



Llywodraeth Cymru  
Welsh Government

**Welsh Government's  
Written Evidence to the  
Review body on  
Doctors' and Dentists'  
Remuneration  
(Annex 1-10)**

**2026/27 pay round**

## **Contents**

1. Agency spend
2. Resident Doctor Contract agreed framework
3. NHS Wales workforce trends
4. Workforce data
5. Recruitment activity
6. NHS staff survey
7. Apprenticeships data
8. Apprenticeship case studies
9. Anti-sexual harassment policy
10. SAS Staff in post

## Annex 1 – Agency Spend

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




**GIG  
CYMRU  
NHS  
WALES**

**Y Weithrediaeth  
Executive**



# All Wales Agency & Variable Pay 2024/25

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



## All Wales Summary

Health Board / Trust

All

### Summary

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

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

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

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

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

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

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

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

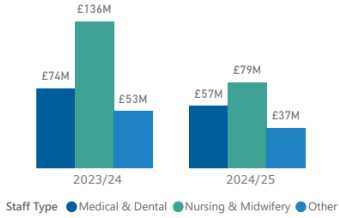
Variable pay is to be £408.9m for the year.

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

### All Wales Agency Spend (£m)

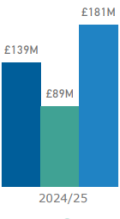
| Staff Group         | 2023/24       | 2024/25       | Variance       |
|---------------------|---------------|---------------|----------------|
| Nursing & Midwifery | £135.6        | £79.2         | -\$56.4        |
| Medical & Dental    | £73.6         | £57.4         | -\$16.3        |
| Other 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

#### Agency Spend



| Year    | Medical & Dental | Nursing & Midwifery | Other |
|---------|------------------|---------------------|-------|
| 2023/24 | £74M             | £136M               | £53M  |
| 2024/25 | £57M             | £79M                | £37M  |

#### Variable Pay



| Staff Type          | Amount (£m) |
|---------------------|-------------|
| Medical & Dental    | £139M       |
| Nursing & Midwifery | £89M        |
| Other               | £181M       |





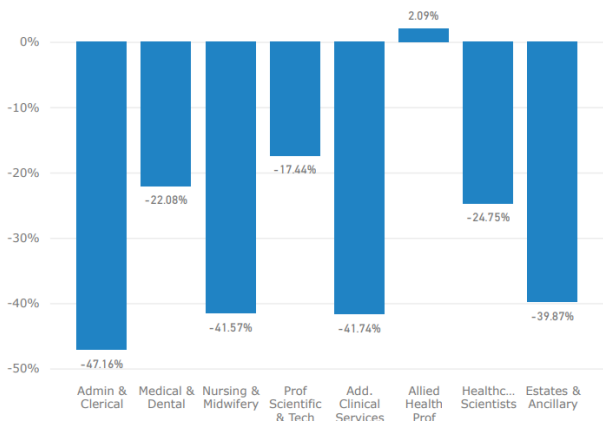
# Agency Spend by Staff Type

Health Board / Trust

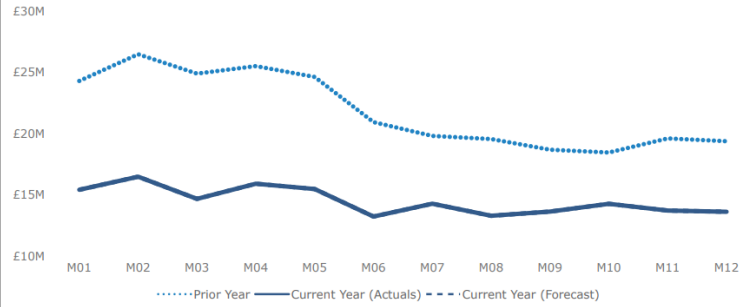
All

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

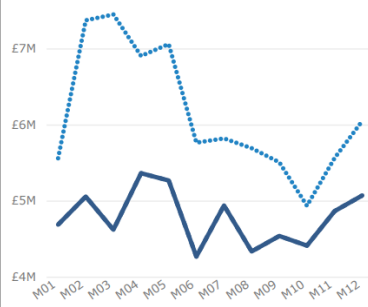
### Agency Spend by Staff Type 2023/24 - 2024/25 Variance (%)



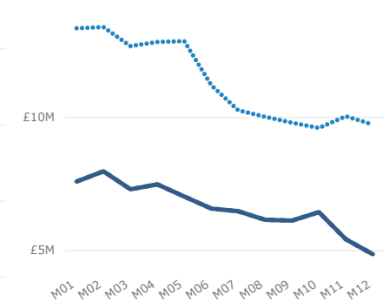
### All Staff Groups



### Medical & Dental



### Nursing & Midwifery



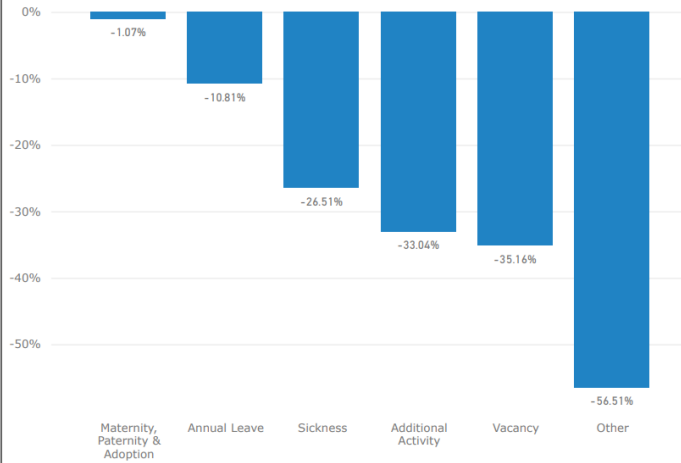
# Agency Spend by Reason of Use

Health Board / Trust

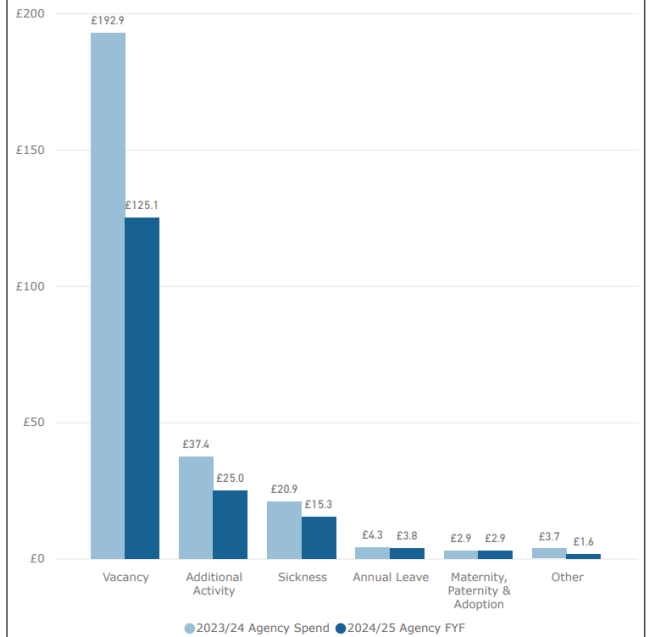
All

| Reason for Agency Use           | 2023/24 Agency Actual (£m) | 2024/25 Agency FY Forecast (£m) | Variance (£m) |
|---------------------------------|----------------------------|---------------------------------|---------------|
| Additional Activity             | £37.4                      | £25.0                           | £-12.3        |
| Annual Leave                    | £4.3                       | £3.8                            | £-0.5         |
| Maternity, Paternity & Adoption | £2.9                       | £2.9                            | £-0.0         |
| Other                           | £3.7                       | £1.6                            | £-2.1         |
| Sickness                        | £20.9                      | £15.3                           | £-5.5         |
| Vacancy                         | £192.9                     | £125.1                          | £-67.8        |
| <b>Total</b>                    | <b>£262.0</b>              | <b>£173.7</b>                   | <b>£-88.3</b> |

### Variance to 2023/24 Actuals by Reason (%)



### Full Year Agency Spend by Reason (£m)





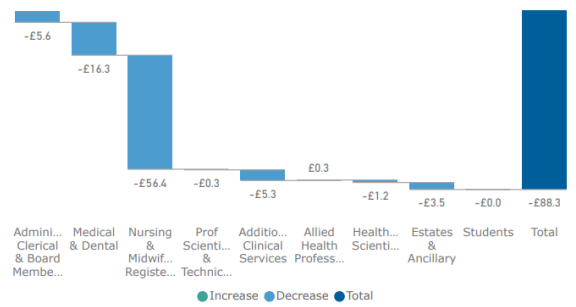
# Agency - Variance Analysis

Health Board / Trust

All

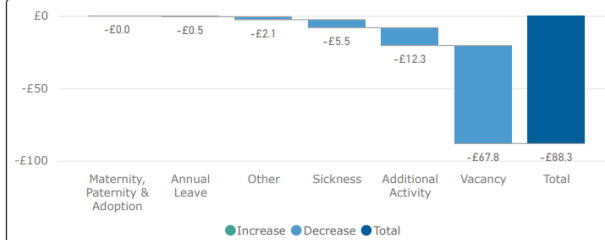
## Movement in Annual Agency Spend By Staff Type (£m)

| Staff Type                               | Aneurin Bevan UHB | Betsi Cadwaladr UHB | Cardiff & Vale UHB | Cwm Taf Morgannwg UHB | Hywel Dda UHB | Powys THB    | Swansea Bay UHB | Trusts       | Total         |
|--|-------------------|---------------------|--------------------|-----------------------|---------------|--------------|-----------------|--------------|---------------|
| Allied Health Professionals              | £0.2              | -£0.2               | £0.3               | -£0.8                 | -£0.4         | £0.3         | £0.7            | £0.2         | <b>£0.3</b>   |
| Prof Scientific & Technical              | £0.2              | £0.0                | £0.0               | -£0.0                 | £0.0          | -£0.6        | £0.0            | £0.0         | <b>-£0.3</b>  |
| Healthcare Scientists                    | -£0.0             | -£0.0               | -£0.2              | -£0.3                 | -£0.0         | £0.1         | -£0.2           | -£0.5        | <b>-£1.2</b>  |
| Estates & Ancillary                      | -£4.2             | -£0.0               | -£0.1              | £1.6                  | -£0.1         | £0.0         | £0.1            | -£0.7        | <b>-£3.5</b>  |
| Additional Clinical Services             | -£1.0             | -£0.1               | -£0.2              | -£2.6                 | £0.0          | -£0.6        | -£0.7           | -£0.0        | <b>-£5.3</b>  |
| Administrative, Clerical & Board Members | -£0.6             | -£2.3               | -£0.4              | -£0.9                 | -£0.1         | -£0.1        | -£1.1           | -£0.2        | <b>-£5.6</b>  |
| Medical & Dental                         | -£3.1             | -£5.2               | -£1.9              | -£7.0                 | -£1.2         | £0.9         | £1.2            | £0.1         | <b>-£16.3</b> |
| Nursing & Midwifery Registered           | -£4.9             | -£12.7              | -£6.6              | -£11.1                | -£14.4        | -£1.4        | -£15.2          | -£0.0        | <b>-£56.4</b> |
| <b>Total</b>                             | <b>-£13.4</b>     | <b>-£20.5</b>       | <b>-£9.2</b>       | <b>-£11.0</b>         | <b>-£16.3</b> | <b>-£1.5</b> | <b>-£15.2</b>   | <b>-£1.1</b> | <b>-£88.3</b> |



## Movement in Annual Agency Spend By Reason (£m)

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





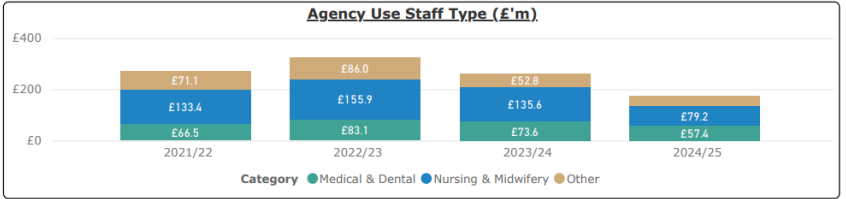
# Agency Spend - 4 Year Analysis

Health Board / Trust

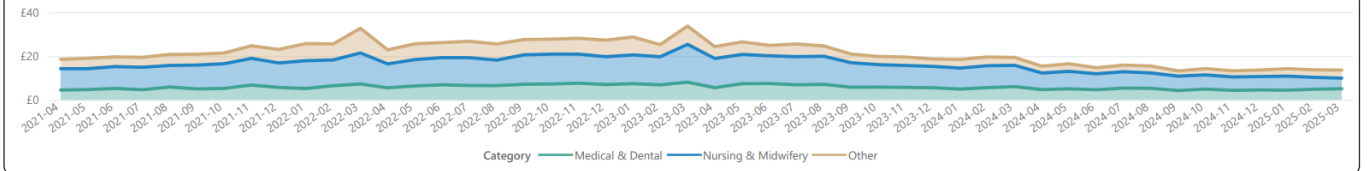
All

## Agency Use by Staff Type

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

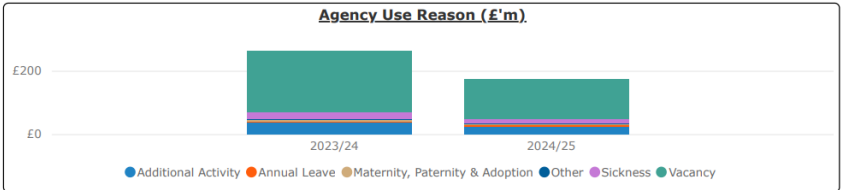


## All Wales Agency Spend - All Staff Groups (£m)



## Agency Use by Reason

| Reason                          | 2023/24       | 2024/25       |
|---------------------------------|---------------|---------------|
| Additional Activity             | £37.4         | £25.0         |
| Annual Leave                    | £4.3          | £3.8          |
| Maternity, Paternity & Adoption | £2.9          | £2.9          |
| Other                           | £3.7          | £1.6          |
| Sickness                        | £20.9         | £15.3         |
| Vacancy                         | £192.9        | £125.1        |
| <b>Total</b>                    | <b>£262.0</b> | <b>£173.7</b> |



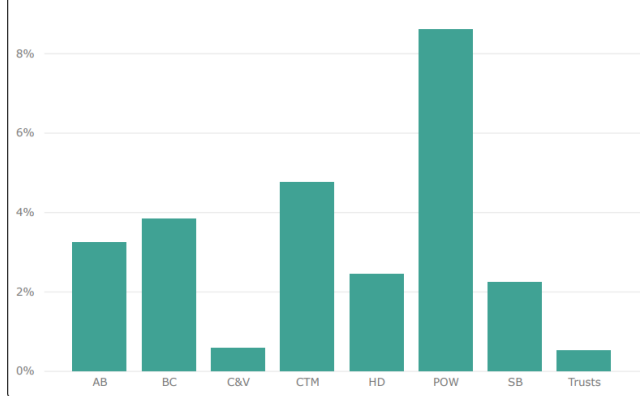
# Agency - Proportion of Total Pay

Health Board / Trust

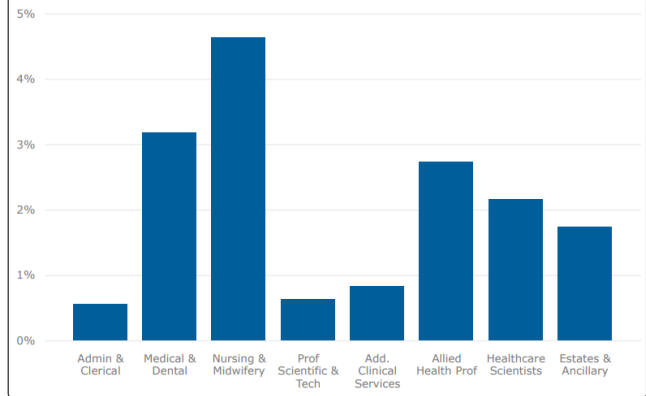
All

| Staff Type             | Aneurin Bevan UHB | Betsi Cadwaladr UHB | Cardiff & Vale UHB | Cwm Taf Morgannwg UHB | Hywel Dda UHB | Powys THB   | Swansea Bay UHB | Trusts      | Total       |
|------------------------|-------------------|---------------------|--------------------|-----------------------|---------------|-------------|-----------------|-------------|-------------|
| Admin & Clerical       | 0.1%              | 0.5%                | 0.3%               | 0.5%                  | 0.0%          | 0.0%        | 0.7%            | 1.0%        | 0.6%        |
| Medical & Dental       | 5.3%              | 6.5%                | 0.1%               | 4.1%                  | 3.0%          | 32.3%       | 3.3%            | 0.1%        | 3.2%        |
| Nursing & Midwifery    | 4.8%              | 5.6%                | 1.5%               | 8.7%                  | 5.3%          | 10.9%       | 1.9%            |             | 4.6%        |
| Prof Scientific & Tech | 1.4%              | 0.3%                | 0.0%               | 0.6%                  | 0.1%          | 7.6%        | 0.4%            | 0.5%        | 0.6%        |
| Add. Clinical Services | 0.7%              | 0.1%                | 0.1%               | 1.9%                  | 0.1%          | 6.6%        | 2.0%            | 0.3%        | 0.8%        |
| Allied Health Prof     | 3.8%              | 6.9%                | 1.1%               | 1.9%                  | 1.6%          | 12.0%       | 2.4%            | 0.3%        | 2.7%        |
| Healthcare Scientists  | 2.4%              | 0.6%                | 0.1%               | 4.8%                  | 1.3%          | 6.7%        | 7.0%            | 0.9%        | 2.2%        |
| Estates & Ancillary    | 1.4%              | 0.1%                | 0.2%               | 7.6%                  | 0.0%          |             | 1.3%            | 1.8%        | 1.7%        |
| <b>Total</b>           | <b>3.2%</b>       | <b>3.8%</b>         | <b>0.6%</b>        | <b>4.8%</b>           | <b>2.4%</b>   | <b>8.6%</b> | <b>2.2%</b>     | <b>0.5%</b> | <b>2.6%</b> |

## Agency as a % of Total Pay (Organisation)



## Agency as a % of Total Pay (Staff Type)





# Variable Pay 2024/25 (£m)

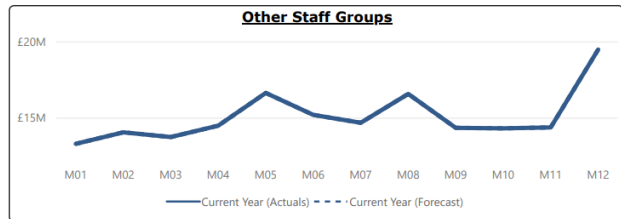
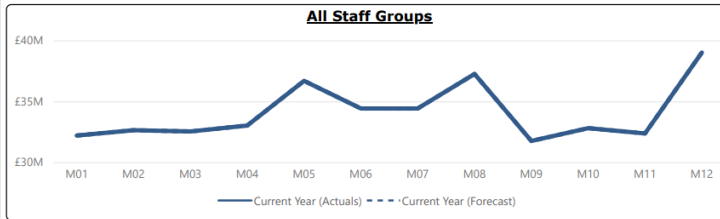
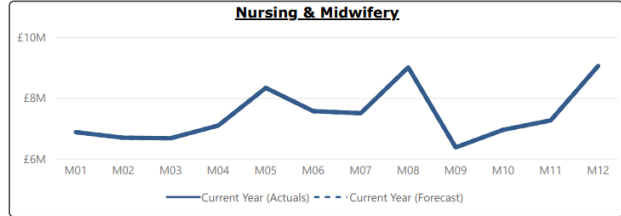
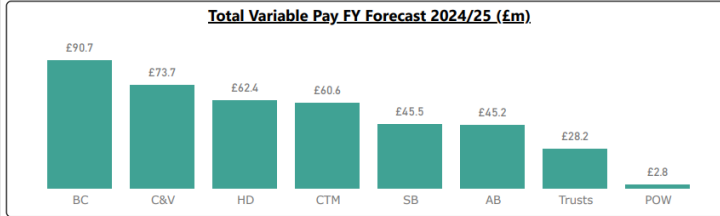
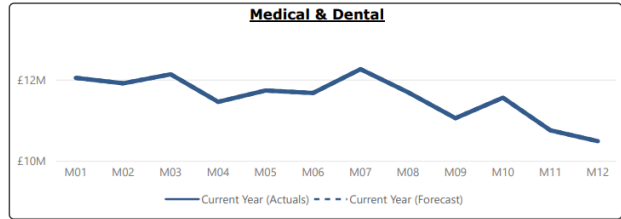
Health Board / Trust

Staff Type

All

All

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



## Peer Review

### Requester/Stakeholders

NHS Finance & Welsh Government

### Requirements

Analysis of agency and variable pay across NHS Wales

### Due Date

October 2024

### SMT Lead(s)

Janine Billen

### Analyst(s)

John Edwards

### Date Created

Created in 2023, signed off in October 2024

### Peer Reviewers

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

### Date of Peer Review

May 2025

### Data Sources

MMR submissions

### Geography

NHS Wales Organisations

### Time Period Covered

2020- 2025

### Level of Access Required

N/A

### Contact Details

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Annex 2 – Resident Doctor Contract agreed framework

Framework agreement for reform to the terms and conditions of service for resident doctors and dentists in Wales

August 2025

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## Foreword

This framework describes an agreement reached between representatives of NHS Wales Employers and the British Medical Association's Welsh resident doctor committee on reform to the terms and conditions of service for doctors and dentists in training in Wales.

This package of reform is judged by both parties to fulfil the mandate provided by the Cabinet Secretary for Health and Social Services for a costed, mutually agreed proposal that addresses the areas detailed in the ministerial mandate.

This agreement summarises the outcome of discussions held through social partnership and through negotiation. It sets out an agreement for contract reform from 2026/27, alongside preparatory work prior to these dates and review stages following implementation.

It sets out changes to the pay scale and terms and conditions of service for resident doctors and dentists in training that employers (henceforth referred to as 'residents'), the British Medical Association (BMA) Cymru Wales, and the Welsh Government are agreeing to implement over the period of the agreement and going forward. It also sets out a series of other agreements to provisions and policies relevant to residents that lie outside of their terms and conditions of service.

The framework is adopted following the confirmation of relevant funding received from the Cabinet Secretary for Health and Social Services. The investment supports reforms to pay scales and terms and conditions of service over the course of the three-year implementation period.



Dr. Deiniol Jones

Deputy chair for terms and

BMA Welsh resident doctors committee



Mrs Sue Green

Director conditions of service  
NHS Wales Employers

## Definitions

|                                |   |
|--------------------------------|---|
| <b>Resident</b>                | Resident doctor or dentist who is undertaking a formal training programme   |
| <b>Flexible (Part time)</b>    | A resident employed on a part time/less than full time basis  |
| <b>Additional Hours</b>        | Work undertaken within the resident's personalised job plan beyond 40 hours and up to an average 48 hours per week  |
| <b>Overtime</b>                | Work undertaken that is not detailed within the resident's personalised job plan and is not additional, elective shifts (i.e. locum/extra contractual work) |
| <b>Locum/extra contractual</b> | Work undertaken by volition that is outside of the core contract of employment e.g. medical bank  |
| <b>Resident job plan</b>       | A work schedule containing clinical, training, academic and any other workplace commitments, as detailed in the TCS   |
| <b>F1 and F2</b>               | Residents at Foundation levels  |
| <b>Registrar</b>               | Residents who hold a Foundation Programme Certificate of Completion or equivalent   |
| <b>Enhanced progression</b>    | Pay progression subject to criteria being evidenced as detailed in the TCS  |
| <b>Standard progression</b>    | Progression based on annual incremental date  |
| <b>Locally employed doctor</b> | A doctor employed directly by a health board or trust who is working on a resident doctor rota.   |

# Introduction

## Basis of agreement

Welsh Government, NHS Wales Employers and BMA Welsh resident doctors committee agreed to enter contract negotiations in 2024, building on the basis of previous negotiations conducted between 2020 and 2022. These talks commenced in early 2025 based on a mandate provided by the Cabinet Secretary for Health and Social Care.

The agreed aims of the negotiations were:

- To improve the recruitment, retention, motivation, and engagement of resident doctors and dentists in order to make Wales the preferred destination for medical and dental training.
- To ensure high-quality care by enabling employers and staff to meet shared responsibilities to patients, while maintaining competitiveness with other UK and international training programmes.
- To develop an equitable and progressive pay structure aligned with skills, experience, and Welsh Government longer term commitments to pay restoration.
- To provide clear entitlements to protected study time, modernise terms and conditions to support well-being and patient safety, and ensure affordability and return on investment in line with *A Healthier Wales* and the Workforce Strategy.

The initial phase of talks considered the current contractual landscape in the UK, the availability of necessary information for further contract reform discussions, and lessons learned from past contract reform processes. From here, detailed discussion was held on all areas of the terms and conditions, with particular focus on the working week, balancing training and clinical duties, the pay structure and pay system.

With a deal now agreed, the intention is to put this to a referendum of BMA resident doctor members in Wales. Members will be asked to consider whether they accept the new contract. If members vote to accept the new contract it will come into force in August 2026. The existing contract will be closed to new entrants employed on or after 1 August 2026 and existing employees will be transferred to the new terms and conditions at appropriate stages in training and in accordance with a transition and implementation timetable, an outline of which is set out in section 9. It is anticipated that there will be specific circumstances whereby some residents who expect to complete their training soon or have extenuating circumstances may not have to transfer to the new contract. Likewise, depending on the stage of training, a pragmatic approach will also be adopted with regards to residents who defer their training during the transitional phase.

If BMA members accept the new contract, and the Cabinet Secretary for Health and Social Services subsequently approves its introduction, the implementation process will begin. This will be staged to ensure the continuity and smooth running of the health service and the best experience for residents upon transfer. More information is provided in the relevant section of this document.

## Scope and status

This framework document represents the outcomes of negotiations and a summary of the new terms and conditions of service (“the new contract”). NHS Wales Employers has agreed these changes on behalf of HEIW, health boards and trusts in Wales. BMA Welsh resident doctors committee will now consult their membership on the proposals.

This agreement covers both resident doctors and dentists. For ease, this document uses the term “resident” to refer all in scope.

It is recognised that the 2002 TCS are widely mirrored in other employment contexts; the reforms set out in this framework agreement will be extended to those affected. For example:

- Academic trainees who hold a National Training Number/Deanery Number and are substantively employed by universities.
- Public health registrars.
- Locally employed doctors who work on rotas alongside resident doctors.

Both parties are committed to partnership working to ensure the new contract supports the delivery of strategic health objectives in Wales through the recruitment and retention of residents.

This agreement covers all NHS employers in Wales that employ or host residents and equivalent local roles as appropriate. It will be adopted subject to the confirmation of relevant funding received from the Cabinet Secretary for Health and Social Services and the approval of all negotiating parties.

This agreement does not summarise every detail of the new TCS, which will be issued separately if the contract deal is agreed. The final TCS will need to undergo a legal review by the relevant parties.

Guidance will be issued as required to express and clarify the shared intention behind contractual provisions and the intended use and implementation of the new contract.

Welsh Ministers have an equality duty under s.149 of the Equality Act 2010 to consider the impact of any changes in relation to the protected characteristics. The parties have developed this agreement and have been guided by a working Equality Impact Assessment throughout. However, a comprehensive equalities impact assessment on the new contract will be undertaken during the implementation stage and prior to implementation.

## Investment

If BMA Cymru Wales and NHS Wales Employers agree the new contract via their respective consultative processes, the Cabinet Secretary for Health and Social Services will make available funding to invest in the cost of the proposed reforms. This equates to an investment of up to 4% of the value of the current resident doctor workforce costs as of 2025/26.

The contractual reforms contained in this agreement have been robustly costed as best possible using available data. Funding provided by Welsh Government for the cost of the proposed reform will be based on the modelled costs. This includes an agreed proportion for implementation and transition. Should any further costs arising from the implementation of the contract be experienced by employers, these will be outside of the envelope provided and managed by employers.

As investment provided for transitional arrangements (for example, transitional pay protection) tapers off, it is agreed that this will be reviewed in partnership and any funding unlocked by the tapering off of these arrangements will be considered for further investment in the new contract.

## Areas for further development and agreement

The contract reform proposed in this document is very wide-ranging and will require support of a range of non-contractual changes to working practices, partnership arrangements and resourcing. It is recognised that it was not feasible to discuss all changes required for full implementation of the new contract in the context of negotiation.

Therefore, all parties have committed to a programme of work, some as part of implementation plans, to take forward to priorities established in the new contract and ensure they are put into practice as best as

possible. The following areas for further development, for implementation and future work are agreed by all parties:

- The *Code of Practice: Provision of Information for Postgraduate Medical Training* will be reviewed in partnership and an equivalent document agreed for Wales to reflect its new contractual status.
- A single lead employer (SLE) implementation working group will examine the relationship between contract implementation and the SLE arrangements for residents in Wales to ensure clear, mutually agreed division of contractual responsibilities between the lead and host employers.
- A Digital Systems Working Group will be established to support the practical implementation of the new contract. This group will collaborate closely with workforce teams, the SLE, and payroll departments to ensure digital systems and processes are aligned with the new requirements.
- Work in partnership will take place to identify ways in which production and provision of rotas/schedules/job plans can be streamlined to avoid delays.
- Work in partnership will continue to develop mechanisms for locally employed doctors to achieve greater security of employment as detailed later in this document.
- Work in partnership will continue to review, identify and address causes for and impact of “bottlenecks” in training as detailed later in this document.
- Work in partnership will be undertaken to agree appropriate rates for or a methodology for setting extra contractual work undertaken by residents in NHS Wales organisations. If the contract deal is approved by all parties for implementation, BMA Cymru Wales will cease to promote the BMA 2002 TCS rate card unless a dispute arises in the future or partnership talks to agree rates fail.
- Work in partnership will be undertaken to develop appropriate policy/guidance to support effective resident job planning.
- Work in partnership will be undertaken to develop criteria for identification of “mandatory” courses and to establish a process for automatic approval of attendance or participation of these courses as part of an overarching study leave improvement workstream as detailed later in this document.

This programme of activity is not exhaustive, and all parties will agree additional elements through the implementation period.

## A new contract for Wales

### The 2002 contract

The *National Health Service Hospital Medical and Dental Staff and Doctors in Public Health Medicine and the Community Health Service (England and Wales) Terms and Conditions of Service*, also known in its application to doctors and dentists in training as the “2002 contract” or “New deal contract”, was introduced over twenty years ago.

In the earlier discussions on contract reform in 2020–22, it was agreed that the contract was no longer functioning as intended and had lost the confidence of both doctors and employers. Rota monitoring exercise response rates were low, reflecting a lack of faith in the system, and it was agreed that the TCS required modernisation. All parties have maintained this view in the intervening years.

In initial discussions in 2025, an overarching principle of simplification of TCS was agreed, with all parties acknowledging the need to test proposals to ensure they could be implemented at a practical level.

## Social partnership

The new contract has been developed in social partnership. Time has been taken to consider and learn from the previous negotiations and framework. Through building an understanding of each other's perspectives, establishing shared priorities and working on joint solutions, the parties have ensured that the new contract has the confidence of all parties, and all elements are mutually supported and considered sustainable, suitable and implementable.

## Pay structure

### Aims of the new pay structure

The aims of the pay structure are to:

- Create a simple to understand pay system.
- Move to an hours-based model of pay, where each hour of work has a clearly defined value and residents are more accurately and fairly remunerated for their work.
- Reduce the number of pay points and frontload pay within the reduced points to reduce the gender pay gap, support early career earnings and improve pension outlook.
- Redistribute some out of hours (OOH) pay, currently contained within banding supplements, into basic pay to reduce variations in pay across rotations and improve pension outlook.
- Ensure established flexible training pathways are supported and appropriately remunerated.
- Ensure the pay system does not discriminate against protected groups.

### Pay scale

The pay scale for the new contract is made up of seven pay points. The pay point determines the basic pay level for a nominal 40-hour working week.

| Pay Point                             | Year | 2002 TCS |         | New contract |         |
|---------------------------------------|------|----------|---------|--------------|---------|
|                                       |      | Spine    | Value   | Spine        | Value   |
| <b>F1</b>                             | 1    | Min      | £35,390 | 1            | £40,000 |
|                                       | 2    | 1        | £37,487 |              |         |
|                                       | 3    | 2        | £39,587 |              |         |
| <b>F2</b>                             | 1    | Min      | £43,466 | 1            | £50,000 |
|                                       | 2    | 1        | £46,192 |              |         |
|                                       | 3    | 2        | £48,915 |              |         |
| <b>Registrar<br/>(postfoundation)</b> | 1    | Min      | £46,324 | 1            | £55,000 |
|                                       | 2    | 1        | £49,046 |              |         |
|                                       | 3    | 2        | £52,853 | 2            | £62,000 |
|                                       | 4    | 3        | £55,157 |              |         |
|                                       | 5    | 4        | £57,929 |              |         |
|                                       |      |          |         | 3            | £68,000 |

|    |   |         |   |         |
|----|---|---------|---|---------|
| 6  | 5 | £60,706 |   |         |
| 7  | 6 | £63,482 | 4 | £74,000 |
| 8  | 7 | £66,259 |   |         |
| 9  | 8 | £69,034 | 5 | £78,000 |
| 10 | 9 | £71,814 |   |         |

The value of pay for residents working flexibly (part-time) will be pro rata to the levels set out above and in the Medical and Dental Pay Circular according to the hours set out in their job plan.

The annual basic pay values included in this Framework Agreement have been set in respect of the 2025/26 pay scales. The pay scales published in this agreement will be considered in the usual manner by the Welsh Government for an uplift alongside all other medical pay scales following the publication of recommendations by the Review Body on Doctors' and Dentists' Remuneration (DDRB) in the 2026/27 pay year (i.e. prior to implementation) and in subsequent years.

The new pay structure frontloads pay earlier in the pay scale than the 2002 TCS pay scale. This means that all residents receive a higher level of basic pay than before, with more of it earlier in their career. It also means that pay progresses in larger, less frequent amounts after F2. It also redistributes the balance of pay further into basic pay, which enhances contributions to the NHS pension scheme and reduces the significant fluctuations in pay observed in banding. It increases the level of earnings that may be routinely considered by lenders, e.g. for mortgages. We expect the new pay scale to reduce the gender pay gap.

## Pay progression

The new pay progression system has a single pay point each for Foundation 1 and Foundation 2. Pay progression for residents in foundation training will be based on the development of competency denoted by the progression from F1 to F2.

There is then a scale for registrar level (i.e. those who hold a FPCC or equivalent) with standard progression every two calendar years on the resident's incremental date.

Pay progression between spinal points 2 and 3 of the registrar scale will be known as 'enhanced pay progression'. It will require a resident to have 4 years total equivalent experience following completion of their Foundation Programme, of which 2 years must be in a formal training programme (including dental core training) or equivalent.

Residents in the career grades who return to training will have all years of equivalent experience post foundation counted for the purposes of the above calculation.

| Pay Point | Year | New Pay Structure |         |
|-----------|------|-------------------|---------|
|           |      | Spine             | Value   |
| F1        |      | 1                 | £40,000 |
| F2        |      | 1                 | £50,000 |
| Registrar | 1    | 1                 | £55,000 |

|  |    |   |         |
|--|----|---|---------|
|  | 2  |   |         |
|  | 3  | 2 | £62,000 |
|  | 4  |   |         |
|  | 5  | 3 | £68,000 |
|  | 6  |   |         |
|  | 7  |   |         |
|  | 8  | 4 | £74,000 |
|  | 9  |   |         |
|  | 10 | 5 | £78,000 |

Residents with experience gained in local employment or from work abroad will be able to access enhanced progression based on being able to evidence the following criteria:

- Competencies completed as per equivalent training year and specialty requirement (this may be evidenced by an appropriate certificate of readiness)
- Regular meetings with an Educational Supervisor or equivalent
- Demonstrate their contributions to a wider role, for example, meaningful participation in or contribution to relevant:
  - Management or leadership
  - Service development and modernisation
  - Teaching and training (of others)
  - Committee work
  - Representative work
  - Innovation
  - Audit
- Continual Professional Development (including courses, training sessions and presentations)
- Evidence presented as would be expected from ARCP or appraisal process.

Where a resident is able to evidence the criteria described above, each year of service as a locally employed doctor (LED) or doctor abroad will be regarded as equivalent to a year in a training programme for the purposes of calculations towards enhanced pay progression. If the doctor is unable to provide this evidence, or where the equivalent experience took the form of locum work, then each calendar year in service will be counted as equivalent to half a year in a formal training programme for these purposes.

Residents who have undertaken an out of programme experience (OOP) or an academic qualification relevant to their training programme will have each year of these counted as equivalent to a training programme year for the above purposes.

## Elements of pay

### Principles

The principle of the new pay system is that residents will be paid for the actual hours that they work. Instead of the 2002 contract's banding system, the new contract pays for individual hours of work that are

contained in the resident's individual job plan, as well as overtime hours that are reported through the rostering system. There are enhanced rates for work undertaken outside of core hours/in unsocial hours.

Where a resident works for fractions of an hour, pay will be for each quarter hour, rounded to the nearest quarter hour.

## Basic pay

Basic pay is awarded at the relevant point value for an average 40-hours of work per week. For flexible (part-time) residents, this is paid pro-rata for the proportion of full-time work that has been agreed.

## Additional hours contained in the job plan

Additional hours of work that are contained in the resident's job plan (i.e. rostered hours) will be paid at 1/40th of full-time basic pay, i.e. at an hourly rate, up to a safe working maximum of an average 48 hours per week.

## Overtime

In some circumstances, additional work may be undertaken that is not detailed in the job plan. This may include, but is not limited to:

- Staying beyond a scheduled shift end time due to service demands.
- Performing work (either remotely or on-site) during a non-resident on-call duty period.
- Undertaking work outside of scheduled hours to participate in a training opportunity required for progression within the training programme.

In these circumstances, the resident must report the additional hours worked outside of the job plan via the rostering system. They will receive payment at the appropriate hourly rate for the time and day the work was performed. All additional work undertaken outside the job plan must be recorded within the same roster period in which it occurred. This replaces the current rota monitoring system that determines bandings on the 2002 contract.

Authorisation for additional pay will be in accordance with the organisation's pay and financial controls processes. Approved additional hours or overtime will be paid in the next payroll cycle following submission, subject to the organisation's standard payroll deadlines. It is expected that all submissions for additional pay/overtime are accurate and genuine and as such no separate clinical supervisor sign-off will be required. Where the payroll team identifies concerns regarding the validity of a roster, these concerns must be referred to the person authorising the roster and, where necessary, Guardian of Safe and Flexible Working for review/investigation.

The guardian will be expected to monitor overall patterns of reporting of additional hours of work (additional hours and/or overtime) in order to ensure resident job plans are accurate, reflective of service demands, and maintain safe design limits.

## Core and unsocial hours

Core hours will be between 07:00 and 19:00, Monday to Friday, as is the case on the 2002 contract.

An enhancement of 50 per cent of the hourly basic rate will be paid on any hours worked between 19:00 and 07:00 Monday to Friday, and any hours worked on a Saturday, Sunday or Bank Holiday. This forms a supplement additional to the basic pay and additional hours detailed in 4.2 and 4.3.

## On-call availability and work

Where a resident is required by their employer to be available to return to work or provide telephone advice for a duty period but are not expected to be on site for the whole period, they will be paid an availability rate of 50 per cent of their basic hourly rate for the hours they are available.

Residents will be paid for any actual hours worked while on-call – either on site or remotely – at the appropriate rate for the hours worked. Payment for these hours will be made retrospectively via the rostering system, in accordance with the on-call payment process. For pay purposes, the on-call availability allowance will count towards the pay for actual hours worked for each hour or part thereof applicable, i.e. payment for actual work performed will form a ‘top up’ of the hourly availability rate, or any part thereof, up to the relevant rate.

Where a resident is required to work for 75% or more of the on-call duty period, they shall be paid for the total on-call duty period at the full appropriate hourly rate and not the 50% availability rate.

## Pay premia

In addition to the other pay elements, a new category of pay premia will be introduced in order to pay residents working in specific training pathways which are deemed in particular need of recognition.

### General practice

A pay premium shall be paid to residents employed on general practice training programmes. The premium will be paid at a rate of 30% of point 1 of the registrar scale, as defined in the pay circular. It will be paid pro-rata for residents who work flexibly (part time). The purpose of this premium is to appropriately compensate work performed in general practice; it is not a recruitment premium, nor specific targeting of a hard-to-fill specialty.

