



Llywodraeth Cymru
Welsh Government

STATISTICS, DOCUMENT

NHS Wales vacancy statistics, on 30 June 2023 (official statistics in development)

This experimental statistical release provides estimates of staff vacancies within NHS Wales.

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Introduction

The data collection process was designed and will be developed further in consultation with all NHS organisations. As this is a new data collection which is still in development, the statistics in this release are considered official statistics that are undergoing a development.

These statistics are published as there is wide public interest and we welcome **feedback** on their use.

This release focusses on the number of vacancies on the last day of the most recent quarter only; any change over time analysis should compare the same date in each year due to the seasonal variations in staff recruitment. Estimates are currently produced by staff group at Wales level and for all staff at organisation level. It is planned to publish more detailed organisational level data in future quarters.

These statistics only include vacancies for staff who would be directly employed by NHS Wales. They do not include primary care contractors such as General Medical Practitioners and NHS Dental Practitioners.

All data included in this release is published on **StatsWales**.

Main points

On 30 June 2023, the estimated number of **full-time equivalent (FTE)** vacancies across NHS Wales was 5,982. The estimated vacancy rate was 6.2%.

- When comparing staff groups, the vacancy rate ranged from 3.6% for the ambulance staff group to 10.7% for the medical and dental group (excluding

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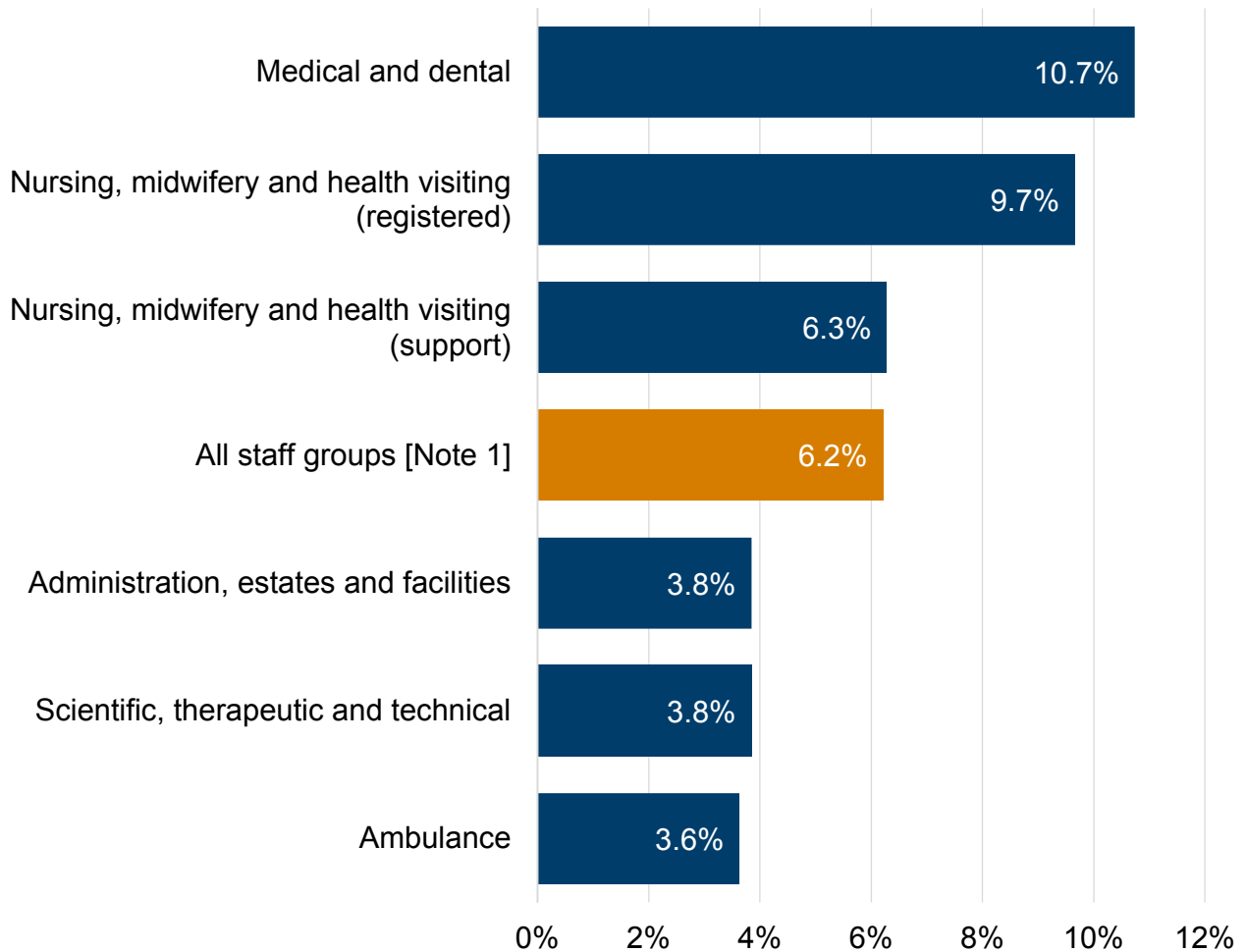
trainees).

