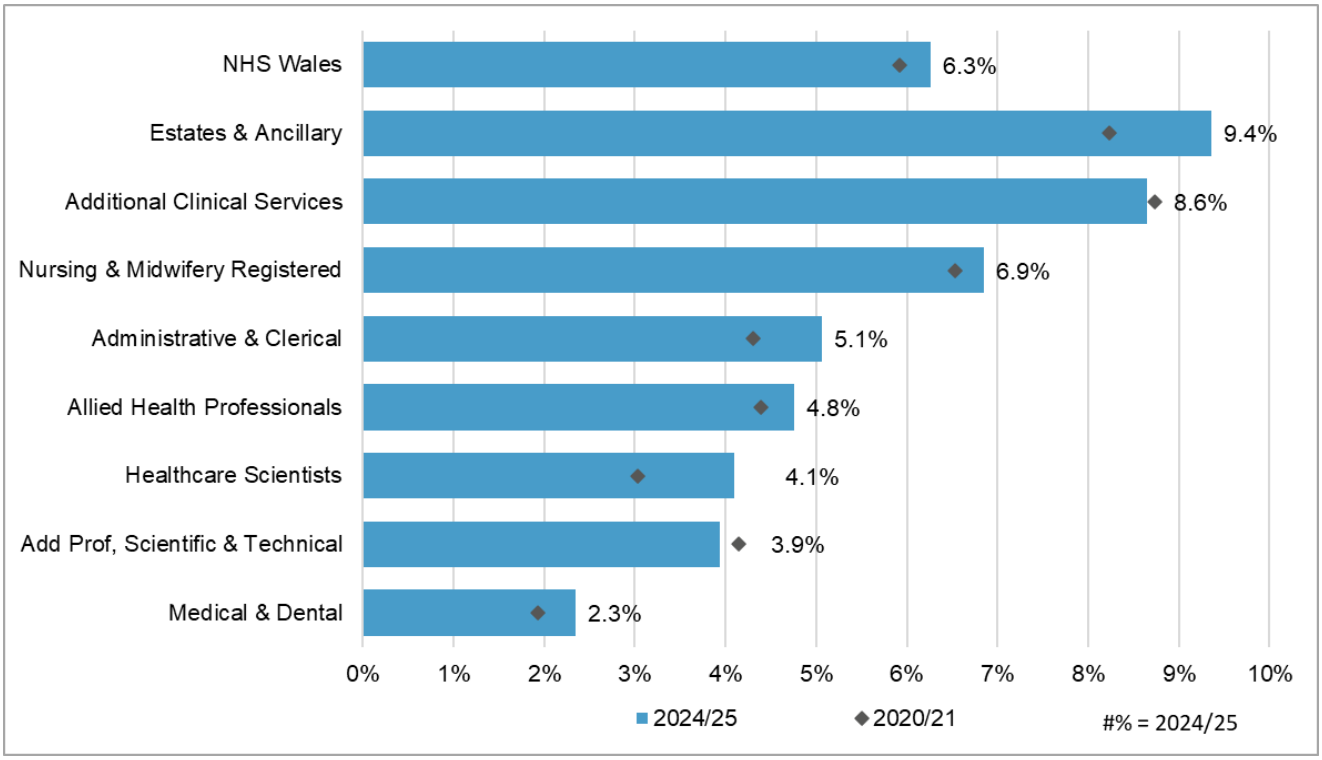
Sickness by Staff Group

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.

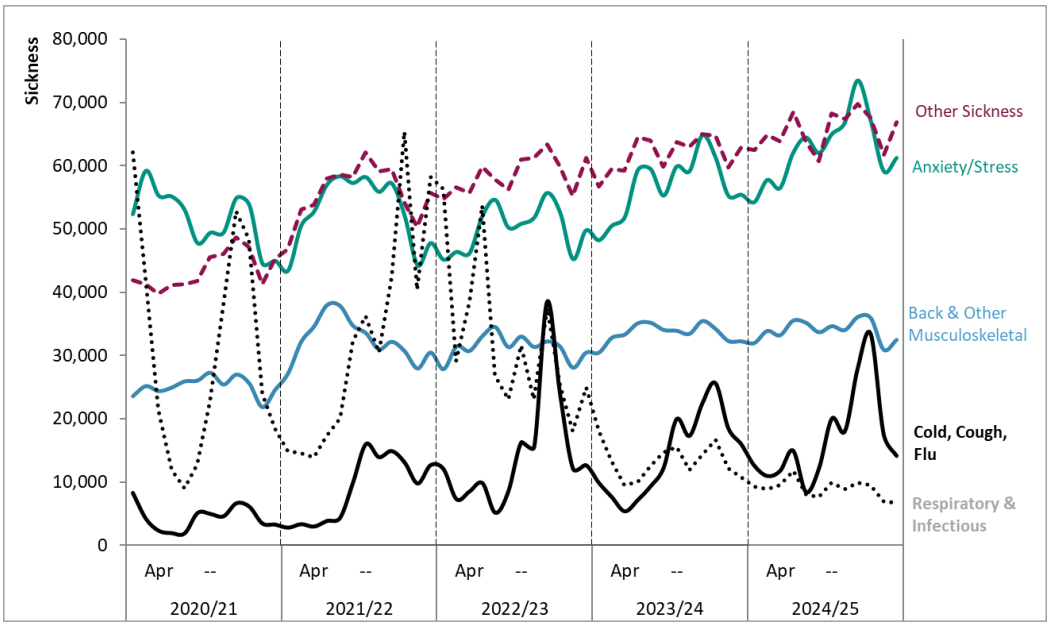
Musculoskeletal issues, particularly back and other conditions, have remained consistently high across the period.

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.