The premium will only be paid to GP registrars when they are working in a general practice placement. It is not payable when the resident is working in a hospital or any other setting. It will not be payable to residents on a different training programme when they are working in a general practice placement (for example, on a foundation training programme).

### Oral and maxillo-facial surgery (OMFS)

A pay premium will be payable to residents undertaking higher training in OMFS to recognise the requirement for such residents to complete undergraduate degrees and foundation programmes in both medicine and dentistry. The premium will be payable at the point in time when the resident commences employment in a post on a higher training programme in OMFS.

The premium will be paid at a rate of 8.6% of point 1 of the registrar scale, as defined in the pay circular. It will be paid pro-rata for residents who work flexibly (part time). The purpose of this is to compensate for the longer length of training and the impact of this on pay progression; it is not a recruitment premium, nor specific targeting of a hard-to-fill specialty.

### Resident Recruitment and Retention Premia (RRP)

In order to ensure effective application of equal pay for equal value principles, employers will be required to submit applications for any temporary recruitment and retention premia. These applications and, where approved, review and withdrawal or extension of the premium will be overseen by Medical and Dental Business Group (MDBG).

# Safe working hours

## Limits on working hours

The new contract will introduce comprehensive and wide-ranging limits on working hours, designed to ensure that the rotas are safe for both patient and resident, sustainable and provide a higher quality of work-life balance than the old contract does. Employers must abide by these working limits as well as by the statutory working time regulations. Residents will have a professional responsibility to ensure that their total hours of work comply with these limits.

The limits will be as follows:

- No more than 48-hours worked in an average week, taken over a 26-week reference period or the rota length if this is shorter.
- No more than 72 hours' actual work in any 168-hour period.
- No shifts longer than 13 hours.
- No more than 4 consecutive long shifts (longer than 10 hours).
- 48 hours' rest after 4 consecutive long shifts (longer than 10 hours). □ No more than 7 consecutive shifts of any length.
- 48 hours' rest after 7 consecutive shifts of any length.
- All reasonable steps must be taken to avoid a weekend frequency higher than 1 in 3, with an absolute limit of 1 in 2.

## Breaks

For shifts rostered to last more than 5 hours, a 30-minute break must be provided. For shifts longer than 9 hours, another 30-minute break must be provided. For night shifts (i.e. where part of the shift takes place between midnight and 7am inclusive) longer than 12 hours, a third 30minute break must be provided. These breaks should be taken separately and spaced evenly. If they are combined, the break should take place towards the middle of the shift wherever possible. Breaks are counted as working time for pay purposes.

## On-call periods

On-call duty periods, where a resident is expected to be available to attend at their workplace or provide telephone advice, may last no longer than 24 hours (and can be extended by between 15 minutes and 1 hour for handover). These duty periods cannot be worked consecutively except at weekends, when 2 are permitted, or more by local agreement subject to scrutiny and approval by the Guardian of Safe and Flexible Working. No more than 3 on-call duty periods can be rostered in 7 consecutive days. Residents are entitled to 8 hours' rest, and 5 continuous hours' rest, in a 24-hour period whilst on-call. The day following an on-call duty period cannot be rostered for more than 10 hours' work, or 5 hours' work if the rest entitlements during the preceding on-call duty period could not be met.

Where overnight rest is significantly impeded by work during an on-call duty period, arrangements must be made immediately for adequate rest and time off in lieu taken within 24 hours. Where rest has been significantly disrupted, the default assumption is that the resident may be unsafe to undertake work due to tiredness and they must inform the employer that they will not be attending work as rostered, other than ensuring a safe handover of patients. No detriment in pay will be experienced by the resident.

Where an on-call duty period is defined as 'low intensity', typically being an expectation of less than 3 hours' actual work during the NROC period, a limit of 7 consecutive duty periods will apply. Subject to local agreement and oversight as above, this may be extended to 12 consecutive duty periods.

## Facilities when too tired to drive home

Where a resident has worked a long shift or night shift, or has been rostered on-call and has been required to attend at their place of work, and subsequently judges that they are too tired to safely drive home, the host employer must provide them with an appropriate rest facility or, where this is not possible, cover reasonable expenses for their safe journey home by other means, as well as return to work for their next shift or to collect their vehicle. This will be managed via existing expensing arrangements.

## Leave

Annual leave entitlement will be at 28 days upon first employment in the Welsh NHS, rising to 33 days after 5 years of employment. These entitlement values include the additional day of annual leave granted by the Minister for Health and Social Services in December 2021 and previous statutory days. All annual leave entitlements will be calculated and recorded on an hours-based system within the Electronic Staff Record (ESR).

Residents may take one day of annual leave against a shift of any length provided the shift takes place wholly on one day and no part of the shift attracts an enhanced hourly rate of pay. Other shifts must be swapped according to existing arrangements. Whilst it is the resident's responsibility to arrange swaps, the employer must facilitate this.

Employers must allow leave to be taken when requested for a life-changing event, provided sufficient notice is given.

No other significant changes are made in the new contract, compared to the old contract, with regards to other types of leave except that, as part of the introduction of the common schedules of the *NHS Terms and Conditions of Service Handbook*, residents will have access to shared parental leave policies and child bereavement leave under sections 15 and 23 of the *Handbook*.

## The working week

### Principles of Resident Job Planning

Job planning will be introduced for residents to provide a clear picture of clinical duties and scheduled training and to allow employers to appropriately plan and deliver clinical services alongside training commitments.

These resident job plans will reflect the contractual safe working hours. They will detail all clinical commitments for which the individual resident is contracted alongside required training and other commitments agreed with their educational supervisor and the host employer (for example, rota coordination). They will indicate safe staffing levels for the medical team the placement is in and define educational development time (EDT) entitlements.

The clinical commitments of job plans should be based upon well designed rotas that are, where possible, co-produced with residents and adhere to appropriate Welsh guidance that will be developed in social partnership.

Resident job plans will typically apply for the length of the placement and should be discussed at a minimum at the start and finish of the placement. The resident job plan will also form the basis of discussions between the resident and their educational supervisor on their progress against training objectives.

Employers will be responsible for ensuring that a system is in place to allow residents to request annual leave prior to the commencement of a placement, to allow this to be factored into the resident job plan.

## Provision of resident job plan

The new contract stipulates minimum periods prior to the commencement of a placement by which the resident must receive each piece of resident job plan documentation in line with the *Code of Practice: Provision of Information for Postgraduate Medical Training* (All-Wales version will be published during implementation).

These are summarised as follows:

| <b>Resident Job plan element</b>   | <b>Deadline for providing to resident</b>             |
|------------------------------------|---|
| Generic Resident Job Plan          | 8 weeks prior to commencement of placement            |
| Duty roster (confirming rota slot) | 6 weeks prior to commencement of placement            |
| Personalised Resident Job Plan     | Before or within 4 weeks of commencement of placement |

Where a resident job plan or rota has not been provided within the contractual time limit, or access has not been provided to the additional work reporting system or exception reporting system within the contractual time limit, a financial penalty will be incurred as detailed below. Prior to implementation of the new contract, the parties will work together to improve processes to mitigate the likelihood of delays resulting in missed deadlines.

## Generic resident job plan

The generic resident job plan will provide the resident with an understanding of the range of work, duties and training commitments involved in a placement prior to its commencement. It details broad intended educational outcomes, work duties, other workplace activities and the number and distribution of hours for which the resident is contracted. It will detail entitlements to EDT, minimum staffing levels within the team, and will be subject to regular reviews by the relevant training programme director (TPD).

The generic resident job plan must include time for local workplace inductions. Where a resident is beginning work in an unfamiliar setting, the induction must be included in the generic resident job plan prior to the commencement of clinical duties, which will not be undertaken until it is completed. Inductions must be delivered in line with the NHS Wales Fatigue and Facilities Charter.

## Personalised resident job plan

The generic resident job plan should form the basis of the personalised job plan, which will be agreed between the resident and their educational supervisor. They will personalise the job plan according to the learning needs of the resident and the opportunities available in the post. It may also include other professional duties that are agreed with the educational supervisor, which may include, for example, rota coordination duties or participation in the resident doctor forum (RDF).

This conversation will be the opportunity for the resident to raise caring responsibilities that should be factored into the resident job plan where possible.

### Part time resident job planning

Residents who train flexibly (part time) will have bespoke resident job plans which reflect their agreed training percentage and ensure they are working the correct pro-rata hours. The process of agreeing this job plan should begin as soon as possible after the resident has been notified of their placement.

### Clinical academic resident job planning

Residents on an integrated academic training pathway will have their academic commitments reflected in their personalised resident job plan in accordance with Follett principles. Where employment arrangements place the resident under the new terms and conditions, the resident, academic employer and clinical employer will agree a job plan for the placement prior to its commencement to accurately reflect the resident's various commitments.

### GP registrar resident job planning

GP registrars will receive job plans just like hospital-based residents. Their job plan must reflect COGPED guidance on the split of sessions for GP residents for their basic 40-hour working week. Additional hours of work above 40 must be linked to the curriculum and be agreed in the resident job plan.

## Maintaining high training and working conditions

### Guardian of Safe and Flexible Working

The contract contains a number of safeguards to ensure safe working conditions that mitigate against staff fatigue. The Guardian of Safe and Flexible Working (hereafter referred to as the Guardian), a new role introduced enshrined in the new contract, will provide assurance to the host employer and the lead employer that safe working hours are being complied to.

They will also promote and improve support for flexible (part time) and other models of flexible working/training. Recognising that increasing numbers of residents are electing to undertake their training on flexible basis, the role is intended to champion flexible training pathways and support residents and employers by providing guidance and being a point of contact on such issues.

The Guardian is a senior appointment that all health boards will be required to make. However, health boards with a smaller number of residents may appoint a single Guardian to work collaboratively across multiple employers. The lead employer will appoint a 'Lead Guardian' to provide strategic oversight on its behalf and ensure compliance with the safeguards within host organisations.

The Guardian will work with RDFs that will be set up in all host employers where they do not already exist. RDFs will function to represent the views of residents and to scrutinise the Guardian.

The Guardian is a new and vital role within NHS Wales, designed to support and advocate for trainees. To ensure the successful development, embedding, and long-term impact of this role, it is essential that the Guardian is properly funded and fully supported within organisations. This also includes the provision of dedicated administrative support to enable the Guardian to function effectively and deliver meaningful improvements in training experience and working conditions. It has been agreed that funding provision will be ringfenced as part of an Implementation and Transition fund.

The Guardian will:

- act as the champion of safe working hours and flexible training for residents.
- provide assurance to residents and employers that residents are safely rostered and enabled to work hours that are safe and in compliance with the TCS.
- receive copies of all exception reports in respect of safe working hours. This will allow the guardian to record and monitor compliance with the terms and conditions of service.
- escalate issues in relation to working hours that are raised in the review of additional hours reports to the relevant executive director, or equivalent, for decision and action, where persistent additional working beyond resident job plans has not been addressed at a departmental level.
- require intervention to mitigate any identified risk to resident or patient safety in a timescale commensurate with the severity of the risk.
- require a resident job plan review to be undertaken, where there are regular or persistent breaches in safe working hours, which have not been addressed.
- have the authority to intervene in any instance where the guardian considers the safety of patients and/or staff is compromised, or that issues are not being resolved satisfactorily; and
- distribute monies received as a consequence of financial penalties to improve the training and service experience of residents.

The Guardian will report twice a year to the organisation's board, which will include information on all rota gaps on all shifts. A consolidated annual report on rota gaps and the plan for improvement will be included in the organisation's quality account. These reports will also be shared with the local negotiating committee (LNC).

Where the Guardian has escalated a serious issue which remains unresolved, they will submit an exceptional report at the next meeting of the board. Where the Guardian identifies an issue with specific posts that cannot be solved locally, they will inform the board, who will raise the system-wide issue as appropriate.

## Appointing a guardian

Organisations will be provided with guidance on the appointment and support of the Guardian role. Funding will be provided as part of contract reform for a minimum sessional requirement dependent upon the size of the organisation. This will be reviewed as the role is introduced to ensure that Guardians are properly resourced.

## What is exception reporting?

The new contract will introduce a new system for reporting instances when the personalised job plan is not reflected in the actual working conditions, training entitlements, or safe working limits of the residents. This system is called 'exception reporting' – in other words, when an exception from your agreed pattern of work takes place, it must be reported. This system is not used to report overtime, except when it causes the resident to breach safe working limits.

Exception reporting ensures that residents are working within safe limits and experiencing a high-quality training and working environment. Where an exception report shows this has not occurred, it enables employers to take steps to address the issue and ensure a breach does not happen again. As a source of information on resident working patterns, it will enable employers to make informed decisions about staffing in order to support clinical services and training opportunities.

Residents will be able to exception report a range of events including, but not limited to:

- Staffing levels below those defined in the job plan for a given shift.
- Being redeployed at short notice to another working area (e.g. a different ward)
- Being unable to attend or undertake scheduled training due to service demand.
- Performing additional work that causes the resident to breach their safe working hours limits as defined in schedule 3.
- Concerns regarding workload in non-resident on-call duty periods
- Being required to act in a different role to their normal one (e.g. acting up or acting down)
- Being unable to undertake professional activities that the resident is required to fulfil by their employer (e-portfolio, induction, e-learning, Quality Improvement and Quality Assurance projects, audits, mandatory training / courses) due to service demand.
- Being unable to undertake any activities that are agreed between the resident and their employer, such as quality improvement, attendance at the RDF, rota coordination/maintenance responsibilities, or patient safety tasks directly serving a department or wider employing organisation, due to service demand.

## How will residents be able to exception report?

Exception reports will be administered by a consistent digital system across Wales that all residents must have access to from the first day their employment begins with NHS Wales under these TCS. Residents will be able to report the type of exception, when and where it occurred, other residents who were also affected, and what steps have already been taken to resolve the issue.

Exception reports do not preclude conversations within teams, for example to arrange time off in lieu, but should be used in parallel to ensure that an accurate record is kept of when exceptions have occurred. This enables employers to better understand work pressures and design rotas accordingly.

## What happens to exception reports?

All exception reports will have a clear actioner who will determine the appropriate action in response to the exception. All exception reports will be copied to the resident's educational supervisor regardless of if they are the actioner. The resident will copy in the Director of Medical Education where the exception relates to training and the Guardian of Safe and Flexible Working where it relates to safe working practices, either of whom may be an actioner.

The appropriate course of action will depend upon the nature of the exception that occurred. It may include additional education and development time, or changes to the job plan. Where the report has flagged that other residents were affected, the actioner may follow up with the other affected residents and, if appropriate, register additional reports to reflect that multiple residents were affected. They may discuss an appropriate action in response to the exception with the affected individual(s) or decide upon the appropriate course of action where this is clear.

For reports of missed training opportunities that were contained in their personalised job plan, the resident will receive educational development time in lieu of their missed training. This will normally involve their release from their normal rostered duties for an equivalent training opportunity (not already contained in their individual job plan) in the near future, but where this is not possible it may also involve release from their normal rostered duties for individual study or other training activities. In exceptional circumstances, where options above are not available or not appropriate in the circumstances, the resident may receive

additional pay in lieu of the lost training time to undertake training or individual study in otherwise un-rostered time.

Where an exception report has not received a response within 7 working days, the Guardian of Safe and Flexible Working will have the authority to independently action the report. The Guardian will routinely review the outcome of exception reports to identify whether further improvements to the job plans are required to ensure safe working hours are being maintained. They will also be able to investigate whether other residents were affected and if further action is required.

## Breaches that incur a financial penalty

Some breaches of working hour limits will incur a financial penalty to the host employer. This will take place where the exception that is reported is determined to have caused the resident to have breached the safe working hours limits as follows:

- A breach of the 48-hour average working week (across the reference period agreed for that placement in the job plan); or
- A breach of the maximum 13-hour shift length; or
- A breach of maximum of 72 hours worked across any consecutive 168-hour period.
- where 11 hours rest in a 24-hour period has not been achieved (excluding on-call shifts); or
- where five hours of continuous rest between 22:00 and 07:00 during a non-resident on-call shift has not been achieved; or
- where 8 hours of total rest per 24-hour non-resident on-call shift has not been achieved.

The resident will be paid for the hours that incurred the breach at a penalty rate of two times the relevant hourly rate, and the Guardian of Safe and Flexible Working will additionally levy a fine on the department for the additional hours at a penalty rate of two times the relevant hourly rate.

Where a concern is raised that breaks have been missed on at least 25% of occasions across a four-week reference period, and the concern is validated and shown to be correct, Guardian of Safe and Flexible Working will levy a fine at the rate of twice the relevant hourly rate for the time in which the break was not taken.

Where a breach that incurs a financial penalty can be demonstrated to affect a group of residents, the Guardian will consider the number of residents affected and will determine a proportionate level of penalty. In addition, where significant and regular levels of additional work or exception reports are being reported in a department, the Guardian shall have the discretion to issue a fine at stipulated penalty rates if, following investigation and intervention there is no improvement in the department.

Where a concern is raised that a resident job plan or rota has not been provided within the contractual time limit, or that access has not been provided to the additional work reporting system or exception reporting system within the contractual time limit, Guardian of Safe and Flexible Working will levy a fine of £500 per resident, per week until the issue has been resolved.

The money raised through fines will be ringfenced for uses that benefit the education, training and working environment of residents. The Guardian will collaborate with the host employer and resident doctor forum (RDF) to allocate the funds. The funds should not be used to ensure that the host employer meets the minimum facilities standards set out in Fatigue and Facilities Charter.

## Job plan reviews

The resident, their educational supervisor, their manager, or the Guardian of Safe and Flexible Working may request that a review of the resident job plan takes place if they have concerns regarding its compliance with contractual rota design requirements, or where educational objectives are not being achieved, leave allowance is not able to properly utilised, actual working patterns vary consistently from the job plan, or training opportunities are consistently being missed due to clinical commitments.

The resident's educational supervisor will discuss the need for a review with them as soon as possible following receipt of the request, ideally no later than 7 working days. Where the request is in response to a serious concern that there was an immediate risk to patient and/or staff safety, this must be followed up within 7 working days.

The conversation between the resident and the educational supervisor will lead to one or more of the following outcomes:

- a. No change to the resident job plan is required.
- b. Prospective documented changes are made to the resident job plan.
- c. Compensation or time off in lieu is required.
- d. Organisational changes, such as a review of the timing of ward rounds, handovers and clinics, are needed.

If the resident is dissatisfied with the outcome of the review, they may request a level 2 review, setting out their areas of disagreement with the original outcome and the outcome they are seeking. This review will be composed of a meeting between the educational supervisor, the resident, a service representative and a nominee either of the director of postgraduate medical education (where the request pertains to training concerns) or of the Guardian of Safe and Flexible Working (where the request pertains to safe working concerns).

If the resident is dissatisfied with the outcome of the level 2 review, they may request a final stage review. The final stage for a resident job plan review will be a formal hearing, in accordance with the ACAS Code of Practice on Discipline and Grievance and the final stage of the Respect and Resolution Policy, with the provision that the Director of Medical Education or nominated deputy must be present as a member of the panel. Where the resident is appealing a decision made by the Guardian of Safe and Flexible Working, the panel will include a representative of the BMA.

## Modernised terms and conditions

### Additional capacity and locum work

Where a resident wishes to undertake additional hours of paid work as a locum, they are strongly encouraged to offer this first to the NHS, so long as work is available appropriate to their grade and competencies.

The resident will have a professional duty to ensure that any additional work they undertake for their host employer, or another NHS organisation does not exceed the safety and rest requirements of the new contract.

Locum work undertaken will be paid separately and in accordance with the relevant pay circular.

As part of this framework agreement, BMA Cymru Wales, NHS Wales Employers and Welsh Government have agreed to develop either a set of payment rates, or a suitable and consistent methodology for

determining these rates. In addition, BMA Cymru Wales have agreed to cease promotion of the BMA 2002 contract rate card unless a future dispute arises or talks on agreed rates do not conclude successfully.

## Fee-paying services

Fee-paying work should normally be carried out in the resident's own time. However, it will be permissible for the resident to undertake fee-paying work and retain the fee where undertaking the work entails minimal disruption to the NHS (1 hour per month).

Where the work requires more time than this, the employer may request that the resident remit the fee to the employer unless they choose to undertake an equivalent duration of compensatory work outside of their normal rostered hours or they authorise their employer to reclaim the salary for the time during which the fee-paying work was undertaken.

## Introduction of common schedules

The following sections from the *NHS Terms and Conditions of Service Handbook* will be introduced as part of the new contract. Where the relevant sections are updated via existing procedure, these will be reflected in the TCS for resident doctors and dentists in training.

- Section 15: Leave and pay for new parents
- Section 16: Redundancy pay (Scotland, Wales and Northern Ireland)
- Section 17: Reimbursement of travel costs
- Section 18: Subsistence Allowance
- Section 22: Injury allowance
- Section 23: Child bereavement leave
- Section 25: Time off and facilities for trade union representatives
- Section 26: Joint consultation machinery
- Section 30: General equality and diversity statement
- Section 32: Dignity at work
- Section 33: Balancing work and personal life
- Section 34: Employment break scheme
- Annex 26: Managing sickness absences – developing local policies and procedures

## Facilities

Host employers will be responsible for providing minimum standards of facilities in line with the *NHS Wales Fatigue and Facilities Charter* and the *Standards for Hospital Resident Accommodation and Associated Support Facilities*.

The host employer will have to provide options for a range of foods via vending machines or other arrangements during periods where restaurant facilities are not open.

The host employer will have to provide sufficient and reasonably accessible parking which has well-lit, safe and timely routes to and from the hospital/site for staff expected to travel after dark. Safety assessments should be undertaken to ensure that car parking provision meets the needs of staff working shifts, on-call and at night.

## Expenses

Standard reimbursement rates set out in the NHS Terms and Conditions Handbook (Section 17 and 18) for reimbursement of travel, subsistence, and other business-related expenses will replace the General Whitley Council provisions currently in place. These reimbursements are intended to cover actual costs incurred during official duties and are not considered part of salary or pensionable pay.

## Study leave reforms

The MDBG will establish a dedicated working group to scope and assess the implications of proposed changes to study leave arrangements.

The following changes will be made as soon as practical (and in any event prior to implementation of the contract):

- Clarification that the five days' study leave available for each exam is per sitting, not per exam.
- Increasing the study leave budget cap to £1,000, with regular uplifts each year thereafter, aligned to an agreed measure of inflation (the same will apply to the Excess Travel and Relocation budget cap)
- Rollover of unused study leave budget, aligned with the duration of the training programme.  
Enabling reimbursement of course expenses at the point of expense submission

In the medium-term (i.e. during the implementation of the contract), the following changes will be taken forwards:

- Introduction of automatic approval for mandatory courses
- Move towards a system where individual study budget caps are solely for the purposes of discretionary training, with mandatory courses funded outside of the cap.

This work will include engagement with key stakeholders and a financial impact assessment to support informed decision-making and effective implementation.

## Understanding and tackling bottlenecks in training

The MDBG will establish a dedicated working group to investigate the existence, location, and causes of bottlenecks within training programmes (including clinical academic places). The focus will be on understanding where these bottlenecks occur and why they arise.

Where bottlenecks are identified, the group will work collaboratively with the Welsh Government to explore options for increasing training posts in the affected areas, ensuring that training capacity meets service and workforce needs.

## Locally employed doctors

The MDBG will explore the development of a clear and consistent process for locally employed doctors to secure permanent employment on the specialty doctor TCS, subject to eligibility.

This initiative recognises the mutual benefits for both doctors and employers: supporting career development for doctors whilst providing workforce stability and funding continuity for organisations.

In the longer term, MDBG will examine the overall funding arrangements for resident rotas, ensuring that funding is allocated most effectively to maximise the number of training places available in each rota and reduce reliance on local appointments and locum doctors.

# Implementation and transitional arrangements

## Onboarding

The new contract will be subject to a multi-year programme of implementation.

In August 2026, it is intended that residents commencing the foundation programme and residents in specialty training programmes whose rotas do not attract bandings in the 2002 contract will be placed under the new terms and conditions. From this point onwards, the 2002 contract will be closed to new entrants. However, its pay levels will continue to be uplifted each year as part of the annual pay review process until such time as it is no longer in use.

After this time, new starters in other training programmes will also begin such employment under the new terms and conditions. Where they were previously in another training programme in Wales within the last two years, they will be pay protected if required. Where time has elapsed since their last such employment, their most recent rota in a training programme in Wales will be used for the purposes of calculation of their pay protection, albeit utilising pay scale values contained in the most recent pay circular. Where the resident has most recently been employed in the NHS in Wales in a role whose TCS mirrors that of the 2002 contract, their pay and banding in that employment will be used for the purposes of this calculation.

By August 2027, all residents training in the foundation programme and all new starters in specialty and core training will have been appointed on the new TCS. At this point, all remaining residents already employed in core prior to August 2026 will also be transferred to the new TCS. Residents already employed in speciality training prior to August 2026 will have the option of transfer to the new contract from this point. Where all residents on a rota agree to transfer to the new TCS, they will be prioritised over individuals within rotas where not all residents wish to transfer. This will be managed locally.

In August 2028, with the exception of those within 12 months of CCT, all remaining specialty registrars will be transferred to the new contract. Further criteria for exceptional consideration will be developed in partnership as part of implementation.

Locally employed doctors should be transferred to the new contract alongside their equivalent training groups. However, employers will be afforded some leeway to prioritise residents in formal training programmes over locally employed doctors on a temporary basis where justified. In any event, all locally employed doctors in scope must be transferred to the new contract by August 2028, and no new locally employed doctor should be employed on terms mirroring the 2002 TCS from August 2026 onwards.

The precise detail of these arrangements will be determined in social partnership as part of the implementation programme and will be subject to robust readiness assessments in advance of each transition point and routine monitoring and oversight by all parties until completion of implementation.

| Date        | Transition  |
|-------------|---|
| August 2026 | 2002 TCS closes to new starters                                   |
|             | New appointments at all levels on new TCS                         |
|             | Existing residents at foundation levels transfer                  |
|             | Residents in specialties with unbanded rotas (see below) transfer |
|             |   |
| August 2027 | Remaining residents within core training level transfer           |
|             | Transition opens to residents in higher training level            |

|             |  |
|-------------|--|
|             |  |
| August 2028 | All remaining residents with more than 12 months to CCT except those meeting exception criteria transfer |

Specialties on unbanded rotas are as follows (*this list is not exhaustive*). As they will see the most benefit from the increase in basic pay, their transfer is being prioritised above other specialty training programmes.

|                         |                           |
|-------------------------|---------------------------|
| Restorative Dentistry   | Special Care Dentistry    |
| Paediatric Dentistry    | Pharmaceutical Medicine   |
| Histopathology          | Orthodontics              |
| Clinical genetics       | Audio Vestibular Medicine |
| Immunology              | Clinical Neurophysiology  |
| Oral Medicine           | Rehabilitation            |
| Genito-Urinary Medicine | Sexual Health             |

### Transitional pay protection

Residents moving from the 2002 contract onto the new contract as part of implementation will see their pay protected by a cash floor or 'no-detriment' arrangement based upon their salary, including banding, the day prior to their transfer.

Pay protection arrangements will be subject to review following completion of implementation to assess the utilisation of the pay protection and consider the reinvestment of funding freed up by the diminishing need for pay protection as residents progress up the new pay structure.

### Monitoring and contract maintenance

An implementation programme will be conducted to manage the complex and significant changes required to implement the new contract. This will be overseen in social partnership by Welsh Government, NHS Wales Employers and BMA Cymru Wales.

A subgroup reporting to the MDBG will allow ongoing development of the contract according to the needs of residents and Welsh NHS employers. The contract will be subject to a review one year following implementation to assess its operation against expectations. A review will also be conducted on the operation of transitional pay protection to assess the ongoing need for the arrangements and the appropriate use of funds previously allocated to pay protection until all residents have migrated to the new contract or completed training on current contract.

# WALES WORKFORCE TRENDS

(March 2025)



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## Foreword



**Alex Howell**  
**Chief Executive HEIW**

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

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

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

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

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

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

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

## Summary

The purpose of this report is to summarise the high-level trends relating to the NHS Wales workforce. Organisations routinely undertake data quality exercises and update their workforce when new data standards are introduced<sup>1</sup>. As a result of these changes, and to ensure data is accurately reported, where applicable, new reports have been run.

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

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

Wales National Workforce Reporting System December 2020 – December 2025.

## Size of the NHS Wales Workforce

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

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

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

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

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

## Size of the General Medical Workforce

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

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

## Cost of the NHS Wales Workforce

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

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

## NHS Wales Sickness Absence

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

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

## Overseas Nursing workforce

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

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

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

## Performance Dashboard

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

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

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

## NHS Wales Current workforce Profile

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

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

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

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

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

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

## Size of the NHS Wales Workforce

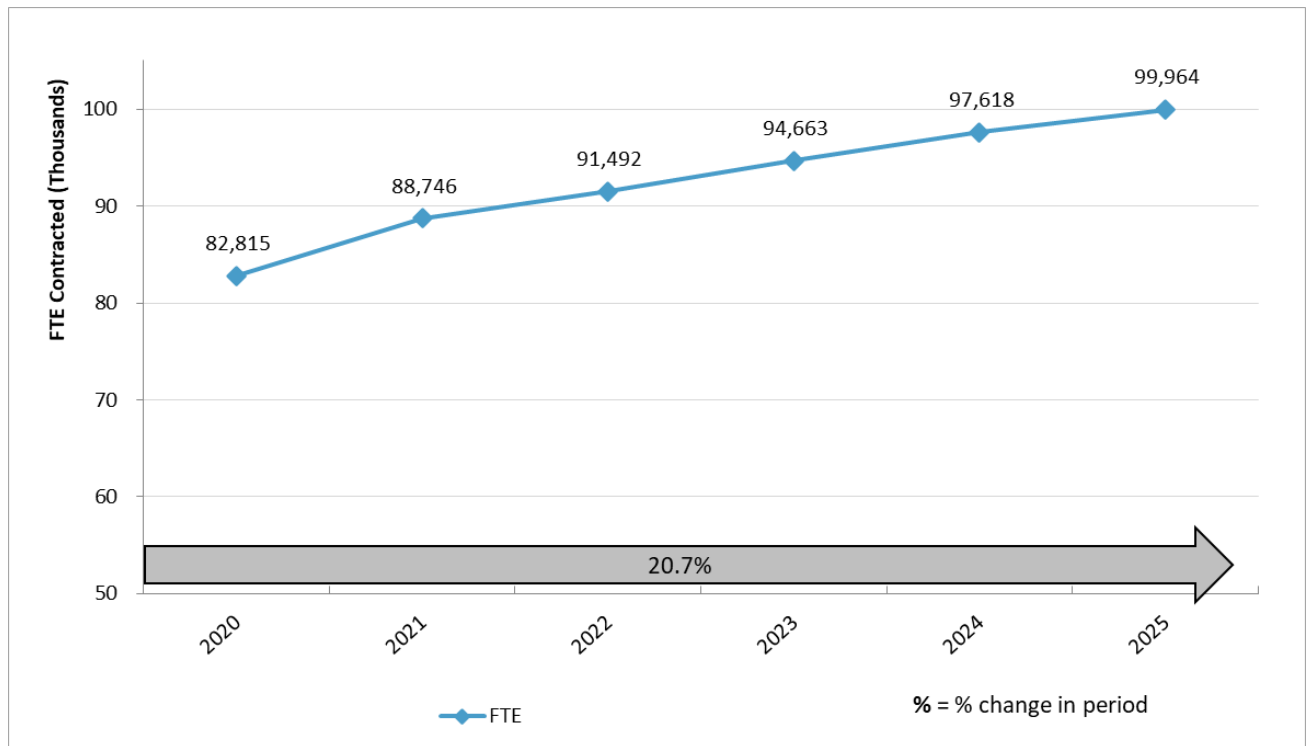
### NHS Wales Workforce Profile

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

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

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

### NHS Wales Workforce Profile March 2020 to March 2025



DATA SOURCE: ESR DW

## Workforce Changes by Staff Group Between 2020 and 2025

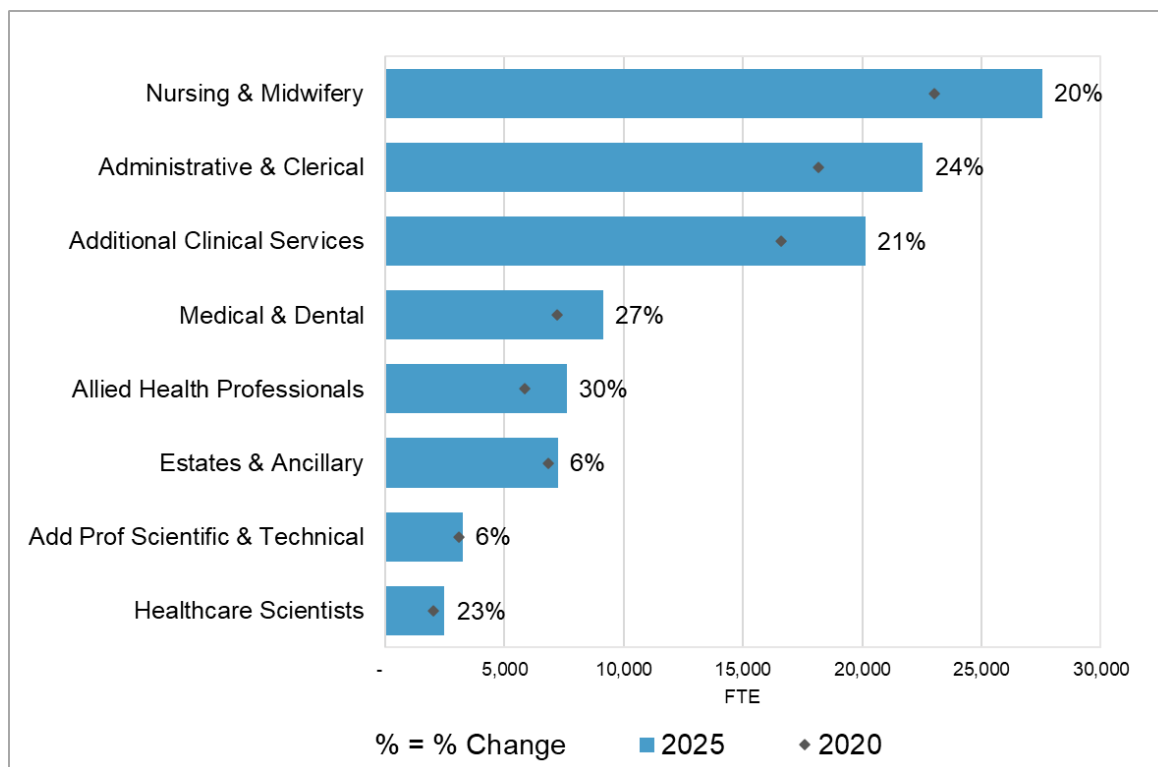
Graph 2 shows the FTE and percentage change in the different staff groups between March 2020 and March 2025.

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

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

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

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



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

**DATA SOURCE: ESR DW**

## Grade Change Between 2020 and 2025

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

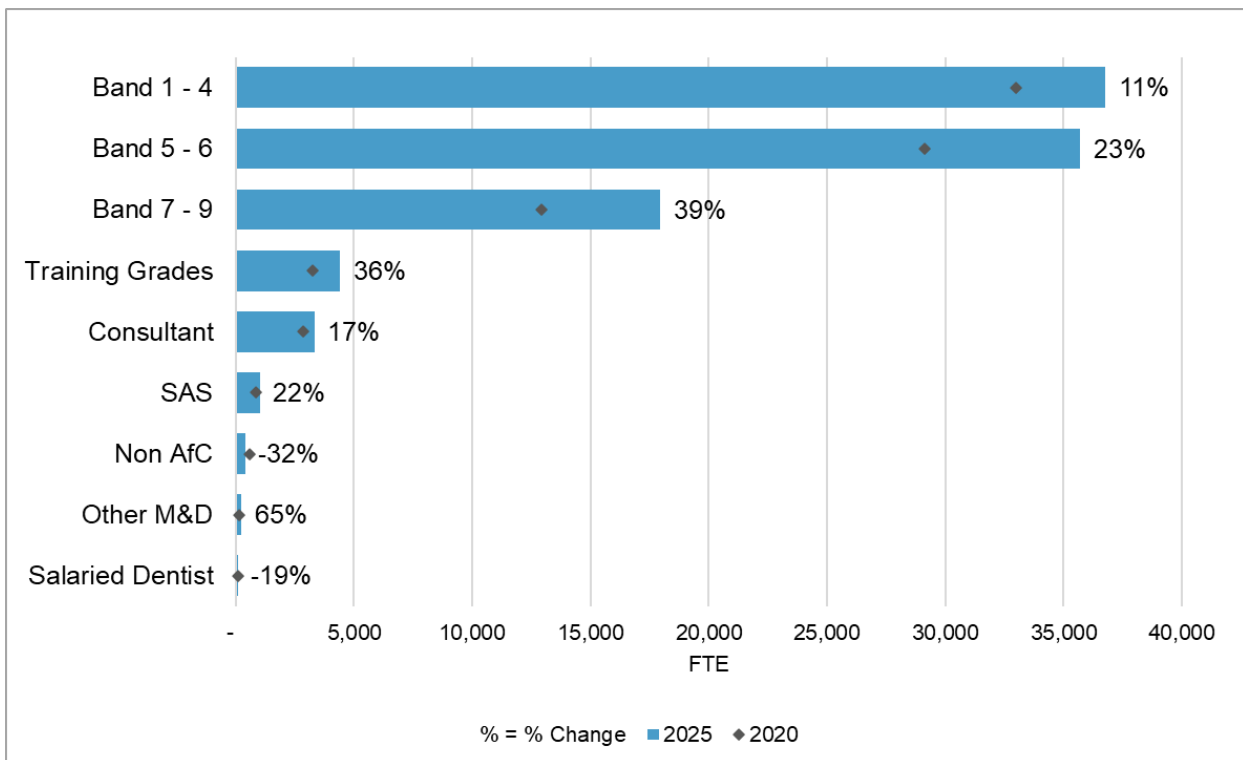
The largest proportional increase in workforce FTE between 2020 and 2025 was seen in Agenda for Change (AfC) Bands 7–9, which grew by 39%. This reflects an expanding senior clinical and managerial workforce, consistent with increasing complexity in service delivery.

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

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

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

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



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

**DATA SOURCE: ESR DW**

## Percentage Staff by Age Band For 2020 and 2025

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

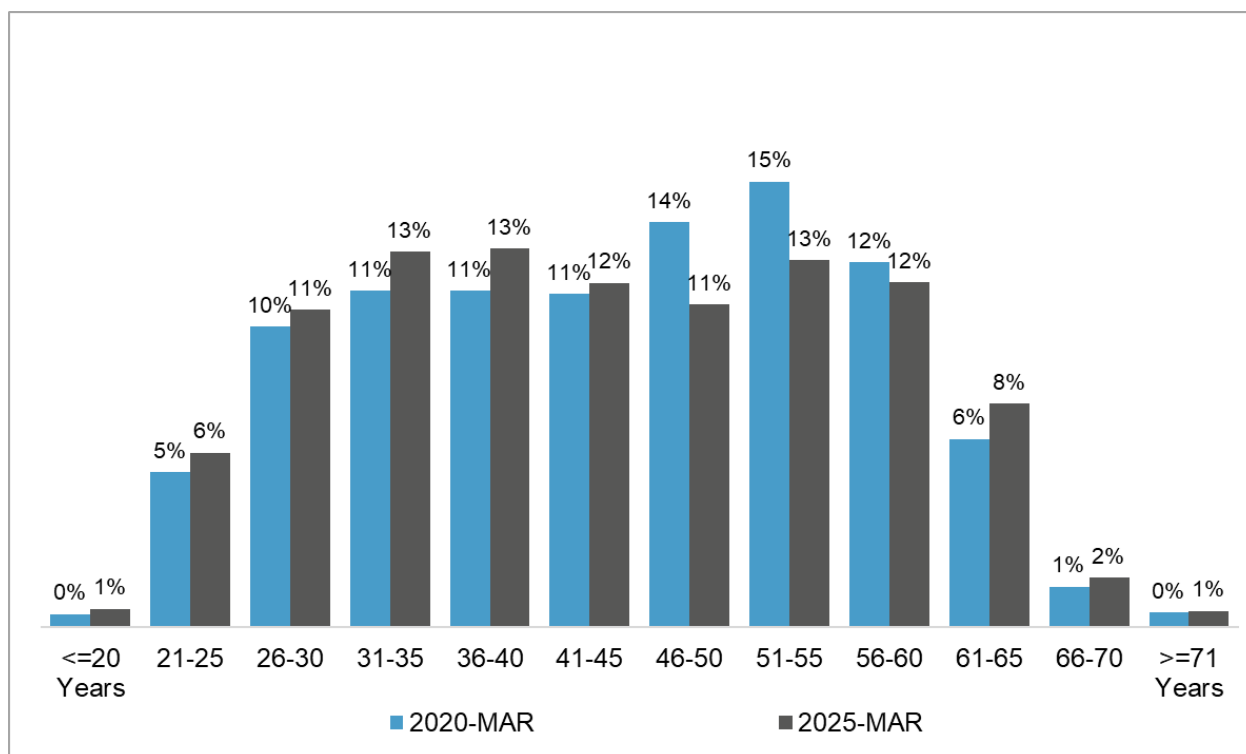
The age distribution of the NHS Wales workforce has shifted slightly between March 2020 and March 2025, with a gradual increase in both younger and older age groups.