- When comparing NHS organisations, the vacancy rate ranged from 1.7% in Cardiff and Vale UHB to 12.2% in Digital Health and Care Wales.

A number of data quality issues are highlighted in the [quality and methodology information section](#). On balance, it is likely that these statistics slightly underestimate the number of vacancies in NHS Wales.estimated vacancy rate was 4.5%.

Vacancy rate by staff group

Figure 1: Vacancy rate by NHS Wales staff group, on 30 June 2023



Description of Figure 1: Bar chart showing the vacancy rate varied between different staff groups, with the rate in the medical and dental group (excluding trainees) highest and nearly three times greater than in ambulance staff group, which was the lowest.

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[Note 1] Excludes medical and dental trainees, medical and dental single lead employer trainees and pharmacy single lead employer trainees.

Source: NHS vacancy data collection, Welsh Government

NHS staff vacancies by staff group on StatsWales

The estimated number of FTE vacancies by each staff group was:

537 in medical and dental staff (excluding trainees), with an estimated vacancy rate of 10.7%

2,667 in registered nursing, midwifery and health visiting staff, with an estimated vacancy rate of 9.7%

856 in nursing, midwifery and health visiting support staff, with an estimated vacancy rate of 6.3%

1,149 in administration, estates and facilities staff, with an estimated vacancy rate of 3.8%

650 in the scientific, therapeutic and technical staff group, with an estimated vacancy rate of 3.8%

122 in the ambulance staff group, with an estimated vacancy rate of 3.6%.