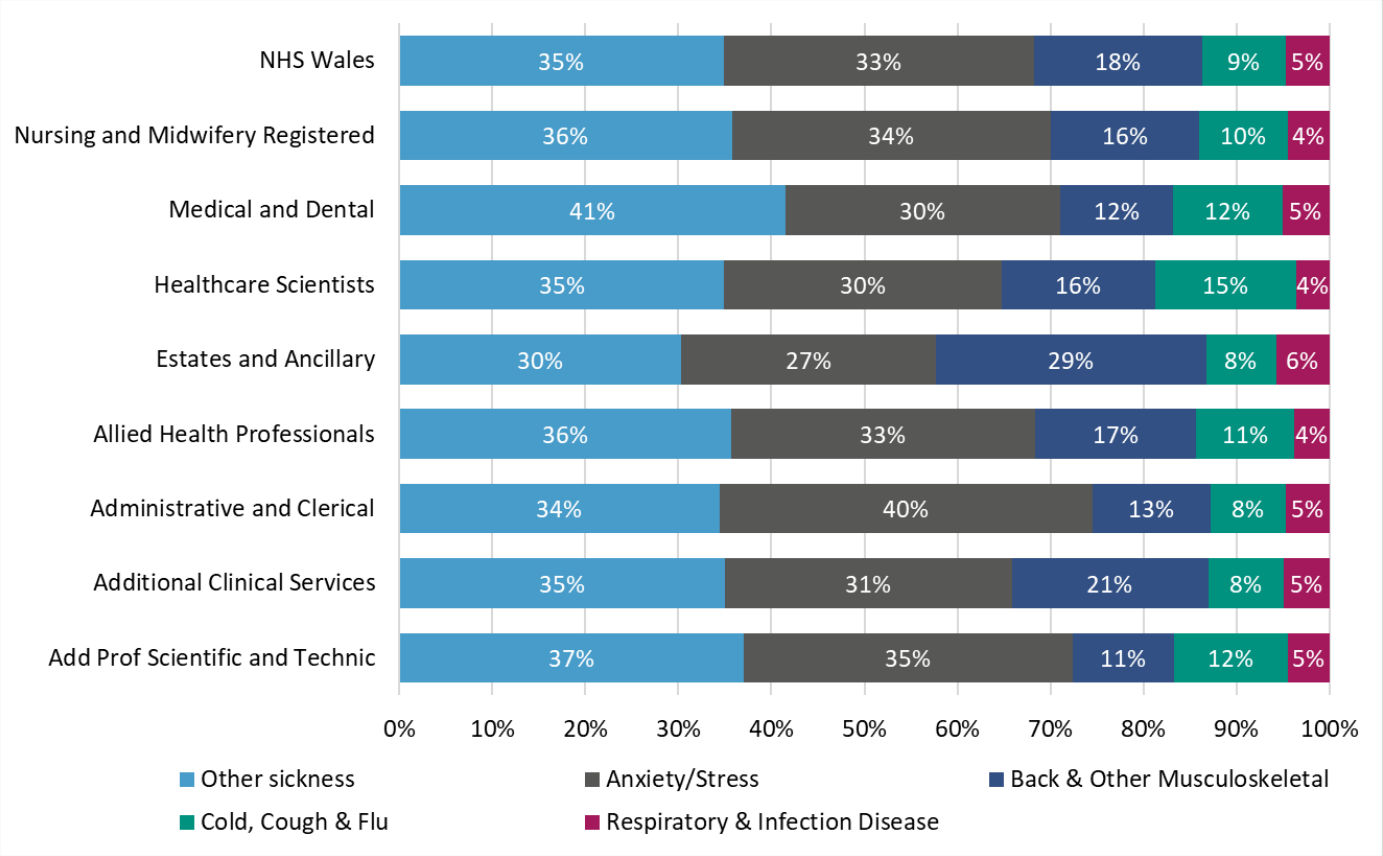
'Other sickness' accounts for 35% of all absences across NHS Wales. This ranged from 30% in Estates and Ancillary to 41% in Medical and Dental.

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



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

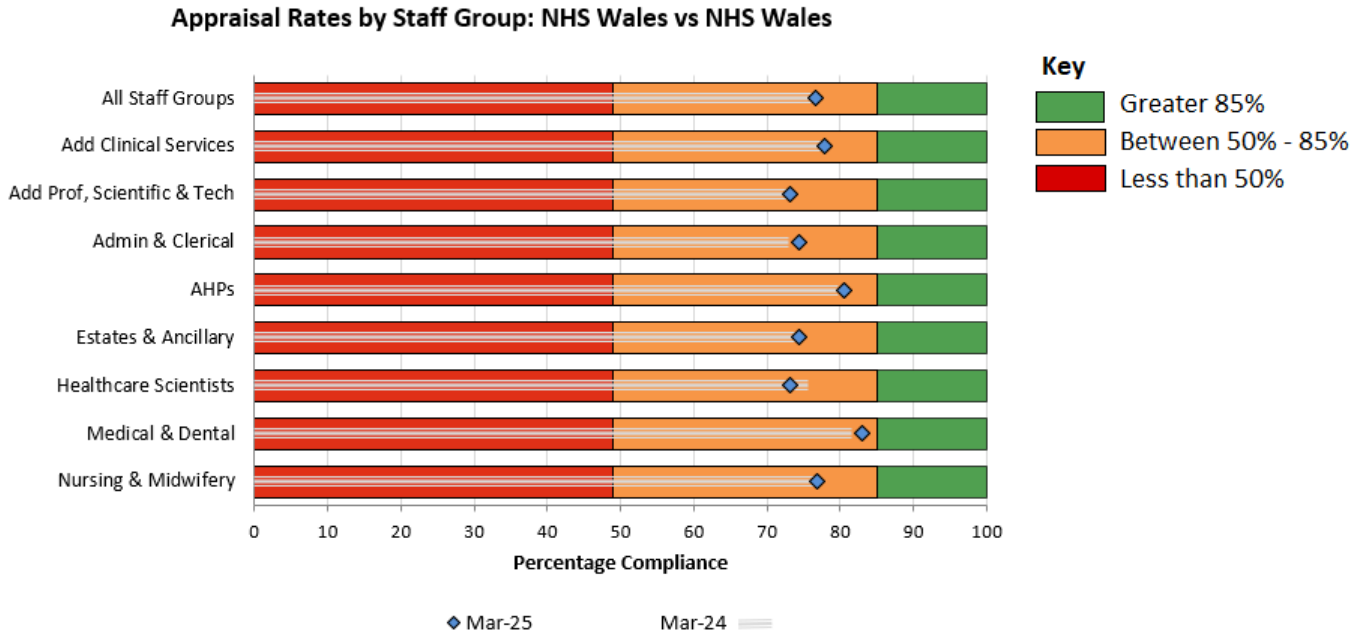
Appraisal Rates are based on the percentage of headcount of staff who have had a PADR/Medical Appraisal in the previous 12-month period - excluding doctors and dentists in training.

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 30 - Appraisal Compliance by Staff Group – March 2024 and March 2025



Data source: NHS Wales Performance Dashboard March 2025

Statutory and Mandatory Training Compliance

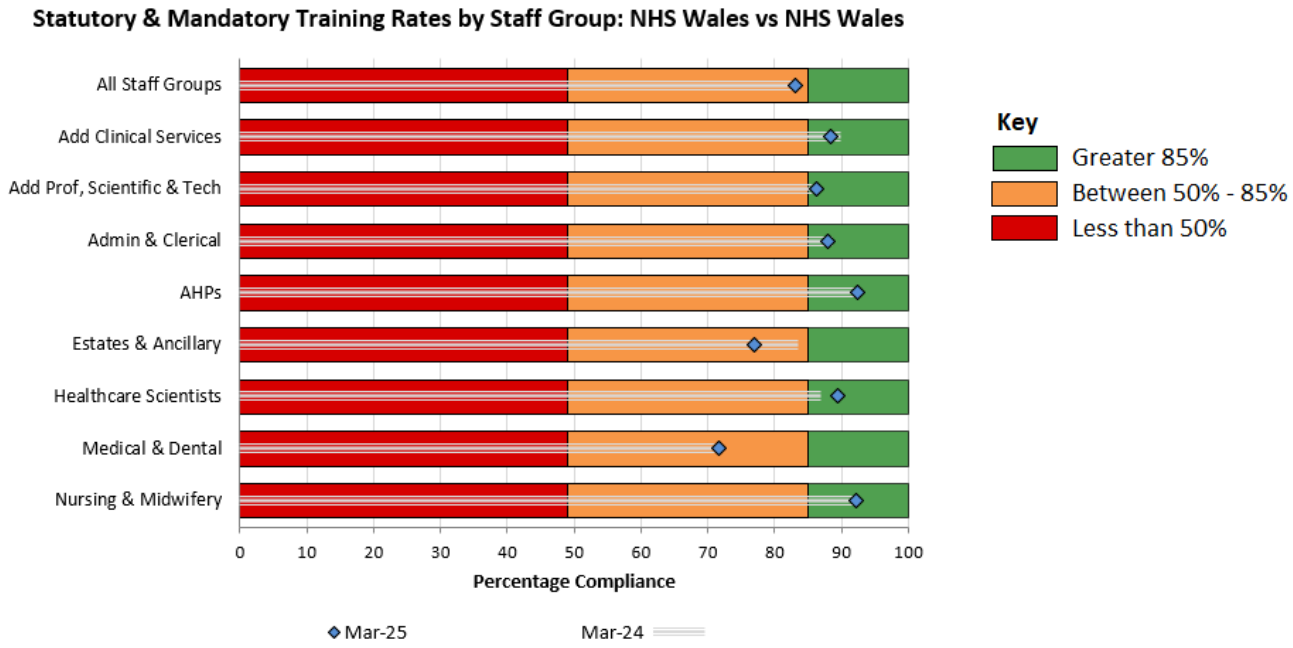
NHS Wales organisations by law need to ensure that all employees undertake statutory and mandatory training. There are 10 agreed Level 1 competencies within the Core Skills and Training Framework (CSTF). See Appendix 1, Table 3 for a breakdown of modules included in the CSTF.