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

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

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

### Age Profile Comparison March 2020 and March 2025



DATA SOURCE: ESR DW

## Percentage Staff 55 and Over by Staff Group

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

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

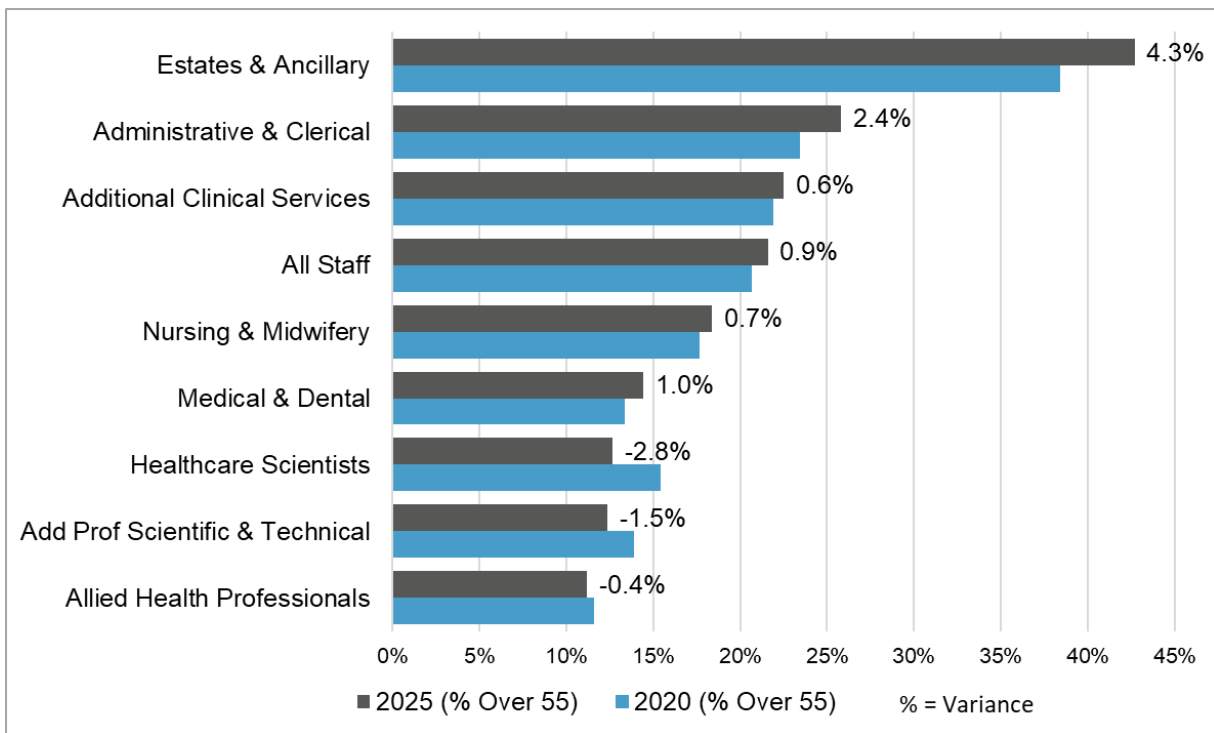
The most notable increase occurred in the Estates & Ancillary workforce, where the proportion of staff over 55 rose by 4.3 percentage points, reaching over 40%. Administrative & Clerical roles also saw a significant increase (+2.4%), contributing to an ageing profile in key non-clinical functions.

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

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

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

### Staff 55 and Over Comparison – March 2020 and March 2025



DATA SOURCE: ESR DW

## Percentage of staff who retire and return

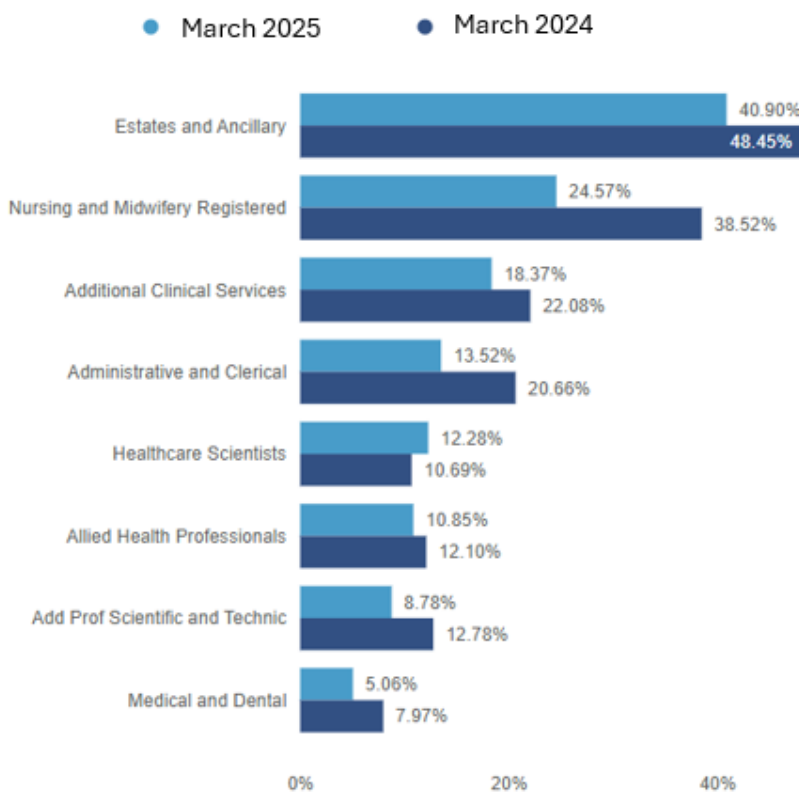
The graph illustrates the percentage of staff who retire and return back into the workforce over a 12 month period. Comparing the last 12 month to the previous 12 months.

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

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

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

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



DATA SOURCE: ESR DW

## Number of vacancies and vacancy rates by staff group

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

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

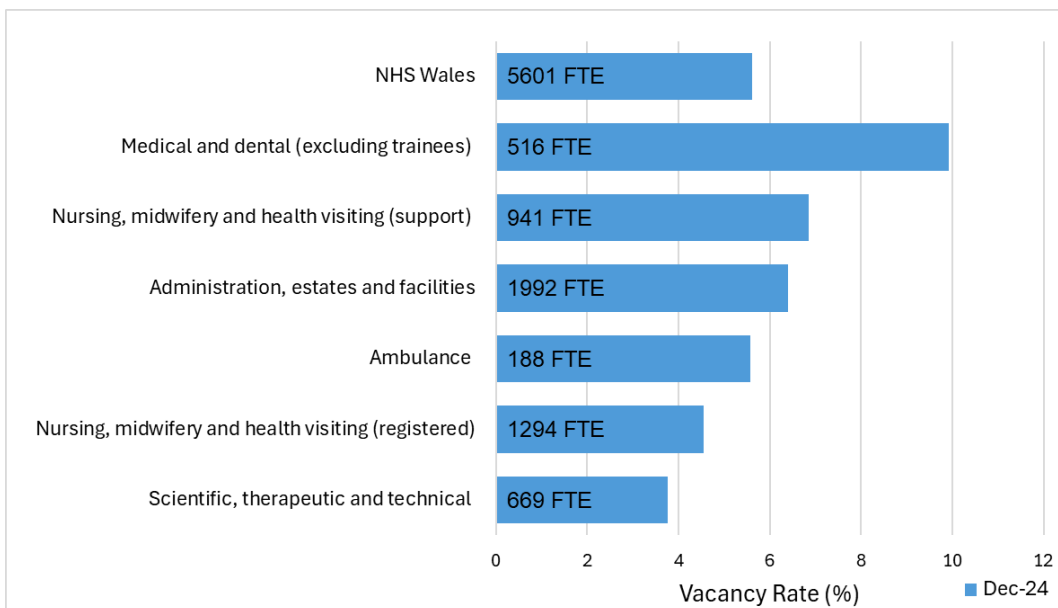
The highest vacancy rate was observed within the Medical and Dental (excluding trainees) group, at approximately 10%, equating to 516 FTE. This highlights ongoing recruitment and retention challenges within key clinical specialties.

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

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

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

### Vacancies by staff group – December 2024



DATA SOURCE: STATSWALES

## Percentage vacancies rate by staff group

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

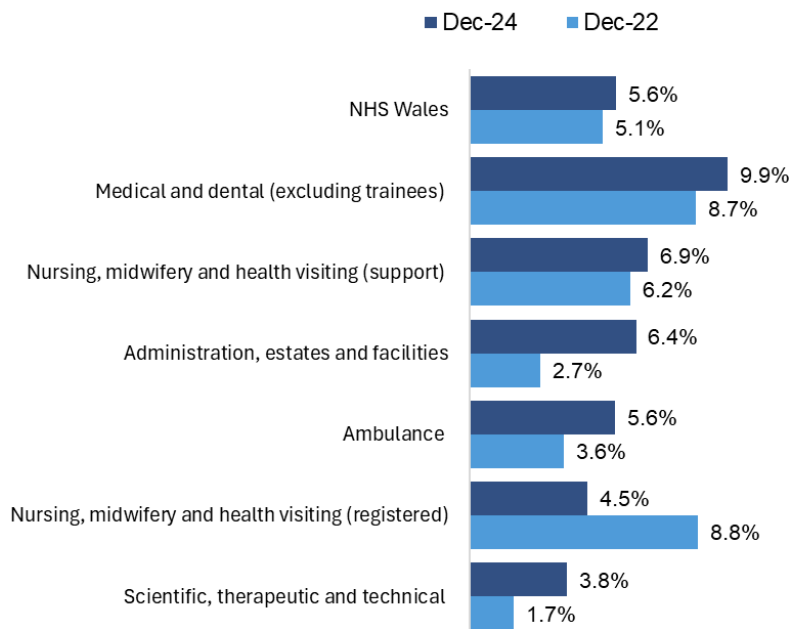
The Medical and Dental (excluding trainees) category saw the highest vacancy rate in both years, increasing from 8.7% to 9.9%, reflecting persistent recruitment challenges in this area.

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

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

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

## Vacancies rate by staff group 2022 vs 2024



DATA SOURCE: 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.

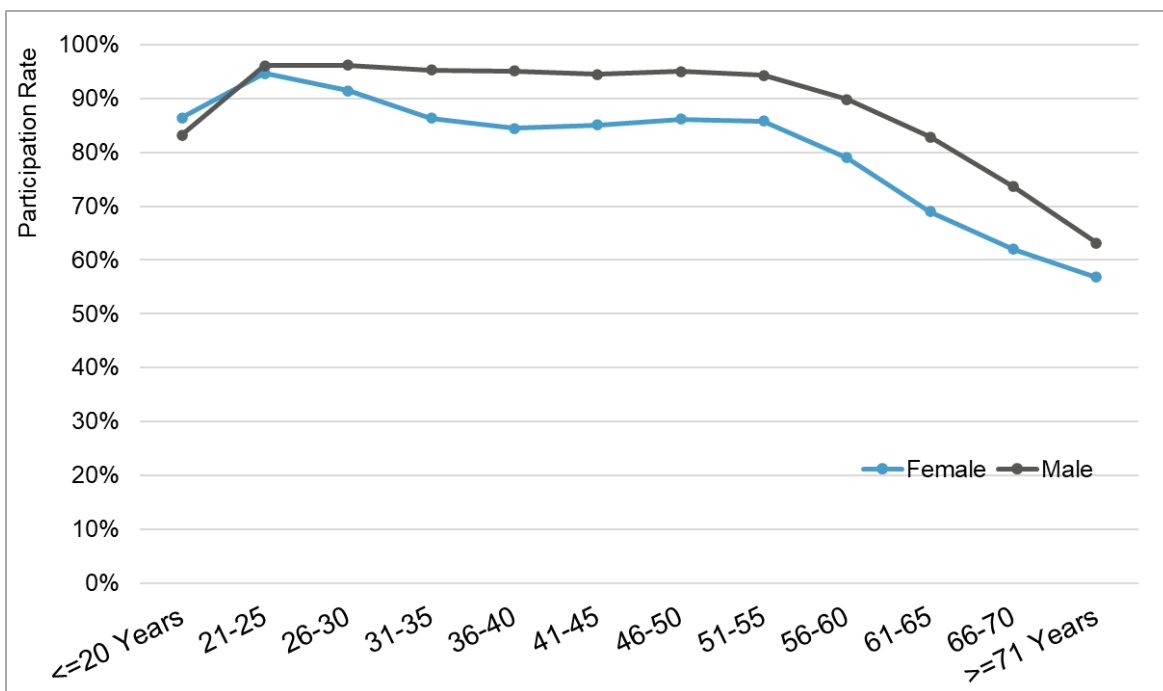
From age 21–55, male participation remains relatively stable at around 95%, whereas female participation dips below 90% from age band 31-35. Both male and female a gradual decline from the age band 56 onwards. By age 66–70, female participation falls to 57% and males, 63%.

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%.

## Participation Rate by Age Band and Gender – March 2024



(Participation rate = FTE / Headcount)

DATA SOURCE: ESR DW

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

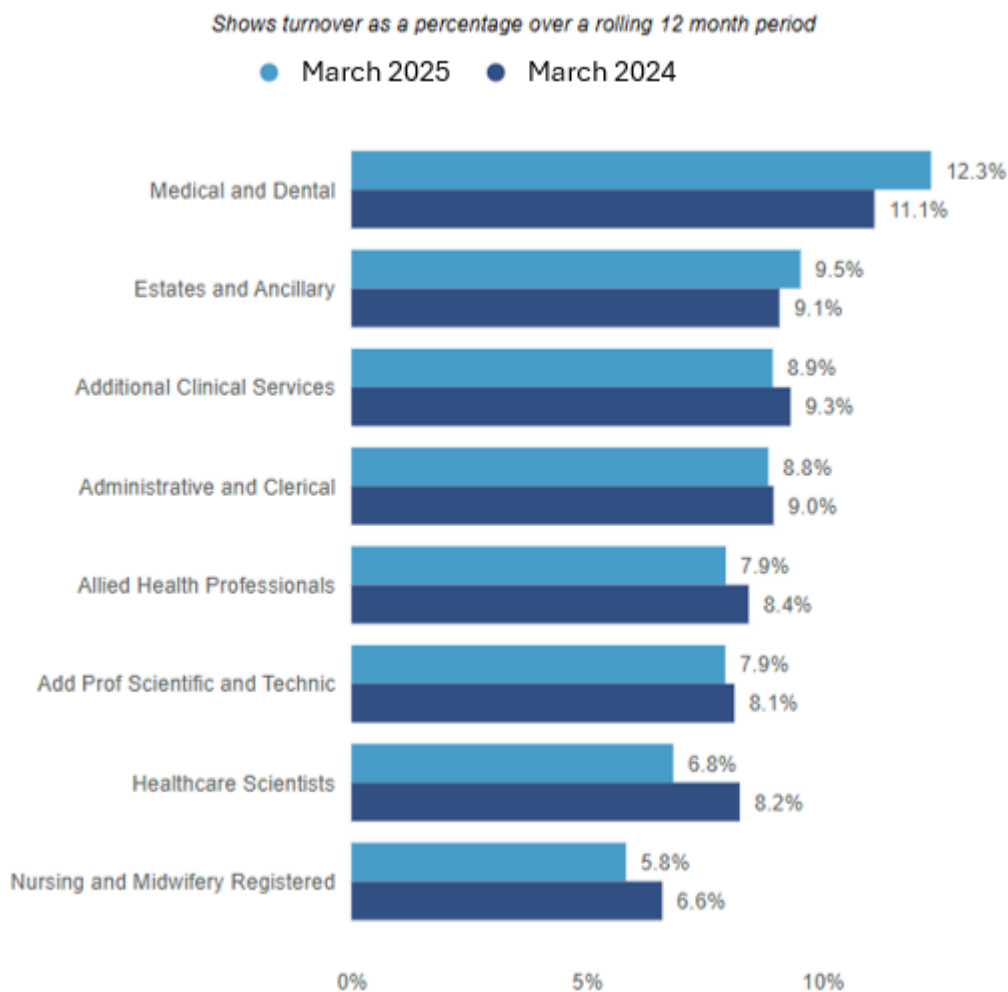
## Turnover by staff group - March 2024 vs 2025

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

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

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

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



DATA SOURCE: ESR DW

## General Medical Service Workforce in Wales

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

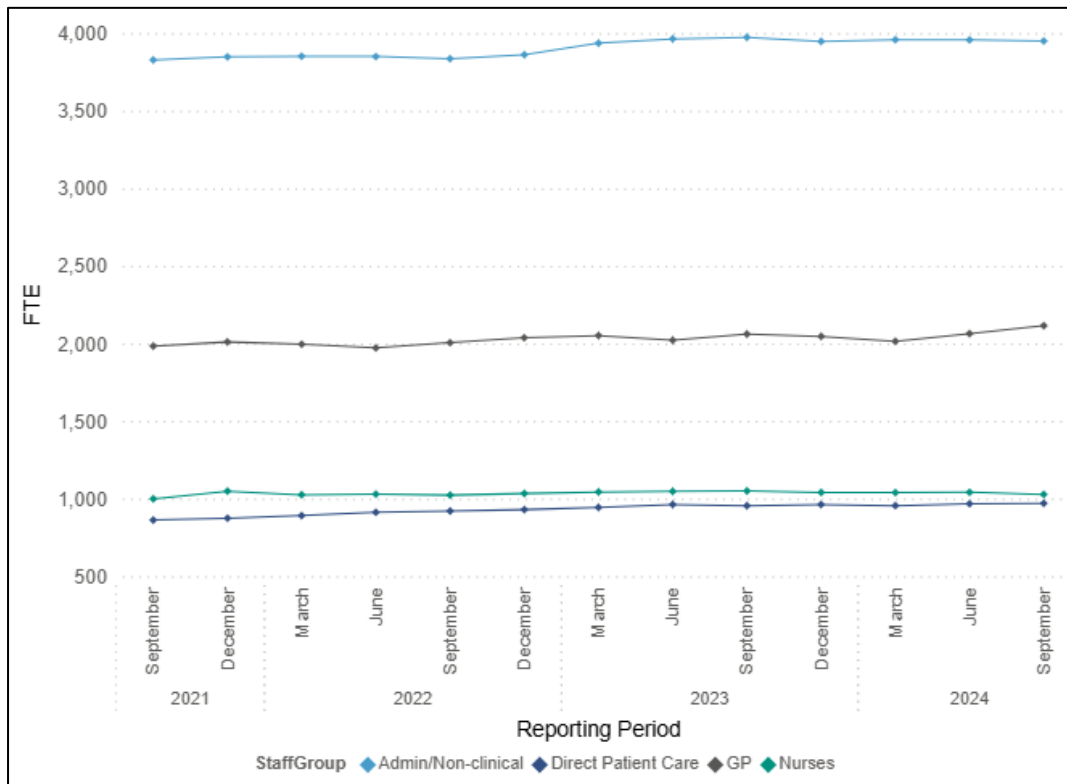
### Historic trend of the General Medical Service

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

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

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

### GP and Wider Practice Staff by Headcount – 2021 to 2024



DATA SOURCE: WG STATSWALES

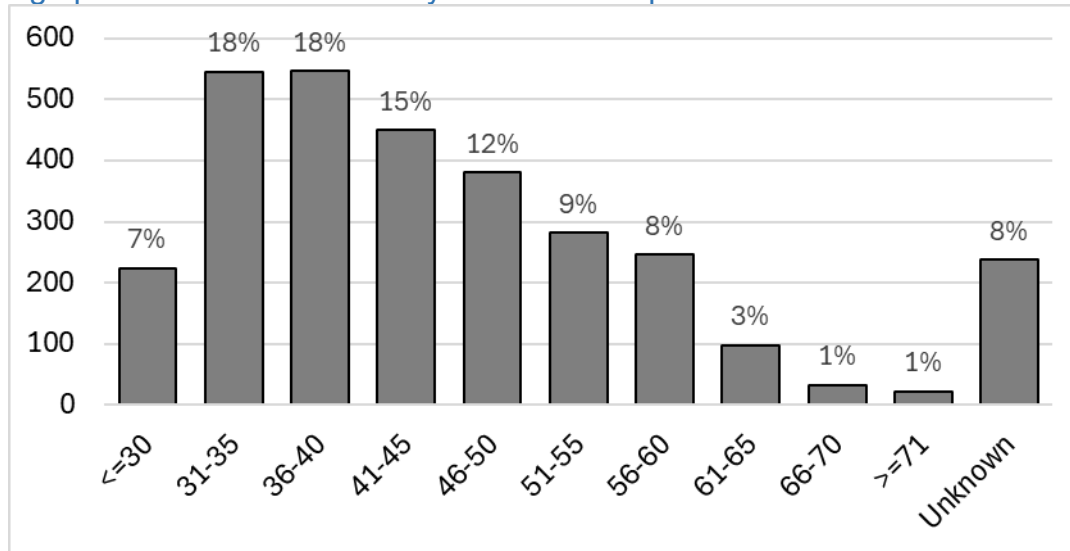
### Age profile of the GP workforce

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

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

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

### Age profile of GP workforce by headcount Sept 2024



DATA SOURCE: WRNRS

## Participation rate of the GP workforce

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

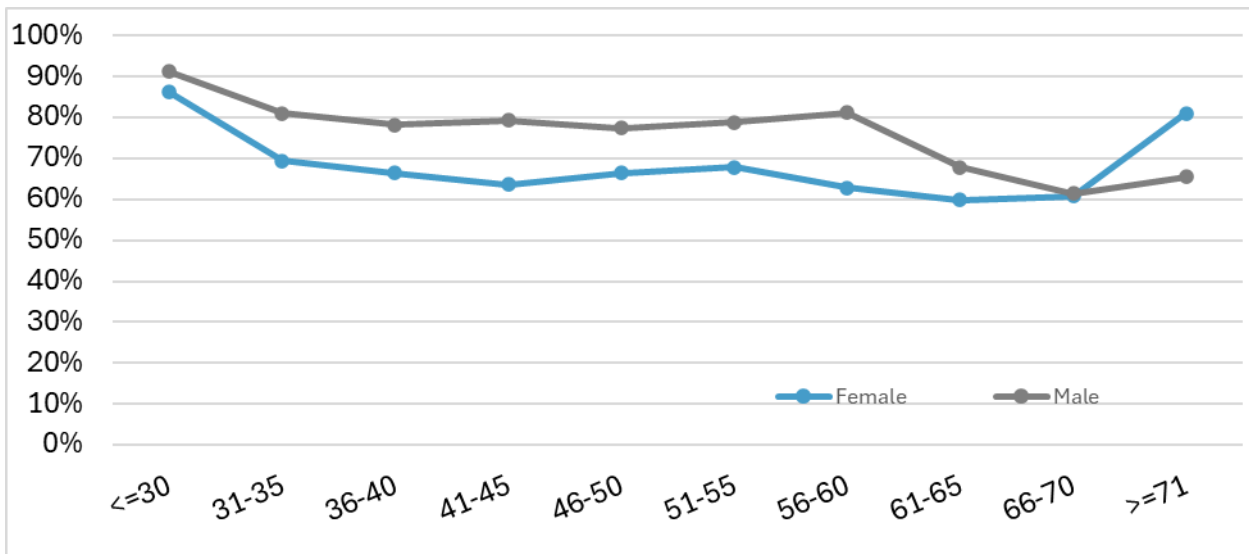
Participation is highest in the youngest age group (<=30), where both male and female GPs show near full participation.

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

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

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

### Participation rate by age and gender for September 2024



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

DATA SOURCE: WRNRS

## Demographics of the GP workforce

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

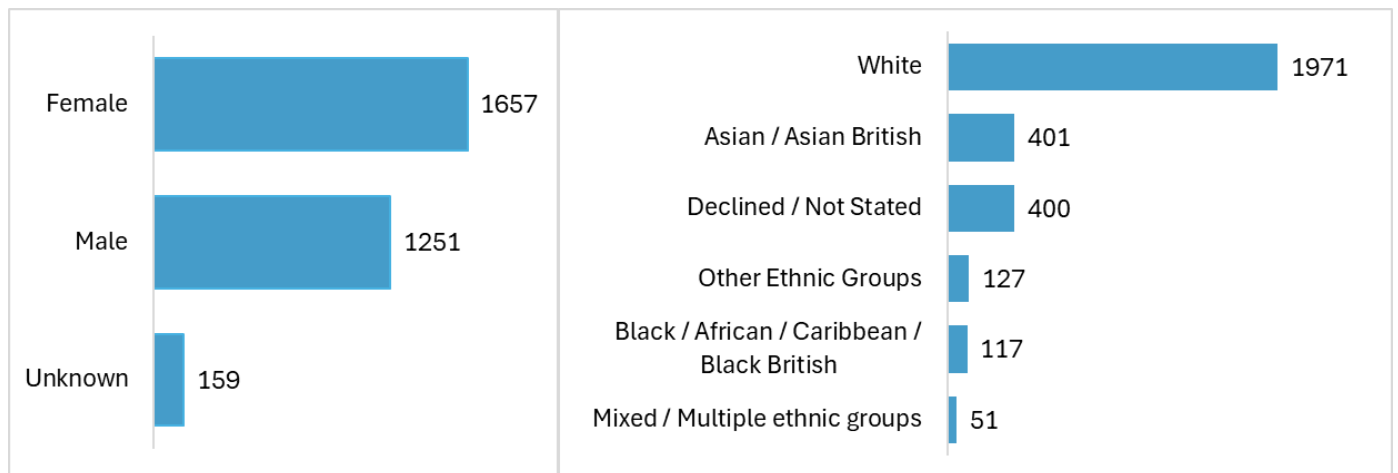
Of the current workforce recorded in the latest period, 57% identified as female (1,657), 43% as male (1,251), and 5% did not state or had unknown gender recorded (159). This is broadly consistent with the gender profile of the wider NHS Wales workforce, which remains predominantly female.

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

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

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

### GP workforce Gender and Ethnicity by headcount in Sept 2024



DATA SOURCE: WRNRS

## NHS Wales Workforce Cost

The cost of the total NHS Wales workforce (including agency and locum) for 2024/25 was £6.7 billion<sup>2</sup>.

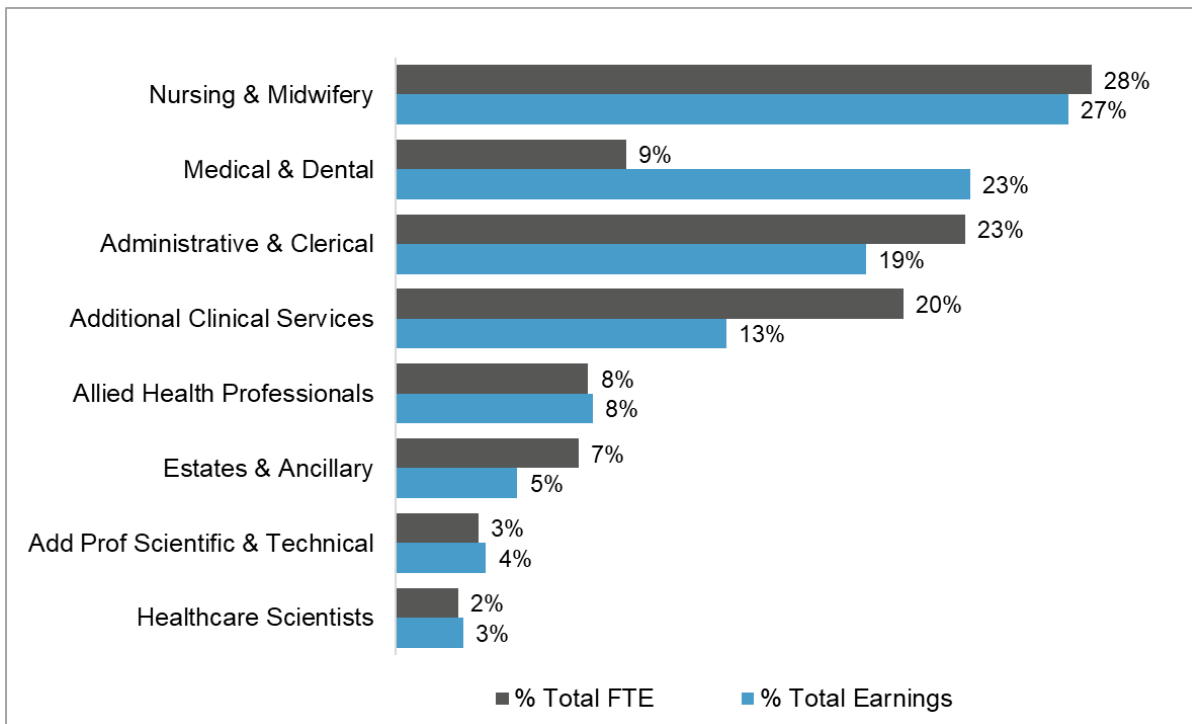
### Cost of the Current NHS Wales Workforce

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

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

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

### Percentage of FTE & Total Earnings by Staff Group March 2025



DATA SOURCE: ESR DW

<sup>2</sup> NHS Wales Financial Monitoring reports – Pay Bill

## Total Pay Bill Trends

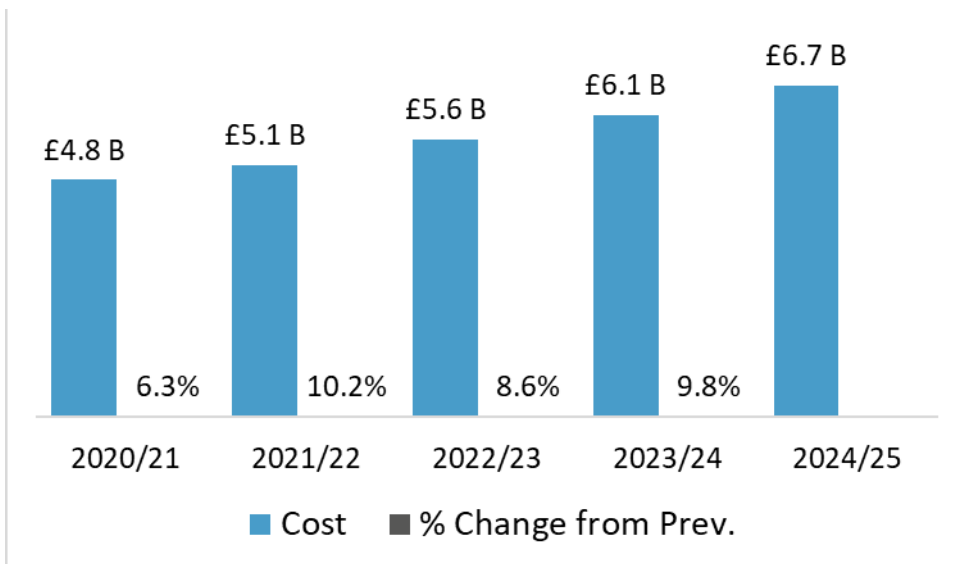
The cost analysis in the rest of this section has been based on NHS Wales Financial Monitoring returns and refers to the last five financial years. The following graph shows the monthly pay bill and the annual percentage change from the previous year from April 2020 to March 2025.

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

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

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

### Annual Pay Bill 2020/21 – 2024/25



DATA SOURCE: NHS WALES FINANCIAL MONITORING RETURNS.

## Agency & Locum Trends

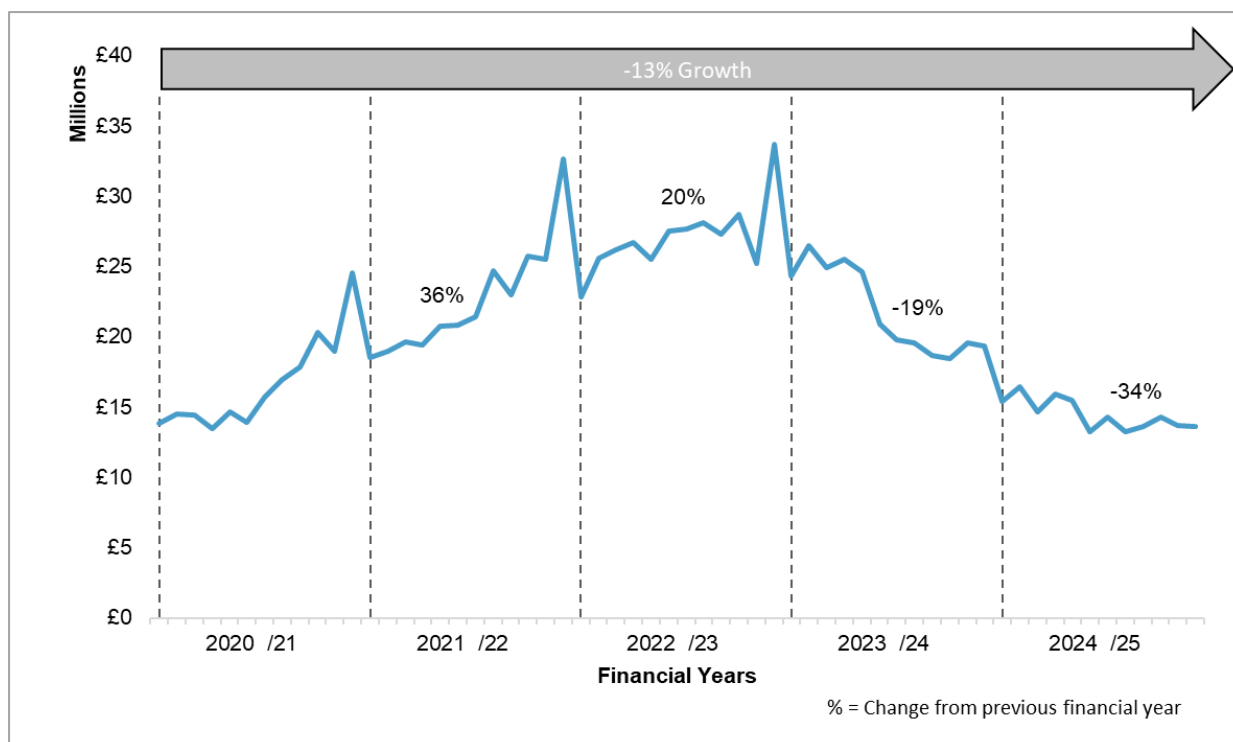
Agency and locum staff are usually deployed when substantive and bank options have been exhausted. Below shows the monthly spend on agency and locum staff and the percentage change compared to the previous year from April 2020 to March 2025.

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

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

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

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



DATA SOURCE: NHS WALES FINANCIAL MONITORING RETURNS

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

## Agency and Locum Spend by Staff Group

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

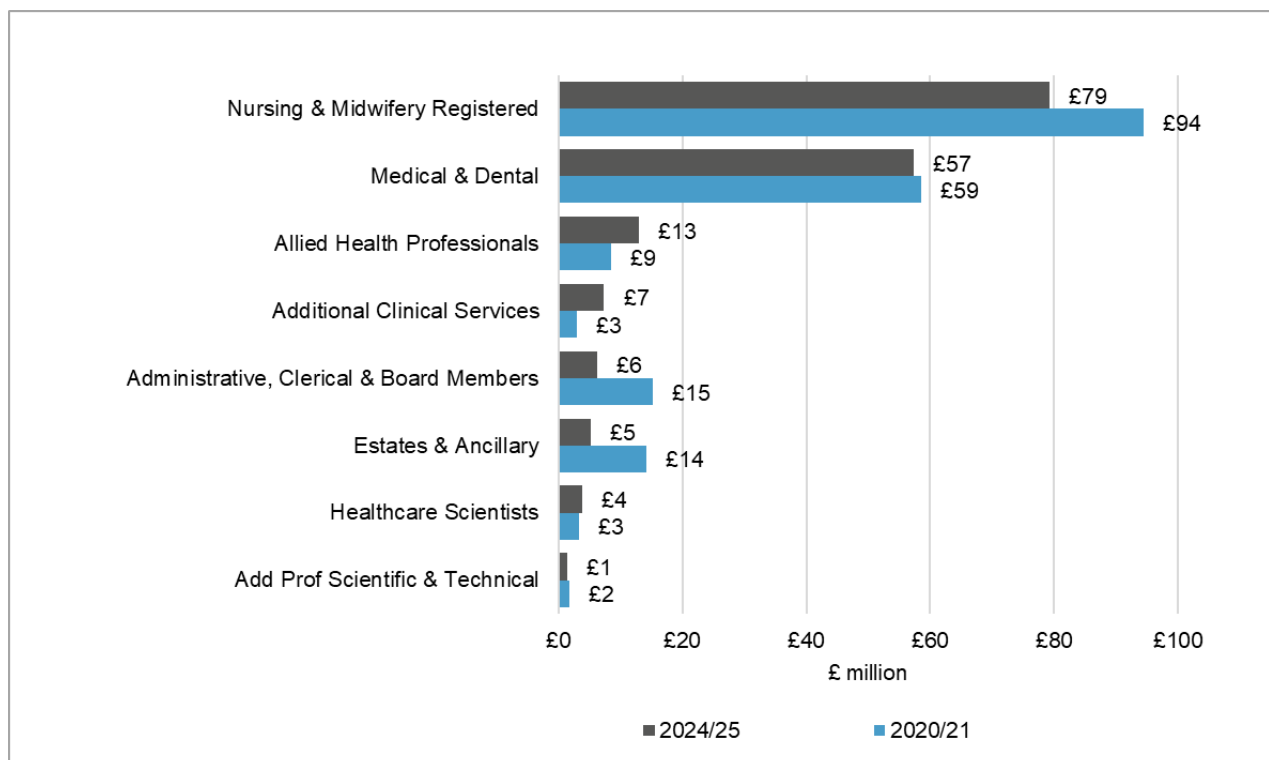
Nursing and Midwifery Registered staff group continue to account for the highest level of agency spend but has reduced significantly from £94 million to £79 million. Medical and Dental spend has now returned to 2020/21 levels at £57 million.