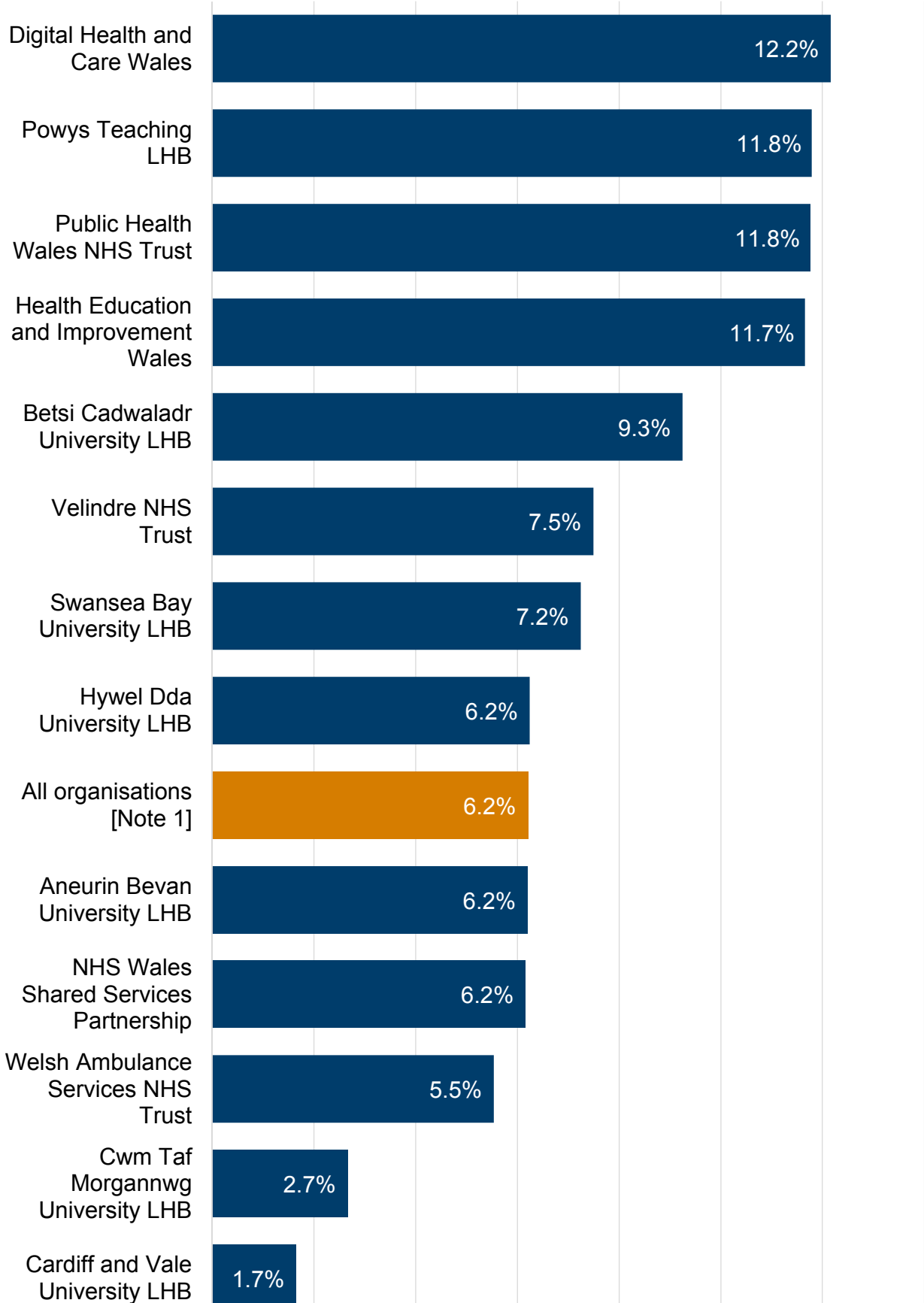
Vacancy rate by NHS organisation

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Figure 2: Vacancy rate by NHS organisation, on 30 June 2023 [Note 1]



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Description of Figure 2: Bar chart showing large variation in the vacancy rate among NHS organisations; the rate in Cardiff and Vale Health board was more than ten percentage points lower than the rate in Digital Health and Care Wales.

[Note 1] Excludes medical and dental trainees, medical and dental single lead employer trainees and pharmacy single lead employer trainees.

Source: NHS vacancy data collection, Welsh Government

NHS staff vacancies by organisation on StatsWales

In the quarter that ended 30 June 2023, the estimated vacancy rate was 6.2% for all NHS organisations but ranged from 1.7% in Cardiff and Vale health board to 12.2% in Digital Health and Care Wales.

The vacancy rate for the seven local health boards combined was 6.0%, marginally lower than the rate for all NHS organisations.

Quality and methodology information

For the purpose of this statistical release a 'vacancy' is defined as the difference between the number of funded full-time equivalent (FTE) posts as recorded on the finance general ledger, and the number of FTE staff in post as recorded on the NHS Electronic Staff Record (ESR) at a point in time. The vacancy rate is the number of vacancies divided by the number of funded FTE posts recorded on the general ledger.

One FTE is the equivalent of a person working the standard hours for their grade. For the majority of directly employed staff a standard working week is 37.5 hours if full-time. A further definition of FTE is provided in the [Staff directly employed by the NHS Quality Report](#).

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Staff groups are determined by the subjective code which is a data item in both the finance general ledger and ESR. It has the same defined list of values which should be applied consistently between both sources.

Data quality

These statistics are classed as experimental statistics. This means that they are in the testing phase and not yet fully developed.

A number of data quality issues have been identified which are highlighted below and will be worked on in coming months.

1. The methodology has been applied consistently across the majority of NHS organisations. One local health board has been unable to supply the number of funded FTE posts through the finance general ledger to date. For the data supplied referring to 30 June 2023, data for the medical and dental staff group and the registered nursing, midwifery and health visiting staff has been supplied based on 'establishment control' through the ESR. This method is similar to obtaining funded FTE posts through the general ledger and is likely to be broadly comparable to the method used in other NHS organisations. Data for funded posts for all other staff groups has been supplied by asking the departments directly, which is unlikely to be consistent with the method used in all other NHS organisations.
2. In two other health boards the agreed data collection method has been implemented but has resulted in both reporting a very low number of vacancies across some staff groups. The number of vacancies reported in these two health boards is potentially under-estimated and investigations into why are ongoing.
3. Any staff recorded as doctors in training, dentists in training, or pre-registration pharmacists, are not included in this release. There are complexities in counting 'vacancies' of these types of posts as local health

boards hold a budget for these staff but the majority will be employed by NHS Wales Shared Services Partnership through the Single Lead Employer scheme. Health boards can also employ staff coded as trainees directly, without being formal trainees through the Single Lead Employer. Measuring vacancies of these types of staff will be developed in future months.