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 31 - 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

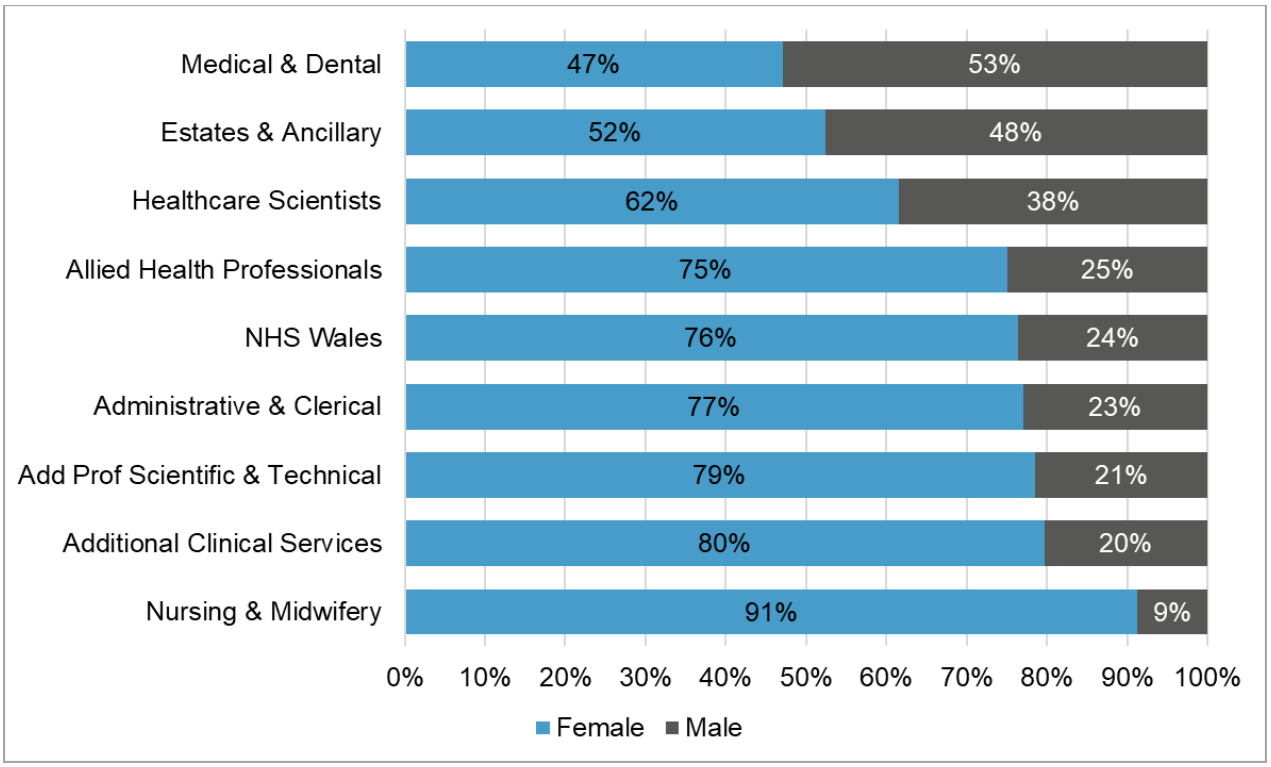
Based on NHS Contracted staff in post as of March 2025, this section looks at Gender, Nationality, Welsh Language Skills, Ethnicity, Disability and Sexual Orientation.

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 32 - Gender Profile by Staff Group – March 2025



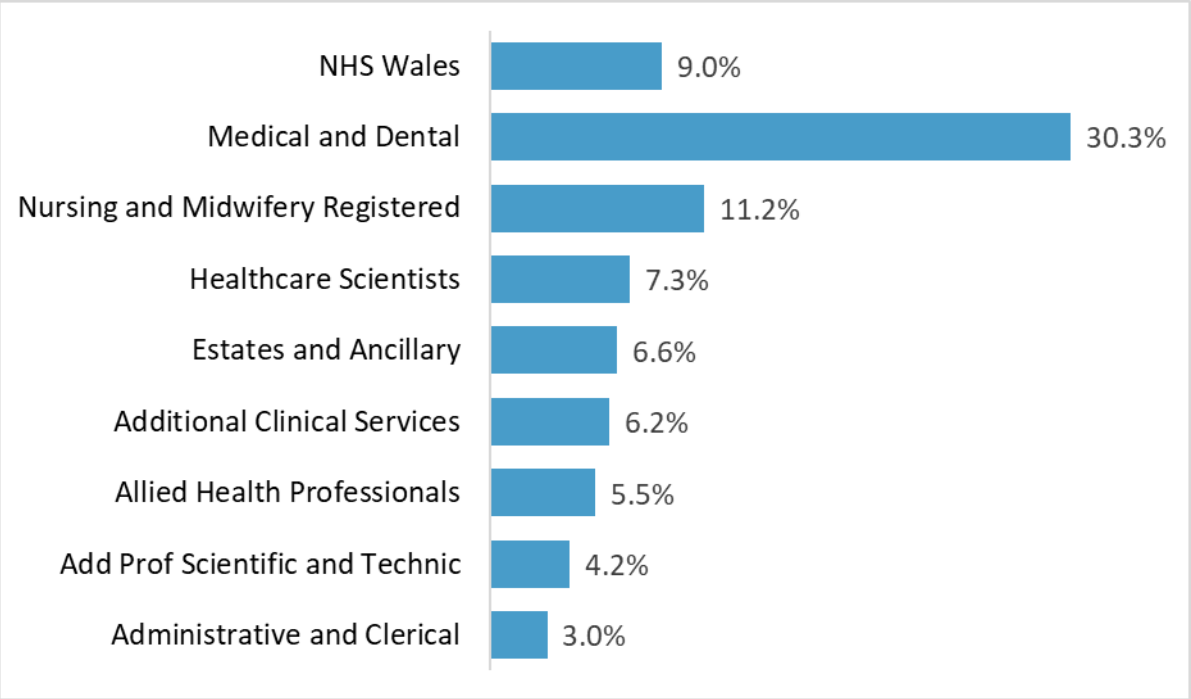
Data source: ESR DW

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 33 - 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.