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

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

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

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



DATA SOURCE: NHS WALES FINANCIAL MONITORING RETURNS

# NHS Wales Sickness Absence

## Monthly Sickness Absence

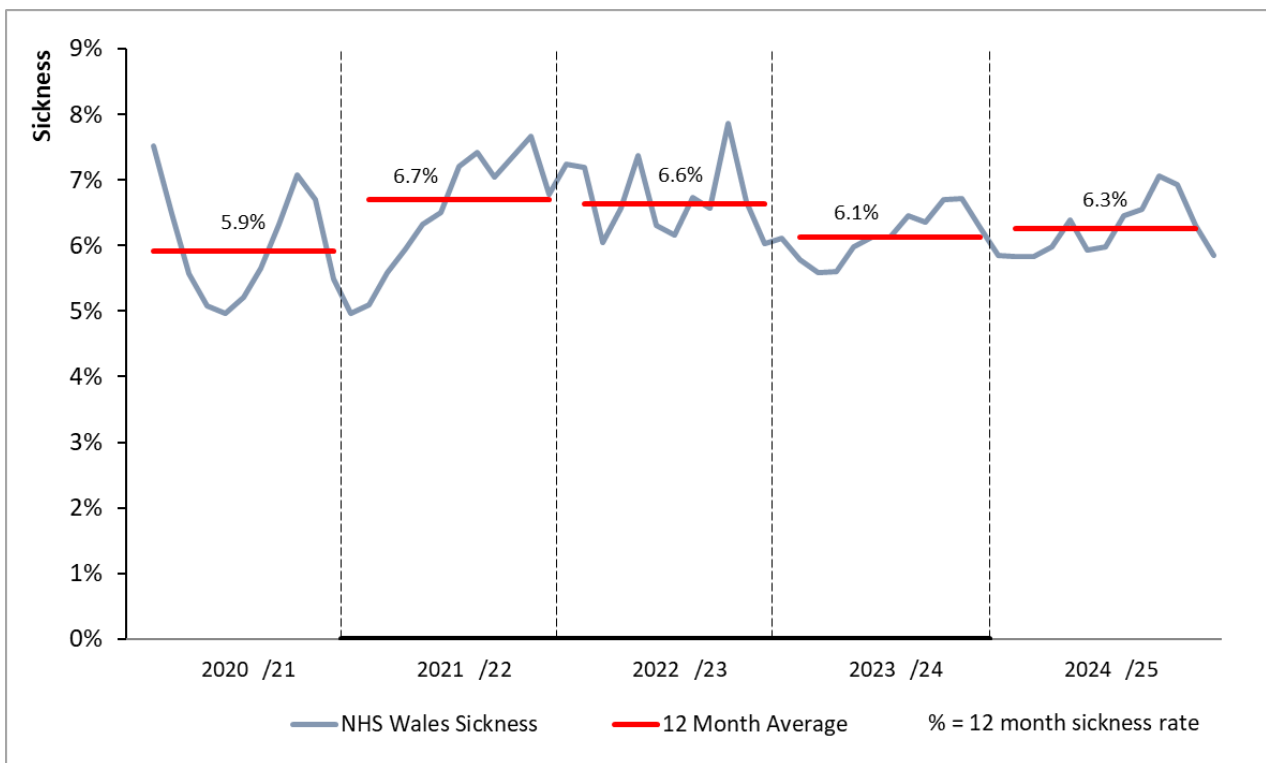
The sickness graph below shows NHS Wales monthly sickness absence rate from April 2020 to March 2025 for all staff groups. The red line indicates the 12-month average sickness absence rate for the financial year.

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

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

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

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



DATA SOURCE: ESR DW

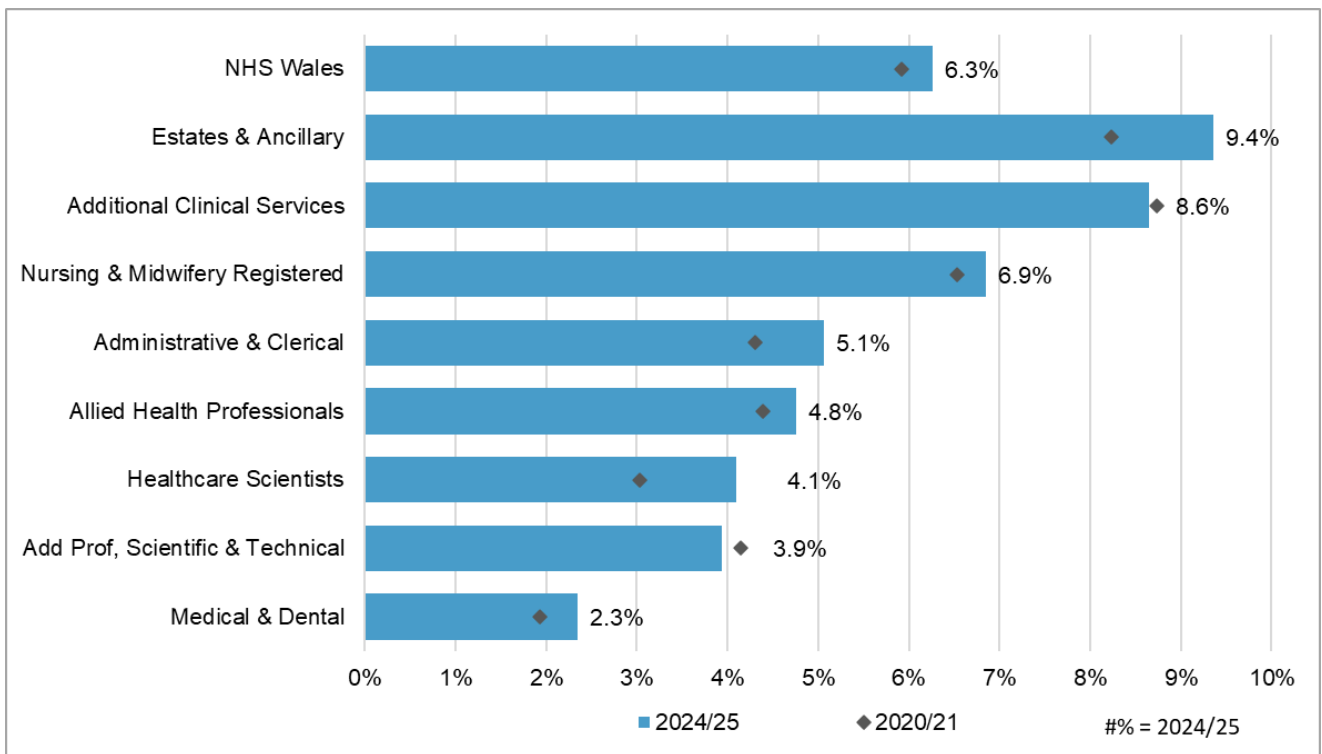
## Sickness by Staff Group

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

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

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

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



DATA SOURCE: ESR DW

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

## Reasons for Sickness Absence

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

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

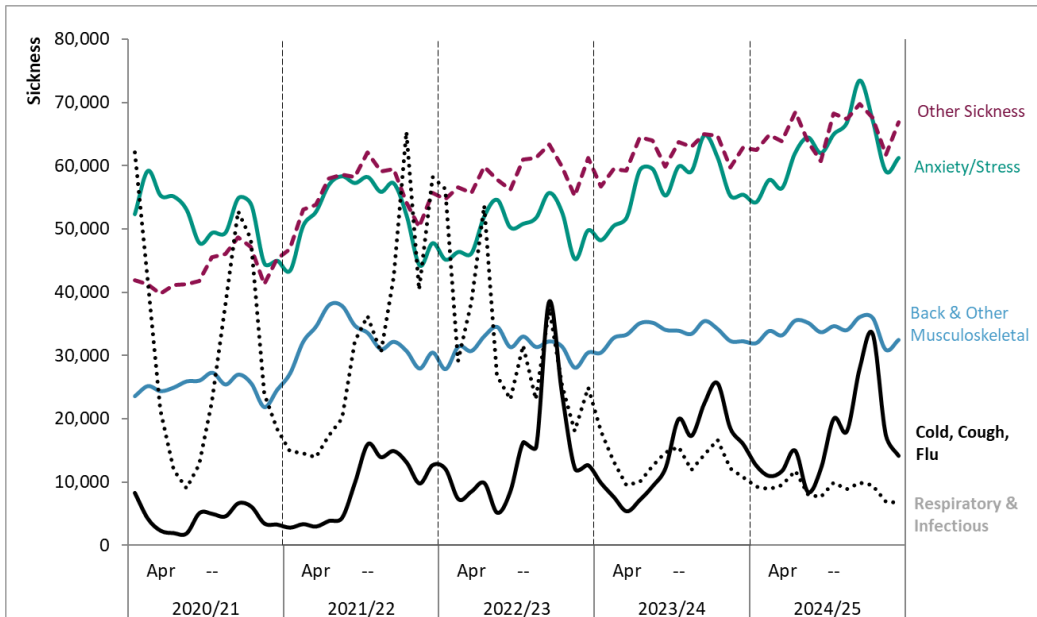
**Musculoskeletal issues**, particularly back and other conditions, have remained consistently high across the period.

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

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

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

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



**DATA SOURCE: ESR DW**

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

## Reasons for sickness by staff group

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

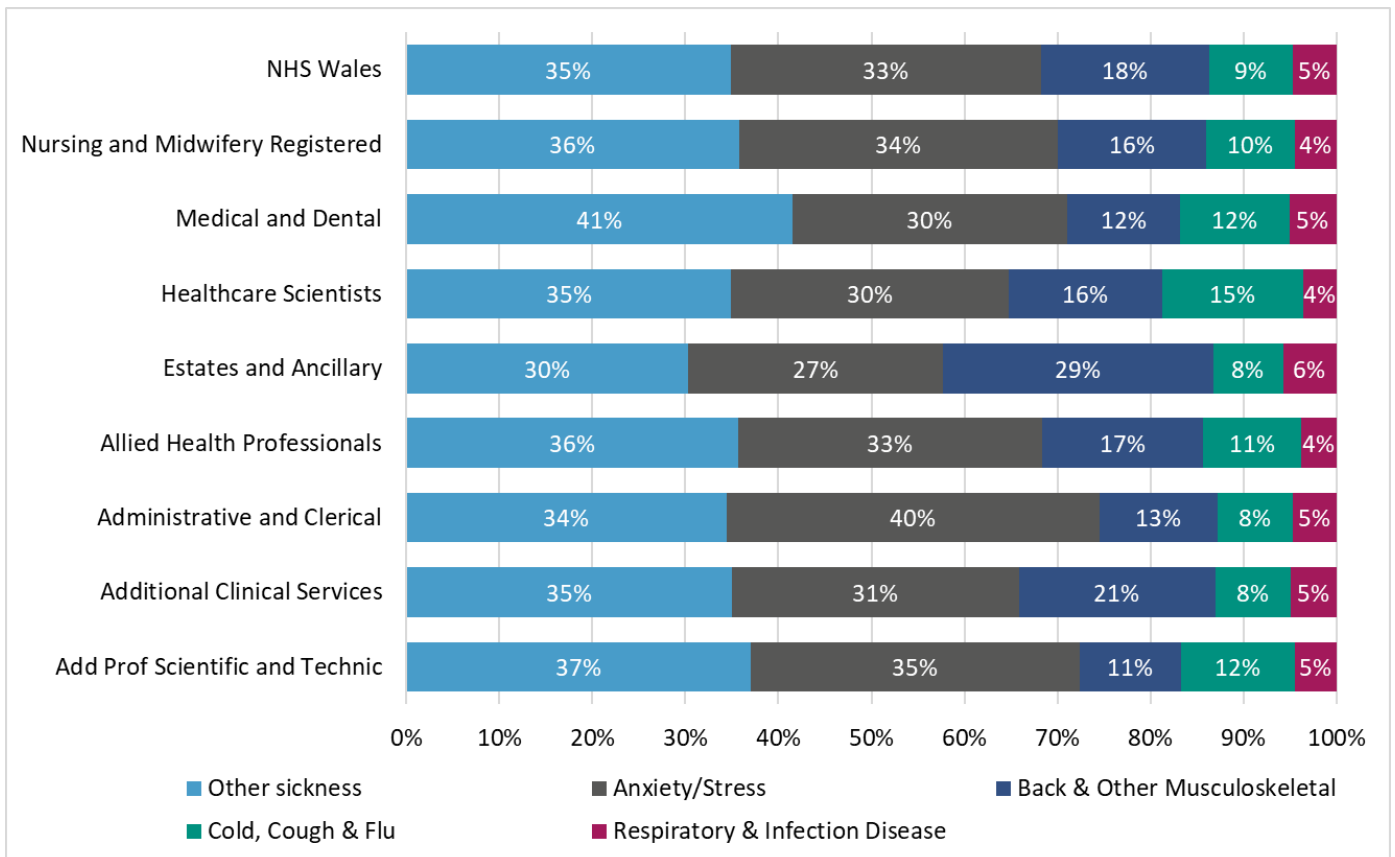
**'Other sickness'** accounts for 35% of all absences across NHS Wales. This ranged from 30% in Estates and Ancillary to 41% in Medical and Dental.

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

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

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

## Sickness reasons by staff group 2024/25



## Overseas and non-overseas nursing workforce movements

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

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

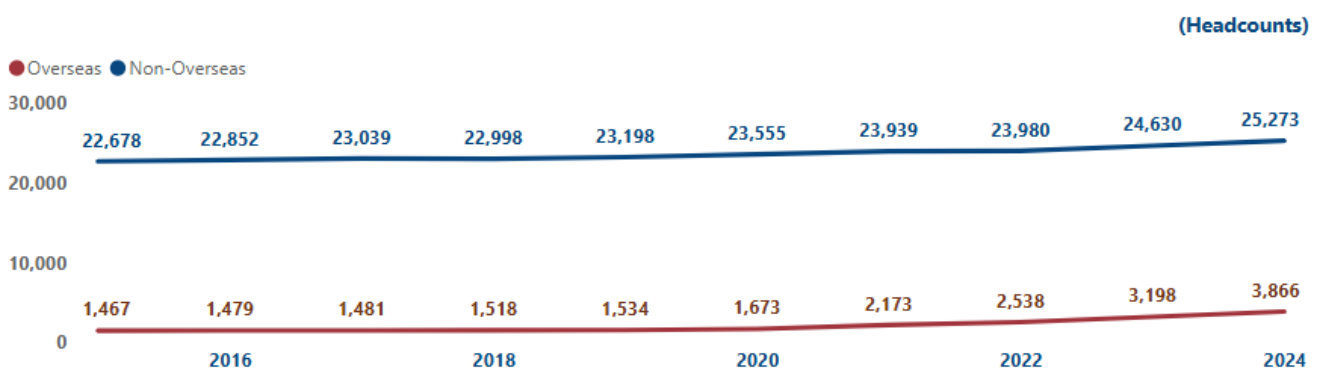
This graph shows the headcount of nursing staff in NHS Wales over a ten-year period, split between those who trained overseas and those who trained within the UK (non-overseas). The blue line represents non-overseas nurses, while the red line shows overseas-trained staff.

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

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

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

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



DATA SOURCE: ESR DW

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

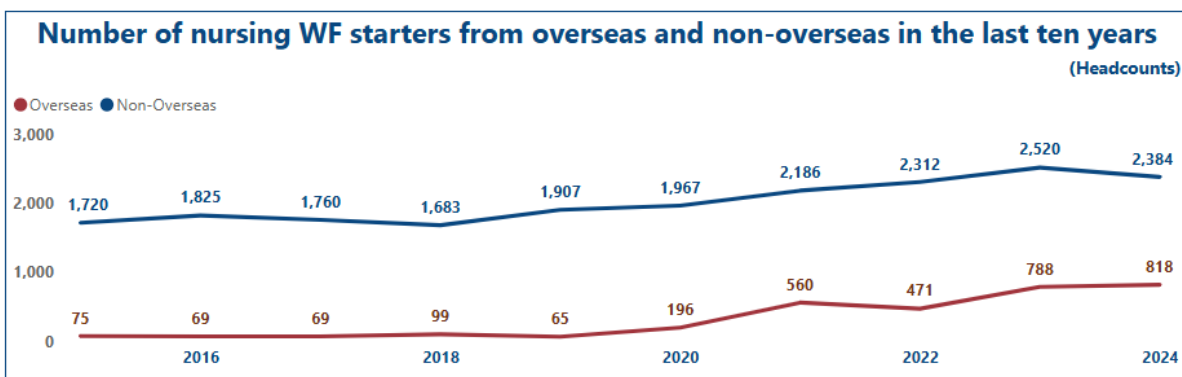
This graph displays the number of new nursing workforce starters in NHS Wales each year over the last decade, split by whether they trained overseas (red line) or in the UK (blue line).

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

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

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

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



DATA SOURCE: ESR DW

## Nurse Vacancy figures

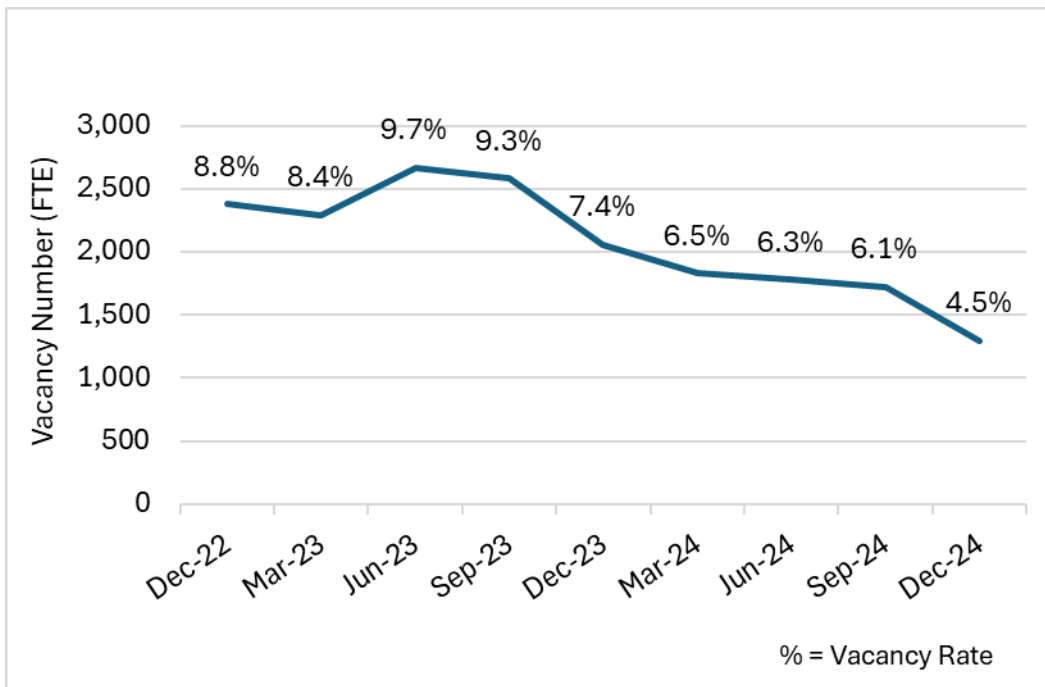
This graph tracks both the number of nursing vacancies (y-axis) and the corresponding vacancy rate (%) across NHS Wales over a two-year period.

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

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

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

### Number and percentage of vacancies in the Nursing workforce



DATA SOURCE: WG STATSWALES

## Overseas Adult Nursing commissioning

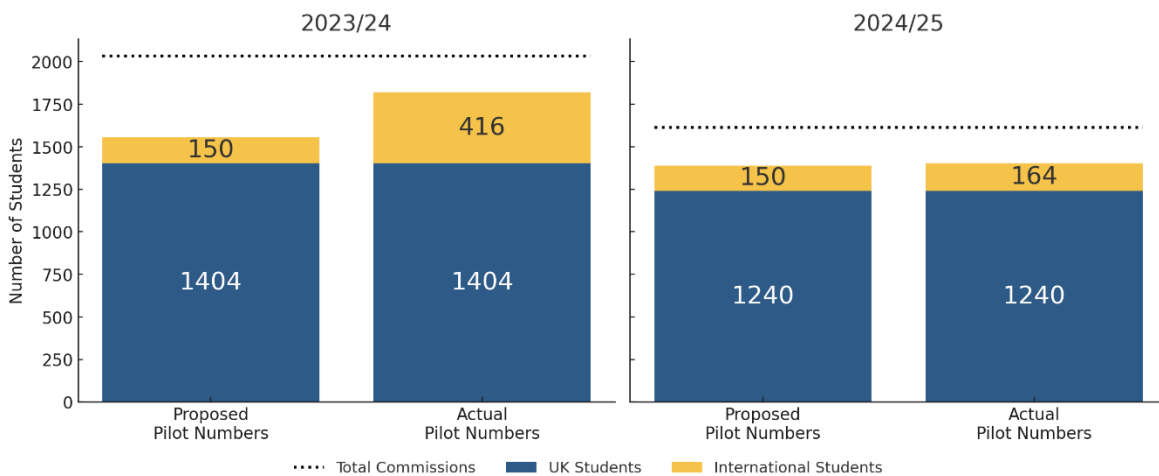
This graph shows the number of adult nursing students in Wales who filled commissioned education places, split by UK and international students, for the academic years 2023/24 and 2024/25.

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

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

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

## Adult Nursing Commissioned Places filled 2023-2025



DATA SOURCE: HEIW DW

## NHS Wales Workforce Performance Measures

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

### Annual Appraisal Compliance

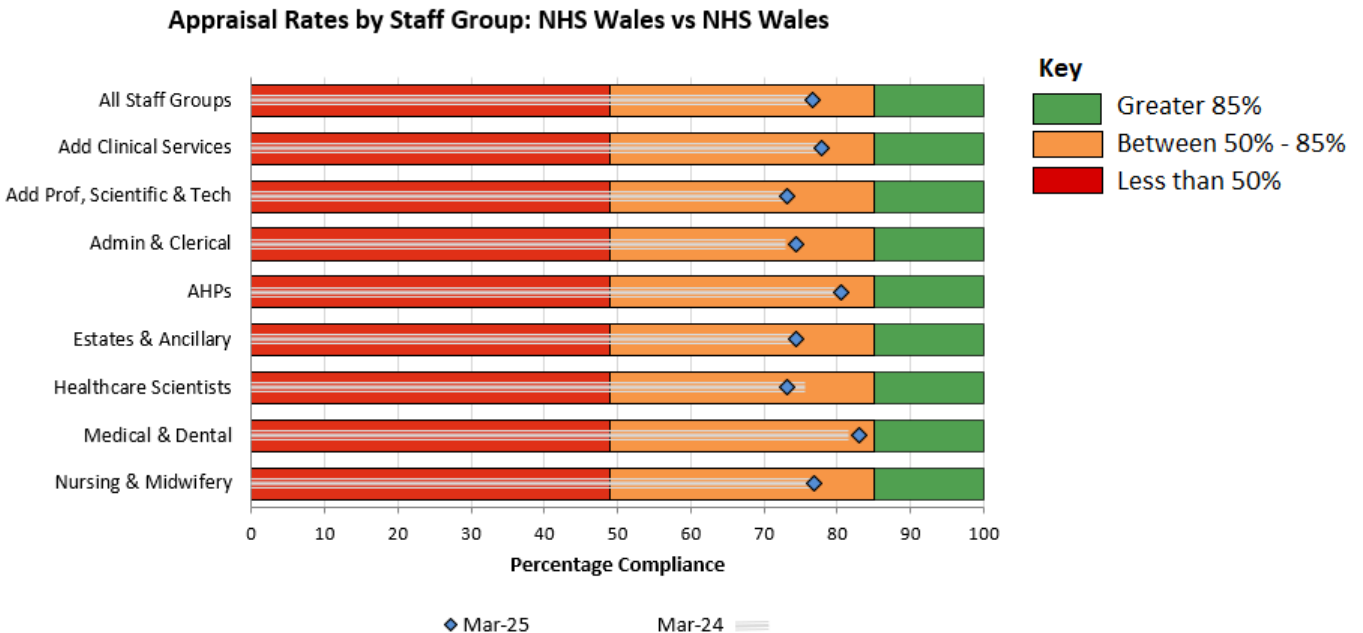
Appraisal Rates are based on the percentage of headcount of staff who have had a PADR/Medical Appraisal in the previous 12-month period - excluding doctors and dentists in training.

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

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

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

### Appraisal Compliance by Staff Group – March 2024 and March 2025



DATA SOURCE: NHS WALES PERFORMANCE DASHBOARD MARCH 2025

### Statutory and Mandatory Training Compliance

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

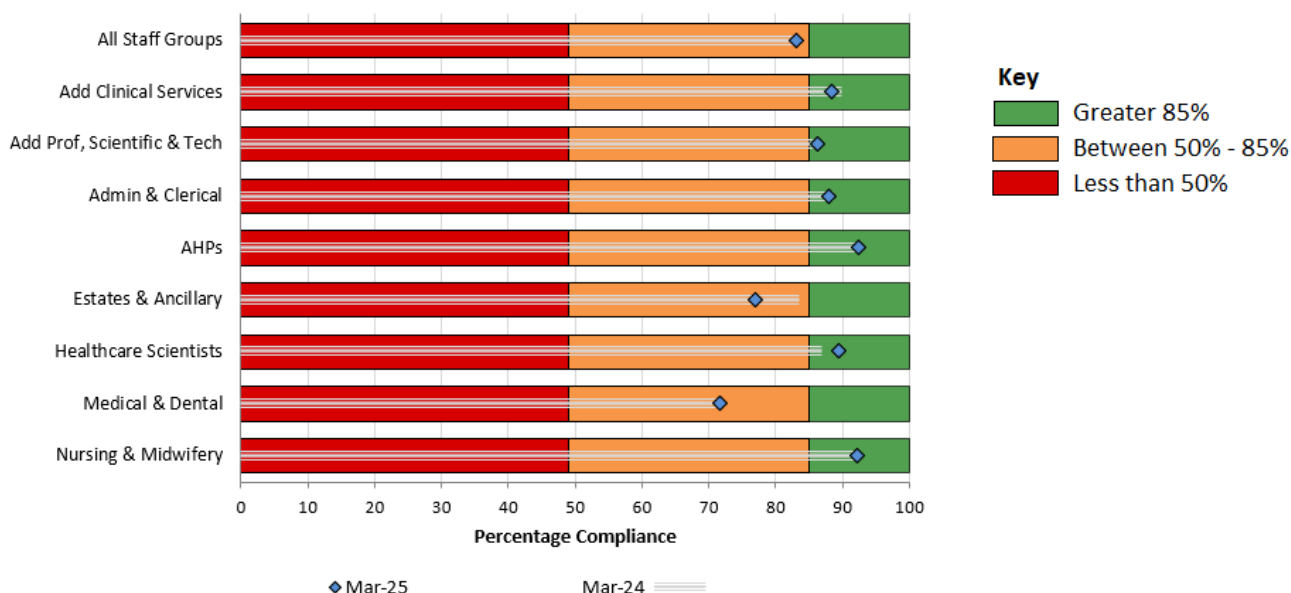
The compliance graph below shows the percentage of statutory and mandatory training for all 10 completed Level 1 competencies within the Core Skills and Training Framework (CSTF), which have been entered into ESR in the previous 12 months. The compliance graph shows the compliance rates by staff group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

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

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

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

**Statutory & Mandatory Training Rates by Staff Group: NHS Wales vs NHS Wales**



DATA SOURCE: NHS WALES PERFORMANCE DASHBOARD MARCH 2025

## Current NHS Wales Workforce Profile

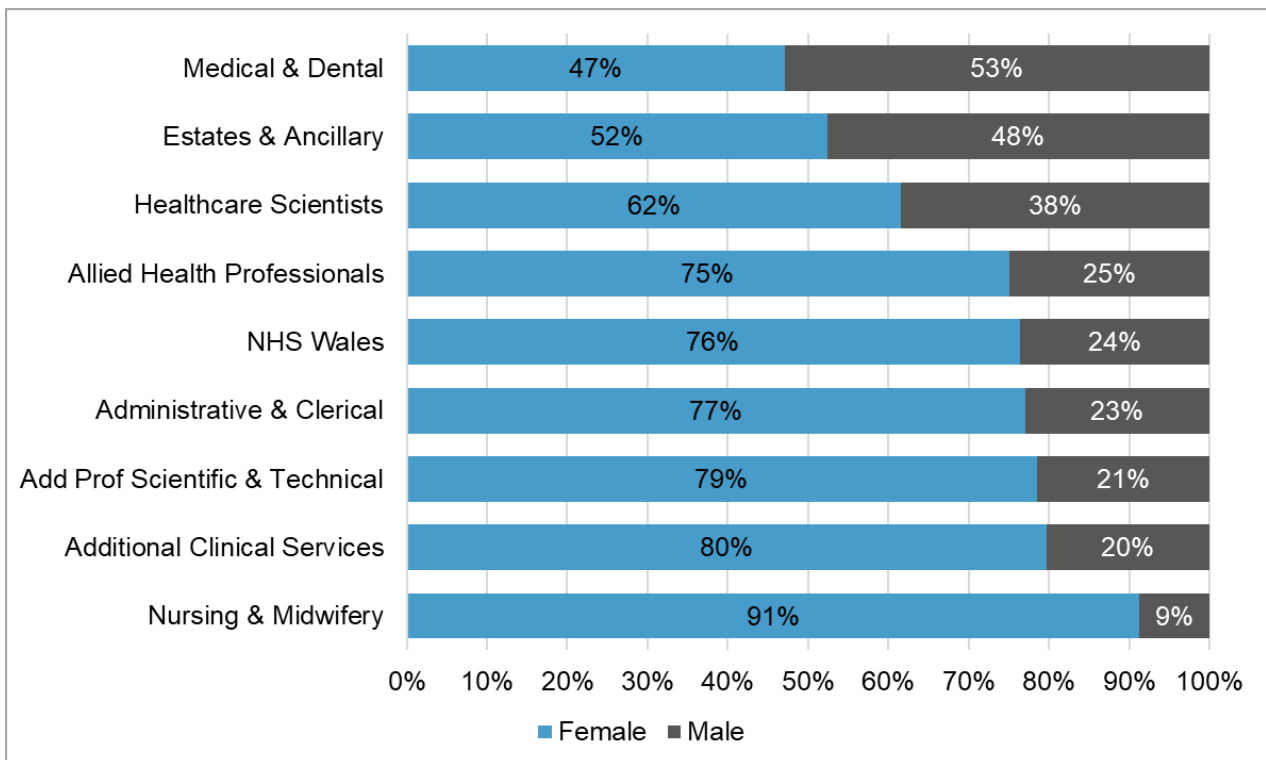
Based on NHS Contracted staff in post as of March 2025, this section looks at Gender, Nationality, Welsh Language Skills, Ethnicity, Disability and Sexual Orientation.

### Gender by Staff group

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

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

### Gender Profile by Staff Group – March 2025



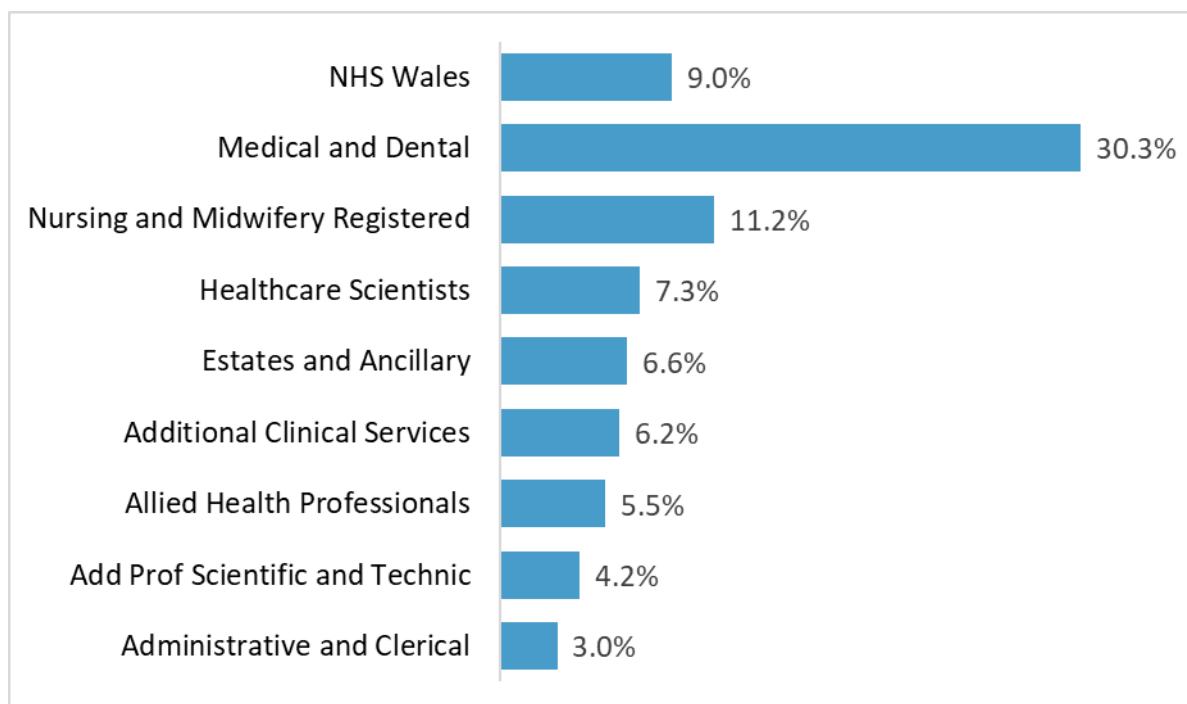
DATA SOURCE: ESR DW

## Nationality / International Staff

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

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

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



DATA SOURCE: ESR DW

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

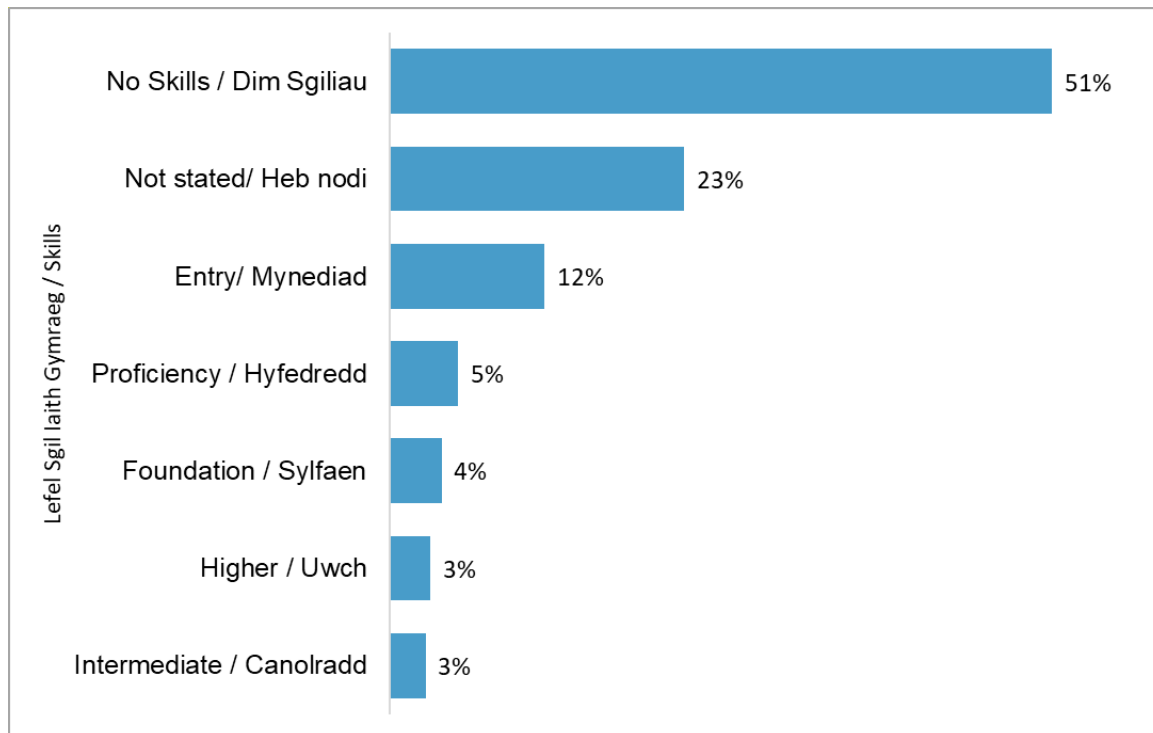
## Welsh Language Skills

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

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

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

## Welsh Language Competence – March 2025



DATA SOURCE: ESR DW

## Ethnicity by Staff Group

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

Ethnic categories are based on the definitions specified in the NHS Data Dictionary<sup>3</sup>. Staff are required to enter their Ethnicity into the ESR system as part of the Equalities data collection.