4. There can be a negative number of vacancies or vacancy rate if the number of staff in post on ESR exceeds the budgeted number of staff through the finance general ledger. This can happen where an NHS organisation knowingly over-recruits and/or where certain non-recurrent or short-term post funding is not included in the finance general ledger. Where funding for posts exists but is not recorded on the finance general ledger and staff are employed through that funding, the number of vacancies reported would be an under-estimate of the actual number of vacancies in the reference period.
5. The number of vacancies in the medical and dental staff group may be over-estimated due to differences in how FTEs are counted between the finance general ledger and ESR. A full-time member of this staff group may count as 1 FTE on ESR through their contract defined as 10 sessions per week. However, in practice some staff may work 12 sessions per week and may be recorded as 1.2 FTE on the finance general ledger. This would create a 'vacancy' of 0.2 through this data collection process, but in practice there is no vacancy as the staff member worked longer than their contracted hours.
6. FTE staff in post on ESR do not normally include bank, agency, contractors or other non-payroll staff. This may result in a small over-estimate of the number of vacancies and vacancy rate as there may have been staff delivering services but not recorded on ESR on the reference date.
7. Vacancies for 'administration and estates', and 'health care assistants and other support staff' have been published as a combined staff group as there may be some inconsistencies in how certain staff roles are coded between these two staff groups across NHS organisations.
8. Data for 30 June 2023 does not include the Finance Delivery Unit or the NHS Wales Health Collaborative (which are hosted by Public Health Wales), where just under 180 FTE staff were employed. It is planned that these units

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will be included in future editions of this statistical release.

9. As staff move posts, updates to FTEs per subjective code may be more timely on the finance general ledger than they are to the staff in post numbers through ESR. Therefore, there may be a small discrepancy in the number of vacancies reported and the actual number of vacancies on the reference date.
10. Not all services within local health boards aim to recruit the full number of FTE budgeted staff. Some services may choose to use their staff budget flexibly to deliver their priorities and/or may choose to use their pool of temporary staff (nurse bank, locums, agency) flexibly throughout the year as demands on the service change. Therefore, a small number of reported 'vacancies' are planned in some circumstances.
11. Allocating staff to a subjective code in both the finance general ledger and on ESR involve manual processes and may result in a small number of staff having a mismatch of subjective codes between the two sources.
12. There are likely to be seasonal effects on the number of vacancies and the vacancy rate, which particularly effects 'medical and dental' and the 'registered nursing, midwifery and health visiting' staff groups as newly qualified staff graduate (and become available for recruitment) at set times in the year.
13. Statistics on NHS vacancies are published by the other UK countries: [NHS England vacancy statistics](#); [NHS Scotland workforce statistics](#); and the [Northern Ireland Health and Social Care vacancy statistics](#). All four UK countries use different data collection methods to produce these statistics, reflecting the complex challenge of producing vacancy statistics, and are therefore not directly comparable. NHS England produce four different methods to calculate vacancies and related recruitment information for the NHS in England. Out of all the methods used in the other three UK countries, the NHS England (NHSE) method is most similar to how the data has been collected in Wales and more work is planned to assess the comparability between both of these methods.

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Data on **Staff directly employed by the NHS** and **Sickness absence in the NHS** is also published on a quarterly basis. Note that there are differences in how staff groups are defined between these releases.

Workforce data on **General Medical Practitioners (StatsWales)** and **NHS Dental Practitioners (StatsWales)** are not included in this release and are published separately as they are independent NHS contractors.

Well-being of Future Generations Act (WFG)

The Well-being of Future Generations Act 2015 is about improving the social, economic, environmental and cultural wellbeing of Wales. The Act puts in place seven wellbeing goals for Wales. These are for a more equal, prosperous, resilient, healthier and globally responsible Wales, with cohesive communities and a vibrant culture and thriving Welsh language. Under section (10)(1) of the Act, the Welsh Ministers must (a) publish indicators (“national indicators”) that must be applied for the purpose of measuring progress towards the achievement of the wellbeing goals, and (b) lay a copy of the national indicators before Senedd Cymru. Under section 10(8) of the Well-being of Future Generations Act, where the Welsh Ministers revise the national indicators, they must as soon as reasonably practicable (a) publish the indicators as revised and (b) lay a copy of them before the Senedd. These national indicators were laid before the Senedd in 2021. The indicators laid on 14 December 2021 replace the set laid on 16 March 2016.

Information on the indicators, along with narratives for each of the wellbeing goals and associated technical information is available in the **Wellbeing of Wales report**.

Further information on the **Well-being of Future Generations (Wales) Act 2015**.

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The statistics included in this release could also provide supporting narrative to the national indicators and be used by public services boards in relation to their local wellbeing assessments and local wellbeing plans.

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