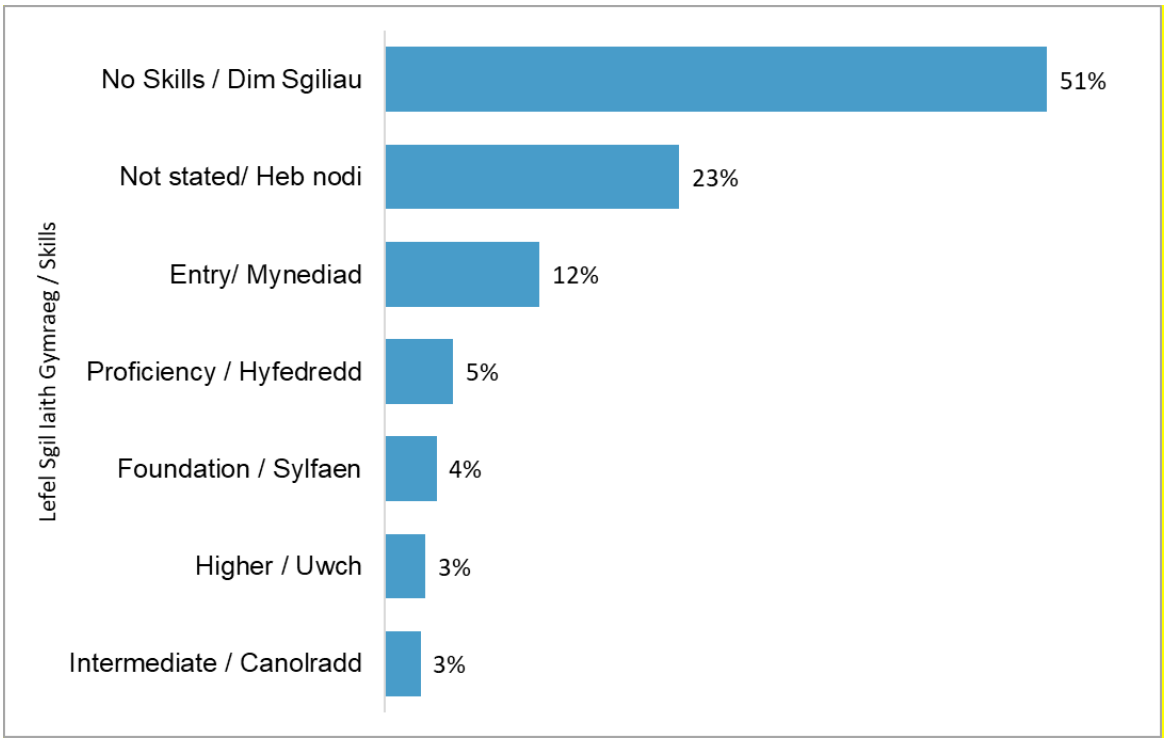
Welsh Language Skills

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 34 - Welsh Language Competence – March 2025



Data source: ESR DW

Ethnicity by Staff Group

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

Ethnic categories are based on the definitions specified in the NHS Data 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.

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 35 - 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.

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

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 36 - 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 37 - 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 12 Workforce Data

(Annex 4) 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 13 – Workforce Planning Context for NHS 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: https://heiw.nhs.wales/workforce/dental-strategic-workforce-plan/	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
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 14 - 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 5) 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 15 - 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 38 – 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 6) 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 16 – Training & Education - Medical and Dental

Medical Trainee Numbers and establishment data

There are currently a total of 3,084 medical trainees across Foundation, General Practice (GP), and Secondary Care programmes in Wales. Secondary Care accounts for the largest proportion, with 2,060[7] trainees (approximately 50%), reflecting the breadth and variety of hospital-based specialties that require sustained training capacity. Foundation training, the initial stage for new medical graduates, includes 868 trainees (28%), providing the essential foundation for progression into specialist or GP training pathways. General Practice training comprises 683 trainees (22%), underlining ongoing efforts to strengthen primary care workforce numbers amid growing demand for community-based healthcare.

This distribution highlights the balance between early-stage training (Foundation), the development of community healthcare expertise (GP), and the significant focus on hospital and specialty care (Secondary Care). It also emphasises the need for coordinated workforce planning to ensure that training numbers align with long-term service requirements across both primary and secondary care settings.

There has been a substantial growth in residents wishing to train on a less than full time (LTFT) basis. The reasons for which are multifactorial but reflect the priorities of younger generations who are seeking increased flexibility, autonomy and wellbeing.

The current position across the Postgraduate Medical Training for LTFT training shows:

- 5% of Foundation residents are training LTFT
- 50% of all GP residents are training LTFT
- 34% of resident doctors in Secondary Care are training LTFT (up from 15% in 2020 and 29% in 2024) with demand spanning all specialty areas.
- A notable increase in uptake among male residents and early-career doctors has been seen
- A growing preference for 80% WTE working patterns, with wellbeing, commuting, and rota intensity cited as key drivers.

Aligned to the flexibility agenda approximately 5% of trainees across Secondary Care took time away from their training programme to undertake an out of programme experience either for research, training, additional experience or to take a career break. This figure is largely the same as that seen in previous years. Alongside this approximately 4% of trainees at any one time are undertaking a period of parental leave.

The GP training section have granted time out of programme for 17 GP trainees in the 2024/25 academic year. Four were for further clinical experience including the Wales Clinical Leadership Fellowship programme, the rest were for career breaks.

During the 2024/25 academic year across Secondary Care, 69 trainees left the training programme in Wales. 30 individuals resigned from the programme prior to completion - reasons cited included personal reasons, health and wellbeing and a decision to change specialties. 39

[7] AS of 5th August 2025

individuals were successful in gaining an Inter Deanery Transfer via a UK process to train in the same specialty in a different region of the UK.

There have been four resignations from GP training in the academic year 2024-25 – two trainees moved to another training programme, one resigned for personal reasons and the fourth did not give a reason. During this period three GP trainees transferred their training out of Wales and three transferred their training into Wales.

During the 2024/25 academic year 35 trainees left Foundation training in Wales. A total of 31 Foundation Doctors (16 x F1,15 x F2) resigned from the programme prior to completion. A variety of reasons were cited including health, personal reasons, returning to their home country and pursuing other employment opportunities. Four Foundation Doctors took Time out of Foundation Programme, 3 Foundation Doctors transferred to another Foundation School and 1 Foundation Doctor transferred into the Wales Foundation School, during this period.

Medical Recruitment - Secondary Care Specialty Training Recruitment and Progression

Across the recruitment processes for entry into Secondary Care Specialty Training Programmes Wales has seen a 100% fill rate for Core and Run-through programmes (entry point CT1/ST1 next training point after completing Foundation Training) for those commencing in August 2025. This is a very slight improvement on the fill rate seen for the 2024 intake. For the Higher training programmes leading to individuals eligible to practice as a Consultant, the fill rate for 2025 entry was 89% an improvement on the 2024 fill rate (81%). For 2025 there have been some notable improvements with excellent fill rates in specialties where fill rates have been a concern including Higher Psychiatry programmes and Obstetrics and Gynaecology. Wales continues to experience challenges recruiting to Clinical Oncology, Geriatric Medicine and Genito-Urinary Medicine programmes. This is mirrored across the UK and we are working with colleagues within Wales and wider to explore options to enhance recruitment in these areas.

The fill rate at allocation to Foundation School was 100%, however due to withdrawals prior to commencing training there was a vacancy rate at the start of the 2025/2026 academic year of 3.6% (16 out of 450 posts). GP training has seen a 100% fill rate for 2025.