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

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

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

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

### Ethnicity Percentage by Staff Group – March 2025

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

DATA SOURCE: ESR DW

<sup>3</sup> Based on NHS Data Dictionary - [https://www.datadictionary.nhs.uk/data\\_dictionary/attributes/e/end/ethnic\\_category\\_code\\_de.asp](https://www.datadictionary.nhs.uk/data_dictionary/attributes/e/end/ethnic_category_code_de.asp)

## Disability by Staff Group

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

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

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

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

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

### Disability Percentage by Staff Group – March 2025

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

DATA SOURCE: ESR DW

## Sexual Orientation by Staff Group

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

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

### Sexual Orientation Percentage by Staff Group – March 2025

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

DATA SOURCE: ESR DW

## Appendix 1

### Contracted FTE by Staff Group – March 2020 and March 2025

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

## Welsh Language Definitions

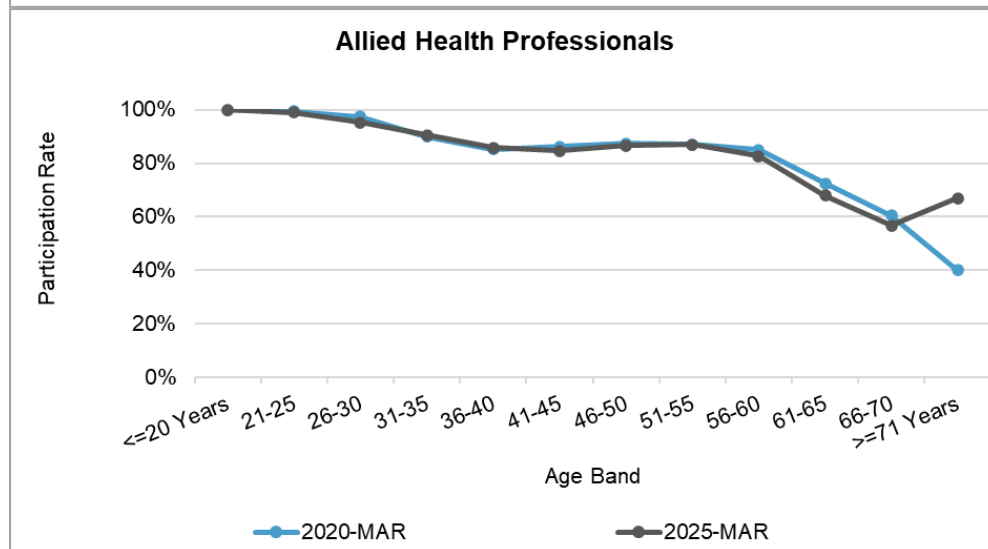
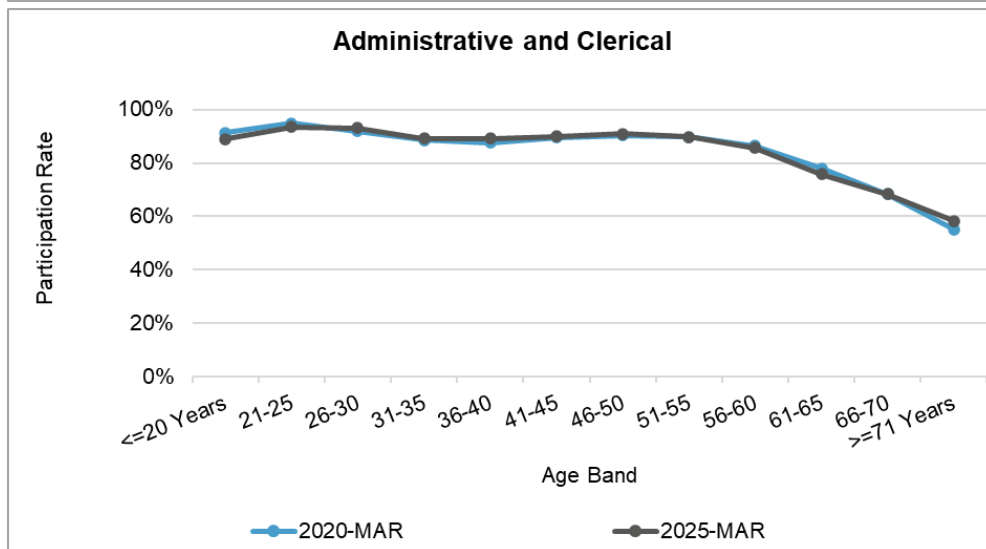
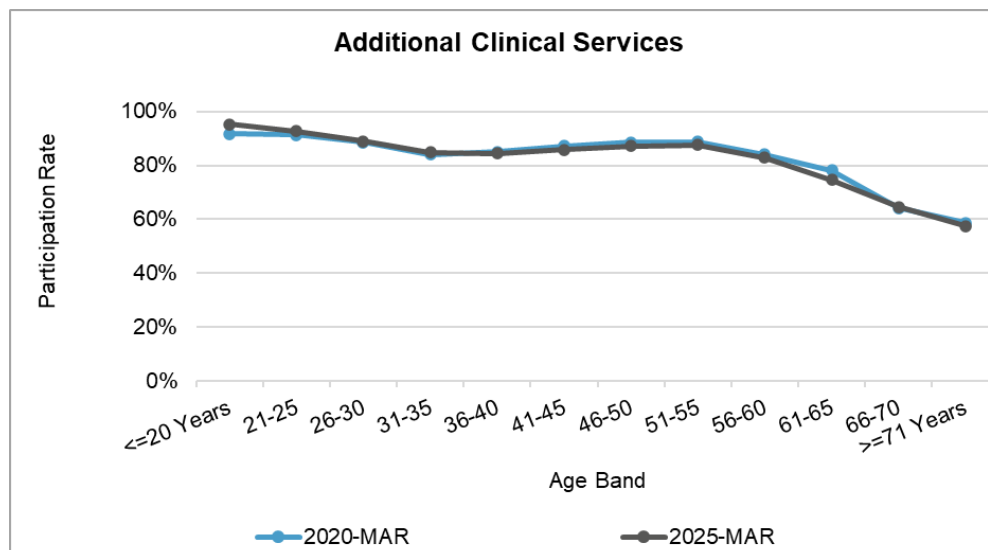
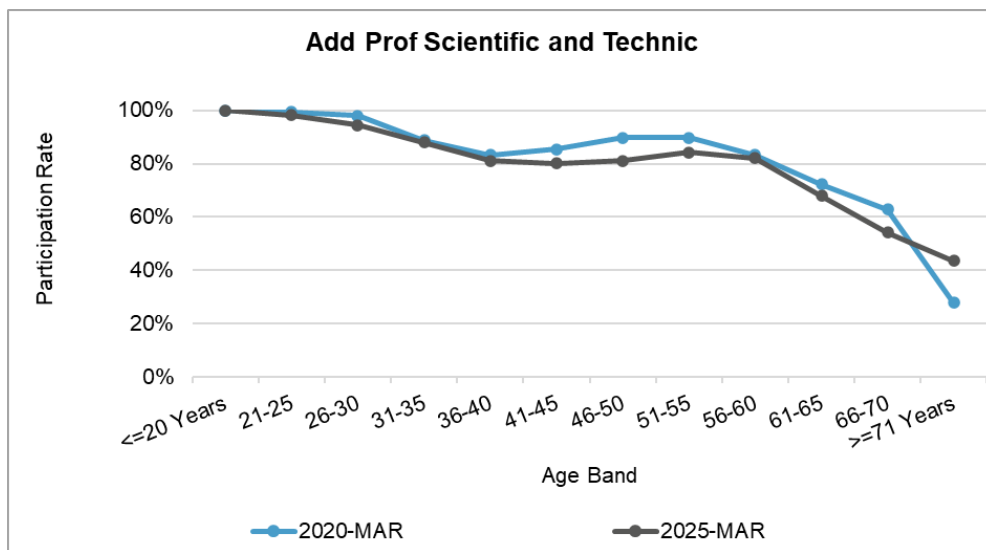
| Welsh Language Skill Level | Definition   |
|----------------------------|--|
| No Skills / Dim Sgiliau    | I cannot understand or speak any Welsh   |
| Entry/ Mynediad            | I can: Pronounce Welsh words, people's names, place names etc. Greet and understand a greeting Understand and use basic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

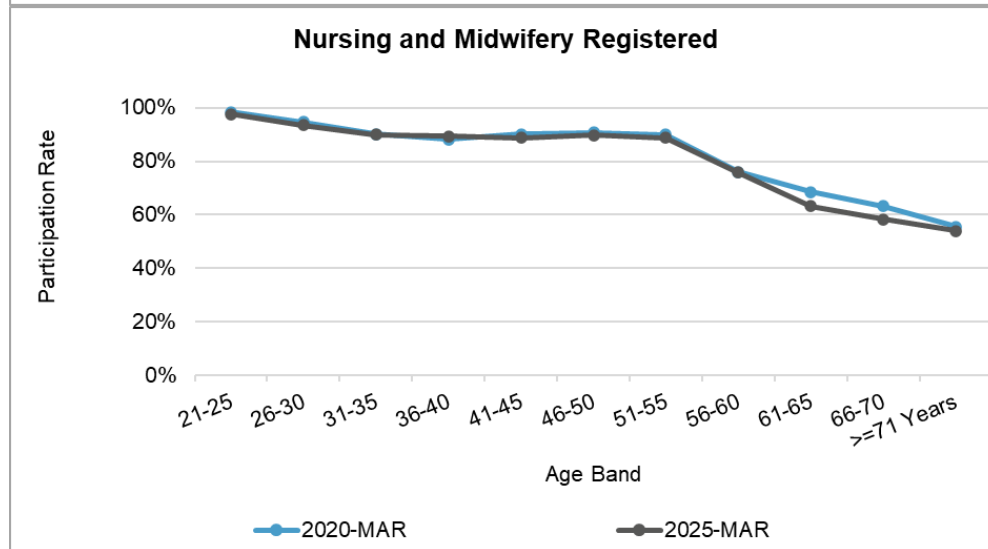
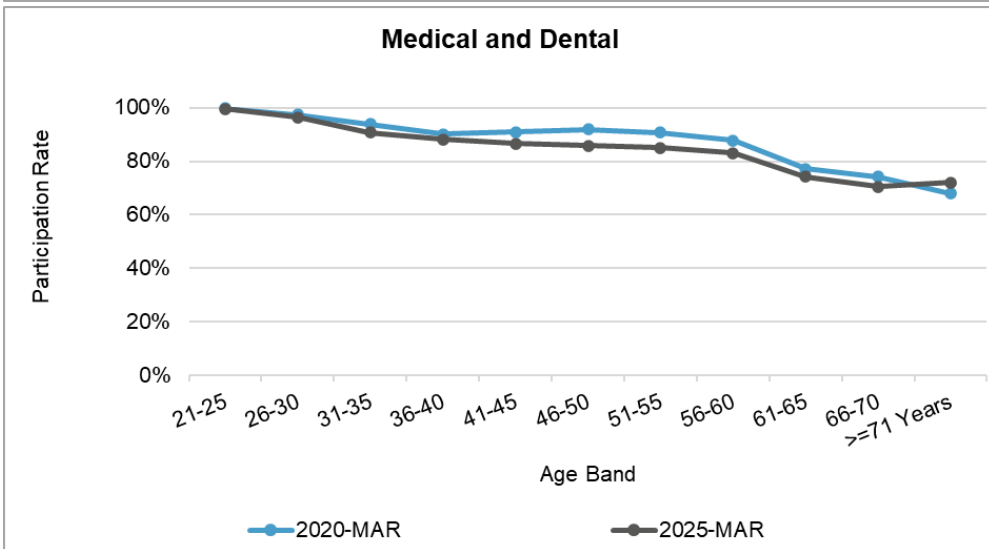
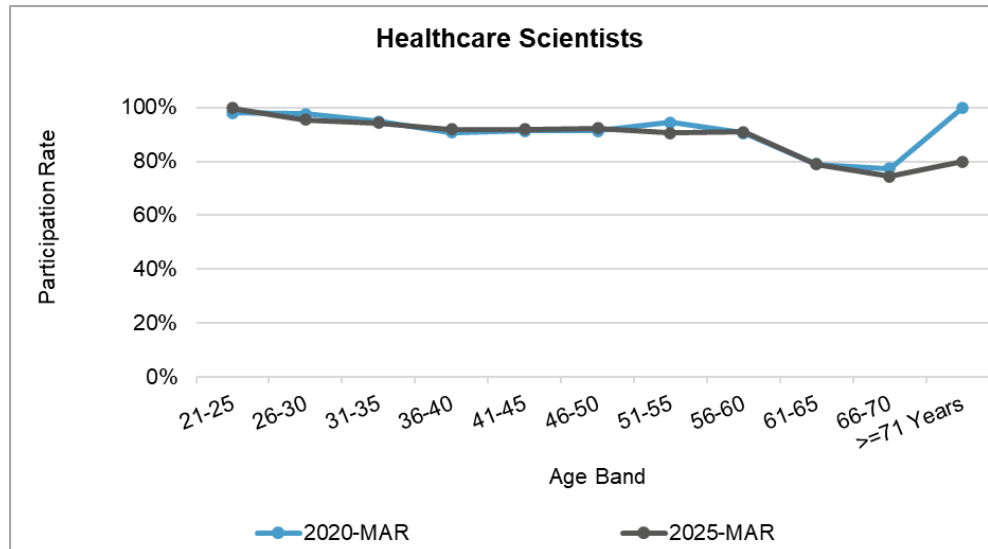
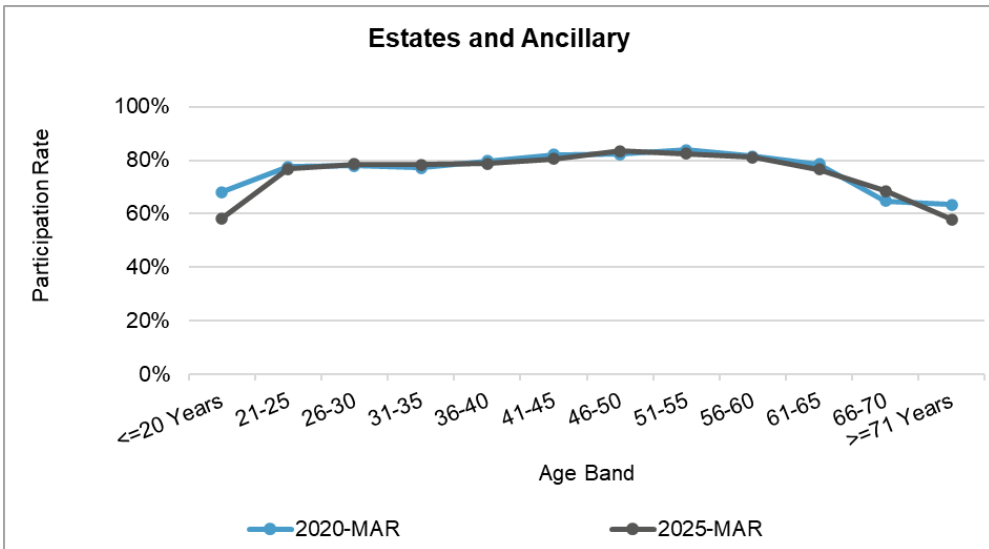
## Core Skills and Training Framework

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

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

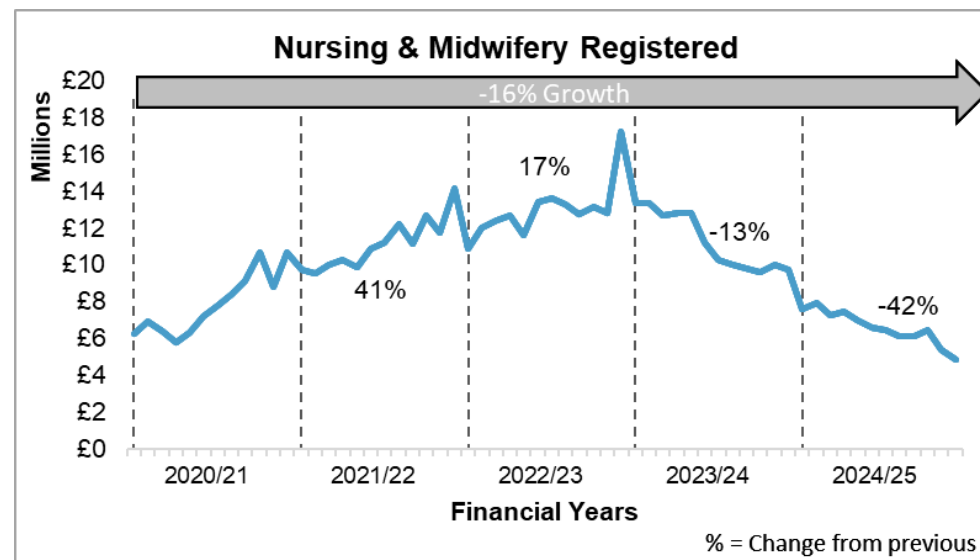
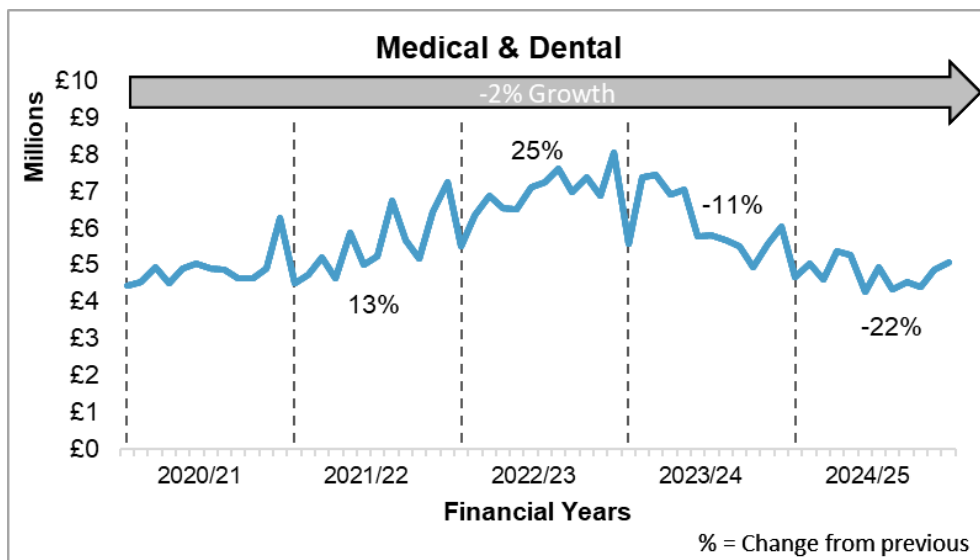
DATA SOURCE: ESR DW

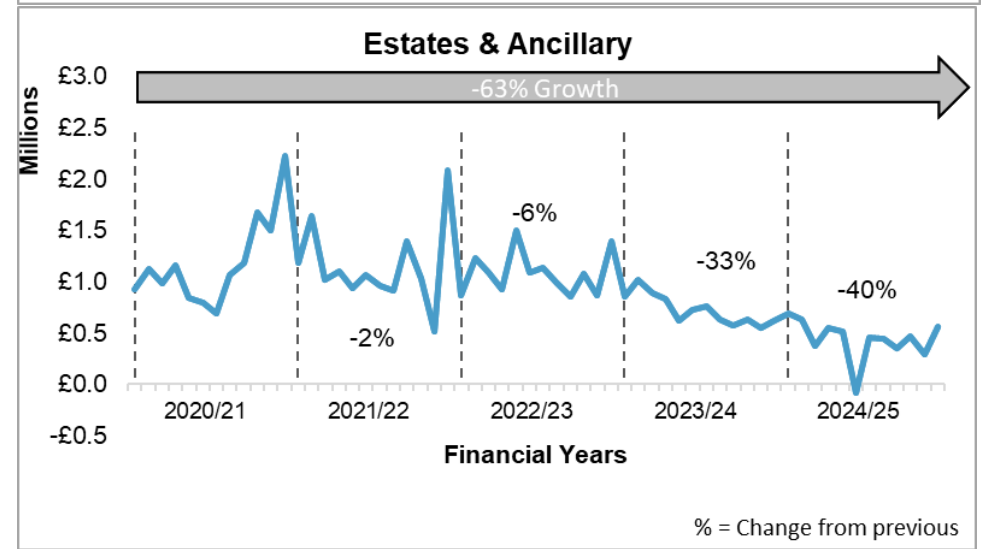
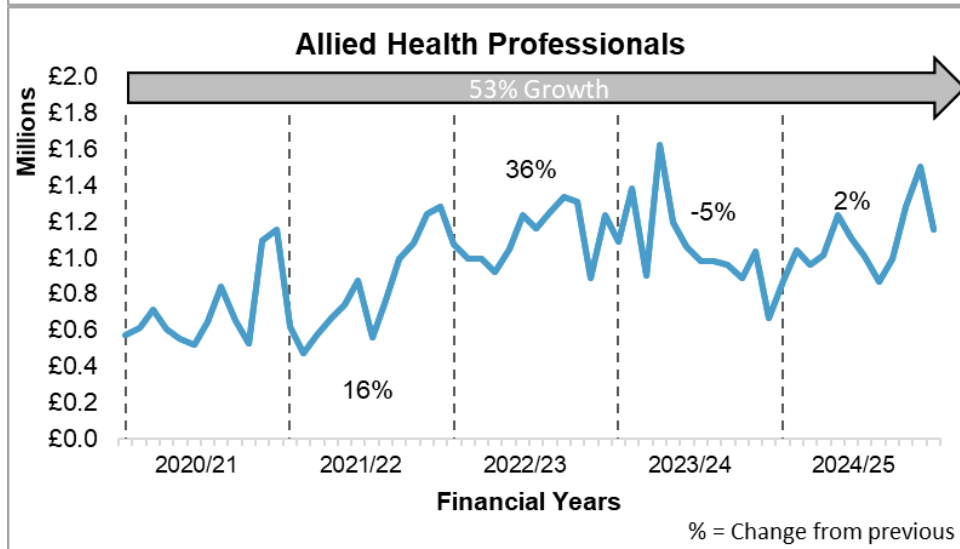
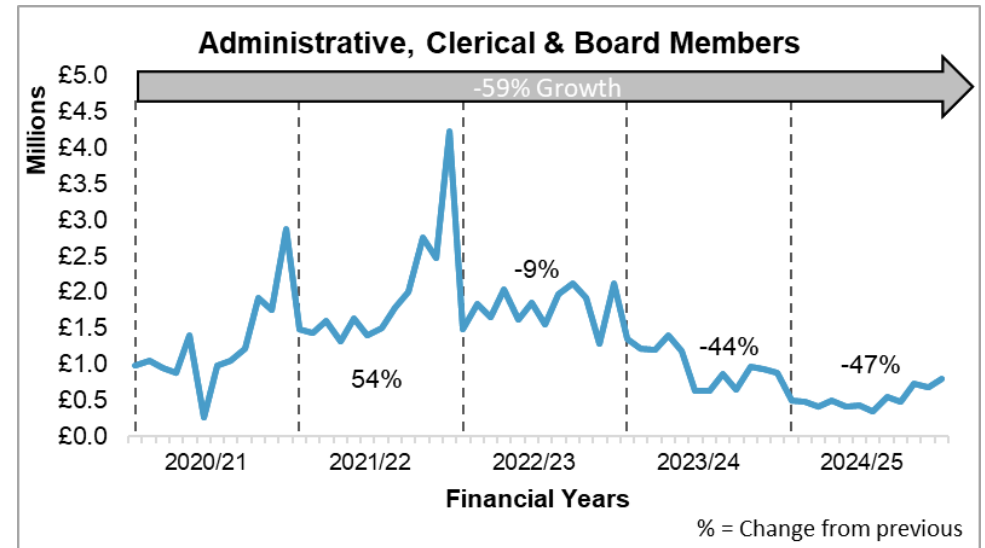
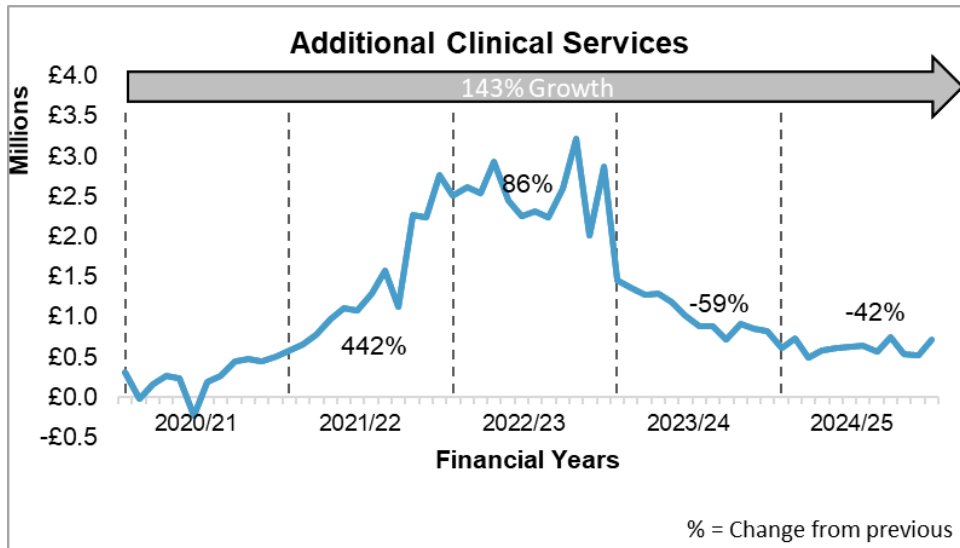


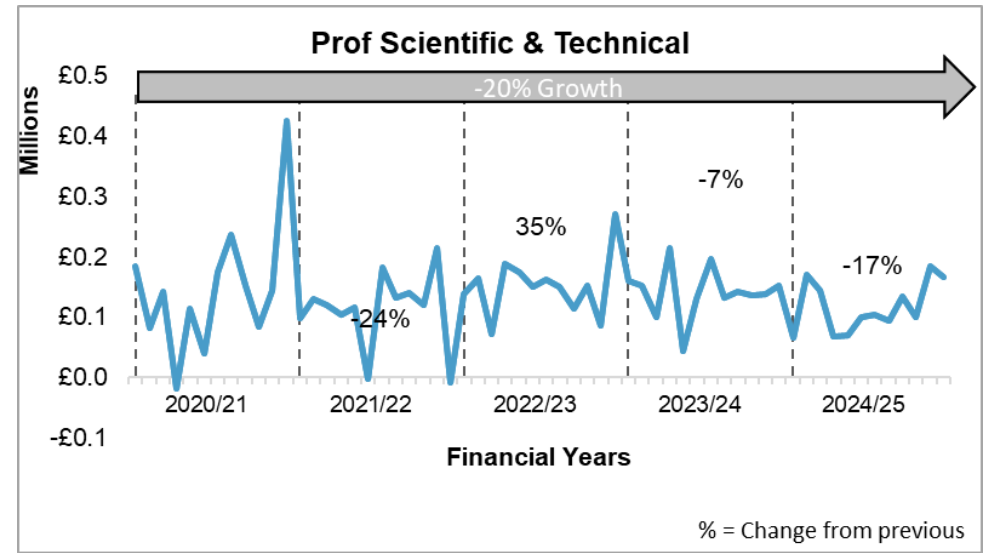
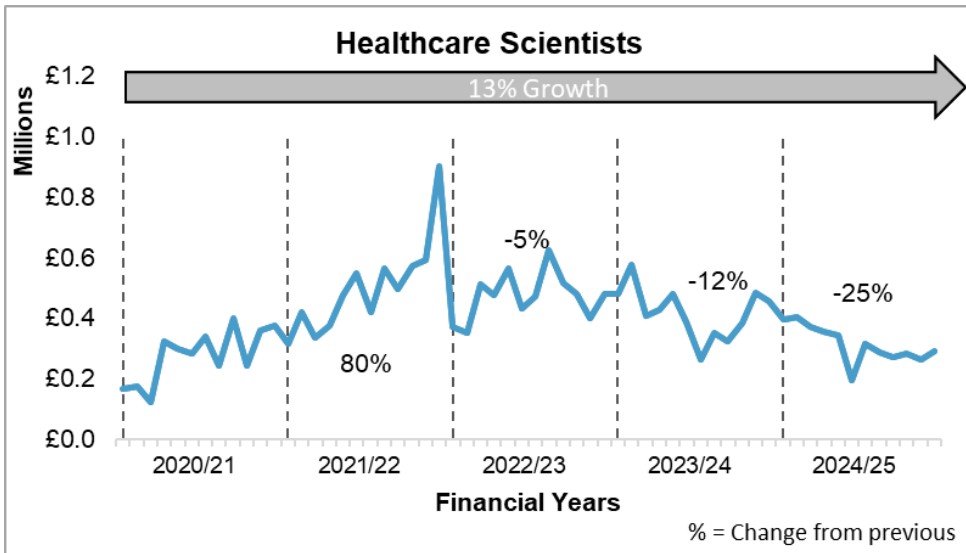


Graph (2) Agency Pay by Staff Group – Financial Years 2020/21 to 2024/25

DATA SOURCE: NHS WALES FINANCIAL MONITORING RETURNS

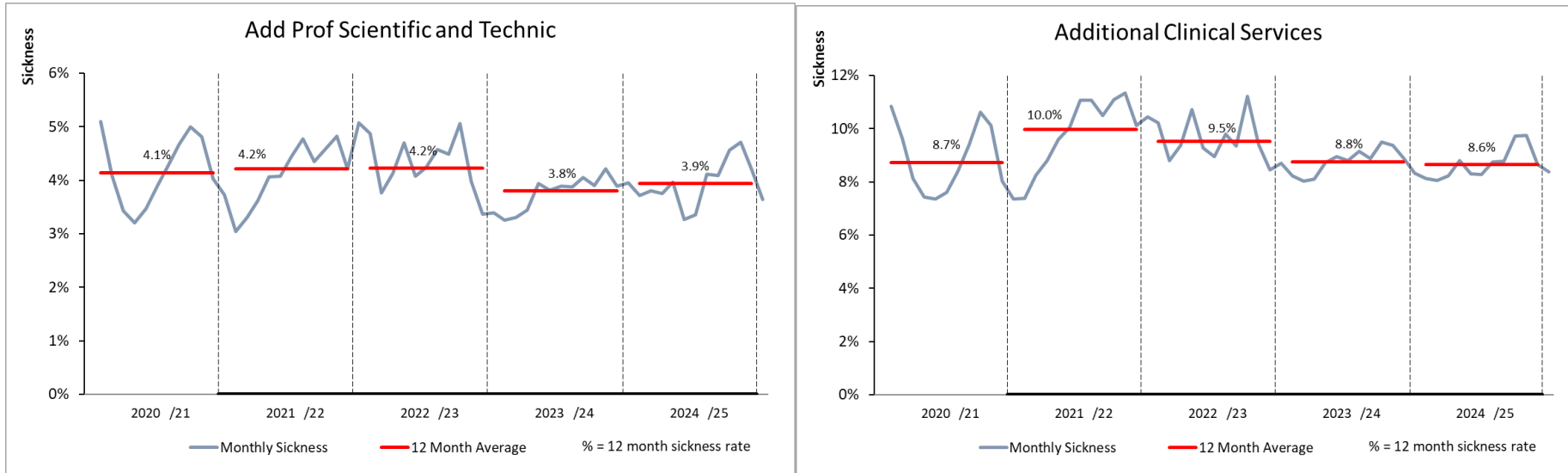


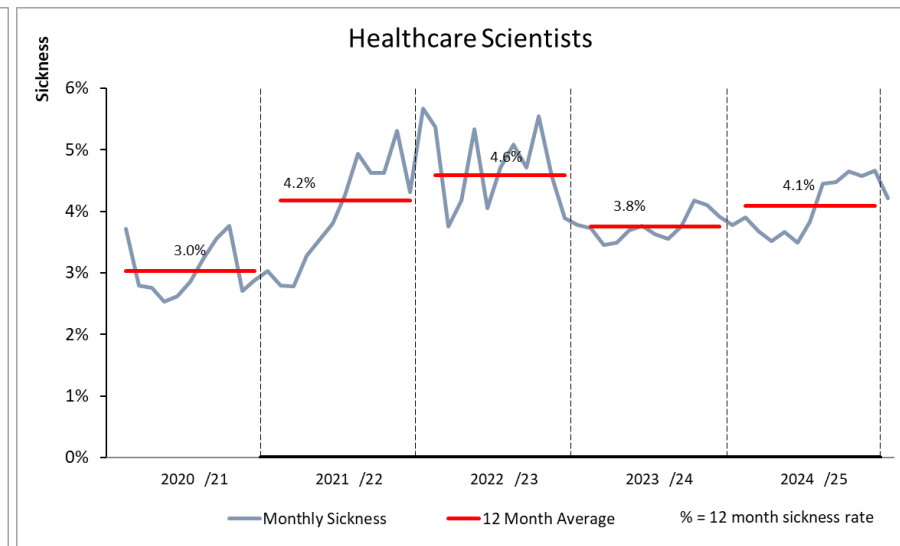
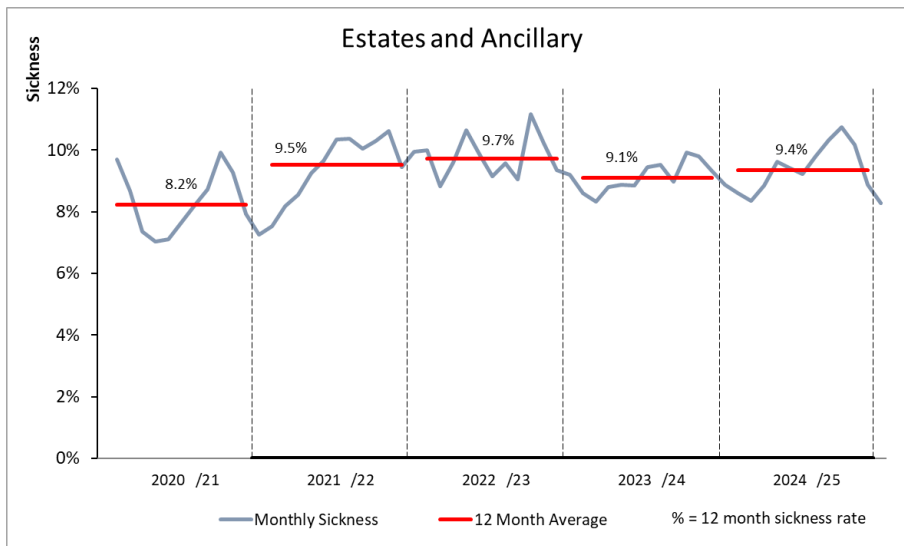
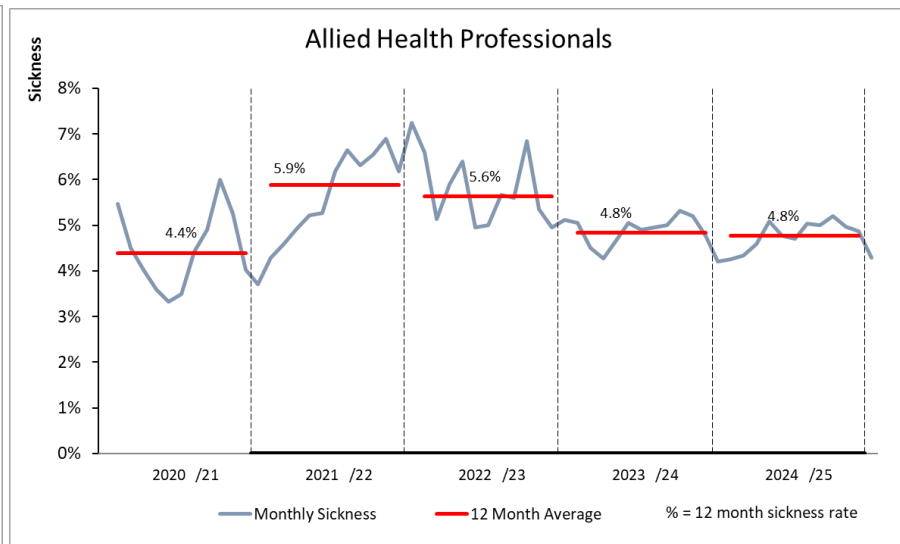
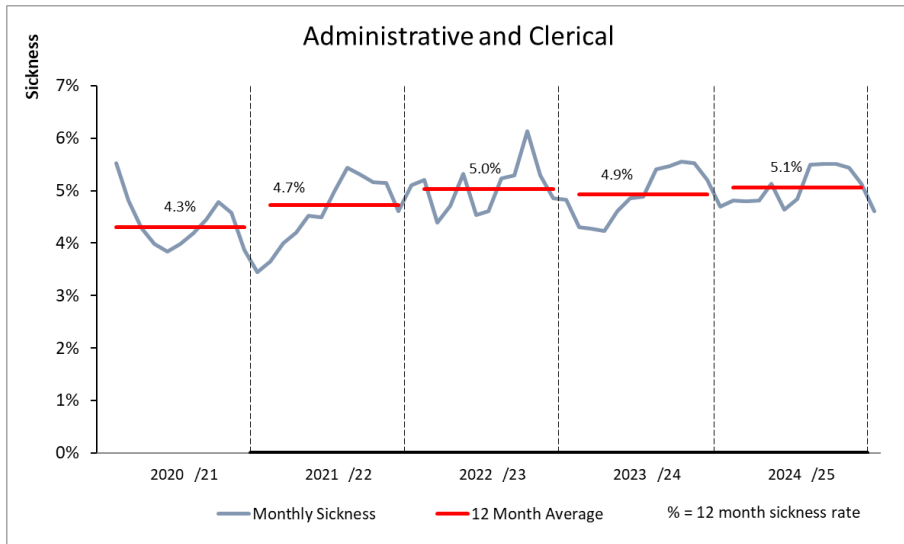


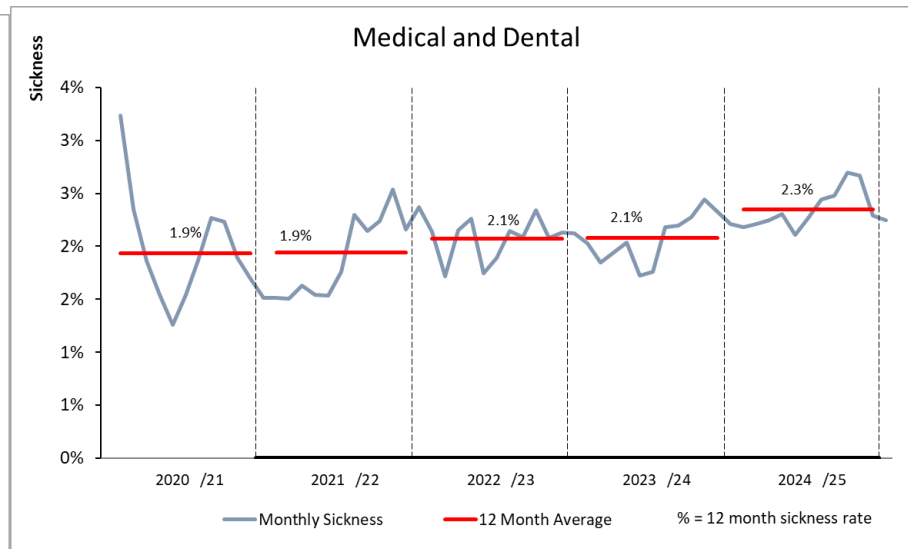
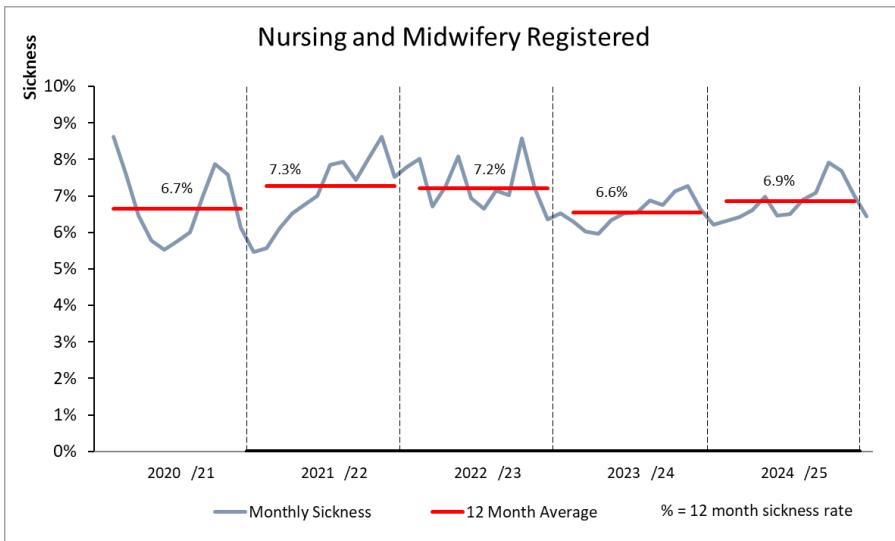


### Graph (3) Sickness by Staff Group – Financial Years 2020/21 to 2024/25

DATA SOURCE: ESR DW







## Summary Sickness Reasons

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

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

## Annex 4 – HEIW, Workforce Data

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

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

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

| <b>Staffing Overview: Grades, Full Time Equivalent, Headcount and Participation Rate (March 2025)</b> |            |                  |                           |
|---|------------|------------------|---------------------------|
| <b>Grade Summary</b>  | <b>FTE</b> | <b>Headcount</b> | <b>Participation Rate</b> |
| Band 1 - 4  | 36,776.90  | 44,058           | 0.83                      |
| Band 5 - 7  | 46,568.16  | 51,813           | 0.90                      |
| Band 8 - 9  | 7,111.97   | 7,628            | 0.93                      |
| Non AfC   | 318.03     | 440              | 0.72                      |
| ESP   | 202.57     | 212              | 0.96                      |
| Consultant  | 3,327.53   | 3,619            | 0.92                      |
| SAS   | 1,052.07   | 1,173            | 0.90                      |
| Training Grade  | 3,230.55   | 3,449            | 0.94                      |
| LED   | 1,159.25   | 1,185            | 0.98                      |
| GP  | 121.61     | 330              | 0.37                      |
| Dental Grade  | 94.87      | 150              | 0.60                      |

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

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

### Workforce Ethnicity Distribution by Group and FTE – March 2025

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

### Workforce Disability Status by Grade (FTE) – March 2025

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

Workforce Age Distribution by Grade (FTE) – March 2025

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

## Total number of Locally Employed Doctors by Specialty and Health boards

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

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

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

Community Dental Services workforce, by Grade and FTE

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

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

Leavers and Turnover rate April 2024-March 2025

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

### Turnover Summary by Grades (April 2024 - March 2025)

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

### Leavers and Turnover rates by Gender Split

#### Leaver and Turnover Rates by Gender Split (April 2024 - March 2025)

| Gender | Leavers Rate | Turnover Rate |
|--------|--------------|---------------|
| Male   | 7.6          | 7.48          |
| Female | 6.42         | 6.34          |

#### Leaver and Turnover Rates by Age Bands (April 2024 - March 2025)

| Age Group | Leavers Rate | Turnover Rate |
|-----------|--------------|---------------|
| <20       | 17.34        | 17.21         |
| 21-30     | 10.73        | 10.59         |
| 31-40     | 5.98         | 5.86          |
| 41-50     | 3.5          | 3.47          |
| 51-60     | 4.88         | 4.88          |
| 61-70     | 13.33        | 12.79         |
| 71-80     | 16.3         | 15.48         |
| 81-90     | 0            | 0             |

#### Leaver and Turnover Rates by Ethnicity (April 2024 - March 2025)

| Ethnicity                                  | Leavers Rate | Turnover Rate |
|--|--------------|---------------|
| White                                      | 6.01         | 5.94          |
| Black / African / Caribbean / Black Britis | 12.62        | 11.49         |
| Asian / Asian British                      | 9.36         | 8.82          |
| Mixed / Multiple ethnic groups             | 10.75        | 10.29         |
| Other Ethnic Groups                        | 7.41         | 7.04          |
| Not Stated/Unknown                         | 9.21         | 9.35          |

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

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

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

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

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

**Annual Pay Summary by Staff group (per Employee Basis): April 2024 to March 2025**

| Grade Summary                       | Annual basic pay (£) | Annual Additional pay (£) | Annual total earnings (£) |
|-------------------------------------|----------------------|---------------------------|---------------------------|
|                                     | 44,306.08            | 4,241.10                  | 48,547.18                 |
|                                     | 22,630.34            | 5,064.06                  | 27,694.40                 |
|                                     | 33,276.97            | 2,696.11                  | 35,973.08                 |
|                                     | 39,709.57            | 7,128.89                  | 46,838.46                 |
|                                     | 20,309.23            | 4,651.96                  | 24,961.19                 |
|                                     | 43,751.50            | 6,079.24                  | 49,830.74                 |
|                                     | 59,957.92            | 10,157.60                 | 70,115.52                 |
| Nursing and Midwifery<br>Registered | 36,085.44            | 7,304.04                  | 43,389.48                 |
|                                     | 31,995.43            | 5,575.00                  | 37,570.43                 |

## **Annex 5 – HEIW, Recruitment Activity**

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

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

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

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

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

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

## **Annex 6 – NHS Staff Survey**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



GIG  
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Addysg a Gwella Iechyd  
Cymru (AaGIC)  
Health Education and  
Improvement Wales (HEIW)

# Evaluation Report – Apprenticeships in NHS Wales

Author: S Page

Date: January 2025



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## Key Findings

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

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

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

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

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

## Recommendations

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

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

**Actions**

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

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

**Actions**

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

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

**Actions**

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

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

**Actions**

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

## Introduction

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

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

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

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

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

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

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

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

Data was gathered from three sources:

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

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

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

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

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

## Wider context of Apprenticeships in Wales

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

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

Funding for apprenticeships is devolved from the UK government and whilst the WG receive a share of the apprenticeship levy, allocated via the Barnett formula, it is not ringfenced. Welsh ministers allocate resources in their budget according to Welsh priorities. c£4billion<sup>4</sup> was raised by payments into the UK levy (23/24), of which c£500million<sup>1</sup> was paid out to the devolved nations, it is unknown what proportion of this £500m was received by the WG<sup>5</sup>. There is no obligation on the WG to allocate the full payment to apprenticeships in Wales as education is devolved, it is their decision how to allocate the budget received from the UK government. The WG is not privy to how much employers in Wales pay into HM Revenue & Customs. The value of apprenticeship commissioning programme contracts for 2024/2025 was £134 million divided between the ten contract holders ([appendix 4](#)). An additional £9.4 million is allocated in 2024/2025 for level 6, degree apprenticeship provision in Wales. Medr have indicated that there is no intention to fund level 7 apprenticeships or any new degree apprenticeships in the next financial year (this is currently seen in England through the provision of level 7 apprenticeships), although with the changes to the Levy announced in

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

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

Fig 1<sup>6</sup> Apprenticeship commissioning in Wales 2021-2025

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

<sup>4</sup> Association of Employment and Learning Providers (AELP)

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

<sup>6</sup> [Apprenticeships - Medr](#)

## Data capture methods

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

This causes problems for central data collation as the same data is not available from each HBT. This is compounded where apprenticeships are not administered centrally within the HBT as the data is not 'owned' and therefore not managed. Some HBTs have different systems for new apprentices and existing apprentices<sup>7</sup> which further complicates data capture.

## Quantitative data

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

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

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

## Publicly available data (Secondary data)

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

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

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

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

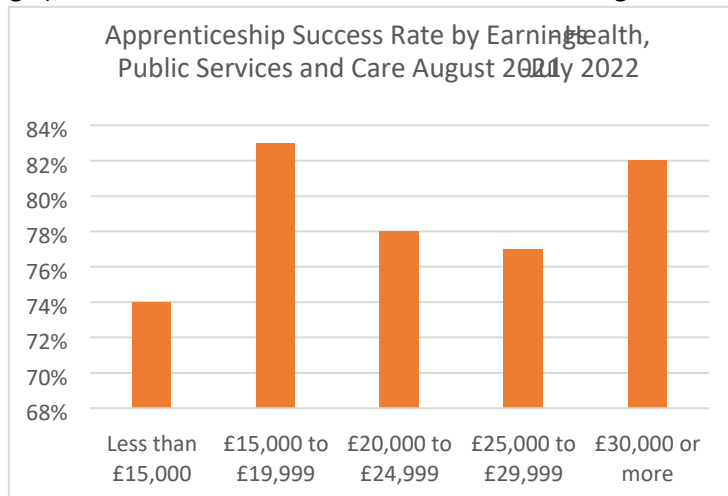


Fig 2

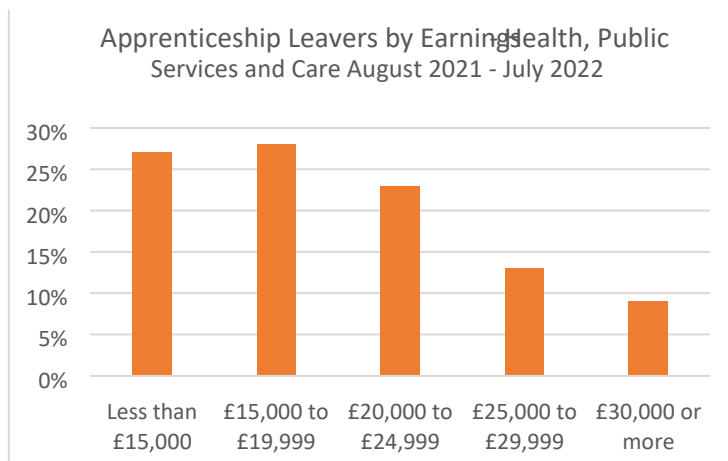


Fig 3

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

Overall success rates of apprenticeship rates are still below pre-pandemic levels. Healthcare and Public Services has been one of the strongest recovering sectors post-pandemic, with the success rate increasing by 15% from 2021/2022 to 2023/2024 (fig 4). The success rate for this sector is still 11% below the last seen pre-pandemic figure. Health and Public Services accounted for 42% of all apprenticeship completions in 2023/2024<sup>5</sup>.

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

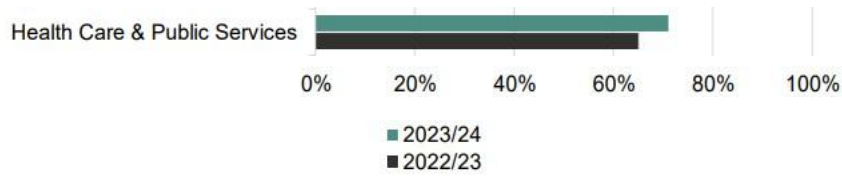


Fig 4: Apprenticeship Success rate by Sector Area

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

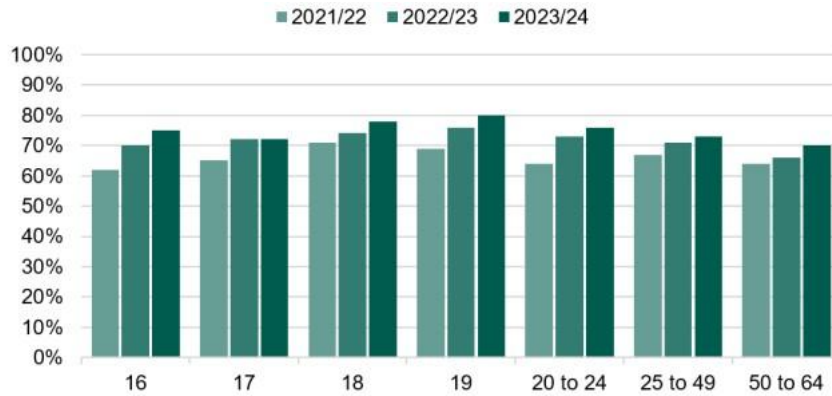


Fig 5: Apprenticeship success rate by age at the start of the apprenticeship

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

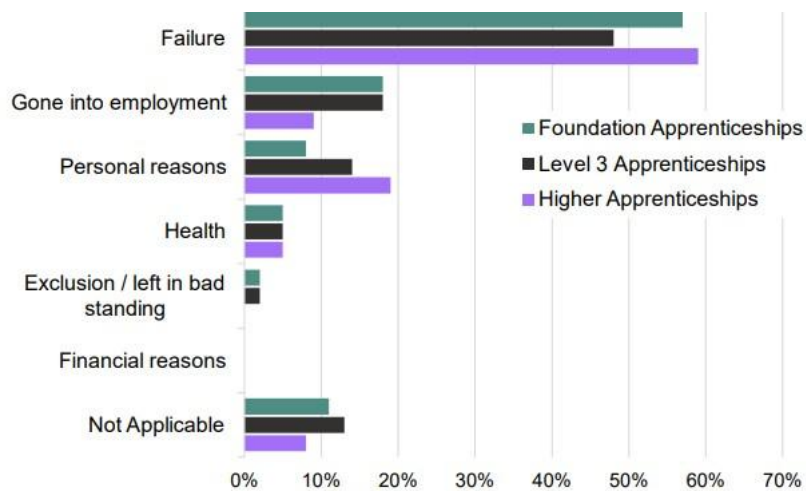


Fig 6

Fig 4, 5 and 6 data source: [Sta/Medr/07/2025 Learner outcome measures for apprenticeships, August 2023 to July 2024](https://www.nhs.uk/press-releases/2024/07/07/2025-learner-outcome-measures-for-apprenticeships-august-2023-to-july-2024)

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

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

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

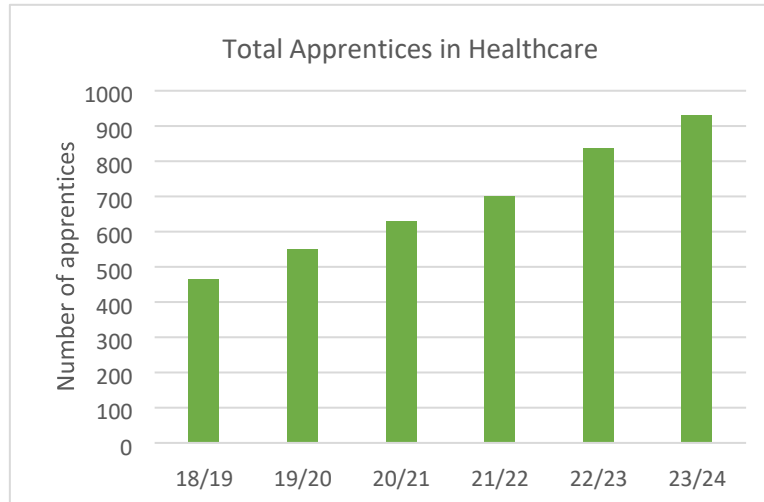


Fig 7

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

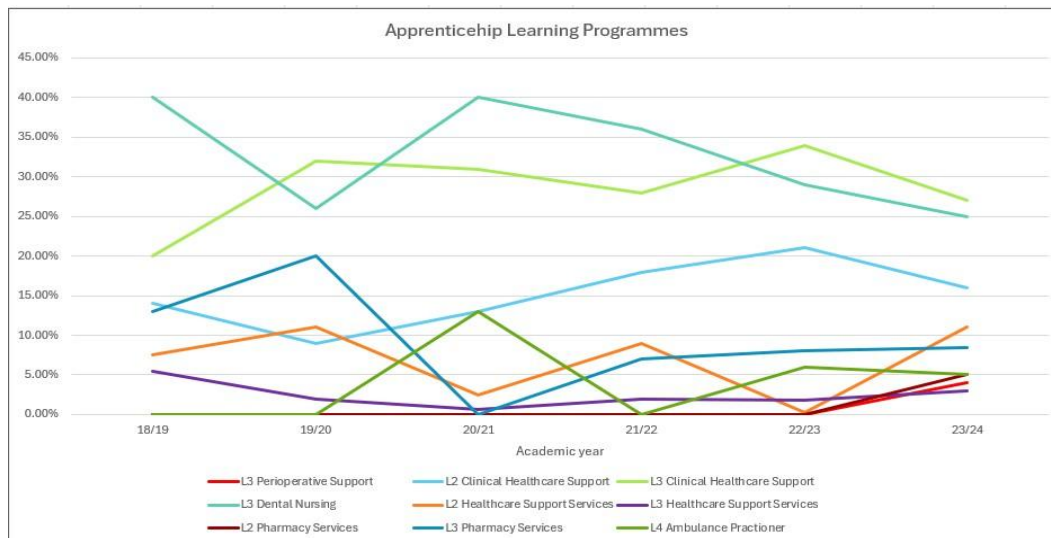


Fig 8

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

## Health board data (Primary Data)

Due to General Data Protection Regulations (GDPR) it is not possible for HEIW directly approach the TPs for access to learner data. The request for data information was therefore made to the HBTs by HEIW. This data was gathered to enable a quantitative and qualitative overview of apprenticeships in the health boards to be gathered. Contracts of employment for Dental Nursing apprentices are between the dental practice and not with NHS Wales, therefore they are not counted as NHS Wales apprentices and not included in the data return<sup>9</sup>.

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

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

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

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

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

Most HBT are unable to determine if lack of attainment<sup>10</sup> is due to a failure to complete the Essential Skills

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

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

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

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

Many HBTs are not currently aware of reasons for early leavers<sup>11</sup> as this is not information widely received from the TP or gathered through learner voice feedback. One HBT which actively gathers this data records the following as the main reasons for apprentices not completing their qualification(s):

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

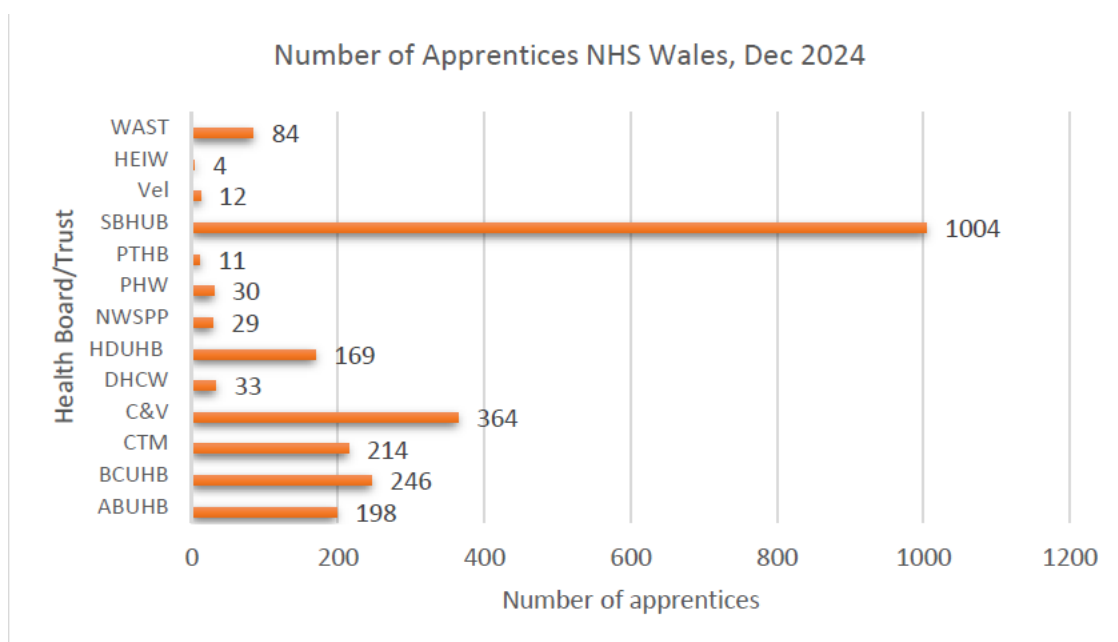


Fig 9

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

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

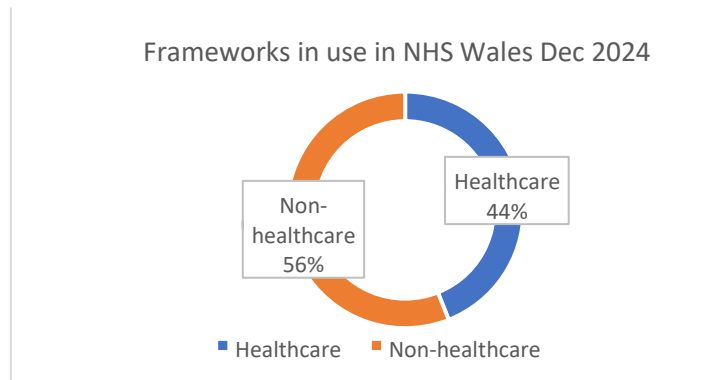


Fig 10

Data submitted by HBT indicates just under half of all apprentices in NHS Wales are undertaking qualifications which sit in a healthcare framework (fig 10) and that nearly half of all apprentices in NHS Wales are undertaking a level 3 qualification within an apprenticeship framework. The smallest percentage is for level 6, this is likely due to the only level 6, or degree level, framework which can be utilised within NHS Wales is the Digital degree pathway (Fig 11). The Clinical Health Support framework at levels 2 and 3 account for 28% of active apprentices in NHS Wales<sup>9</sup>. This supports the expectations of the *'Developing Excellence in Healthcare An NHS Wales Skills and Career Framework for Healthcare Support Workers supporting Nursing and the Allied Health Professions'*, 2018.

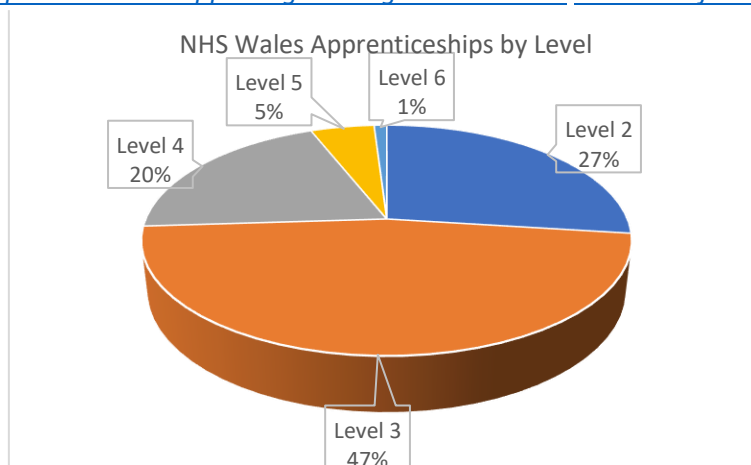


Fig 11

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

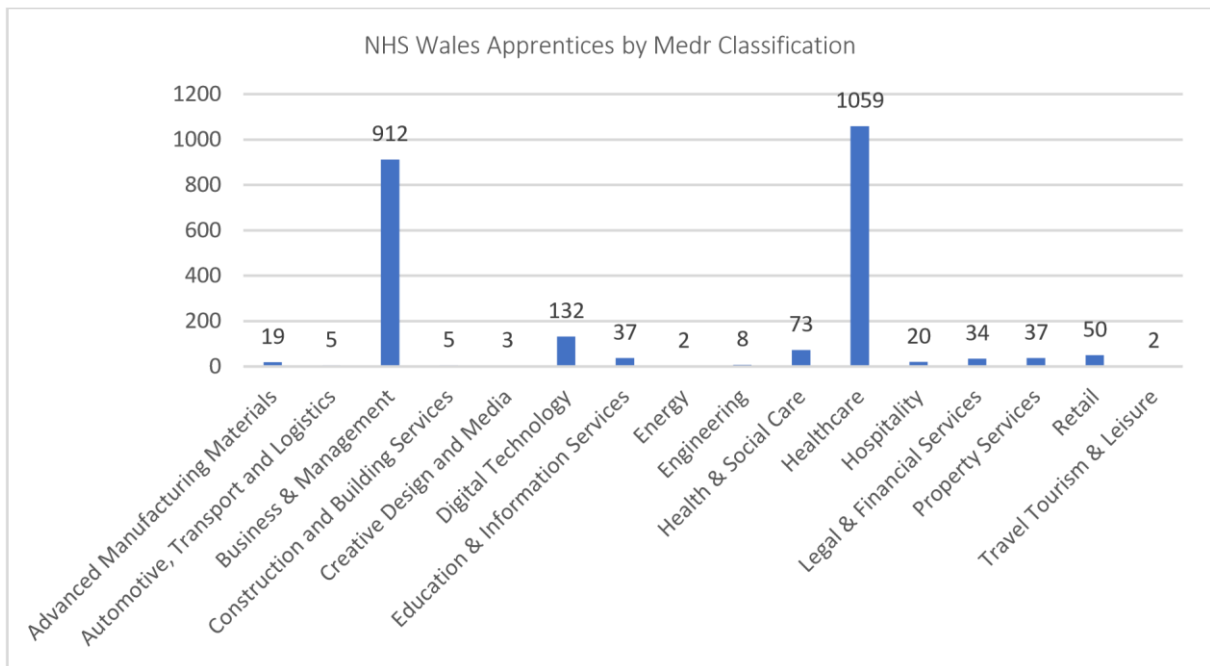


Fig 12

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

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

## Funding

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

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

## Recruitment and Employment of Apprentices

HBTs approach recruitment and employment of apprenticeships differently.

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

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

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

#### Recruiting new apprentices

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

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

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

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

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

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

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

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

#### Recruiting existing staff

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

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

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

## Benefits/Risks and Impacts of Apprenticeships

### Benefits

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

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

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

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

#### Staff recruitment, retention and promotion

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

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

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

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

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

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

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

## Benefits to the learners

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

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

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

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

### Impact on service provision

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

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

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

### Risks:

#### Sustainability

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

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

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

#### Quality of delivery

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

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

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

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

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

#### Data

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

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

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

#### General

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

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

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

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

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

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

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

## Employment Service Record (ESR)

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

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

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

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

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

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

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

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

## Conclusion

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

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

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

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

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

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

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

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

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

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

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

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

## Acknowledgments

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

## Abbreviations

CTER – Commission for Tertiary Education & Research (Medr)

ESR – Employment Service Record

ESW – Essential Skills Wales

HBT – Health Board(s) and Trust(s)

HEIW - Health Education Improvement Wales

TP – Training Provider

WAST – Welsh Ambulance Services University NHS Trust

WG - Welsh Government

## Glossary

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

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

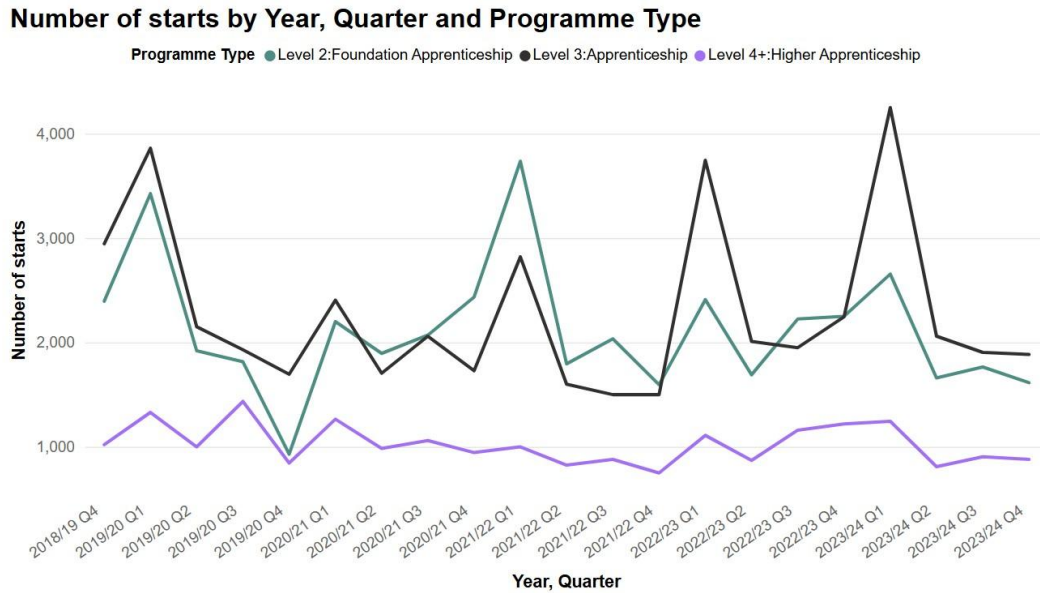
Attainment Rate - % of completed activities where the framework was achieved.

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

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

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

## Appendix 1 – Apprenticeship starts



Data: [StatsWales](#)

## Appendix 2 – Healthcare Frameworks

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

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

## Appendix 3 – Agenda for NHS Wales data gathering meetings

### **Health Boards & Trusts (HBT) Apprenticeship Data Meetings:**

#### **October – December 2024:**

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

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

## Appendix 4 – Apprenticeship Funding allocation



### Apprenticeship contract values 2024 / 2025

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

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

## Appendix 5 – Models of delivery

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

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



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

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

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

\*Data from HDUHB represents new apprentices only

## Annex 8 – Apprenticeship Case studies

The most recent case study examples are attached.

### Faces of apprenticeships in NHS Wales



**Name:** Laura Cory

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

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

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

**Where do you work in NHS Wales?** Byty Cwm Cynon

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

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

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

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

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



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Cymru (AaGIC)  
Health Education and  
Improvement Wales (HEIW)

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



### Faces of apprenticeships in NHS Wales



**Name:** Kiera Dwyer

**Job Role** Accuracy Checking Technician

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

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

**Where do you work in NHS Wales?** Bargoed Pharmacy

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

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

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

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



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## Faces of apprenticeships in NHS Wales



**Name:** Amber Spellman

**Job Role:** Apprentice Pharmacy Assistant

**Apprenticeship qualification:** Customer Service: L2 Diploma in Customer Service

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

**Where do you work in NHS Wales?** Byty Glan Clwyd

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

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

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

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



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## Faces of apprenticeships in NHS Wales



**Name:** Sophie Skinner

**Job Role:** Apprentice Domestic Assistant

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

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

**Where do you work in NHS Wales?** Byty Glan Clwd

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

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

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

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



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## Faces of apprenticeships in NHS Wales



**Name:**Nel Williams

**Job Role**Apprentice Healthcare Assistant

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

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

**Where do you work in NHS Wales?**3rbyty Gwynedd

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

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

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

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

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



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## Faces of apprenticeships in NHS Wales



**Name:**Llinos Freeman

**Job Role**Apprentice Housekeeper

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

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

**Where do you work in NHS Wales?**3rbyty Gwynedd

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

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

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

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



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## Faces of apprenticeships in NHS Wales



**Name:** Chris Reddington

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

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

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

**Where do you work in NHS Wales?** Pentyool Cottage District Hospital

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

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

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

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

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





# NHS Wales Anti-sexual Harassment Policy

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

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

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

Approved by:

Issue date:

Effective date:

Review Date:

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

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

## INTRODUCTION

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

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

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

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

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

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

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

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

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

## WHAT IS THIS POLICY FOR?

This policy sets out to:

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

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

## SCOPE

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

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

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

## GUIDING PRINCIPLES

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

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

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

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

## INFORMATION – DEFINITIONS AND TERMINOLOGY

### DEFINITIONS

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

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

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

## Human Resources

Your Human Resources (HR) department may be known by a different name. Departments traditionally known as Human Resources (HR) or Personnel may be known by another name in your organisation, such as People and OD (POD), Workforce and OD (WOD), Human Resources (HR), People and Relationship Team, or People Services. In this policy we use the term 'HR or Workforce and OD'.

## Sexual Harassment

**Sexual Harassment** refers to unwelcome sexual advances, requests for sexual favours, or other verbal, non-verbal, or physical conduct of a sexual nature that creates an intimidating, hostile, degrading, or offensive environment. Sexual

harassment can happen to anyone regardless of their personal characteristics and can equally be carried out by anyone. A single incidence can be enough to constitute sexual harassment, and a person does not need to have previously objected to it.

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

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

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

## Verbal Harassment

- Sexual remarks, jokes, or comments that are unwelcome or offensive.
- Inappropriate inquiries about someone's personal life, sexual orientation, or body.
- Inappropriate conversations in the workplace, either in one to one or group settings.
- Repeated, unwelcome romantic or sexual propositions.
- Unwelcome sexual advances or suggested behaviour (even if the harasser may perceive this as harmless).

## Non-Verbal Harassment

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

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

## Physical Harassment

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

## Coercive Sexual Harassment:

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

## Hostile Environment Harassment

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

## Victimisation

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

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

Victimisation may include, for example:

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

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

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

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

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

### Third-party harassment

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

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

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

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

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

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

If an individual feels that they have been sexually harassed or that they have been impacted by sexual harassment, their feelings are valid, and their

complaint must be taken seriously. Incidents can be considered workplace sexual harassment in circumstances in which the employee is not actually working but that are connected with work, such as work social events.

## Criminal Offences

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

### 5.3.1 Non-Consensual Physical Acts:

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

### 5.3.2 Sexual Exploitation:

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

### 5.3.3 Acts Perpetrated on Vulnerable Individuals:

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

### 5.3.4 Verbal Threats or Coercion:

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

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

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

## CONFIDENTIALITY

### Confidentiality and Anonymity

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

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

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

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

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

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

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

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

- the investigating officer.
- HR or Workforce and OD colleagues directly involved.
- any relevant witnesses.
- the individual accused of the harassment to the extent necessary to enable them to respond.
- safeguarding colleagues.
- where represented, Trade Union representatives.

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

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

Both reporters of harassment and individuals accused of harassment:

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

## RISK AND PREVENTION

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

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

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

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

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

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

## GUIDANCE – WHAT TO DO IF AN INCIDENT OCCURS

### INCIDENTS OF SEXUAL HARASSMENT

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

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

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

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

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

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

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

## If You Experience Sexual Harassment

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

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

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

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

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

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

### What you should NOT do:

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

### The difference between disclosing and reporting

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

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

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

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

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

## Receiving a Disclosure

**The employee who receives the disclosure should:**

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

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

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

## Reporting Incidents

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

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

## Receiving a Report

The employee who receives the report should:

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

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

## Reporting Incidents Formally

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

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

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

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

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

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

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

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

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

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

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

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

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

### Sexual Harassment by a Patient or Third Party

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

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

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

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

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

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

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

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

## If You Witness Sexual Harassment

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

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

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

## GUIDANCE – HOW TO MANAGE REPORTED CASES

### The Process Following a Report of Sexual Harassment

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

See Flowchart (Appendix 2)

#### Management Review (initial assessment)

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

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

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

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

This may involve:

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

See separate Management Review (initial assessment) guidance

for further information

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

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

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

### Suspension/moving an individual from their normal place of work

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

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

### Reporting Incidents Informally

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

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

State that you want to informally report an incident.

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

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

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

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

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

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

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

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

## Investigating Formally Reported Incidents

Protecting the reporter of sexual harassment must be paramount.

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

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

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

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

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

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

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

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

## Actions Following an Investigation

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

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

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

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

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

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

This may include (and not limited to):

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

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

If an individual has genuine cause to believe that an allegation made against them is false or vexatious, this should be clearly communicated during the

management review/initial assessment stage and any subsequent stages in that particular case.

## Non-Employees

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

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

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

In these circumstances NHS Wales will:

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

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

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

## Providing Support

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

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

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

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

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

## Victimisation, including when no further action is taken

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

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

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

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

## REPORTING TO STATUTORY REGULATORS

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

## POLICE INVOLVEMENT

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

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

NHS Wales HR or Workforce and OD teams routinely work with Safeguarding teams using safeguarding policies to review each case on a case-by-case basis and consider the need for escalation to relevant authorities, including the police, and

referrals are made where there is concern that the allegations may constitute a criminal act. The organisation will ensure that matters are referred to the wider authorities such as the relevant Local Authority Designated Officer and/or the relevant Local Authority Safeguarding Team where appropriate.

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

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

## EQUALITY INCLUDING WELSH LANGUAGE

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

## APPENDICES

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

Appendix 2: Draft Sexual Safety Incident Flowchart

Appendix 3: Roles and Responsibilities

Appendix 4: Further Information and Support

## REFERENCES

Sexual harassment and harassment at work technical guidance.

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

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

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

Sexual Misconduct Policy. Available at:

[NHS England Sexual Misconduct Policy](#)

ACAS sexual harassment guidance. Available at:

[ACAS sexual harassment guidance:](#)

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

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

BMA Sexual Misconduct at Work guidance. Available at:

[Sexual misconduct at work](#)

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

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

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

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

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

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

You should:

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

### **Safety of the Employee**

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

discuss with the reporter of harassment and an appropriate manager if an alternative work location would be appropriate. If the individual accused of harassment is a visitor and remains on site, you may need to contact security, and if the individual accused of harassment is an employee, you must contact your HR or Workforce and OD team for advice to coordinate escorting the individual accused of harassment from the building.

### **You should NOT:**

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

Signpost colleagues to this policy and:

- refer them to the support described in Appendix 4
- encourage them to report their concern as set out in section 7.3 above, if it has not already been reported

- make a note as soon as you can of any details of the disclosure, ensuring confidentiality is maintained. The reporter of harassment should be notified that you will make a note of the disclosure including the date and time the disclosure was made, who it was made to, what was disclosed (as much information as possible) and what immediate actions were taken

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

## [Appendix 2: Sexual Safety Incident Flowchart](#)

# Responding to Reports of Sexual Harassment Flowchart



An individual discloses that they are a victim of or have witnessed sexual harassment or sexual misconduct

Are there safeguarding issues?  
**If you believe someone is in danger, dial 999**  
For guidance, signpost colleagues to your sexual harassment intranet resources.

! Even if the individual does not want to report, there may be safeguarding issues that require the disclosure to be reported.  
**Ask your Safeguarding team for advice.**

ENSURE THE PERSON IS SAFE

Does the person want to report the incident(s)?

Yes

No

Informal Action

Go to **2**

**1**

# DISCLOSURE

! Remember:  
Incidents can be reported at a later date.  
**There is no time limit to report.**  
Concerns can be reported anonymously via the Speaking Up Safely platform.  
Please refer to the Anti-Sexual Harassment Policy and your sexual harassment intranet resources.

**Informal Action** can take place without an investigation.  
The person receiving the informal report should listen to the complainant to understand how best they can help them.  
To resolve the issue informally and in a way with which the complainant is most comfortable having considered the actions listed in section 7.6.3 of the policy.  
Informal action may not be appropriate or may not work in many cases.

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

## 2 REPORT

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

Incidents can be formally reported to:

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

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

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

Remember:  
Colleagues can also report completely anonymously.  
See your local Speaking Up Safely information.

Go to **3**



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

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

## Management Review (Initial Assessment)

# 3

# NEXT STEPS

No Further Action

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

Police Investigation

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

Investigation

If deemed appropriate, a formal investigation is commissioned.

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

FORMAL ACTION

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

INFORMAL ACTION

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

COMPLAINT NOT UPHeld

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

## Appendix 3 – Roles and Responsibilities

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

investigating officer and disciplinary panel hearing

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

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

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

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

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

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

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

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

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

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

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

## Appendix 4: Further Information and Support

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

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

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

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

### **Trade Union representatives**

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

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

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

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

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

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

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

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

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

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

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

### **Equality and Human Rights Commission Technical Guidance**

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

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

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

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

**Unison sexual Harassment Guidance**: Guidance and model policy

**Wales TUC Sexual harassment Toolkit**: Guidance and toolkit

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

**Men's Advice Line** The Helpline for male victims of domestic abuse

0808 801 0327

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

0800 7318 147

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

## Annex 10 - SAS staff in post, Starters, and Leavers – Jun 22 to May 25

### SAS staff in post by grade – June 2022 – December 2022

#### MC41 - Associate Specialist

| Organisation                     | Jun-22     |               | Jul-22     |               | Aug-22     |               | Sep-22     |               | Oct-22     |               | Nov-22     |               | Dec-22     |               |
|----------------------------------|------------|---------------|------------|---------------|------------|---------------|------------|---------------|------------|---------------|------------|---------------|------------|---------------|
|                                  | Headcount  | FTE           | Headcount  | FTE           | Headcount  | FTE           | Headcount  | FTE           | Headcount  | FTE           | Headcount  | FTE           | Headcount  | FTE           |
| ANEURIN BEVAN UNIVERSITY LHB     | 22         | 20.10         | 22         | 20.10         | 22         | 20.10         | 22         | 20.10         | 22         | 20.10         | 22         | 20.10         | 21         | 19.10         |
| BETSI CADWALADR UNIVERSITY LHB   | 46         | 40.42         | 46         | 40.42         | 46         | 40.42         | 46         | 40.42         | 44         | 38.74         | 44         | 38.74         | 43         | 37.79         |
| CARDIFF AND VALE UNIVERSITY LHB  | 12         | 9.29          | 12         | 9.29          | 12         | 9.29          | 12         | 9.29          | 12         | 9.39          | 12         | 9.39          | 12         | 9.39          |
| CWM TAF MORGANNWG UNIVERSITY LHB | 36         | 30.70         | 34         | 29.30         | 34         | 29.30         | 34         | 29.10         | 34         | 29.10         | 34         | 29.10         | 33         | 28.55         |
| HYWEL DDA UNIVERSITY LHB         | 27         | 25.65         | 27         | 25.65         | 26         | 24.70         | 26         | 24.70         | 26         | 24.70         | 26         | 24.70         | 26         | 24.70         |
| POWYS TEACHING LHB               | 1          | 1.00          | 1          | 1.00          | 1          | 1.00          | 1          | 1.00          | 1          | 1.00          | 1          | 1.00          | 1          | 1.00          |
| PUBLIC HEALTH WALES NHS TRUST    | 2          | 0.70          | 2          | 0.70          | 2          | 0.70          | 1          | 0.20          | 1          | 0.20          | 1          | 0.20          | 1          | 0.20          |
| SWANSEA BAY UNIVERSITY LHB       | 30         | 27.10         | 29         | 26.80         | 28         | 25.80         | 28         | 25.80         | 28         | 25.80         | 28         | 25.30         | 27         | 24.30         |
| VELINDRE UNIVERSITY NHS TRUST    |            |               |            |               |            |               |            |               |            |               |            |               |            |               |
| <b>Total</b>                     | <b>176</b> | <b>154.96</b> | <b>173</b> | <b>153.26</b> | <b>171</b> | <b>151.31</b> | <b>170</b> | <b>150.61</b> | <b>168</b> | <b>149.03</b> | <b>168</b> | <b>148.53</b> | <b>164</b> | <b>145.03</b> |

#### MC46 - Specialty Doctor

| Organisation                     | Jun-22     |               | Jul-22     |               | Aug-22     |               | Sep-22     |               | Oct-22     |               | Nov-22     |               | Dec-22     |               |
|----------------------------------|------------|---------------|------------|---------------|------------|---------------|------------|---------------|------------|---------------|------------|---------------|------------|---------------|
|                                  | Headcount  | FTE           | Headcount  | FTE           | Headcount  | FTE           | Headcount  | FTE           | Headcount  | FTE           | Headcount  | FTE           | Headcount  | FTE           |
| ANEURIN BEVAN UNIVERSITY LHB     | 57         | 50.30         | 57         | 50.50         | 52         | 46.00         | 53         | 46.30         | 51         | 44.50         | 51         | 44.55         | 51         | 44.75         |
| BETSI CADWALADR UNIVERSITY LHB   | 124        | 110.97        | 120        | 108.27        | 112        | 100.27        | 107        | 96.18         | 105        | 95.08         | 105        | 95.08         | 103        | 93.08         |
| CARDIFF AND VALE UNIVERSITY LHB  | 47         | 24.67         | 45         | 22.57         | 46         | 23.57         | 46         | 23.87         | 46         | 23.47         | 46         | 23.47         | 45         | 22.37         |
| CWM TAF MORGANNWG UNIVERSITY LHB | 121        | 114.15        | 122        | 115.15        | 116        | 109.15        | 111        | 104.05        | 109        | 102.25        | 108        | 101.25        | 108        | 101.25        |
| HYWEL DDA UNIVERSITY LHB         | 82         | 77.20         | 81         | 76.20         | 78         | 73.20         | 78         | 73.20         | 77         | 72.20         | 77         | 72.20         | 75         | 70.20         |
| POWYS TEACHING LHB               | 4          | 1.75          | 4          | 1.75          | 4          | 1.75          | 4          | 1.75          | 4          | 1.75          | 4          | 1.75          | 4          | 1.75          |
| PUBLIC HEALTH WALES NHS TRUST    |            |               |            |               |            |               |            |               | 1          | 1.00          | 1          | 1.00          | 1          | 1.00          |
| SWANSEA BAY UNIVERSITY LHB       | 33         | 29.70         | 31         | 27.70         | 29         | 25.70         | 29         | 25.70         | 28         | 24.70         | 27         | 23.70         | 27         | 23.70         |
| VELINDRE UNIVERSITY NHS TRUST    | 4          | 2.70          | 4          | 2.70          | 5          | 3.70          | 5          | 3.70          | 5          | 3.70          | 4          | 2.70          | 4          | 2.70          |
| <b>Total</b>                     | <b>472</b> | <b>411.43</b> | <b>464</b> | <b>404.83</b> | <b>442</b> | <b>383.33</b> | <b>433</b> | <b>374.74</b> | <b>426</b> | <b>368.64</b> | <b>423</b> | <b>365.69</b> | <b>418</b> | <b>360.79</b> |