Across Secondary Care training programmes, 2,748 progress assessment reviews (ARCPs) were conducted during the 2024/25 academic year. This compares to 2,695 carried out during the 2023/24 academic year. This increase is largely attributed to the growing number of Less Than Full Time (LTFT) trainees, who often require multiple ARCPs in a year: one as part of the standard annual review and another to inform progression to the next training level. The vast majority of outcomes were awarded to trainees either progressing or successfully completing their training. However, 138 outcomes (5%) indicated that trainees required additional time within their programmes, and ten trainees (0.4%) were removed from training. The distribution of ARCP outcomes remains broadly consistent with previous academic years, with no significant outliers.

304 trainees completed their training programme to progress to the next stage of their careers with 107 trainees able to progress to higher training and 197 to consultant roles. Time to qualification

data varies considerably across Secondary Care training with the indicative time for training ranging from 2 to 8 years assuming individuals progress at the expected rate, train full time and do not take breaks within their training programme. With increasing numbers of trainees now wishing to train on a less than full time basis (LTFT) and changes to training curricula to move from a time based to competence based system further work is required to provide robust data on the time to train. During the 2024/25 academic year 51 trainees applied to accelerate their training and bring forward their programme completion date.

Foundation Training ARCPs - The majority of Foundation ARCPs are held in June and July, although panels are convened monthly for out-of-sync trainees. During the main ARCP period in the 2024/25 academic year, a total of 1,017 ARCP outcomes were awarded, distributed as follows:

· Outcome 1 – 434

· Outcome 6 – 336

· Outcome 5* – 173

· Outcome 3 – 4

· Not Assessed (N code) – 72

*Prior to conversion to either an outcome 1 or an outcome 6.

As a result 434 F1 Doctors progressed to their F2 year, and 336 F2 Doctors completed the Foundation Programme.

General Practice (GP) Training ARCPs

GP ARCP panels are held monthly. During the 2024/25 academic year 654 ARCP panels were held with the following outcomes:

- Outcome 1 – 326
- Outcome 2 – 29
- Outcome 3 – 61
- Outcome 4 – 3
- Outcome 5 – 121
- Outcome 6 – 115
- Outcome N21 - 3
- Outcome N22 - 1

Dental Trainee Numbers and Progression

Dental Foundation Training posts are recruited through national recruitment (NR) and an incentivised local recruitment scheme (established to protect training places in rural areas of Wales where training was at risk as places were not filled through National Recruitment). In the 2024/25 cohort, 52 posts were filled via national recruitment and 15 posts were filled through the incentivised local recruitment scheme. This represents a 100% fill rate.

Dental Core Training (DCT)

Training year (Sep start)	Posts	Posts available	Posts filled via NR	Posts filled via local recruitment	Fill rate %
2024/25	**DCT1**	28	22	3	89
	DCT2	31	18	12	97
	DCT3	9	3	3	100
	Total	**68**	**43**	**15**	**95**

Dental Specialty Training

33 Dental Specialty Training posts are currently filled and 3 are vacant giving a fill rate of 91%. Recruitment to these vacant posts is on hold until next year due to limited training capacity.

Dental Core and Specialty Training ARCPs in Dental Core Training (DCT):

- Two DCT2 trainees received Outcome 1 in October 2024 and progressed to DCT3. One had previously received an Outcome 3 in July, and the other was a late starter.
- One DCT1 late starter received Outcome 1 in December.
- One DCT2 trainee, returning from long-term sick leave, had previously been on Outcome 5; this was changed to an Outcome 3 in November 2024 after they formally accepted an extension to training and returned to post.

For Dental Specialty Training, ARCPs were held across the following specialties:
Dental Public Health, Special Care Dentistry, Restorative Dentistry, and Orthodontics.
There were six full ARCPs, resulting in:

- 1 x Outcome 7
- 5 x Outcome 1

All trainees were deemed to be progressing satisfactorily.

GMC Survey

The GMC National Training Surveys are undertaken on an annual basis and provide a valuable insight into training grade doctors' perception of the quality of their training and the views of trainers. Whilst overall 2025 response rates were slightly lower than in 2024, Wales had the highest response rate in the UK for trainees at 82% against a UK average of 70%. The Survey results were released in July 2025 and have not yet been thoroughly analysed and compared to previous surveys. The majority of residents are satisfied or very satisfied with their training in Wales (78.12%). This is good compared to other Deaneries in the UK.

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. Data report can be found at **(Annex 7).**

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

Table 39 - For the purpose of the report, qualitative data was grouped into recognising the impacts, benefits and risks on the following:

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 8).**

Part 3 – NHS Wales Employers Evidence

Chapter 17 - 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 18 - 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.

Medical and Dental Business Group (MDBG)

The MDBG is thee the exclusive forum for the negotiation of medical and dental terms and conditions of service which apply exclusively to medical and dental staff employed in NHS Wales on Welsh only terms and conditions. The MDBG oversees the implementation of negotiated agreements and their associated provisions ensuring that they are consistently applied across NHS Wales for those negotiated on a Wales only basis or a UK basis.

MDBG Key Areas

All Wales Job Planning Policy

As part of the 2023/24 pay deal, it was agreed in partnership that work would be undertaken to address job planning and recruitment, aiming to ensure consistency and efficiency across NHS Wales. A working group has been established to work towards an all-Wales job planning policy to

include consultants and SAS. Pending the outcome of the Resident doctor reform negotiations, this policy may also include a section for Resident doctors.

Consultant and SAS extra-contractual rates

Variation in pay rates across health boards and specialties can create inequities when recruiting ad hoc locum cover across NHS Wales. This disparity can also leave doctors feeling undervalued when asked to take on emergency cover. As part of the 2023/24 pay negotiations in Wales, the BMA has agreed not to promote the BMA rate card in Wales.

In addition, the Welsh Government, BMA Welsh Consultant Committee, BMA SAS Doctors Committee and NHS Wales Employers have committed to working collaboratively through the MDBG. Together, they aim to develop all-Wales extra-contractual rates for consultants and SAS Doctors, with the goal of implementing these rates during 2024/25.

An employer's reference group has been established to work alongside the tripartite group to develop All-Wales Rates with key objectives to be finalised but likely to be:

- Implement national rates to address the current pay inequities across medical specialties and NHS organisations in Wales.
- Reduce reliance on costly agency locums and transform the temporary staffing landscape by encouraging internal staff to take on additional shifts.
- Resolve inconsistencies in Backfill/WLI rates, including variations in sessional multipliers across health boards, to establish a more standardised approach.

Resident Doctor contract reform negotiations

Following a mandate issued by the Cabinet Secretary for Health and Social Care on 4th March 2025, negotiations between NHS Wales Employers and the BMA Cymru Wales Resident Doctors Committee on resident doctor contract reform have now concluded. In August 2025, both parties informed the Cabinet Secretary that they have reached an agreed outcome to these negotiations.

The new contract proposal has been developed following careful consideration of the current contractual landscape across the UK and engagement by BMA Cymru Wales with resident doctors across Wales. The joint proposal for contract reform is now with the Cabinet Secretary for consideration. If approved by the Cabinet Secretary, BMA Cymru Wales will put the proposals to its members in a referendum in the autumn.