#### MC70 - Specialist Grade

| Organisation                     | Jun-22    |             | Jul-22    |             | Aug-22    |              | Sep-22    |              | Oct-22    |              | Nov-22    |              | Dec-22    |              |
|----------------------------------|-----------|-------------|-----------|-------------|-----------|--------------|-----------|--------------|-----------|--------------|-----------|--------------|-----------|--------------|
|                                  | Headcount | FTE         | Headcount | FTE         | Headcount | FTE          | Headcount | FTE          | Headcount | FTE          | Headcount | FTE          | Headcount | FTE          |
| ANEURIN BEVAN UNIVERSITY LHB     | 1         | 0.80        | 1         | 0.80        | 4         | 3.80         | 4         | 3.80         | 4         | 3.80         | 4         | 3.80         | 4         | 3.80         |
| BETSI CADWALADR UNIVERSITY LHB   | 5         | 5.00        | 5         | 5.00        | 6         | 6.00         | 7         | 6.80         | 10        | 9.60         | 10        | 9.60         | 10        | 9.60         |
| CARDIFF AND VALE UNIVERSITY LHB  | 4         | 2.20        | 4         | 2.20        | 4         | 2.50         | 4         | 2.50         | 4         | 2.50         | 4         | 2.50         | 4         | 2.50         |
| CWM TAF MORGANNWG UNIVERSITY LHB |           |             |           |             |           |              |           |              |           |              |           |              |           |              |
| HYWEL DDA UNIVERSITY LHB         |           |             | 1         | 1.00        | 1         | 1.00         | 1         | 1.00         | 1         | 1.00         | 1         | 1.00         | 1         | 1.00         |
| POWYS TEACHING LHB               |           |             |           |             |           |              |           |              |           |              |           |              |           |              |
| PUBLIC HEALTH WALES NHS TRUST    |           |             |           |             |           |              | 1         | 1.00         | 1         | 1.00         | 1         | 1.00         | 1         | 1.00         |
| SWANSEA BAY UNIVERSITY LHB       |           |             |           |             |           |              |           |              |           |              | 1         | 1.00         | 2         | 2.00         |
| VELINDRE UNIVERSITY NHS TRUST    |           |             |           |             |           |              |           |              |           |              |           |              |           |              |
| <b>Total</b>                     | <b>10</b> | <b>8.00</b> | <b>11</b> | <b>9.00</b> | <b>15</b> | <b>13.30</b> | <b>17</b> | <b>15.10</b> | <b>20</b> | <b>17.90</b> | <b>21</b> | <b>18.90</b> | <b>22</b> | <b>19.90</b> |

#### MC75 - Specialty Doctor 2021

| Organisation                     | Jun-22     |               | Jul-22     |               | Aug-22     |               | Sep-22     |               | Oct-22     |               | Nov-22     |               | Dec-22     |               |
|----------------------------------|------------|---------------|------------|---------------|------------|---------------|------------|---------------|------------|---------------|------------|---------------|------------|---------------|
|                                  | Headcount  | FTE           | Headcount  | FTE           | Headcount  | FTE           | Headcount  | FTE           | Headcount  | FTE           | Headcount  | FTE           | Headcount  | FTE           |
| ANEURIN BEVAN UNIVERSITY LHB     | 62         | 53.15         | 63         | 54.20         | 66         | 57.00         | 68         | 59.20         | 68         | 59.40         | 68         | 59.40         | 68         | 58.60         |
| BETSI CADWALADR UNIVERSITY LHB   | 100        | 95.55         | 99         | 94.75         | 103        | 98.75         | 107        | 102.75        | 112        | 106.85        | 115        | 109.95        | 119        | 113.75        |
| CARDIFF AND VALE UNIVERSITY LHB  | 43         | 30.65         | 48         | 34.75         | 48         | 34.75         | 50         | 36.35         | 51         | 37.25         | 52         | 37.80         | 55         | 40.40         |
| CWM TAF MORGANNWG UNIVERSITY LHB | 42         | 39.05         | 44         | 41.05         | 46         | 43.65         | 49         | 46.05         | 53         | 50.05         | 53         | 50.05         | 52         | 49.55         |
| HYWEL DDA UNIVERSITY LHB         | 86         | 84.75         | 87         | 85.75         | 92         | 91.00         | 95         | 93.60         | 100        | 97.90         | 101        | 98.90         | 94         | 91.90         |
| POWYS TEACHING LHB               |            |               |            |               |            |               |            |               |            |               |            |               |            |               |
| PUBLIC HEALTH WALES NHS TRUST    | 1          | 0.40          | 1          | 0.40          | 1          | 0.40          | 1          | 0.40          | 1          | 0.40          | 1          | 0.40          | 1          | 0.40          |
| SWANSEA BAY UNIVERSITY LHB       | 40         | 37.40         | 41         | 38.40         | 44         | 40.60         | 46         | 42.40         | 48         | 43.30         | 48         | 43.30         | 47         | 42.20         |
| VELINDRE UNIVERSITY NHS TRUST    | 9          | 8.04          | 9          | 8.04          | 8          | 7.20          | 8          | 7.20          | 8          | 7.20          | 9          | 7.80          | 9          | 7.60          |
| <b>Total</b>                     | <b>383</b> | <b>348.99</b> | <b>392</b> | <b>357.34</b> | <b>408</b> | <b>373.35</b> | <b>424</b> | <b>387.95</b> | <b>441</b> | <b>402.35</b> | <b>447</b> | <b>407.60</b> | <b>445</b> | <b>404.40</b> |

## SAS staff in post by grade – January 2023 – December 2023

### MC41 - Associate Specialist

| Organisation                     | Jan-23     |               | Feb-23     |               | Mar-23     |               | Apr-23     |               | May-23     |               | Jun-23     |               | Jul-23     |               | Aug-23     |               | Sep-23     |               | Oct-23     |               | Nov-23     |               | Dec-23     |               |
|----------------------------------|------------|---------------|------------|---------------|------------|---------------|------------|---------------|------------|---------------|------------|---------------|------------|---------------|------------|---------------|------------|---------------|------------|---------------|------------|---------------|------------|---------------|
|                                  | Headcount  | FTE           | Headcount  | FTE           | Headcount  | FTE           | Headcount  | FTE           | Headcount  | FTE           | Headcount  | FTE           | Headcount  | FTE           | Headcount  | FTE           | Headcount  | FTE           | Headcount  | FTE           | Headcount  | FTE           | Headcount  | FTE           |
| ANEURIN BEVAN UNIVERSITY LHB     | 21         | 18.90         | 22         | 19.90         | 22         | 19.90         | 22         | 19.90         | 22         | 19.70         | 22         | 19.70         | 22         | 19.70         | 22         | 19.70         | 21         | 19.40         | 21         | 19.40         | 21         | 19.40         | 21         | 19.40         |
| BETSI CADWALADR UNIVERSITY LHB   | 43         | 37.69         | 43         | 37.69         | 43         | 37.69         | 42         | 36.60         | 42         | 36.60         | 42         | 36.69         | 43         | 37.69         | 41         | 36.29         | 40         | 35.29         | 40         | 35.19         | 40         | 35.19         | 40         | 35.19         |
| CARDIFF AND VALE UNIVERSITY LHB  | 12         | 9.29          | 12         | 9.29          | 12         | 9.29          | 12         | 9.29          | 12         | 9.29          | 12         | 9.29          | 12         | 9.29          | 12         | 9.29          | 12         | 9.29          | 12         | 9.09          | 12         | 9.19          | 12         | 9.09          |
| CWM TAF MORGANNWG UNIVERSITY LHB | 33         | 28.55         | 33         | 28.60         | 33         | 28.60         | 33         | 28.60         | 33         | 28.60         | 33         | 28.05         | 33         | 28.05         | 32         | 27.05         | 30         | 26.05         | 30         | 26.05         | 30         | 26.05         | 30         | 26.05         |
| HYWEL DDA UNIVERSITY LHB         | 26         | 24.70         | 26         | 24.50         | 26         | 24.50         | 26         | 24.50         | 26         | 24.50         | 26         | 24.50         | 26         | 24.50         | 25         | 23.50         | 24         | 22.50         | 25         | 23.00         | 25         | 23.00         | 25         | 23.00         |
| POWYS TEACHING LHB               |            |               |            |               |            |               |            |               |            |               |            |               |            |               |            |               |            |               |            |               |            |               |            |               |
| PUBLIC HEALTH WALES NHS TRUST    | 1          | 0.20          | 1          | 0.20          | 1          | 0.20          | 1          | 0.20          | 1          | 0.20          | 1          | 0.20          | 1          | 0.20          | 1          | 0.20          | 1          | 0.20          | 1          | 0.20          | 1          | 0.20          | 1          | 0.20          |
| SWANSEA BAY UNIVERSITY LHB       | 27         | 24.30         | 27         | 24.30         | 26         | 23.90         | 27         | 24.65         | 27         | 24.65         | 27         | 24.65         | 27         | 24.65         | 27         | 24.65         | 27         | 24.65         | 27         | 24.65         | 26         | 23.65         | 26         | 23.65         |
| VELINDRE UNIVERSITY NHS TRUST    |            |               |            |               |            |               |            |               |            |               |            |               |            |               |            |               |            |               |            |               |            |               |            |               |
| <b>Total</b>                     | <b>163</b> | <b>143.63</b> | <b>164</b> | <b>144.48</b> | <b>163</b> | <b>144.08</b> | <b>163</b> | <b>143.74</b> | <b>163</b> | <b>143.54</b> | <b>163</b> | <b>143.08</b> | <b>164</b> | <b>144.08</b> | <b>160</b> | <b>140.68</b> | <b>155</b> | <b>137.38</b> | <b>156</b> | <b>137.58</b> | <b>155</b> | <b>136.68</b> | <b>155</b> | <b>136.58</b> |

### MC46 - Specialty Doctor

| Organisation                     | Jan-23     |               | Feb-23     |               | Mar-23     |               | Apr-23     |               | May-23     |               | Jun-23     |               | Jul-23     |               | Aug-23     |               | Sep-23     |               | Oct-23     |               | Nov-23     |               | Dec-23     |               |
|----------------------------------|------------|---------------|------------|---------------|------------|---------------|------------|---------------|------------|---------------|------------|---------------|------------|---------------|------------|---------------|------------|---------------|------------|---------------|------------|---------------|------------|---------------|
|                                  | Headcount  | FTE           | Headcount  | FTE           | Headcount  | FTE           | Headcount  | FTE           | Headcount  | FTE           | Headcount  | FTE           | Headcount  | FTE           | Headcount  | FTE           | Headcount  | FTE           | Headcount  | FTE           | Headcount  | FTE           | Headcount  | FTE           |
| ANEURIN BEVAN UNIVERSITY LHB     | 51         | 44.55         | 51         | 44.55         | 49         | 43.55         | 49         | 42.50         | 48         | 41.50         | 47         | 40.40         | 46         | 39.40         | 44         | 37.40         | 44         | 37.40         | 43         | 36.40         | 38         | 31.40         | 37         | 30.40         |
| BETSI CADWALADR UNIVERSITY LHB   | 101        | 90.98         | 100        | 89.98         | 102        | 91.48         | 100        | 90.23         | 99         | 89.83         | 96         | 87.53         | 94         | 85.93         | 92         | 84.03         | 90         | 81.73         | 90         | 81.83         | 88         | 79.83         | 87         | 78.93         |
| CARDIFF AND VALE UNIVERSITY LHB  | 44         | 22.17         | 44         | 22.27         | 42         | 21.07         | 42         | 21.07         | 42         | 21.07         | 42         | 21.07         | 42         | 21.07         | 41         | 20.07         | 40         | 18.92         | 39         | 19.02         | 39         | 18.62         | 39         | 18.52         |
| CWM TAF MORGANNWG UNIVERSITY LHB | 108        | 101.25        | 105        | 97.95         | 105        | 97.25         | 102        | 94.25         | 102        | 94.05         | 102        | 94.05         | 101        | 92.65         | 99         | 90.65         | 96         | 87.65         | 96         | 87.65         | 96         | 87.65         | 95         | 87.25         |
| HYWEL DDA UNIVERSITY LHB         | 72         | 67.20         | 69         | 64.20         | 69         | 64.20         | 69         | 64.20         | 68         | 63.20         | 68         | 63.00         | 67         | 62.00         | 66         | 61.70         | 64         | 59.90         | 64         | 59.90         | 64         | 59.90         | 64         | 60.00         |
| POWYS TEACHING LHB               | 4          | 1.75          | 4          | 1.75          | 4          | 1.75          | 4          | 1.75          | 4          | 1.75          | 4          | 1.75          | 3          | 1.55          | 3          | 1.55          | 3          | 1.55          | 3          | 1.55          | 3          | 1.55          | 3          | 1.55          |
| PUBLIC HEALTH WALES NHS TRUST    | 1          | 1.00          | 1          | 1.00          | 1          | 1.00          |            |               |            |               |            |               |            |               | 1          | 0.80          | 1          | 0.80          | 1          | 0.80          | 1          | 0.80          | 1          | 0.80          |
| SWANSEA BAY UNIVERSITY LHB       | 27         | 23.70         | 26         | 23.20         | 26         | 23.20         | 26         | 23.20         | 26         | 23.00         | 26         | 23.00         | 24         | 21.40         | 23         | 20.40         | 23         | 20.40         | 23         | 20.40         | 22         | 19.40         | 22         | 19.40         |
| VELINDRE UNIVERSITY NHS TRUST    | 5          | 3.70          | 4          | 3.10          | 4          | 3.10          | 3          | 2.10          | 3          | 2.10          | 3          | 2.10          | 3          | 2.10          | 2          | 1.10          | 2          | 1.10          | 2          | 1.10          | 2          | 1.10          | 2          | 1.10          |
| <b>Total</b>                     | <b>413</b> | <b>356.29</b> | <b>404</b> | <b>347.99</b> | <b>402</b> | <b>345.59</b> | <b>395</b> | <b>339.29</b> | <b>392</b> | <b>336.49</b> | <b>388</b> | <b>332.89</b> | <b>380</b> | <b>326.09</b> | <b>370</b> | <b>316.89</b> | <b>363</b> | <b>309.44</b> | <b>361</b> | <b>308.64</b> | <b>353</b> | <b>300.24</b> | <b>350</b> | <b>297.94</b> |

### MC70 - Specialist Grade

| Organisation                     | Jan-23    |              | Feb-23    |              | Mar-23    |              | Apr-23    |              | May-23    |              | Jun-23    |              | Jul-23    |              | Aug-23    |              | Sep-23    |              | Oct-23    |              | Nov-23    |              | Dec-23    |              |
|----------------------------------|-----------|--------------|-----------|--------------|-----------|--------------|-----------|--------------|-----------|--------------|-----------|--------------|-----------|--------------|-----------|--------------|-----------|--------------|-----------|--------------|-----------|--------------|-----------|--------------|
|                                  | Headcount | FTE          | Headcount | FTE          | Headcount | FTE          | Headcount | FTE          | Headcount | FTE          | Headcount | FTE          | Headcount | FTE          | Headcount | FTE          | Headcount | FTE          | Headcount | FTE          | Headcount | FTE          | Headcount | FTE          |
| ANEURIN BEVAN UNIVERSITY LHB     | 6         | 5.60         | 6         | 5.60         | 6         | 5.60         | 6         | 6.70         | 8         | 6.70         | 9         | 7.70         | 10        | 6.70         | 13        | 11.80        | 13        | 11.80        | 13        | 11.80        | 17        | 15.80        | 18        | 16.80        |
| BETSI CADWALADR UNIVERSITY LHB   | 12        | 11.10        | 13        | 11.60        | 13        | 11.60        | 15        | 13.60        | 16        | 14.60        | 17        | 15.60        | 17        | 15.60        | 18        | 17.30        | 20        | 19.80        | 20        | 19.80        | 20        | 19.80        | 20        | 19.80        |
| CARDIFF AND VALE UNIVERSITY LHB  | 4         | 2.50         | 4         | 2.50         | 4         | 2.50         | 3         | 1.70         | 4         | 2.70         | 4         | 2.70         | 4         | 2.70         | 4         | 2.70         | 5         | 3.70         | 5         | 3.70         | 5         | 3.70         | 5         | 3.70         |
| CWM TAF MORGANNWG UNIVERSITY LHB |           |              |           |              |           |              |           |              |           |              |           |              |           |              |           |              |           |              |           |              |           |              |           |              |
| HYWEL DDA UNIVERSITY LHB         | 1         | 1.00         | 1         | 1.00         | 1         | 1.00         | 1         | 1.00         | 1         | 1.00         | 1         | 1.00         | 1         | 1.00         | 1         | 1.00         | 1         | 1.00         | 1         | 1.00         | 1         | 1.00         | 1         | 1.00         |
| POWYS TEACHING LHB               |           |              |           |              |           |              |           |              |           |              |           |              |           |              |           |              |           |              |           |              |           |              |           |              |
| PUBLIC HEALTH WALES NHS TRUST    | 1         | 1.00         | 2         | 2.00         | 3         | 3.00         | 4         | 4.00         | 4         | 4.00         | 4         | 4.00         | 4         | 4.00         | 4         | 4.00         | 4         | 4.00         | 5         | 5.00         | 5         | 5.00         | 5         | 5.00         |
| SWANSEA BAY UNIVERSITY LHB       | 4         | 4.00         | 3         | 3.00         | 4         | 4.00         | 4         | 4.00         | 4         | 4.00         | 6         | 6.00         | 7         | 7.00         | 9         | 8.65         | 9         | 8.65         | 9         | 8.65         | 8         | 7.65         | 8         | 7.65         |
| VELINDRE UNIVERSITY NHS TRUST    |           |              |           |              |           |              |           |              |           |              |           |              |           |              |           |              |           |              |           |              |           |              |           |              |
| <b>Total</b>                     | <b>28</b> | <b>25.20</b> | <b>29</b> | <b>25.70</b> | <b>31</b> | <b>27.70</b> | <b>35</b> | <b>31.00</b> | <b>37</b> | <b>33.00</b> | <b>41</b> | <b>37.00</b> | <b>43</b> | <b>39.00</b> | <b>49</b> | <b>45.45</b> | <b>51</b> | <b>47.95</b> | <b>54</b> | <b>50.55</b> | <b>57</b> | <b>53.55</b> | <b>59</b> | <b>55.55</b> |

### MC75 - Specialty Doctor 2021

| Organisation                     | Jan-23     |               | Feb-23     |               | Mar-23     |               | Apr-23     |               | May-23     |               | Jun-23     |               | Jul-23     |               | Aug-23     |               | Sep-23     |               | Oct-23     |               | Nov-23     |               | Dec-23     |               |
|----------------------------------|------------|---------------|------------|---------------|------------|---------------|------------|---------------|------------|---------------|------------|---------------|------------|---------------|------------|---------------|------------|---------------|------------|---------------|------------|---------------|------------|---------------|
|                                  | Headcount  | FTE           | Headcount  | FTE           | Headcount  | FTE           | Headcount  | FTE           | Headcount  | FTE           | Headcount  | FTE           | Headcount  | FTE           | Headcount  | FTE           | Headcount  | FTE           | Headcount  | FTE           | Headcount  | FTE           | Headcount  | FTE           |
| ANEURIN BEVAN UNIVERSITY LHB     | 67         | 57.80         | 67         | 57.80         | 67         | 57.60         | 69         | 59.60         | 69         | 59.60         | 67         | 57.60         | 67         | 57.60         | 68         | 58.60         | 69         | 59.50         | 71         | 61.50         | 69         | 59.50         | 70         | 60.50         |
| BETSI CADWALADR UNIVERSITY LHB   | 123        | 117.05        | 127        | 120.15        | 129        | 122.65        | 129        | 123.20        | 129        | 123.20        | 130        | 124.20        | 128        | 122.20        | 124        | 118.80        | 127        | 121.10        | 134        | 127.70        | 134        | 127.70        | 133        | 126.70        |
| CARDIFF AND VALE UNIVERSITY LHB  | 55         | 40.65         | 57         | 43.60         | 59         | 44.80         | 59         | 44.85         | 57         | 42.90         | 58         | 43.90         | 55         | 40.90         | 55         | 41.10         | 59         | 44.70         | 60         | 44.70         | 60         | 44.10         | 60         | 43.90         |
| CWM TAF MORGANNWG UNIVERSITY LHB | 53         | 50.55         | 59         | 59.35         | 63         | 63.25         | 69         | 69.25         | 75         | 75.25         | 77         | 77.45         | 83         | 83.45         | 82         | 82.45         | 87         | 87.45         | 90         | 87.25         | 90         | 87.25         | 89         | 86.25         |
| HYWEL DDA UNIVERSITY LHB         | 93         | 90.90         | 98         | 95.90         | 103        | 100.90        | 104        | 101.90        | 107        | 104.80        | 111        | 108.80        | 111        | 108.80        | 106        | 103.80        | 106        | 103.80        | 107        | 104.60        | 114        | 111.10        | 117        | 114.10        |
| POWYS TEACHING LHB               |            |               |            |               |            |               | 1          | 1.00          | 1          | 1.00          | 1          | 1.00          | 1          | 1.00          | 1          | 1.00          | 1          | 1.00          | 1          | 1.00          | 1          | 1.00          | 1          | 1.00          |
| PUBLIC HEALTH WALES NHS TRUST    | 1          | 0.40          | 1          | 0.40          | 1          | 0.40          | 1          | 0.40          | 1          | 0.40          | 1          | 0.40          | 1          | 0.40          | 1          | 0.40          | 1          | 0.40          | 1          | 0.40          | 1          | 0.40          | 1          | 0.40          |
| SWANSEA BAY UNIVERSITY LHB       | 45         | 40.20         | 46         | 41.20         | 46         | 42.10         | 47         | 43.10         | 46         | 42.10         | 44         | 40.10         | 44         | 40.10         | 46         | 42.30         | 47         | 43.30         | 47         | 43.30         | 47         | 43.30         | 49         | 45.30         |
| VELINDRE UNIVERSITY NHS TRUST    | 7          | 5.60          | 7          | 5.60          | 7          | 5.60          | 9          | 6.60          | 10         | 7.00          | 10         | 7.00          | 11         | 7.40          | 12         | 8.40          | 11         | 7.40          | 13         | 9.40          | 13         | 9.40          | 13         | 9.40          |
| <b>Total</b>                     | <b>444</b> | <b>403.15</b> | <b>462</b> | <b>424.00</b> | <b>475</b> | <b>437.30</b> | <b>488</b> | <b>449.90</b> | <b>495</b> | <b>456.25</b> | <b>497</b> | <b>459.05</b> | <b>503</b> | <b>464.45</b> | <b>494</b> | <b>456.25</b> | <b>503</b> | <b>464.65</b> | <b>522</b> | <b>479.45</b> | <b>528</b> | <b>483.35</b> | <b>532</b> | <b>487.15</b> |

## SAS staff in post by grade – January 2024 – December 2024

### MC41 - Associate Specialist

| Organisation                     | Jan-24    |        | Feb-24    |        | Mar-24    |        | Apr-24    |        | May-24    |        | Jun-24    |        | Jul-24    |        | Aug-24    |        | Sep-24    |        | Oct-24    |        | Nov-24    |        | Dec-24    |        |
|----------------------------------|-----------|--------|-----------|--------|-----------|--------|-----------|--------|-----------|--------|-----------|--------|-----------|--------|-----------|--------|-----------|--------|-----------|--------|-----------|--------|-----------|--------|
|                                  | Headcount | FTE    | Headcount | FTE    | Headcount | FTE    | Headcount | FTE    | Headcount | FTE    | Headcount | FTE    | Headcount | FTE    | Headcount | FTE    | Headcount | FTE    | Headcount | FTE    | Headcount | FTE    | Headcount | FTE    |
| ANEURIN BEVAN UNIVERSITY LHB     | 20        | 18.50  | 21        | 19.30  | 21        | 19.25  | 19        | 17.85  | 18        | 17.35  | 18        | 17.35  | 17        | 16.65  | 17        | 16.65  | 17        | 16.45  | 17        | 16.45  | 17        | 16.45  | 17        | 16.05  |
| BETSI CADWALADR UNIVERSITY LHB   | 40        | 34.99  | 40        | 34.99  | 40        | 34.99  | 40        | 34.57  | 40        | 34.57  | 40        | 34.57  | 41        | 35.47  | 41        | 35.57  | 40        | 34.07  | 40        | 33.87  | 40        | 33.82  | 40        | 33.82  |
| CARDIFF AND VALE UNIVERSITY LHB  | 12        | 9.09   | 12        | 9.09   | 11        | 8.99   | 11        | 8.99   | 11        | 8.99   | 11        | 8.99   | 11        | 8.99   | 11        | 8.99   | 10        | 7.99   | 10        | 7.99   | 10        | 7.89   | 10        | 7.89   |
| CWM TAF MORGANNWG UNIVERSITY LHB | 29        | 25.35  | 29        | 25.35  | 29        | 25.35  | 29        | 25.25  | 29        | 25.25  | 29        | 25.25  | 29        | 25.25  | 29        | 25.25  | 28        | 24.25  | 28        | 24.15  | 28        | 24.15  | 28        | 24.15  |
| HYWEL DDA UNIVERSITY LHB         | 25        | 22.90  | 25        | 22.90  | 25        | 22.90  | 24        | 21.87  | 24        | 21.87  | 24        | 21.87  | 24        | 21.87  | 24        | 21.87  | 24        | 21.77  | 24        | 21.77  | 23        | 21.17  | 23        | 21.17  |
| POWYS TEACHING LHB               |           |        |           |        |           |        |           |        |           |        |           |        |           |        |           |        |           |        |           |        |           |        |           |        |
| PUBLIC HEALTH WALES NHS TRUST    | 1         | 0.20   | 1         | 0.20   | 1         | 0.20   | 1         | 0.20   | 1         | 0.20   | 1         | 0.20   | 1         | 0.20   | 1         | 0.20   | 1         | 0.20   | 1         | 0.20   | 1         | 0.20   | 1         | 0.20   |
| SWANSEA BAY UNIVERSITY LHB       | 26        | 23.75  | 26        | 23.65  | 26        | 23.75  | 26        | 23.75  | 26        | 23.75  | 26        | 23.75  | 26        | 23.75  | 25        | 22.75  | 25        | 22.70  | 25        | 22.70  | 25        | 22.70  | 24        | 21.95  |
| VELINDRE UNIVERSITY NHS TRUST    |           |        |           |        |           |        |           |        |           |        |           |        |           |        |           |        |           |        |           |        |           |        |           |        |
| <b>Total</b>                     | 153       | 134.78 | 154       | 135.48 | 153       | 135.43 | 150       | 132.47 | 149       | 131.97 | 149       | 131.97 | 149       | 132.07 | 148       | 131.27 | 146       | 128.42 | 145       | 127.12 | 144       | 126.37 | 143       | 125.22 |

### MC46 - Specialty Doctor

| Organisation                     | Jan-24    |        | Feb-24    |        | Mar-24    |        | Apr-24    |        | May-24    |        | Jun-24    |        | Jul-24    |        | Aug-24    |        | Sep-24    |        | Oct-24    |        | Nov-24    |        | Dec-24    |        |
|----------------------------------|-----------|--------|-----------|--------|-----------|--------|-----------|--------|-----------|--------|-----------|--------|-----------|--------|-----------|--------|-----------|--------|-----------|--------|-----------|--------|-----------|--------|
|                                  | Headcount | FTE    | Headcount | FTE    | Headcount | FTE    | Headcount | FTE    | Headcount | FTE    | Headcount | FTE    | Headcount | FTE    | Headcount | FTE    | Headcount | FTE    | Headcount | FTE    | Headcount | FTE    | Headcount | FTE    |
| ANEURIN BEVAN UNIVERSITY LHB     | 38        | 31.40  | 39        | 32.40  | 38        | 31.40  | 37        | 30.40  | 38        | 30.90  | 37        | 30.25  | 37        | 30.25  | 36        | 29.25  | 35        | 28.35  | 35        | 28.35  | 35        | 28.05  | 35        | 28.05  |
| BETSI CADWALADR UNIVERSITY LHB   | 85        | 77.28  | 87        | 78.13  | 84        | 76.58  | 84        | 75.58  | 84        | 75.58  | 83        | 74.58  | 83        | 74.58  | 80        | 72.73  | 81        | 74.03  | 81        | 74.33  | 80        | 73.33  | 79        | 72.33  |
| CARDIFF AND VALE UNIVERSITY LHB  | 38        | 18.42  | 38        | 18.42  | 38        | 18.22  | 38        | 18.22  | 38        | 18.22  | 38        | 18.12  | 37        | 17.32  | 35        | 15.85  | 35        | 15.85  | 34        | 15.60  | 34        | 15.60  | 27        | 11.25  |
| CWM TAF MORGANNWG UNIVERSITY LHB | 92        | 84.45  | 93        | 85.45  | 92        | 84.45  | 91        | 83.45  | 91        | 83.75  | 90        | 82.35  | 88        | 80.85  | 87        | 80.75  | 86        | 79.55  | 86        | 79.55  | 86        | 79.35  | 86        | 79.35  |
| HYWEL DDA UNIVERSITY LHB         | 62        | 58.00  | 63        | 59.00  | 61        | 57.00  | 60        | 56.10  | 60        | 56.10  | 60        | 56.10  | 58        | 54.10  | 58        | 54.10  | 57        | 52.90  | 57        | 52.90  | 57        | 52.90  | 55        | 51.60  |
| POWYS TEACHING LHB               | 3         | 1.55   | 3         | 1.55   | 3         | 1.55   | 3         | 1.55   | 3         | 1.55   | 3         | 1.55   | 3         | 1.55   | 3         | 1.55   | 3         | 1.55   | 3         | 1.55   | 3         | 1.55   | 3         | 1.55   |
| PUBLIC HEALTH WALES NHS TRUST    | 1         | 0.80   | 1         | 0.80   | 1         | 0.80   | 1         | 0.80   | 1         | 0.80   | 1         | 0.80   | 1         | 0.80   | 1         | 0.80   | 1         | 0.80   | 1         | 0.80   | 1         | 0.80   | 1         | 0.80   |
| SWANSEA BAY UNIVERSITY LHB       | 21        | 18.40  | 21        | 18.40  | 21        | 18.40  | 21        | 18.40  | 21        | 18.40  | 21        | 18.40  | 21        | 18.40  | 20        | 17.50  | 19        | 16.50  | 18        | 15.70  | 17        | 14.70  | 17        | 14.70  |
| VELINDRE UNIVERSITY NHS TRUST    | 2         | 1.10   | 2         | 1.10   | 2         | 1.10   | 2         | 1.10   | 2         | 1.10   | 2         | 1.10   | 2         | 1.10   | 2         | 1.10   | 2         | 1.20   | 2         | 1.20   | 2         | 1.20   | 2         | 1.20   |
| <b>Total</b>                     | 342       | 291.39 | 347       | 295.24 | 340       | 289.49 | 337       | 285.59 | 338       | 286.39 | 335       | 283.24 | 331       | 279.74 | 324       | 275.09 | 319       | 270.73 | 318       | 270.23 | 315       | 267.48 | 305       | 260.83 |

### MC70 - Specialist Grade

| Organisation                     | Jan-24    |       | Feb-24    |       | Mar-24    |       | Apr-24    |       | May-24    |       | Jun-24    |       | Jul-24    |       | Aug-24    |       | Sep-24    |       | Oct-24    |       | Nov-24    |       | Dec-24    |       |
|----------------------------------|-----------|-------|-----------|-------|-----------|-------|-----------|-------|-----------|-------|-----------|-------|-----------|-------|-----------|-------|-----------|-------|-----------|-------|-----------|-------|-----------|-------|
|                                  | Headcount | FTE   | Headcount | FTE   | Headcount | FTE   | Headcount | FTE   | Headcount | FTE   | Headcount | FTE   | Headcount | FTE   | Headcount | FTE   | Headcount | FTE   | Headcount | FTE   | Headcount | FTE   | Headcount | FTE   |
| ANEURIN BEVAN UNIVERSITY LHB     | 20        | 18.80 | 19        | 17.80 | 21        | 19.80 | 21        | 19.80 | 23        | 21.90 | 22        | 21.90 | 23        | 21.90 | 23        | 21.90 | 23        | 21.90 | 23        | 21.90 | 23        | 21.90 | 25        | 23.90 |
| BETSI CADWALADR UNIVERSITY LHB   | 20        | 19.80 | 20        | 19.80 | 19        | 18.80 | 19        | 18.80 | 19        | 18.80 | 19        | 18.80 | 19        | 18.80 | 18        | 17.80 | 18        | 17.80 | 18        | 17.80 | 19        | 18.80 | 21        | 20.80 |
| CARDIFF AND VALE UNIVERSITY LHB  | 6         | 4.70  | 5         | 3.70  | 7         | 5.50  | 7         | 5.50  | 7         | 6.40  | 7         | 6.40  | 7         | 6.40  | 7         | 6.40  | 9         | 8.40  | 9         | 8.40  | 10        | 9.40  | 10        | 9.40  |
| CWM TAF MORGANNWG UNIVERSITY LHB | 4         | 3.10  | 3         | 2.60  | 5         | 4.10  | 8         | 6.30  | 8         | 6.30  | 8         | 6.30  | 9         | 7.30  | 9         | 7.30  | 9         | 7.30  | 11        | 9.30  | 11        | 9.30  | 12        | 10.30 |
| HYWEL DDA UNIVERSITY LHB         | 1         | 1.00  | 1         | 1.00  | 1         | 1.00  | 1         | 1.00  | 1         | 1.00  | 1         | 1.00  | 1         | 1.00  | 1         | 1.00  | 1         | 1.00  | 1         | 1.00  | 1         | 1.00  | 1         | 1.00  |
| POWYS TEACHING LHB               |           |       |           |       |           |       |           |       |           |       |           |       |           |       |           |       |           |       |           |       |           |       |           |       |
| PUBLIC HEALTH WALES NHS TRUST    | 4         | 4.00  | 5         | 5.00  | 4         | 4.00  | 4         | 4.00  | 4         | 4.00  | 4         | 4.00  | 4         | 4.00  | 4         | 4.00  | 4         | 4.00  | 4         | 4.00  | 4         | 4.00  | 5         | 5.00  |
| SWANSEA BAY UNIVERSITY LHB       | 9         | 8.65  | 8         | 7.65  | 9         | 8.65  | 9         | 8.75  | 9         | 8.75  | 9         | 8.75  | 9         | 8.75  | 10        | 9.75  | 11        | 10.75 | 11        | 10.75 | 11        | 10.55 | 11        | 10.55 |
| VELINDRE UNIVERSITY NHS TRUST    |           |       |           |       |           |       |           |       |           |       |           |       |           |       |           |       |           |       |           |       |           |       |           |       |
| <b>Total</b>                     | 64        | 60.05 | 61        | 57.55 | 66        | 61.85 | 69        | 64.15 | 71        | 67.15 | 70        | 66.15 | 72        | 68.15 | 72        | 68.15 | 75        | 71.15 | 78        | 73.95 | 83        | 78.95 | 85        | 80.95 |

### MC75 - Specialty Doctor 2021

| Organisation                     | Jan-24    |        | Feb-24    |        | Mar-24    |        | Apr-24    |        | May-24    |        | Jun-24    |        | Jul-24    |        | Aug-24    |        | Sep-24    |        | Oct-24    |        | Nov-24    |        | Dec-24    |        |
|----------------------------------|-----------|--------|-----------|--------|-----------|--------|-----------|--------|-----------|--------|-----------|--------|-----------|--------|-----------|--------|-----------|--------|-----------|--------|-----------|--------|-----------|--------|
|                                  | Headcount | FTE    | Headcount | FTE    | Headcount | FTE    | Headcount | FTE    | Headcount | FTE    | Headcount | FTE    | Headcount | FTE    | Headcount | FTE    | Headcount | FTE    | Headcount | FTE    | Headcount | FTE    | Headcount | FTE    |
| ANEURIN BEVAN UNIVERSITY LHB     | 70        | 60.00  | 71        | 61.00  | 70        | 60.00  | 71        | 60.70  | 71        | 60.40  | 71        | 60.90  | 71        | 60.70  | 74        | 63.70  | 77        | 67.50  | 78        | 68.60  | 77        | 67.70  | 76        | 66.70  |
| BETSI CADWALADR UNIVERSITY LHB   | 132       | 126.30 | 135       | 129.30 | 133       | 126.70 | 129       | 122.30 | 131       | 124.15 | 132       | 125.15 | 132       | 124.55 | 135       | 127.55 | 137       | 129.65 | 135       | 127.65 | 137       | 129.30 | 143       | 134.70 |
| CARDIFF AND VALE UNIVERSITY LHB  | 61        | 44.70  | 61        | 44.90  | 59        | 43.70  | 59        | 43.35  | 57        | 42.60  | 55        | 40.75  | 58        | 42.95  | 61        | 45.20  | 65        | 48.90  | 70        | 53.90  | 71        | 54.28  | 77        | 58.93  |
| CWM TAF MORGANNWG UNIVERSITY LHB | 93        | 89.75  | 89        | 85.65  | 90        | 86.75  | 93        | 90.15  | 93        | 89.45  | 93        | 89.45  | 96        | 92.05  | 99        | 94.65  | 101       | 96.65  | 102       | 97.65  | 103       | 98.65  | 102       | 98.25  |
| HYWEL DDA UNIVERSITY LHB         | 118       | 115.10 | 116       | 113.10 | 120       | 117.00 | 120       | 117.00 | 119       | 115.90 | 118       | 114.80 | 117       | 113.60 | 117       | 113.60 | 121       | 117.60 | 125       | 121.60 | 123       | 119.60 | 123       | 119.60 |
| POWYS TEACHING LHB               | 1         | 1.00   | 1         | 1.00   | 1         | 1.00   | 1         | 1.00   | 1         | 1.00   | 1         | 1.00   | 1         | 1.00   | 1         | 1.00   | 1         | 1.00   | 1         | 1.00   | 2         | 2.00   | 2         | 2.00   |
| PUBLIC HEALTH WALES NHS TRUST    |           |        |           |        |           |        |           |        |           |        |           |        |           |        |           |        |           |        |           |        |           |        |           |        |
| SWANSEA BAY UNIVERSITY LHB       | 49        | 45.90  | 50        | 46.80  | 48        | 44.90  | 49        | 45.90  | 50        | 46.90  | 49        | 46.70  | 50        | 47.30  | 51        | 48.20  | 54        | 50.80  | 53        | 50.40  | 55        | 52.30  | 55        | 52.30  |
| VELINDRE UNIVERSITY NHS TRUST    | 14        | 10.40  | 13        | 9.40   | 14        | 10.40  | 14        | 10.40  | 14        | 10.40  | 15        | 11.40  | 14        | 10.40  | 13        | 9.20   | 13        | 9.50   | 12        | 8.50   | 12        | 8.50   | 12        | 8.50   |
| <b>Total</b>                     | 538       | 493.15 | 536       | 491.15 | 535       | 490.45 | 536       | 490.80 | 536       | 490.80 | 534       | 490.15 | 539       | 492.55 | 551       | 503.10 | 569       | 521.60 | 576       | 529.30 | 581       | 533.33 | 591       | 541.98 |

## SAS staff in post by grade – January 2025 – May 2025

### MC41 - Associate Specialist

| Organisation                     | Jan-25     |               | Feb-25     |               | Mar-25     |               | Apr-25     |                 | May-25     |                  |
|----------------------------------|------------|---------------|------------|---------------|------------|---------------|------------|-----------------|------------|------------------|
|                                  | Headcount  | FTE           | Headcount  | FTE           | Headcount  | FTE           | Headcount  | FTE             | Headcount  | FTE              |
| ANEURIN BEVAN UNIVERSITY LHB     | 16         | 15.45         | 16         | 15.45         | 16         | 15.45         | 16         | 15.45           | 16         | 15.45            |
| BETSI CADWALADR UNIVERSITY LHB   | 40         | 33.62         | 40         | 33.62         | 40         | 33.52         | 38         | 31.42818        | 38         | 31.42818         |
| CARDIFF AND VALE UNIVERSITY LHB  | 10         | 7.89          | 10         | 7.79          | 10         | 8.04          | 10         | 8.04            | 10         | 8.04             |
| CWM TAF MORGANNWG UNIVERSITY LHB | 28         | 24.15         | 28         | 24.15         | 28         | 24.15         | 28         | 23.75           | 28         | 23.7             |
| HYWEL DDA UNIVERSITY LHB         | 23         | 21.17         | 23         | 21.17         | 23         | 21.17         | 23         | 20.965          | 22         | 19.965           |
| POWYS TEACHING LHB               |            |               |            |               |            |               |            |                 |            |                  |
| PUBLIC HEALTH WALES NHS TRUST    | 1          | 0.20          | 1          | 0.20          | 1          | 0.20          | 1          | 0.2             | 1          | 0.2              |
| SWANSEA BAY UNIVERSITY LHB       | 23         | 21.05         | 23         | 21.05         | 23         | 20.95         | 23         | 21              | 23         | 20.85            |
| VELINDRE UNIVERSITY NHS TRUST    |            |               |            |               |            |               |            |                 |            |                  |
| <b>Total</b>                     | <b>141</b> | <b>123.52</b> | <b>141</b> | <b>123.42</b> | <b>141</b> | <b>123.47</b> | <b>139</b> | <b>120.8332</b> | <b>138</b> | <b>119.63318</b> |

### MC46 - Specialty Doctor

| Organisation                     | Jan-25     |               | Feb-25     |               | Mar-25     |                | Apr-25     |                | May-25     |                |
|----------------------------------|------------|---------------|------------|---------------|------------|----------------|------------|----------------|------------|----------------|
|                                  | Headcount  | FTE           | Headcount  | FTE           | Headcount  | FTE            | Headcount  | FTE            | Headcount  | FTE            |
| ANEURIN BEVAN UNIVERSITY LHB     | 35         | 28.05         | 35         | 28.25         | 34         | 27.75          | 32         | 26.05          | 28         | 22.7           |
| BETSI CADWALADR UNIVERSITY LHB   | 78         | 71.13         | 77         | 70.13         | 76         | 69.03          | 75         | 68.33          | 75         | 68.33          |
| CARDIFF AND VALE UNIVERSITY LHB  | 27         | 11.25         | 27         | 11.25         | 27         | 11.25          | 27         | 11.225         | 27         | 11.225         |
| CWM TAF MORGANNWG UNIVERSITY LHB | 86         | 79.35         | 79         | 73.35         | 68         | 62.05          | 62         | 56.85          | 60         | 55.05          |
| HYWEL DDA UNIVERSITY LHB         | 52         | 48.50         | 48         | 45.10         | 46         | 43.3           | 45         | 42.3           | 45         | 42.3           |
| POWYS TEACHING LHB               | 3          | 1.55          | 4          | 2.55          | 4          | 2.546          | 5          | 3.346          | 4          | 2.546          |
| PUBLIC HEALTH WALES NHS TRUST    | 1          | 0.80          | 1          | 0.80          | 1          | 0.8            | 1          | 0.8            | 1          | 0.8            |
| SWANSEA BAY UNIVERSITY LHB       | 16         | 13.70         | 16         | 13.70         | 16         | 13.7           | 16         | 13.7           | 16         | 13.7           |
| VELINDRE UNIVERSITY NHS TRUST    | 2          | 1.20          | 2          | 1.20          | 2          | 1.2            | 1          | 0.2            | 1          | 0.2            |
| <b>Total</b>                     | <b>300</b> | <b>255.53</b> | <b>289</b> | <b>246.33</b> | <b>274</b> | <b>231.626</b> | <b>264</b> | <b>222.801</b> | <b>257</b> | <b>216.851</b> |

### MC70 - Specialist Grade

| Organisation                     | Jan-25    |              | Feb-25    |              | Mar-25    |              | Apr-25    |              | May-25    |              |
|----------------------------------|-----------|--------------|-----------|--------------|-----------|--------------|-----------|--------------|-----------|--------------|
|                                  | Headcount | FTE          | Headcount | FTE          | Headcount | FTE          | Headcount | FTE          | Headcount | FTE          |
| ANEURIN BEVAN UNIVERSITY LHB     | 25        | 23.90        | 25        | 23.90        | 26        | 24.90        | 26        | 24.9         | 27        | 25.9         |
| BETSI CADWALADR UNIVERSITY LHB   | 23        | 22.80        | 23        | 22.80        | 22        | 21.80        | 24        | 23.6         | 24        | 23.6         |
| CARDIFF AND VALE UNIVERSITY LHB  | 10        | 9.40         | 10        | 9.40         | 10        | 9.40         | 10        | 9.4          | 10        | 9.4          |
| CWM TAF MORGANNWG UNIVERSITY LHB | 12        | 10.10        | 13        | 10.90        | 13        | 10.70        | 13        | 10.7         | 13        | 10.7         |
| HYWEL DDA UNIVERSITY LHB         | 1         | 1.00         | 1         | 1.00         | 2         | 2.00         | 3         | 3            | 3         | 3            |
| POWYS TEACHING LHB               |           |              |           |              |           |              |           |              |           |              |
| PUBLIC HEALTH WALES NHS TRUST    | 5         | 5.00         | 4         | 4.00         | 4         | 4.00         | 3         | 3            | 3         | 3            |
| SWANSEA BAY UNIVERSITY LHB       | 11        | 10.55        | 11        | 10.55        | 11        | 10.55        | 12        | 11.55        | 13        | 12.35        |
| VELINDRE UNIVERSITY NHS TRUST    |           |              |           |              |           |              |           |              |           |              |
| <b>Total</b>                     | <b>87</b> | <b>82.75</b> | <b>87</b> | <b>82.55</b> | <b>88</b> | <b>83.35</b> | <b>91</b> | <b>86.15</b> | <b>93</b> | <b>87.95</b> |

### MC75 - Specialty Doctor 2021

| Organisation                     | Jan-25     |               | Feb-25     |               | Mar-25     |               | Apr-25     |                | May-25     |                |
|----------------------------------|------------|---------------|------------|---------------|------------|---------------|------------|----------------|------------|----------------|
|                                  | Headcount  | FTE           | Headcount  | FTE           | Headcount  | FTE           | Headcount  | FTE            | Headcount  | FTE            |
| ANEURIN BEVAN UNIVERSITY LHB     | 76         | 66.90         | 77         | 68.10         | 79         | 70.10         | 82         | 72.3           | 84         | 73.9           |
| BETSI CADWALADR UNIVERSITY LHB   | 143        | 134.70        | 143        | 135.10        | 143        | 135.10        | 144        | 135.7          | 151        | 142            |
| CARDIFF AND VALE UNIVERSITY LHB  | 80         | 60.73         | 84         | 65.37         | 83         | 64.77         | 83         | 64.965         | 82         | 63.565         |
| CWM TAF MORGANNWG UNIVERSITY LHB | 101        | 97.00         | 109        | 104.00        | 121        | 116.40        | 122        | 117.2          | 121        | 116            |
| HYWEL DDA UNIVERSITY LHB         | 130        | 126.60        | 134        | 130.00        | 138        | 133.30        | 137        | 132.3          | 142        | 137.2          |
| POWYS TEACHING LHB               | 2          | 2.00          | 2          | 2.00          | 2          | 2.00          | 2          | 2              | 3          | 2.8            |
| PUBLIC HEALTH WALES NHS TRUST    | 1          | 1.00          | 2          | 2.00          | 2          | 2.00          | 2          | 2              | 2          | 2              |
| SWANSEA BAY UNIVERSITY LHB       | 57         | 54.30         | 57         | 54.30         | 57         | 54.30         | 59         | 56.3           | 59         | 56.2           |
| VELINDRE UNIVERSITY NHS TRUST    | 11         | 8.30          | 10         | 6.90          | 10         | 7.10          | 12         | 9.1            | 13         | 10.1           |
| <b>Total</b>                     | <b>601</b> | <b>551.53</b> | <b>617</b> | <b>567.77</b> | <b>634</b> | <b>585.07</b> | <b>643</b> | <b>591.865</b> | <b>657</b> | <b>603.765</b> |

## SAS Starters by grade – June 2022 to December 2022

### MC70 - Specialist Grade

| Organisation                     | Jun-22    |     | Jul-22    |     | Aug-22    |     | Sep-22    |     | Oct-22    |     | Nov-22    |     | Dec-22    |     |
|----------------------------------|-----------|-----|-----------|-----|-----------|-----|-----------|-----|-----------|-----|-----------|-----|-----------|-----|
|                                  | Headcount | FTE | Headcount | FTE | Headcount | FTE | Headcount | FTE | Headcount | FTE | Headcount | FTE | Headcount | FTE |
| ANEURIN BEVAN UNIVERSITY LHB     |           |     |           |     |           |     |           |     |           |     |           |     |           |     |
| BETSI CADWALADR UNIVERSITY LHB   |           |     |           |     |           |     |           |     |           |     |           |     |           |     |
| CARDIFF AND VALE UNIVERSITY LHB  |           |     |           |     |           |     |           |     |           |     |           |     |           |     |
| CWM TAF MORGANNWG UNIVERSITY LHB |           |     |           |     |           |     |           |     |           |     |           |     |           |     |
| HYWEL DDA UNIVERSITY LHB         |           |     |           |     |           |     |           |     |           |     |           |     |           |     |
| POWYS TEACHING LHB               |           |     |           |     |           |     |           |     |           |     |           |     |           |     |
| PUBLIC HEALTH WALES NHS TRUST    |           |     |           |     |           |     |           |     |           |     |           |     |           |     |
| SWANSEA BAY UNIVERSITY LHB       |           |     |           |     |           |     |           |     |           |     |           |     |           |     |
| VELINDRE UNIVERSITY NHS TRUST    |           |     |           |     |           |     |           |     |           |     |           |     |           |     |
| Total                            |           |     |           |     |           |     |           |     |           |     |           |     |           |     |

### MC75 - Specialty Doctor 2021

| Organisation                     | Jun-22    |      | Jul-22    |      | Aug-22    |       | Sep-22    |       | Oct-22    |       | Nov-22    |       | Dec-22    |      |
|----------------------------------|-----------|------|-----------|------|-----------|-------|-----------|-------|-----------|-------|-----------|-------|-----------|------|
|                                  | Headcount | FTE  | Headcount | FTE  | Headcount | FTE   | Headcount | FTE   | Headcount | FTE   | Headcount | FTE   | Headcount | FTE  |
| ANEURIN BEVAN UNIVERSITY LHB     | 1         | 1.00 | 2         | 2.00 | 3         | 3.00  | 2         | 2.00  |           |       | 1         | 1.00  | 2         | 1.20 |
| BETSI CADWALADR UNIVERSITY LHB   | 1         | 1.00 | 2         | 2.00 | 2         | 2.00  | 3         | 3.00  | 6         | 5.50  | 5         | 4.70  |           |      |
| CARDIFF AND VALE UNIVERSITY LHB  | 2         | 1.40 | 2         | 1.20 |           |       | 2         | 1.40  | 1         | 1.00  |           |       | 1         | 1.00 |
| CWM TAF MORGANNWG UNIVERSITY LHB |           |      | 1         | 1.00 | 1         | 1.00  | 4         | 3.40  | 1         | 1.00  | 1         | 1.00  | 1         | 1.00 |
| HYWEL DDA UNIVERSITY LHB         | 2         | 2.00 | 3         | 3.00 | 5         | 5.00  | 5         | 4.80  | 4         | 3.50  | 3         | 3.00  | 1         | 1.00 |
| POWYS TEACHING LHB               |           |      |           |      |           |       |           |       |           |       |           |       |           |      |
| PUBLIC HEALTH WALES NHS TRUST    |           |      |           |      |           |       |           |       |           |       |           |       |           |      |
| SWANSEA BAY UNIVERSITY LHB       | 1         | 1.00 |           |      | 1         | 1.00  | 1         | 1.00  | 1         | 1.00  |           |       |           |      |
| VELINDRE UNIVERSITY NHS TRUST    |           |      |           |      | 1         | 1.00  |           |       |           |       | 1         | 0.60  |           |      |
| Total                            | 7         | 6.40 | 10        | 9.20 | 13        | 13.00 | 17        | 15.60 | 13        | 12.00 | 11        | 10.30 | 5         | 4.20 |

## SAS Leavers by grade – June 2022 to December 2022

### MC41 - Associate Specialist

| Organisation                     | Jun-22    |      | Jul-22    |      | Aug-22    |      | Sep-22    |      | Oct-22    |     | Nov-22    |      | Dec-22    |      |
|----------------------------------|-----------|------|-----------|------|-----------|------|-----------|------|-----------|-----|-----------|------|-----------|------|
|                                  | Headcount | FTE  | Headcount | FTE  | Headcount | FTE  | Headcount | FTE  | Headcount | FTE | Headcount | FTE  | Headcount | FTE  |
| ANEURIN BEVAN UNIVERSITY LHB     |           |      |           |      |           |      |           |      |           |     | 1         | 1.00 |           |      |
| BETSI CADWALADR UNIVERSITY LHB   |           |      |           |      |           |      | 1         | 0.68 |           |     | 1         | 1.00 |           |      |
| CARDIFF AND VALE UNIVERSITY LHB  |           |      |           |      |           |      |           |      |           |     |           |      |           |      |
| CWM TAF MORGANNWG UNIVERSITY LHB | 2         | 1.40 |           |      |           |      |           |      |           |     | 1         | 0.55 |           |      |
| HYWEL DDA UNIVERSITY LHB         |           |      | 1         | 0.95 |           |      |           |      |           |     |           |      |           |      |
| POWYS TEACHING LHB               |           |      |           |      |           |      |           |      |           |     |           |      | 1         | 1.00 |
| PUBLIC HEALTH WALES NHS TRUST    |           |      |           |      | 1         | 0.50 |           |      |           |     |           |      |           |      |
| SWANSEA BAY UNIVERSITY LHB       | 1         | 0.30 | 1         | 1.00 |           |      |           |      |           |     | 1         | 1.00 |           |      |
| VELINDRE UNIVERSITY NHS TRUST    |           |      |           |      |           |      |           |      |           |     |           |      |           |      |
| Total                            | 3         | 1.70 | 2         | 1.95 | 1         | 0.50 | 1         | 0.68 |           |     | 4         | 3.55 | 1         | 1.00 |

### MC46 - Specialty Doctor

| Organisation                     | Jun-22    |      | Jul-22    |      | Aug-22    |      | Sep-22    |      | Oct-22    |      | Nov-22    |      | Dec-22    |      |
|----------------------------------|-----------|------|-----------|------|-----------|------|-----------|------|-----------|------|-----------|------|-----------|------|
|                                  | Headcount | FTE  | Headcount | FTE  | Headcount | FTE  | Headcount | FTE  | Headcount | FTE  | Headcount | FTE  | Headcount | FTE  |
| ANEURIN BEVAN UNIVERSITY LHB     | 1         | 0.80 | 1         | 0.50 |           |      |           |      |           |      |           |      |           |      |
| BETSI CADWALADR UNIVERSITY LHB   | 3         | 1.70 | 1         | 1.00 | 2         | 1.40 | 2         | 1.10 |           |      | 2         | 2.00 | 1         | 1.00 |
| CARDIFF AND VALE UNIVERSITY LHB  |           |      |           |      |           |      |           |      |           |      | 1         | 0.50 |           |      |
| CWM TAF MORGANNWG UNIVERSITY LHB |           |      | 3         | 3.00 | 2         | 2.00 |           |      | 1         | 1.00 |           |      |           |      |
| HYWEL DDA UNIVERSITY LHB         | 1         | 1.00 | 1         | 1.00 |           |      | 1         | 1.00 |           |      | 1         | 1.00 | 1         | 1.00 |
| POWYS TEACHING LHB               |           |      |           |      |           |      |           |      |           |      |           |      |           |      |
| PUBLIC HEALTH WALES NHS TRUST    |           |      |           |      |           |      |           |      |           |      |           |      |           |      |
| SWANSEA BAY UNIVERSITY LHB       |           |      | 1         | 1.00 |           |      |           |      |           |      |           |      |           |      |
| VELINDRE UNIVERSITY NHS TRUST    |           |      |           |      |           |      |           |      | 1         | 1.00 |           |      |           |      |
| Total                            | 5         | 3.50 | 7         | 6.50 | 4         | 3.40 | 3         | 2.10 | 2         | 2.00 | 4         | 3.50 | 2         | 2.00 |

## SAS Starters by grade – January 2023 to December 2023

MC70 - Specialist Grade

| Organisation                     | Jan-23    |             | Feb-23    |             | Mar-23    |             | Apr-23    |             | May-23    |             | Jun-23    |             | Jul-23    |             | Aug-23    |             | Sep-23    |             | Oct-23    |             | Nov-23    |             | Dec-23    |             |
|----------------------------------|-----------|-------------|-----------|-------------|-----------|-------------|-----------|-------------|-----------|-------------|-----------|-------------|-----------|-------------|-----------|-------------|-----------|-------------|-----------|-------------|-----------|-------------|-----------|-------------|
|                                  | Headcount | FTE         | Headcount | FTE         | Headcount | FTE         | Headcount | FTE         | Headcount | FTE         | Headcount | FTE         | Headcount | FTE         | Headcount | FTE         | Headcount | FTE         | Headcount | FTE         | Headcount | FTE         | Headcount | FTE         |
| ANEURIN BEVAN UNIVERSITY LHB     |           |             |           |             |           |             | 1         | 0.70        |           |             |           |             |           |             |           |             |           |             |           |             |           |             |           |             |
| BETS CADWALADR UNIVERSITY LHB    |           |             |           |             |           |             |           |             | 1         | 1.00        |           |             |           |             |           |             |           |             |           |             |           |             |           |             |
| CARDIFF AND VALE UNIVERSITY LHB  |           |             |           |             |           |             |           |             |           |             |           |             |           |             |           |             |           |             |           |             |           |             |           |             |
| CWM TAF MORGANNWG UNIVERSITY LHB |           |             |           |             |           |             |           |             |           |             |           |             |           |             |           |             |           |             |           |             |           |             |           |             |
| HYWEL DDA UNIVERSITY LHB         |           |             |           |             |           |             |           |             |           |             |           |             |           |             |           |             |           |             |           |             |           |             |           |             |
| POWYS TEACHING LHB               |           |             |           |             |           |             |           |             |           |             |           |             |           |             |           |             |           |             |           |             |           |             |           |             |
| PUBLIC HEALTH WALES NHS TRUST    |           |             |           |             |           |             |           |             |           |             |           |             |           |             |           |             |           |             |           |             |           |             |           |             |
| SWANSEA BAY UNIVERSITY LHB       | 1         | 1.00        |           |             | 1         | 1.00        |           |             |           |             |           |             |           |             |           |             |           |             |           |             |           |             |           |             |
| VELINDRE UNIVERSITY NHS TRUST    |           |             |           |             |           |             |           |             |           |             |           |             |           |             |           |             |           |             |           |             |           |             |           |             |
| <b>Total</b>                     | <b>1</b>  | <b>1.00</b> | <b>1</b>  | <b>1.00</b> | <b>1</b>  | <b>1.00</b> | <b>1</b>  | <b>0.70</b> | <b>1</b>  | <b>1.00</b> | <b>1</b>  | <b>1.00</b> | <b>1</b>  | <b>0.80</b> | <b>1</b>  | <b>1.00</b> | <b>1</b>  | <b>1.00</b> | <b>1</b>  | <b>1.00</b> | <b>1</b>  | <b>1.00</b> | <b>1</b>  | <b>1.00</b> |

MC75 - Specialty Doctor 2021

| Organisation                     | Jan-23    |             | Feb-23    |              | Mar-23    |              | Apr-23    |             | May-23    |             | Jun-23    |             | Jul-23    |              | Aug-23    |             | Sep-23    |              | Oct-23    |              | Nov-23    |             | Dec-23    |             |      |
|----------------------------------|-----------|-------------|-----------|--------------|-----------|--------------|-----------|-------------|-----------|-------------|-----------|-------------|-----------|--------------|-----------|-------------|-----------|--------------|-----------|--------------|-----------|-------------|-----------|-------------|------|
|                                  | Headcount | FTE         | Headcount | FTE          | Headcount | FTE          | Headcount | FTE         | Headcount | FTE         | Headcount | FTE         | Headcount | FTE          | Headcount | FTE         | Headcount | FTE          | Headcount | FTE          | Headcount | FTE         | Headcount | FTE         |      |
| ANEURIN BEVAN UNIVERSITY LHB     | 1         | 1.00        |           |              |           |              | 1         | 1.00        |           |             |           |             | 1         | 1.00         |           |             |           |              |           |              |           | 1           | 1.00      | 1           | 1.00 |
| BETS CADWALADR UNIVERSITY LHB    | 5         | 4.80        | 5         | 4.60         | 5         | 5.00         | 3         | 3.00        | 1         | 0.60        | 1         | 1.00        | 3         | 3.00         | 5         | 5.00        | 4         | 3.60         | 7         | 6.60         | 1         | 1.00        | 1         | 1.00        |      |
| CARDIFF AND VALE UNIVERSITY LHB  |           |             | 2         | 2.00         | 1         | 0.20         |           |             |           |             |           |             | 1         | 1.00         | 1         | 1.00        | 1         | 1.00         | 1         | 0.60         | 1         | 0.20        |           |             |      |
| CWM TAF MORGANNWG UNIVERSITY LHB | 2         | 2.00        | 3         | 2.80         | 2         | 2.00         | 2         | 2.00        | 3         | 3.00        | 3         | 2.80        | 5         | 5.00         |           |             | 6         | 6.00         | 2         | 1.80         |           |             |           |             |      |
| HYWEL DDA UNIVERSITY LHB         | 1         | 1.00        | 7         | 7.00         | 5         | 5.00         | 1         | 1.00        | 4         | 3.90        | 5         | 5.00        | 1         | 1.00         | 2         | 2.00        | 4         | 4.00         | 5         | 4.80         | 5         | 4.50        | 3         | 3.00        |      |
| POWYS TEACHING LHB               |           |             |           |              |           |              |           |             |           |             |           |             |           |              |           |             |           |              |           |              |           |             |           |             |      |
| PUBLIC HEALTH WALES NHS TRUST    |           |             |           |              |           |              |           |             |           |             |           |             |           |              |           |             |           |              |           |              |           |             |           |             |      |
| SWANSEA BAY UNIVERSITY LHB       |           |             |           |              |           |              | 1         | 1.00        |           |             |           |             |           |              |           |             |           |              |           |              |           |             |           |             |      |
| VELINDRE UNIVERSITY NHS TRUST    |           |             |           |              |           |              | 1         | 0.00        |           |             |           |             | 1         | 0.40         |           |             | 1         | 1.00         |           |              |           |             |           | 1           | 1.00 |
| <b>Total</b>                     | <b>9</b>  | <b>8.80</b> | <b>17</b> | <b>16.40</b> | <b>13</b> | <b>12.20</b> | <b>9</b>  | <b>8.00</b> | <b>8</b>  | <b>7.50</b> | <b>9</b>  | <b>8.80</b> | <b>12</b> | <b>11.40</b> | <b>9</b>  | <b>9.00</b> | <b>16</b> | <b>15.60</b> | <b>17</b> | <b>15.80</b> | <b>8</b>  | <b>6.70</b> | <b>7</b>  | <b>7.00</b> |      |

## SAS Leavers by grade – January 2023 to December 2023

MC41 - Associate Specialist

| Organisation                     | Jan-23    |             | Feb-23    |             | Mar-23    |             | Apr-23    |             | May-23    |             | Jun-23    |             | Jul-23    |             | Aug-23    |             | Sep-23    |              | Oct-23    |             | Nov-23    |             | Dec-23    |             |
|----------------------------------|-----------|-------------|-----------|-------------|-----------|-------------|-----------|-------------|-----------|-------------|-----------|-------------|-----------|-------------|-----------|-------------|-----------|--------------|-----------|-------------|-----------|-------------|-----------|-------------|
|                                  | Headcount | FTE         | Headcount | FTE         | Headcount | FTE         | Headcount | FTE         | Headcount | FTE         | Headcount | FTE         | Headcount | FTE         | Headcount | FTE         | Headcount | FTE          | Headcount | FTE         | Headcount | FTE         | Headcount | FTE         |
| ANEURIN BEVAN UNIVERSITY LHB     |           |             |           |             |           |             |           |             |           |             |           |             | 1         | 0.30        |           |             | 2         | 1.30         |           |             |           |             |           |             |
| BETS CADWALADR UNIVERSITY LHB    |           |             |           |             | 1         | 1.00        |           |             |           |             | 2         | 1.40        |           |             |           |             | 5         | 4.08         |           |             |           |             |           |             |
| CARDIFF AND VALE UNIVERSITY LHB  |           |             |           |             |           |             |           |             |           |             |           |             |           |             |           |             |           |              |           |             |           |             |           |             |
| CWM TAF MORGANNWG UNIVERSITY LHB |           |             |           |             |           |             |           |             |           |             |           |             | 1         | 1.00        | 2         | 1.00        |           |              |           |             |           |             |           |             |
| HYWEL DDA UNIVERSITY LHB         |           |             |           |             |           |             |           |             |           |             | 1         | 1.00        |           |             |           |             | 2         | 1.95         |           |             |           |             |           |             |
| POWYS TEACHING LHB               |           |             |           |             |           |             |           |             |           |             |           |             |           |             |           |             | 1         | 1.00         |           |             |           |             |           |             |
| PUBLIC HEALTH WALES NHS TRUST    |           |             |           |             |           |             |           |             |           |             |           |             |           |             |           |             | 1         | 0.50         |           |             |           |             |           |             |
| SWANSEA BAY UNIVERSITY LHB       | 1         | 0.40        |           |             |           |             |           |             |           |             |           |             |           |             |           |             | 4         | 2.70         | 1         | 1.00        |           |             |           |             |
| VELINDRE UNIVERSITY NHS TRUST    |           |             |           |             |           |             |           |             |           |             |           |             |           |             |           |             |           |              |           |             |           |             |           |             |
| <b>Total</b>                     | <b>1</b>  | <b>0.40</b> | <b>1</b>  | <b>1.00</b> | <b>1</b>  | <b>1.00</b> | <b>1</b>  | <b>0.00</b> | <b>1</b>  | <b>1.00</b> | <b>4</b>  | <b>3.40</b> | <b>3</b>  | <b>1.30</b> | <b>2</b>  | <b>1.95</b> | <b>21</b> | <b>15.48</b> | <b>1</b>  | <b>1.00</b> | <b>1</b>  | <b>1.00</b> | <b>1</b>  | <b>1.00</b> |

MC46 - Specialty Doctor

| Organisation                     | Jan-23    |             | Feb-23    |             | Mar-23    |             | Apr-23    |             | May-23    |             | Jun-23    |             | Jul-23    |             | Aug-23    |             | Sep-23    |              | Oct-23    |             | Nov-23    |             | Dec-23    |             |      |
|----------------------------------|-----------|-------------|-----------|-------------|-----------|-------------|-----------|-------------|-----------|-------------|-----------|-------------|-----------|-------------|-----------|-------------|-----------|--------------|-----------|-------------|-----------|-------------|-----------|-------------|------|
|                                  | Headcount | FTE         | Headcount | FTE         | Headcount | FTE         | Headcount | FTE         | Headcount | FTE         | Headcount | FTE         | Headcount | FTE         | Headcount | FTE         | Headcount | FTE          | Headcount | FTE         | Headcount | FTE         | Headcount | FTE         |      |
| ANEURIN BEVAN UNIVERSITY LHB     | 2         | 2.00        |           |             |           |             |           |             |           |             | 1         | 1.00        | 1         | 1.00        |           |             | 6         | 5.30         |           |             |           |             |           |             |      |
| BETS CADWALADR UNIVERSITY LHB    |           |             |           |             |           |             |           |             |           |             | 1         | 1.00        |           |             |           |             | 18        | 11.40        |           |             |           |             |           |             |      |
| CARDIFF AND VALE UNIVERSITY LHB  | 1         | 0.20        |           |             |           | 0.50        | 2         | 1.10        | 1         | 0.60        | 1         | 1.00        |           |             | 1         | 0.10        | 4         | 1.80         |           |             |           |             |           | 0.10        |      |
| CWM TAF MORGANNWG UNIVERSITY LHB |           |             | 1         | 1.00        |           |             |           |             |           |             | 1         | 1.00        | 1         | 1.00        |           |             | 9         | 9.00         |           |             |           | 1           | 0.50      |             |      |
| HYWEL DDA UNIVERSITY LHB         |           |             |           |             |           |             |           |             |           | 1           | 1.00      |             |           | 1           | 0.80      |             | 7         | 6.80         |           |             |           |             |           | 1           | 1.00 |
| POWYS TEACHING LHB               |           |             |           |             |           |             |           |             |           | 1           | 0.20      |             |           |             |           |             | 1         | 0.20         |           |             |           |             |           |             |      |
| PUBLIC HEALTH WALES NHS TRUST    |           |             |           |             |           |             |           |             |           |             |           |             |           |             |           |             |           |              |           |             |           |             |           |             |      |
| SWANSEA BAY UNIVERSITY LHB       |           |             |           |             |           |             |           |             |           |             |           |             |           |             |           |             | 1         | 1.00         |           |             |           |             |           | 1           | 1.00 |
| VELINDRE UNIVERSITY NHS TRUST    |           |             |           |             |           |             |           |             |           |             |           |             |           |             |           |             | 1         | 1.00         |           |             |           |             |           |             |      |
| <b>Total</b>                     | <b>3</b>  | <b>2.20</b> | <b>1</b>  | <b>1.00</b> | <b>1</b>  | <b>0.50</b> | <b>2</b>  | <b>1.10</b> | <b>3</b>  | <b>1.80</b> | <b>4</b>  | <b>4.00</b> | <b>3</b>  | <b>2.80</b> | <b>1</b>  | <b>0.10</b> | <b>45</b> | <b>36.50</b> | <b>2</b>  | <b>2.00</b> | <b>1</b>  | <b>0.50</b> | <b>3</b>  | <b>2.10</b> |      |

## SAS Starters by grade – January 2024 to December 2024

MC70 - Specialist Grade

| Organisation                     | Jan-24    |     | Feb-24    |      | Mar-24    |      | Apr-24    |     | May-24    |     | Jun-24    |     | Jul-24    |      | Aug-24    |      | Sep-24    |      | Oct-24    |      | Nov-24    |      | Dec-24    |      |
|----------------------------------|-----------|-----|-----------|------|-----------|------|-----------|-----|-----------|-----|-----------|-----|-----------|------|-----------|------|-----------|------|-----------|------|-----------|------|-----------|------|
|                                  | Headcount | FTE | Headcount | FTE  | Headcount | FTE  | Headcount | FTE | Headcount | FTE | Headcount | FTE | Headcount | FTE  | Headcount | FTE  | Headcount | FTE  | Headcount | FTE  | Headcount | FTE  | Headcount | FTE  |
| ANEURIN BEVAN UNIVERSITY LHB     |           |     | 1         | 1.00 | 1         | 1.00 |           |     |           |     |           |     |           |      |           |      |           |      |           |      |           |      |           |      |
| BETSI CADWALADR UNIVERSITY LHB   |           |     |           |      |           |      |           |     |           |     |           |     | 1         | 1.00 |           |      |           |      |           |      |           |      |           |      |
| CARDIFF AND VALE UNIVERSITY LHB  |           |     |           |      |           |      |           |     |           |     |           |     |           |      |           |      | 1         | 1.00 |           |      |           |      |           |      |
| CWM TAF MORGANNWG UNIVERSITY LHB |           |     | 1         | 0.50 |           |      |           |     |           |     |           |     |           |      |           |      |           |      |           |      |           |      |           |      |
| HYWEL DDA UNIVERSITY LHB         |           |     |           |      |           |      |           |     |           |     |           |     |           |      |           |      |           |      |           |      |           |      |           |      |
| POWYS TEACHING LHB               |           |     |           |      |           |      |           |     |           |     |           |     |           |      |           |      |           |      |           |      |           |      |           |      |
| PUBLIC HEALTH WALES NHS TRUST    |           |     |           |      |           |      |           |     |           |     |           |     |           |      |           |      |           |      |           |      |           |      |           |      |
| SWANSEA BAY UNIVERSITY LHB       |           |     | 1         | 1.00 |           |      |           |     |           |     |           |     |           |      | 1         | 1.00 |           |      |           |      |           |      |           |      |
| VELINDRE UNIVERSITY NHS TRUST    |           |     |           |      |           |      |           |     |           |     |           |     |           |      |           |      |           |      |           |      |           |      |           |      |
| <b>Total</b>                     |           |     | 3         | 2.50 | 1         | 1.00 |           |     |           |     |           |     | 1         | 1.00 | 1         | 1.00 | 1         | 1.00 | 1         | 1.00 | 1         | 1.00 | 1         | 1.00 |

MC75 - Specialty Doctor 2021

| Organisation                     | Jan-24    |       | Feb-24    |      | Mar-24    |      | Apr-24    |      | May-24    |      | Jun-24    |      | Jul-24    |      | Aug-24    |       | Sep-24    |       | Oct-24    |       | Nov-24    |       | Dec-24    |      |      |
|----------------------------------|-----------|-------|-----------|------|-----------|------|-----------|------|-----------|------|-----------|------|-----------|------|-----------|-------|-----------|-------|-----------|-------|-----------|-------|-----------|------|------|
|                                  | Headcount | FTE   | Headcount | FTE  | Headcount | FTE  | Headcount | FTE  | Headcount | FTE  | Headcount | FTE  | Headcount | FTE  | Headcount | FTE   | Headcount | FTE   | Headcount | FTE   | Headcount | FTE   | Headcount | FTE  |      |
| ANEURIN BEVAN UNIVERSITY LHB     | 1         | 0.60  |           |      | 1         | 1.00 | 1         | 1.00 | 1         | 1.00 |           |      |           |      | 3         | 3.00  | 5         | 5.00  | 1         | 1.00  | 1         | 1.00  | 1         | 1.00 |      |
| BETSI CADWALADR UNIVERSITY LHB   | 4         | 4.00  | 1         | 1.00 | 3         | 2.40 | 1         | 0.60 | 1         | 0.60 | 2         | 2.00 | 3         | 2.40 | 7         | 7.00  | 4         | 4.00  | 1         | 1.00  | 1         | 1.00  | 5         | 4.40 |      |
| CARDIFF AND VALE UNIVERSITY LHB  | 1         | 1.00  |           |      |           |      |           |      |           |      |           |      | 2         | 2.00 | 1         | 0.60  | 3         | 2.80  | 3         | 3.00  |           |       | 2         | 1.60 |      |
| CWM TAF MORGANNWG UNIVERSITY LHB | 1         | 1.00  | 3         | 3.00 | 1         | 1.00 | 5         | 5.00 | 2         | 1.30 | 1         | 1.00 | 2         | 1.60 | 5         | 4.60  | 1         | 1.00  | 1         | 1.00  |           |       |           |      |      |
| HYWEL DDA UNIVERSITY LHB         | 3         | 3.00  | 3         | 3.00 | 4         | 4.00 | 1         | 1.00 | 2         | 2.00 | 1         | 1.00 | 1         | 1.00 | 2         | 2.00  | 5         | 5.00  | 7         | 7.00  | 7         | 7.00  |           |      |      |
| POWYS TEACHING LHB               |           |       |           |      |           |      |           |      |           |      |           |      |           |      |           |       |           |       |           |       |           |       |           | 1    | 1.00 |
| PUBLIC HEALTH WALES NHS TRUST    |           |       |           |      |           |      |           |      |           |      |           |      |           |      |           |       |           |       |           |       |           |       |           |      |      |
| SWANSEA BAY UNIVERSITY LHB       | 4         | 4.00  | 1         | 1.00 |           |      | 2         | 2.00 | 1         | 1.00 | 1         | 1.00 | 2         | 1.60 | 2         | 2.00  | 2         | 1.60  |           |       |           |       |           |      |      |
| VELINDRE UNIVERSITY NHS TRUST    |           |       |           |      |           |      |           |      |           |      | 1         | 1.00 |           |      |           |       |           |       |           |       |           |       |           |      |      |
| <b>Total</b>                     | 14        | 13.60 | 8         | 8.00 | 9         | 8.40 | 10        | 9.60 | 7         | 5.90 | 6         | 6.00 | 10        | 8.60 | 20        | 19.20 | 20        | 19.40 | 13        | 13.00 | 10        | 10.00 | 9         | 8.00 |      |

## SAS Leavers by grade – January 2024 to December 2024

MC41 - Associate Specialist

| Organisation                     | Jan-24    |      | Feb-24    |      | Mar-24    |      | Apr-24    |      | May-24    |     | Jun-24    |      | Jul-24    |      | Aug-24    |      | Sep-24    |      | Oct-24    |      | Nov-24    |      | Dec-24    |     |
|----------------------------------|-----------|------|-----------|------|-----------|------|-----------|------|-----------|-----|-----------|------|-----------|------|-----------|------|-----------|------|-----------|------|-----------|------|-----------|-----|
|                                  | Headcount | FTE  | Headcount | FTE  | Headcount | FTE  | Headcount | FTE  | Headcount | FTE | Headcount | FTE  | Headcount | FTE  | Headcount | FTE  | Headcount | FTE  | Headcount | FTE  | Headcount | FTE  | Headcount | FTE |
| ANEURIN BEVAN UNIVERSITY LHB     | 1         | 0.70 |           |      | 2         | 1.40 | 1         | 0.50 |           |     | 1         | 0.70 |           |      |           |      |           |      |           |      |           |      |           |     |
| BETSI CADWALADR UNIVERSITY LHB   |           |      |           |      |           |      |           |      |           |     |           |      |           |      | 1         | 1.00 |           |      |           |      |           |      |           |     |
| CARDIFF AND VALE UNIVERSITY LHB  |           |      |           | 0.10 |           |      |           |      |           |     |           |      |           |      |           |      | 1         | 1.00 | 1         | 1.00 |           |      |           |     |
| CWM TAF MORGANNWG UNIVERSITY LHB |           |      |           |      |           |      |           |      |           |     |           |      |           |      | 1         | 1.00 |           |      |           |      |           |      |           |     |
| HYWEL DDA UNIVERSITY LHB         |           |      |           |      | 1         | 1.00 |           |      |           |     |           |      |           |      |           |      |           |      |           |      |           | 1    | 1.00      |     |
| POWYS TEACHING LHB               |           |      |           |      |           |      |           |      |           |     |           |      |           |      |           |      |           |      |           |      |           |      |           |     |
| PUBLIC HEALTH WALES NHS TRUST    |           |      |           |      |           |      |           |      |           |     |           |      |           |      |           |      |           |      |           |      |           |      |           |     |
| SWANSEA BAY UNIVERSITY LHB       |           |      |           |      |           |      |           |      |           |     |           |      | 1         | 0.90 |           |      |           |      |           |      |           |      |           |     |
| VELINDRE UNIVERSITY NHS TRUST    |           |      |           |      |           |      |           |      |           |     |           |      |           |      |           |      |           |      |           |      |           |      |           |     |
| <b>Total</b>                     | 1         | 0.70 | 1         | 0.10 | 3         | 2.40 | 1         | 0.50 |           |     | 1         | 0.70 | 1         | 0.90 | 2         | 2.00 | 1         | 1.00 | 1         | 1.00 | 1         | 1.00 |           |     |

MC46 - Specialty Doctor

| Organisation                     | Jan-24    |      | Feb-24    |     | Mar-24    |      | Apr-24    |     | May-24    |      | Jun-24    |      | Jul-24    |      | Aug-24    |      | Sep-24    |      | Oct-24    |      | Nov-24    |     | Dec-24    |     |
|----------------------------------|-----------|------|-----------|-----|-----------|------|-----------|-----|-----------|------|-----------|------|-----------|------|-----------|------|-----------|------|-----------|------|-----------|-----|-----------|-----|
|                                  | Headcount | FTE  | Headcount | FTE | Headcount | FTE  | Headcount | FTE | Headcount | FTE  | Headcount | FTE  | Headcount | FTE  | Headcount | FTE  | Headcount | FTE  | Headcount | FTE  | Headcount | FTE | Headcount | FTE |
| ANEURIN BEVAN UNIVERSITY LHB     |           |      |           |     | 1         | 1.00 |           |     |           |      |           |      |           |      |           |      |           |      |           |      |           |     |           |     |
| BETSI CADWALADR UNIVERSITY LHB   | 1         | 0.45 |           |     |           |      |           |     | 1         | 1.00 |           |      | 3         | 1.75 |           |      | 1         | 0.60 | 1         | 1.00 |           |     |           |     |
| CARDIFF AND VALE UNIVERSITY LHB  |           |      |           |     |           |      |           |     |           |      |           |      |           |      | 1         | 0.27 |           |      |           |      |           |     |           |     |
| CWM TAF MORGANNWG UNIVERSITY LHB |           |      |           |     |           |      |           |     | 1         | 1.00 | 2         | 1.50 | 1         | 0.10 |           |      |           |      |           |      |           |     |           |     |
| HYWEL DDA UNIVERSITY LHB         |           |      |           |     | 1         | 0.90 |           |     |           |      |           | 1    | 1.00      |      |           |      |           |      |           |      |           |     |           |     |
| POWYS TEACHING LHB               |           |      |           |     |           |      |           |     |           |      |           |      |           |      |           |      |           |      |           |      |           |     |           |     |
| PUBLIC HEALTH WALES NHS TRUST    |           |      |           |     |           |      |           |     |           |      |           |      |           |      |           |      |           |      |           |      |           |     |           |     |
| SWANSEA BAY UNIVERSITY LHB       |           |      |           |     |           |      |           |     |           |      |           |      |           |      |           |      |           |      |           |      |           |     |           |     |
| VELINDRE UNIVERSITY NHS TRUST    |           |      |           |     |           |      |           |     |           |      |           |      |           |      |           |      |           |      |           |      |           |     |           |     |
| <b>Total</b>                     | 1         | 0.45 |           |     | 2         | 1.90 |           |     | 2         | 2.00 | 3         | 2.50 | 4         | 1.85 | 1         | 0.27 | 1         | 0.60 | 1         | 1.00 |           |     |           |     |