This workstream has also created a number of other working groups to be established during 25/26 to look at:

- Review the Code of Practice for Postgraduate Medical Training; create a Wales-specific equivalent.
- Develop employment security mechanisms for locally employed doctors (e.g. SAS contracts).
- Review and address training bottlenecks through partnership working.
- Agree resident extra-contractual rates across Wales or set methodology; BMA Cymru will not promote a rate card.
- All Wales Job Planning Policy – specific Resident Doctor section
- Transfer resident doctors on to AfC expenses system.
- Clarify mandatory courses and establish automatic approval process.
- Develop alternative to rota monitoring and suspend rota monitoring under 2002 TCs during transition.
- Implementation of a new role of the Guardian of Safe and Flexible Training within NHS Wales.

SAS Speciality to Specialist Career Progression (Regrading) Policy

Further details in SAS section later in the document.

SAS transfer process (from 2008 to 2021 specialty doctor contract)

Further details in SAS section later in the document.

Medical and Dental Handbook

MDBG has agreed that a consistent application of national pay, terms, and conditions is essential. A critical component of this consistency is ensuring that guidance provided to employers and employees is clear, accessible, and unambiguous.

Work on updating the core guidance document, originally published in 2003, began in July 2024 as a continuation of previous efforts from 2016/2017. In addition to ensuring accuracy, the goal is to improve usability, as the current document combines information across different branches of practice, making navigation challenging.

There is a draft document with the changes reflected up to December 2023. BMA and NHSWE plan to regroup in autumn 2025 to progress this work to ensure completion. There has been delay due to other high priority workstreams.

Development of GP Out of Hours (OOH) Pay and TCs

Following agreement by employers for this workstream to be managed on a national basis, NHS Wales Employers (NHSWE), supported by an Employers Reference Group, has been working with a Tripartite Group to develop and agree the following:

1. NHS Wales GP Out of Hours Worker Agreement
2. NHS Wales GP Out of Hours Consultancy Agreement
3. NHS Wales Rates of Pay for GP Out of Hours
4. A “Backstop” for backdating or recognising where individuals are engaged under the new worker contract (Terms of Engagement - TOE), and thus entitled to holiday pay (Annual Leave Allowance).

The intention is to bring all these elements together with the aim of reaching a collective agreement on the Framework and the arrears payment methodology by the end of August, if possible.

Locally Employed Doctors (LEDs) all-Wales recoding

Further details in LED section later in the document.

Medical Examiners Contract

Development of an all-Wales Medical Examiner contract. The template can be found here.

Anti- Sexual Harassment Policy.

The policy has been developed in partnership and was agreed in August 2025. A copy of the policy can be found at **(Annex 9).**

Community Dental Business Group (CDBG)

The CDBG is thee the exclusive forum for the negotiation of community dental terms and conditions of service which apply exclusively to community dental staff employed in NHS Wales on Welsh only terms and conditions. The CDBG oversees the implementation of negotiated agreements and their associated provisions ensuring that they are consistently applied across NHS Wales for those negotiated on a Wales only basis or a UK basis.

CDBG Key Areas

Model community dental contract

Work to update the model community dental contract has begun with the aim to be completed by October 2025.

Recognition of service

CDBG is working together to establish agreed guidance for NHS Wales to use for recognition of service to ensure parity across all organisations within NHS Wales.

Analysis of coding of community dental employees

Similar to that of the LEDs, a piece of work with support from HEIW is being undertaken to review the coding used within ESR by organisations across NHS Wales for community dental staff.

This harmonised aim of working is accomplished through the Medical and Dental Business Group (MDBG) and the Community Dental Business Group (CDBG). The MDBG then updates the Welsh Partnership Forum (WPF).

Consultants

Following the Consultant pay reform in 2024, some unintended impacts emerged on payments tied to the Consultant pay scale, which included significant changes.

Following the introduction of the new consultant pay scale as of 1 January 2024 and the All-Wales Flexible Pensions Policy, it was determined by MDBG that pay point ZC83 ‘Other Locum Consultant’ is no longer required and will be phased out. A deadline of 31 March 2025 had been given to Health Boards to phase out ZC83.

A task and finish group with employers has begun to review ZC82 ‘locum consultants’ to review those locum consultants who have been in post over 12 months and look at a process to move them into relevant substantive contracts. This work will link into a similar work stream with locally employed doctors.

SAS

SAS doctors continue to be a very significant portion of the Medical and Dental workforce. In recognition of National SAS Week (6th–10th October), NHS Employers are working with the BMA to host a variety of events during the week. Employers are leading on hosting drop-in sessions focusing on the SAS Charter, SAS Transfer Policy, and SAS Regrade Policy. These initiatives aim to enhance visibility, support, and career development opportunities for SAS doctors and break down barriers of SAS progression.

SAS Speciality to Specialist Career Progression (Regrading) Policy

The principle of this policy is that where a doctor can demonstrate that they possess and have been applying the skills, experience and meet the capability framework requirements for the Specialist grade and the grade is required against service need that they will automatically progress to the Specialist grade. The policy can be found here.

SAS transfer process (from 2008 to 2021 specialty doctor contract)

The all-Wales SAS transfer process, supporting the contractual right of doctors on the 2008 Specialty Doctor contract to transition to the 2021 Specialty Doctor contract, was implemented in November 2024. This process is centrally managed by NHS Wales Employment (NHSWE) to ensure clarity and consistency in facilitating transfers across the nation. As of August 2025, 39 applications have been received. The process can be found here.

SAS Numbers

NHSWE receive a monthly stats report on SAS Staff in post within Wales. The latest SAS numbers can be found at **(Annex 10).** As a result of the regrading policy, ongoing work on locum consultants, and initiatives involving Locally Employed Doctors in Wales, a significant increase in doctors transitioning to substantive SAS contracts is anticipated over the next 12 months.

SAS Charter and Employer Commitment Statement

The SAS Charter has been updated to incorporate the various changes to SAS terms and conditions, including the Out of Hours (OOH) definition, transfer, and regrading processes. There is also an employer commitment statement outlining the importance of recording the activities of SAS doctors in Patient Administration Systems. It is not only crucial for accurate data management, operational efficiency, and the delivery of high-quality patient care, but also ensures that the work of SAS doctors is documented accurately, enhancing clinical accountability and recognises the individual contributions of these healthcare professionals. Employers are responsible for ensuring that appropriate IT infrastructure is in place to achieve these objectives. Both the updated charter and committed statement were implemented in March 2025.

Locally Employed Doctors (LEDs)

LEDs make up a significant proportion of the Medical and Dental staff and have been instrumental in supporting vacancies and accommodating the rise in Less Than Full Time resident doctors in training and locally employed doctors.

Some LED posts bring particular benefits. For example, there are Ultrasound Clinical Fellows in the Emergency Department in Prince Charles Hospital. They are given dedicated time to learn ultrasound techniques. Another example is that of senior clinical fellows in T&O. CTM takes part in a ‘non-training’ rotation with other health boards in South Wales to make these posts more attractive by offering a number of placements.

As of May 2024, over 150 different job titles were in use for Locally Employed Doctors (LEDs) across NHS Wales. While these varied titles may continue to be used informally in day-to-day settings—such as on job descriptions, ID badges, and email signatures—a standardised list of nine core Electronic Staff Record (ESR) job titles was formally approved.

The recoding of LED roles within ESR was completed in March 2025. This standardisation enables more consistent and comprehensive analysis of the terms and conditions of employment for LEDs across Wales and supports improved workforce planning and reporting.

The latest report on Locally Employed Doctors (LEDs) is attached (Document: DDRB03). It provides detailed information on LEDs currently in post, broken down by location, specialty, and employer.

LEDs operate under terms and conditions that mirror those of resident doctors and are included in the implementation plan to transition to the new terms and conditions, pending approval by BMA members at the planned referendum in January 2026.

Other Work Streams

Physician Associates

The Task and Finish Group for the training, recruitment, deployment, and support of Physician Associates (PAs) in Wales was established in September 2024. The group focused on defining the scope of practice, training pathways, and support requirements for PAs working within the Welsh healthcare system.

This work has presented significant challenges, and the group has been unable to reach consensus on the development of documentation or formal guidance. As a result, no agreed outputs have been produced to date.

Following the outcome of the Leng Review, this workstream will now be reviewed. A new Task and Finish Group will be established to take forward the next phase of this work, ensuring alignment with the recommendations from the review and the evolving needs of the health and care workforce in Wales.

Recruitment and Retention

Despite progress in certain areas, significant challenges remain in recruiting and retaining medical staff, particularly in hard-to-fill specialties such as Psychiatry, Radiology, and Oncology. Both national and regional dynamics continue to exert pressure on workforce sustainability.

Current Workforce Pressures

Vacancy vs Demand: Velindre has reduced its vacancy rate in Medical and Dental staff by nearly 4% over the past two years. However, demand has increased by 17%, meaning progress is not keeping pace with service needs.

Aging Workforce: Clinical Oncologists are, on average, leaving the workforce at age 55. A retention self-assessment is planned via the Regional Cancer Board to understand drivers of early exits.

Radiology Shortfall: Radiology is severely understaffed both in Wales and across the UK.

Current education and training capacity is insufficient—by 2040, projections show a 39% shortfall in Radiology workforce.

International Medical Recruitment

Most international medical recruitment is conducted via TRAC advertisements or agencies.

Key Barriers Identified

Accommodation and School Places: Ongoing difficulties for international recruits finding housing and suitable schools, which is often navigated without structured support.

Pastoral Support: There is feedback that integration support is inconsistent; mentorship is offered with peers but could be enhanced.

Visa Complexity: Visa application processes have become increasingly complex with limited Home Office guidance, complicating conversations and planning.

Sponsorship Cost Increases: Recent Home Office fee increases for Certificates of Sponsorship will have a direct financial impact on health boards' recruitment budgets.

Starting Salary and Incremental Credit: While previous experience is assessed for incremental credit prior to contract, this process can still be a point of contention or confusion.

Strategic Responses and Innovations

Values-Based Recruitment (VBR): Velindre is piloting VBR in a high-turnover department to better align new hires' values, skills, and behaviours with organisational culture—targeting improved performance and retention.

Swansea Bay Successes: SBUHB has shown success in recruiting into previously hard-to-fill roles like Oncology and Mental Health, including:

- 34% of new recruits since Jan 2025 have been international doctors.
- A strong, structured onboarding and pastoral care system.
- Support for career progression into training programmes and specialist registration pathways.
- High retention rates and a positive reputation as an employer of choice for international doctors.

Chapter 19 – Pay

For 2025/26, consultants and SAS doctors are receiving a 4% pay uplift, in line with the DDRB recommendation.

Resident doctors are receiving a 4% increase plus a £750 consolidated payment, equating to approximately 5.4% overall. Despite this, pay remains nearly 19% below 2008/09 levels in real terms.

The BMA continues to emphasise that the current pace of pay restoration is inadequate and does not address the long-standing erosion in medical pay.

In 2023/24, consultants rejected a 5% offer and balloted for industrial action. Strike action was scheduled for 2024 but was called off after an improved offer from the Welsh Government, which was subsequently accepted and resulted in a reformed pay scale for consultants.

For SAS doctors, additional provisions introduced in 2024 and 2025 have enabled:

- Transfers from the 2003 to the 2021 contract
- The ability to request regrading onto the specialist contract, unlocking improved career progression opportunities.

Across all groups, the reality remains that recent pay increases are only just keeping pace with inflation, failing to address the long-term decline in real-terms earnings.

With formal negotiations on resident doctor contract reform in progress during 2025, it appears that industrial action is currently on pause as a show of good faith from consultants and SAS. However, industrial action remains a credible lever should the Welsh Government fail to engage meaningfully in further pay restoration.

Chapter 20 - DDRB 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.

Locally Employed Doctors

Retention trends, vacancy rates, and workforce pressures specific to this group.

Any additional insights into the experience and deployment of LEDs within your organisation?

SAS Doctors

Any available data on trends or barriers to progression?

Details of any actions taken to encourage SAS doctors to transition to the new contracts, including the role of the pay offer or other incentives.

Any communications, engagement strategies, or feedback received from staff?

Recruitment & Retention

Any issues or barriers faced by internationally recruited staff, including onboarding, retention, or regulatory challenges for UK and international recruits?

Response by organisation - Locally Employed Doctors

Cwm Taf Morgannwg UHB

LEDs make up a significant portion of the UHB's M&D staff. There are currently 124 (out of a total of 929 M&D employees). They are all employed on T&Cs and payscales which mirror that of the resident doctors.

Some LED posts bring particular benefits. For example, there are Ultrasound Clinical Fellows in the Emergency Department in Prince Charles Hospital. They are given dedicated time to learn ultrasound techniques. Another example is that of senior clinical fellows in T&O. CTM takes part in a 'non-training' rotation with other health boards in South Wales to make these posts more attractive by offering a number of placements.

Swansea Bay UHB

Recruiting Locally Employed Doctors has been instrumental in supporting vacancies and accommodating the rise in Less Than Full Time resident doctors in training and locally employed doctors.

Feedback regarding the support provided to Locally Employed Resident Doctors has been overwhelmingly positive. Many of these doctors progress to national training programmes or achieve specialist registration. Currently, approximately 26 doctors are being supported through the portfolio

pathway (CESR) across the Health Board. This highlights that turnover within the medical workforce can be a positive indicator of the investment made in staff development.

Velindre NHS Trust

The Trust has reduced vacancy rates by almost 4% in medical and dental over the last 2 years but this is not enough to keep up with the demand (17% increase).

- The average clinical oncologist leaves aged 55 – we are shortly going to undertake a retention self-assessment to understand why this is through the regional cancer board.
- Radiology is massively understaffed (UK and in Wales) there are simply not enough radiology education places available to catch up with the gap. By 2040 we will be 39% short.

Aneurin Bevan UHB

Retention trends, vacancy rates, and workforce pressures specific to this group.

- We currently employ 189 Locally Employed Doctors at junior and senior grades for service needs and to cover short term training gaps.
- The Health Board currently has 30 unfilled Clinical Fellow gaps out of 219.
- Training gaps without Health Board filled: 23 gaps but 64.2WTE gap
- Training gaps with Health Board filled: 7 gaps but 48.2WTE gap

Table 40 - Locum Bank & Agency Spend (£) 01/8/2024 - 31/07/2025

Locum Bank & Agency Spend (£) 1/8/2024-31/7/2025				
Speciality	FY1	FY2/ST1/ST2	ST3-8/SAS	Consultant
General/Older Adult Medicine	-	-	-	-
Accident and Emergency	-	£909k	£1.49m	£184k
Trauma and Orthopaedics	-	£558k	£935k	£18k
General Surgery	£12.8k	£11.7k	£138.6k	£84.9
Obstetrics & Gynaecology	-	£142k	£324k	£195k
Urology	-	£10.4k	£1.6k	£4.3k
Psychiatry	-	£184k	£190k	£721k

In the last 12 months there hav been 93 new starters and 61 leavers with a turnover rate of 32.66%*.

*Turnover is distorted based on the fixed term tenure of these posts.

We recognise that resident doctors may choose to opt out of the national training programme for a number of different reasons; one being to support well-being. This has resulted in an increase in the number of short-term training gaps and as a result the Health Board have had to rely, more heavily, on international recruitment pipelines to support service delivery over recent years.

Employing LEDs on fixed term contracts to fill short-term training gaps presents a workforce and legal challenge in how employers manage contract end dates where there is likely to remain a service need to continue employment, but uncertainty on funding.

In order to support our LED workforce, our draft Medical and Dental Strategy 2025 – 2030, due to be published later this year, will focus on enhancing opportunities for progression and development for LEDs, providing them with options that align to their personal and professional priorities. The aim is to support doctors back into the National Training Programme or provide alternative pathways to progress through the SAS route.

Response by organisation - SAS Doctors

Cwm Taf Morgannwg UHB

The SAS doctors continue to be a very significant portion of the workforce – currently 228 (out of a total of 929 M&D employees). Numbers in the Specialist Grade are rising albeit slowly. There are currently 14 in post.

59 specialty doctors remain on the 2008 contract, but this number is continuing to fall. The top of the 2021 contract payscale remaining higher than the top of the 2008 contract payscale incentivises the transition, as would each pay point on the 2021 contract payscale remaining higher than the corresponding point on the 2008 contract payscale.

The Specialist Grade regrading process has been launched in CTM. 5 applications have been received to date. To our knowledge this is the highest of all NHS employers in Wales.

Swansea Bay UHB

The primary barrier to progression for doctors remains financial. An SAS Advocate will be appointed in September 2025 to lead engagement sessions and contribute to strategic planning.

In recognition of National SAS Week (6th–10th October), SBUHB will host drop-in sessions focusing on the SAS Charter, SAS Transfer Policy, and SAS Retention Policy. These initiatives aim to enhance visibility, support, and career development opportunities for SAS doctors.

Velindre NHS Trust

This role has mostly been utilised at Velindre University NHS Trust to support resident level clinical pressures, we have very small numbers in this grade <20 WTE, and most of these staff are currently developing their experience in this role. We have very small numbers that would be eligible for progression and that approach is supported within the service. There is workforce planning being undertaken in our service to develop this role.

All eligible staff were written to and presented with an offer given the very low numbers we had in post, we only have one doctor that remains on the 2008 contract.

Eligible Staff were supportive of the recent regrading process that has been agreed and issued.

Aneurin Bevan UHB

The Health Board employ 157 SAS Doctors (140.90 WTE).

As per the Terms & Conditions of Service for Specialty Doctors, there is a requirement for SAS doctors to undertake a pay progression review in conjunction with their clinical line manager which may be viewed as a barrier to pay progression due to the additional administrative burden of providing evidence of ability to pass through the pay thresholds. Although the review paperwork does allow for providing reasoning for circumstances beyond the doctors control, one of the requirements for pay progression is for the doctor to have an in-date job plan which currently has a compliance rate in the region of 55%. The Health Board is currently implementing a new medical e-system to support improved job planning compliance and any issues relating to job plans are considered on a case-by-case basis.

The introduction of the Management of Specialty to Specialist Career progression (Regrading) Policy has and will present some challenges where the requirement for a 'service need' (for an employer-supported regrading) does not match the expectation of the applicant.

Following the announcement in July 2024 which confirmed the ongoing right for Specialty Doctors on the 2008 Terms & Conditions of Service to transfer to 2021 Terms & Conditions of Service, we have supported a number of doctors to transition and are still processing more applications. There are approximately 30 Specialty Doctors who remain on the 2008 TCS.

We have also received 3 applications for regrading (since the policy was introduced in May 2025) with some additional expressions of interest being received.

There will be a workshop event for SAS doctors in October to co-inside with SAS Week. We plan to secure a number of speakers to cover topics such as transition of TCS and applications for regrading along with other topics of interest.

Communications to advertise the opportunity to apply for contract transition and/or regrading will continue to be promoted appropriately on an ongoing basis.

Response by organisation - Recruitment & Retention

Swansea Bay UHB

From 1st January 2025 to 12th August 2025, Swansea Bay University Health Board (SBUHB) has once again made significant progress in medical workforce recruitment and development. During this period, we successfully appointed a total of 200 medical professionals, comprising:

- 47 Consultant appointments (both locum and substantive)
- 16 Senior medical roles (including Clinical Leads and Foundation Programme Directors)
- 2 Specialist Grade doctors
- 12 General Practitioners
- 14 Specialty Doctors
- 2 Dentists
- 107 Locally Employed Resident Doctors

SBUHB also achieved notable success in recruiting consultants to previously hard-to-fill specialties such as Oncology and Mental Health. Despite national shortages in areas like Psychiatry, Interventional Radiology, and Oncology, SBUHB has remained proactive and effective in attracting high-calibre candidates, contributing to a more sustainable workforce.

While turnover within the Medical and Dental staff group may appear higher than in other staffing categories, this is largely attributable to the short-term nature of some appointments. Many roles are filled for durations as brief as four months, which supports continuity of patient care and reduces reliance on bank and locum staffing—resulting in improved cost efficiency.

SBUHB continues to cultivate a welcoming and structured onboarding process for international medical staff. Since January 2025, 34% of medical recruits have been international. From visa coordination to pastoral care, the Medical HR team ensures that international doctors feel valued and supported throughout their transition into the NHS. This approach has resulted in high retention rates and a strong reputation for being a health board that genuinely invests in its people. Many international doctors also progress to national training programmes or achieve specialist registration via the portfolio pathway.

Recruitment decisions are made collaboratively, aligning service needs with professional development goals. Doctors are placed in roles where they can thrive, contribute meaningfully, and advance their careers. The Medical HR department also has two Overseas Champions within the team who assist international medical graduates as needed.

To further enhance the onboarding experience, a dedicated microsite has been developed for newly appointed doctors, providing comprehensive information about local areas/information and hospital sites.

It is important to note that the Home Office has recently increased the cost of Certificates of Sponsorship, which are funded by the Health Board. This change will have a financial impact on international recruitment.

Velindre NHS Trust

For medical overseas appointment this is primarily via agency or TRAC advertisements

Some current challenges include:

- Finding suitable accommodation/ school places for children for international recruits remains a challenge, requiring a long-term strategy, individual doctors do undertake this search without assistance, but they have reported challenges.
- Robust pastoral care is essential for long-term retention; we have received feedback that some staff have difficulty and a plan to support integration and retention for medical staff would assist. We try to provide a mentorship with other overseas appointment in post.

Regarding starting salary, incremental credit DOES apply to recognised prior experience for overseas medical doctors, medics complete a form and an assessment is made prior to contract acceptance, and they are informed of this at recruitment stage but this can be an issue.

Aneurin Bevan UHB

Recent immigration changes have not had a detrimental impact on the ability to recruit those that require sponsorship into Medical and Dental roles.

Response by organisation - Strategic Context and Service Pressures

Aneurin Bevan UHB

It is more problematic when we are Resident Doctors work part time and on occasions, we may be informed of this at short notice. Where possible we backfill with LEDs, however based on the remaining budget available (which can often be 0.2 WTE) it means we either cannot recruit, or it becomes an additional cost pressure.

LEDs are also appointed on fixed term contracts to cover the duration of the training gap which presents longer workforce planning challenges.

Chapter 21 – 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.